



School of Nursing

University of North Florida, College of Health

Proposal For Flagship Program Status

Respectfully Submitted by the

School of Nursing Faculty

April 29, 2005

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The School of Nursing (SON) deserves designation as a Flagship Program at the University of North Florida (UNF) because of its response to an identified need in nursing education through the development of a nationally distinctive community-based and population-focused undergraduate nursing curriculum. The SON proposes that this innovative curriculum be further refined as an exemplar program for national dissemination.

Radical changes in the health care industry over the past two decades demand a transformation in the preparation of nurses and modification of the skill set those nurses possess upon entry into the workforce. Patient acuity in hospitals has increased while third party payers stipulate shorter lengths of stay, resulting in discharge of patients who have more complex home care, rehabilitation and community-based needs. The concomitant increase in those living with chronic conditions such as diabetes, heart disease, hypertension and emphysema accompanied by advancements in medical treatments and palliative measures for these conditions has resulted in longer life-spans and more need for complex care with a community focus. For all of these reasons, nurses today require a higher level of technical and critical care skills to practice in the acute care/hospital setting as well the ability to transfer those skills to community settings.

Delivery of health care is also shifting from specialty care to primary care; from episodic one-time interventions to continuous long-term interventions; from the care of individuals to the care of families and communities; from care of the sick to health promotion for all. Consequently, nurses being prepared for the 21st century require a broad range of new skill sets to prepare them to function in these environments. As a result, schools of nursing must provide both the conceptual knowledge and opportunities for students to practice these skills in a broad variety of community settings among diverse population groups.

Understanding community environments and how individuals and families with health challenges reintegrate into their home communities is important for today's health care providers. Many national groups have delineated the importance of knowledge and skill acquisition in community health prevention and health promotion, professional networking, interdisciplinary teamwork, community partnerships, collaboration, case management, and cultural competency with vulnerable populations (American Association of Colleges of Nursing (AACN), 1998; American Nurses Association, 1996; Association of Community Health Nursing

Educators, 2000; Hahn, Bryant, Peden, Robinson, & Williams, 1998; Halstead, Rains, Boland, & May, 1996; National League for Nursing, 1997; Pew Health Professions Commission, 1998).

Robert Wood Johnson Community-Partnerships for Health funded initiatives supported the development of a handful of new models of community-based nursing education during the 1990's (Norbeck, Connolly, & Koerner, 1998). These endeavors funded coordination and development of model programs, establishment of nurse-managed centers providing primary personal health care services in the community, and integration of multiple levels of graduate and undergraduate nursing students and faculty. Some programs incorporated community nursing clinical experiences into existing or elective coursework. Others eliminated traditional final semester community courses and opted to integrate community concepts across the curriculum while others simply moved community nursing concepts earlier in the curriculum.

The more subtle challenge for nursing education, however, is *how* to teach students to work in communities. Initiating community relationships and sustaining them over time while providing clinical placements for students who rotate each semester can be difficult. The most influential determinants of the health of a community are individual behaviors, social relations, physical environment, economic status and community structures (Community-Campus, 1997; Kretzmann & McKnight, 1997). For nursing education, this implies a consumer-driven agenda with the community as expert versus a student-driven agenda with professional as expert. The emphasis here is on collaboration, addressing priorities that the community itself wishes to address, being willing to learn from community partners, focusing on assets and strengths instead of deficiencies, and helping to mobilize resources.

In 2002, the UNF SON chose to refine its curriculum to correspond to changes in health care system delivery trends as noted above. Our approach was and continues to be unique. Without the luxury of extramural funding to plan, develop, and implement the program, we have utilized existing faculty and student resources to make these comprehensive changes within a three-year period. Our focus is on building a contemporary curriculum with limited resources, a curriculum that extends the mission of UNF and the SON in partnership with the community over time. Our curriculum embodies a longitudinal community-based and population-focused approach, while at the same time retaining a strong emphasis on the knowledge and skills needed by SON graduates to function in acute care settings. Our program includes many distinguishing attributes:

Continuous Community Nursing Theory and Practice. The curriculum supports engagement with the community throughout the nursing major. Students are introduced to community and family concepts and clinical practice experiences during the first semester of the nursing program alongside traditional acute care clinical experiences. While most nursing programs focus on acute hospital care early in the program and relegate community concepts and practice to the end of the program, UNF establishes the importance of community practice and the future nurses' integration into the community upon admission into the nursing program. Community concepts and clinical practice experiences continue to be integrated in all other nursing courses during each succeeding semester, so that from inception students are socialized to see their patients as members of a family and community rather than the more limited view of "patients in a hospital." We have, therefore, integrated a new approach with the more traditional curricula. All of our students have the opportunity to participate in all aspects of the curriculum.

Sustained Student-Directed Community Partnerships. Relationship building is foundational for nursing practice and the effort of building and maintaining partnerships with communities requires a longitudinal view. We nurture and build relationships with community agencies consistently over time through an innovative home-basing of students in one of our designated "communities" for the entire length of their nursing program. Each student is "home-based" within an underserved or vulnerable group in the community and continues to provide meaningful nursing services within the home-base community throughout the curriculum. Learning is emphasized equally with service enabling students to understand resources and barriers patients must face once discharged from the hospital and at the same time practice clinical skills while meeting health needs defined by the home-base community. The "home-base" aspect of the curriculum means that individual students and faculty are infused into the same community each semester allowing for a better understanding of the particular community's needs. This hands-on community experience helps students apply problem solving, communication, and critical thinking skills over several semesters. Clinical practice is student-designed and population-focused. Junior and senior level students work together with the community to identify unmet needs and work as change agents to provide valuable services. Critical reflective thinking is a key evaluation strategy. A unique aspect of this program is that students are not re-inventing services, but rather develop synergy with the community, allowing them to maximize available resources. The home-base approach was developed and refined

using a participatory approach to planning which included the faculty, students, and agency partners. Many of the new curricula approach the re-design through a top-down approach. Students were influential in the curriculum design as were non-community prepared faculty which has been instrumental to its acceptance and success. Students have the opportunity to complete service-learning projects that “make a difference” to these communities in which they work.

Multiple Primary Care Community Clinical Practice Sites. The curriculum subsumes the broad spectrum of health care that registered nurses are mandated to practice via the Nurse Practice Act, encompassing health promotion and illness prevention as well as care during illness and at the end-of-life. The curriculum provides breadth and depth of clinical experience across multiple community practice sites in addition to traditional hospital settings.

Students have additional community clinical experiences during each semester that correspond to the population focus of the particular course. In the first semester, where the emphasis is on health promotion across the lifespan as well as skilled nursing care, students assist with health screenings and education and practice in local nursing homes and intermediate care facilities. In another semester, when the focus is on women and children’s health, students will spend time in the pediatric emergency room and attend local classes for women who choose to breastfeed. In other semesters, they will practice in primary care centers like the Volunteers in Medicine Clinic, We Care Clinics, Community Hospice, and many others. The fact that we are able to enhance the traditional hospital focus with a breadth of community agency experience and at the same time maintain a continuous presence in a home-base is truly innovative.

Non-Community Faculty Teaching in the Community. The incorporation of non-community prepared nursing faculty who have specialization in areas such as psychiatric/mental health nursing, adult health nursing, and maternal-child nursing into community clinical practice sites is also innovative. While many schools of nursing designate only a few faculty to implement and teach the “community” courses we have 75% faculty involvement in one or more of our home-bases, regardless of original area of nursing specialization. All nursing faculty have input and participate in the orientation to the home-base concept through SON faculty development and have become immersed in the home-base concept and willingly contribute service beyond their faculty loads. Home-basing has already provided faculty with the opportunity to consolidate and develop teaching, service, and scholarship (Kruger, 2005; Kruger

& Bush, 2004; Kruger, Bush, & Meires, 2004; Kruger, Radjenovic, & Comeaux, 2005; Meires, Christie, & Kruger, 2005; Meires, Kruger, & Bush, 2005). Our goal is to integrate all UNF SON faculty into the home-base curriculum model, ready to assume responsibility for working with students in service-learning activities within designated community home-bases. We predict that in the future all nursing faculty across the nation will include a community setting in their practice. Our approach provides a demonstration for how that might be accomplished in other schools.

Ongoing Outstanding Student Performance Outcomes. The revised curriculum is accomplished within the same number of credit hours as the previous curriculum and without compromising the excellent nursing education UNF nursing students and employers of UNF graduates have come to expect. Of particular note is that the SON has successfully managed to implement this curriculum and maintain excellence in the graduates' ability to perform positively on the national licensure examination. This aspect was of concern to faculty, as the licensing examination tends to focus primarily on acute care skills and concepts. However, the very first class graduating from the new curriculum had a 100% pass rate. Subsequent classes have maintained pass rates above state and national averages, with the program perennially ranking among the top five in the state. The final confirmation of merit of the new curriculum is in the approval of employers. They continue to seek out our graduates, and anecdotal data indicate that they are even more pleased with students graduating from the community-based, population-focused curriculum. Our graduates are well prepared for eventual leadership positions in the profession. In addition, over the past four years, the number of applicants to the nursing program has increased progressively every year. This past year we had over 1200 applicants for 120 seats.

Criteria for Flagship Candidacy Status

1. The program is deeply committed to, embedded within, and enhances the ideals of liberal arts education central to the University of North Florida's mission.

The mission of the SON is to educate nursing students at beginning and advanced levels through excellence and innovation in teaching, scholarship and service. Baccalaureate graduates are prepared to function as professional nurses, advocating for health and caring for individuals, families, and communities throughout the life cycle in a variety of settings. Master's graduates are prepared as advanced practice nurses. They possess the knowledge to design and implement comprehensive programs to meet identified needs of individuals, families, and communities. Nursing students are expected to apply knowledge from nursing science, natural and social sciences, mathematics and the humanities when making clinical judgments in providing and designing care for individuals, families and communities.

The mission of the SON is grounded in the missions of the University to “contribute to the betterment of society,” and the College of Health to “respond to regional health needs and priorities by enhancing partnerships in the community” and is explicated in the current SON goal of strengthening existing community partnerships. The SON further fulfills the University mission by following the four guiding principles identified by President Delaney in his inaugural speech.

Commitment to Excellence. Traditionally, excellence in nursing is described as a state or quality of the profession to provide superior care of those who are sick or injured primarily in hospital settings. The transformation of health care delivery over the last two decades has mandated a curriculum change for schools of nursing. The SON has risen to meet that challenge. Current graduates are well-prepared in providing quality care to those needing nursing services in a variety of settings. Additionally, the SON provides quality instruction to each student through out the curriculum. All students at the SON are afforded a variety of learning opportunities including clinical experiences at all area hospitals, outpatient centers, and community centers in the greater Jacksonville area. Graduates from the SON consistently pass the national licensure exam at rates above the national and state averages. One hundred percent graduates from the SON have jobs in their area of interest upon graduation.

Commitment to Relevance. The United States continues to experience an overwhelming shortage of registered nurses prepared at the baccalaureate level. The greater Jacksonville area is

no exception. The SON is committed to relevance and collaboration with a focus on meeting community defined needs. A well known response to community needs was the increase in prelicensure student enrollment by 66% over the past 3 years to help meet the current shortage of nursing. This was possible through the generous gift from eight local hospitals.

A local *Town and Gown* study (Jacksonville Community Council, Inc., 2004) emphasizes the need for deliberative collaboration among the Jacksonville community and its higher education institutions to improve quality of life in our area. The SON has demonstrated relevance by developing partnerships with multiple communities with emphasis on underserved or vulnerable populations through the community-based curriculum. One of these partnerships has allowed the SON to work with the Health Departments of Nassau, Baker, and Clay counties through the NE FL Area Health Education Center (AHEC) to develop and implement a program to combat obesity within school-age children. Another partnership has been developed with the Pine Forest Neighborhood where students work with community leaders to address some of the health needs of local residents. There is an existing partnership with City Rescue Mission through which nursing students help to meet the health care needs of mission residents, including direct nursing care and health education. Finally, the SON has a faculty member who is jointly appointed as the Clinical Director at Volunteers in Medicine, Jacksonville to provide primary care to the growing number of uninsured. SON students participate in clinic operations. These are just a few examples of some of the community agencies with which the SON collaborates. The Appendix provides examples of community response to UNF SON student participation in the community.

Commitment to Accountability. The SON demonstrates accountability through an ongoing evaluation plan to ensure continuous improvement of the program. Data are regularly collected and analyzed on alumni satisfaction, employer satisfaction, graduation rates, employment rates, and pass rate on the national licensure exam. The curriculum committee reviews the curriculum on a routine basis to address issues of relevance to current health care needs. The evaluation committee reviews the SON evaluation process as identified in the evaluation plan.

The SON is also accountable to the nursing profession through adherence to professional nursing education standards defined by the American Association of Colleges of Nursing (AACN) in *The Essentials of Baccalaureate Education for Professional Nursing Practice* (1998). Through our community-based curriculum, we have answered the challenge to produce

reflective, socially engaged practitioners by providing learning experiences beyond the traditional classroom and outside the conventional acute care setting (Norbeck et al., 1998).

Commitment to Focus. The SON has developed and implemented an innovative community-based baccalaureate nursing curriculum with a population focus. In more traditional programs, students often “fail to experience the growth and connectedness that mark optimal progression to professional responsibility” because “curricula are often fragmented, independent, disjointed collections of courses where the mastery of content and competition, not the development of the individual, are the central focus” (Norbeck et al., 1998, pp. 13-14). The vision of the UNF SON is, instead, the development of the student as a professional nurse practicing in and enmeshed within a community. This has allowed for the development of a unique program for community-based nursing and may be an exemplar for other programs at UNF and for other universities. It is because of this unique focus that the SON requests consideration for Flagship status.

2. The program can realistically hope to achieve national/international recognition, and can articulate how the Flagship resources will aid in that achievement.

The current community-based, population-focused curriculum can be a model for other nursing programs throughout the country. During a recent accreditation visit (April 2005), each evaluator commented on the “uniqueness” of the cross-term home-based community model. In addition, during the exit summary verbal report, the accreditation team leader repeatedly characterized the UNF SON baccalaureate program as innovative. “The home-base model goes beyond the School of Nursing. This model can be a benefit to the nursing community at-large. This home-base model could also be a demonstration model for other programs and other Colleges in the University. Home-basing is an innovative concept and worthy of publication and the development of a research program” (personal communication, Dr. Judith Halstead, Chair, Visiting Team, Commission on Collegiate Nursing Education, April 15, 2005).

The goal of recognition can be accomplished by diffusion of information through a variety of venues. There is a strong need for marketing in order to increase knowledge of the UNF SON program to the general nursing community. Currently, the SON does not have an updated marketing piece that communicates the activities of the SON. A well designed marketing piece would be essential to getting the information out to the nursing community at large. Published

and oral descriptions of the UNF SON model and the process the SON underwent to implement the model are important components of dissemination. These will take the form of journal articles and a book as well as presentations at regional, national, and international nursing conferences. Faculty have already begun this process. Development of a teaching as scholarship research agenda is also needed. Additionally, the program experiences in the community can and should be shared through media outlets.

Resources are needed for the refinement of the program, for faculty development and for the dissemination of information regarding the program. Sufficient financial and human resources emerged as one of six facilitators among a study of 20 exemplary national Community-Campus Partnerships (Calleson, Seifer, & Maurana, 2002). Our program already contains five of the remaining facilitators of supportive leadership, clear mission, faculty commitment, structure, and relationship with the community. We believe that once the program is fully “refined”, the faculty developed, and information regarding the program disseminated, the need for additional resources will be decreased.

Resources Requested

Faculty Line. In order to meet the need for curriculum refinement and faculty development, the SON will hire an additional Assistant/Associate Professor for a 3 year period. This individual’s workload would be 50% teaching, 25% research, and 25% administrative. The administrative responsibilities are essential for assistance with overall faculty development, the building and sustaining of ongoing community partnerships, and the execution of day-to-day details as they relate to faculty responsibilities and student assignments in the home-bases. This individual will also work with junior faculty members to develop community-based research agendas. It is anticipated that this faculty line will be funded by private donors at the end of the three years.

Faculty Development. Nationally recognized consultants will be secured to review the current state of the curriculum and its implementation and to assist faculty in enhancing the curriculum by increasing the comfort level of current and future faculty who may be less experienced in the area of community and community-based nursing. The SON will plan and implement two 2-day conferences with these consultants during the Flagship candidacy period. These conferences will be marketed nationally and will assist in faculty development, increase

national exposure of the SON, and generate both revenue and interest in the programs of the SON. Experts will also provide on-site and distance consultation with the SON.

SON faculty will be supported in attending key national conferences of community nursing educators and practitioners both to present the UNF program and to increase the knowledge and skills of the faculty members. Paired faculty and community leaders will attend the nationally recognized Community-Campus Partnerships for Health summer (one week) training session. Preceptor training workshops will be developed and held for current and potential preceptors of UNF nursing students. Preceptors attending these workshops will be awarded Courtesy Faculty status in the School of Nursing. All of these faculty development activities are essential to creating and shaping the vision of a nationally-recognized program.

Course Releases. Resources are also requested to provide a 1 credit course release for each of the six faculty members who is responsible for the coordination of activities integral to the “home-based” portion of the program. These faculty members are responsible for coordinating UNF-related activities in the home-base and for directing clinical activities as well as reading and responding to reflective journals for up to 24 nursing students. These home-based activities are not compensated for within the current faculty assignments in the SON. Such compensation is necessary for the continued success of the community-based curriculum without causing burn-out among the faculty supervising the home-bases. The 1 credit course release is a feasible option as the nursing faculty assignments are often based on a portion of courses and clinical hours.

Marketing. Flagship resources are also requested to develop and distribute the marketing piece described above. This marketing piece is envisioned to be a four-color multi-page document that includes photographs of the activities conducted by SON faculty and students. Resources will be used to design, print, and distribute this product. A second piece of marketing is providing funding to assist faculty members in telling the UNF SON story at regional, national, and international nursing conferences. This will provide an outlet for SON faculty and their scholarly activity as well as valuable publicity and recognition for both the School and the University.

Evaluation. The Flagship resources will also be used for formal evaluation of the community-based, population-focused program. Evaluation research is needed at two levels: evaluation of student learning and development and evaluation of population outcomes in the

community. Resources will be used for formal qualitative and quantitative evaluation of the program through focus groups as well as surveys. Particular emphasis will be placed on development of a tool to measure student learning and development over time. This is currently not reported in the literature. Program evaluation is currently done through written surveys of students, alumni, and employers. These data are analyzed and trended over time. In addition to surveys, the SON intends to use focus groups of students, new graduates, alumni, and employers. Analysis of data from these sources will be used for ongoing program enhancement as well as faculty scholarship.

3. The program can effectively leverage the Flagship resources to attract outside funding and/or resources appropriate to its discipline.

The SON believes that resources can be garnered through partnering in local level community-based action research through available grants. Currently, community-based faculty have secured small grants from area health departments and from Northeast Florida Area Health Education Centers (AHEC) for program evaluation to prevent childhood obesity (Fun 2B Fit) and to reduce cardiovascular risk factors (Fit Families) for area residents. College of Health nursing and community health students have been instrumental in meeting the learning goals in this home-base education project. These programs have been well received and have resulted in several local and state presentations (posters and papers) and one peer-reviewed paper in a state journal. Larger and more sophisticated research projects will be designed to measure the longitudinal impact of community-based programs. Key home-base faculty engaged in the partnership between the SON and AHEC are pursuing funding from Robert Wood Johnson to continue and expand the Fit Families program.

Other home-based programs show promise for extramural funding. A partnership with UNF COH, the local chapter of the American Diabetes Association (ADA), and Nemours Children's Clinic was funded through a COH summer grant, and a summer day camp at UNF for area adolescents with type 2 diabetes is planned for summer 2006. Nationally few diabetes type 2 camps exist. The development and implementation of a camp of this nature would have national significance and relevance as the incidence and prevalence of this disease continues to rise.

In addition, COH, the Duval County Health Department, and a parent advocate group are together planning a major community-based participatory research initiative involving family-

nurse care coordination. Focusing on how families with children with special health care needs navigate the health care system, this pioneering research will eventually test an enhanced care coordination intervention among families and their nurse coordinators with a goal of improving quality and access to services. Increasing numbers of public and private initiatives investing in community-based participatory research demonstrate recognition of the validity and value of this approach to research in promoting health outcomes. This renewed focus reflects our increased understanding of the complexity of issues affecting health and the need to engage communities in partnership with academia in planning and translating research to effect change in practice and policy.

Recent issuance of the multi-agency NIH program announcement encouraging community participation in research (PAR-05-026) is indicative of prioritized federal support for research on health promotion, disease prevention, and health disparities jointly conducted by communities and researchers.

The National Institutes of Health AREA grants are another potential source of extramural funding. AREA grants are available for research projects in the biomedical and behavioral sciences conducted by faculty, and involving their undergraduate students. The community-based, population focused curricular efforts are applicable to at least two areas identified as priorities by NIH: Research in chronic illness and long-term care, including health issues of individuals with arthritis, diabetes, urinary incontinence, digestive disorders, and musculoskeletal disorders; and research in health promotion and risk reduction in adults, including studies of health disparities, women's health, men's health, and health and risk behaviors research.

There are many opportunities for private support in order to meet the needs of the School of Nursing. This is demonstrated by the intense interest from corporations and individuals committed to make an impact on the nursing shortage. They view an investment in the School of Nursing as one of the best ways to meet this goal. In 2002, eight area hospitals joined together and pledged \$1,119,300. to the SON to expand the baccalaureate nursing program. Three of the eight hospitals have started dialogue with the Dean encouraging her to develop a follow-up proposal to benefit the SON. It is anticipated private support will further increase if the School is named a flagship program.

The Dean of the COH has also been negotiating a potential \$500,001 gift from Blue Cross and Blue Shield of Florida which will endow a nursing professor. The proposed idea is that the local hospitals will match the \$500,001 gift with \$500,000, which will then leverage an additional \$750,000 from the State of Florida. This would result in a \$1,750,001 endowment. All of the parties involved will be much more likely to commit if the School of Nursing is named a flagship program. This signifies to the community that the School of Nursing is a priority to the University's leadership.

The potential for nursing scholarships will significantly increase if the School of Nursing is named a flagship program. In the past five years alone the number of endowed nursing scholarships and fellowships has grown from three with a pledged corpus of \$550,000 to ten with a pledged corpus of \$1,200,000. During the same time, the number of annual nursing scholarships has grown from one at \$1,500 annually to nine at \$17,500 annually. There are currently proposals for three endowed nursing scholarships pending. If the donors accept the proposals, there is potential for adding an additional \$325,000 (including the state match) in endowed nursing scholarships. There are several additional prospects in the cultivation stage who have been identified as having the capacity and interest to offer a nursing scholarship.

4. The program is responsive to and engaged with significant issues within the various communities--local, regional, national and international—that embrace the University of North Florida.

Nursing education, by its very nature, is engaged in and responsive to the needs of a variety of communities. The SON has demonstrated responsiveness to local, regional, and national needs through its response to the nursing shortage. The SON increased enrollment by 66% over a 3-year period and now provides more than 100 nursing graduates to the workforce each year.

The SON has developed significant partnerships within the northeast Florida community served by UNF. Through these partnerships, the students and faculty of the SON work in concert with the greater Jacksonville community to enhance meeting the needs of our local citizens. Rather than create our own practice sites, we build on the assets of our community by partnering with many existing community agencies hence, eliminating duplication and competition. This approach is consistent with the method of service-learning defined by the National and Community Service Act of 1990 and re-authorized in 1993 as the national and community

Service Trust Act. The strength of the UNF SON curriculum model is that it encourages students and faculty to become involved as citizens in the Northeast Florida community. The community becomes the learning laboratory, giving nursing students and faculty an opportunity to contribute through partnerships, service, and scholarship.

Current local partnerships include Baker, Clay, Duval, and Nassau County Health Departments and community groups, the Red Cross, the Pine Forest Community, the City Rescue Mission and Westconnet area, Children with Special Needs, Volunteers in Medicine, and the Beaches area. Although many of these are the identified “home-base” partnerships, the SON also has partnerships with numerous other agencies throughout the greater Jacksonville area and statewide through activities of nursing faculty and students. Among these community agencies are the Boys and Girls Clubs, the Lighthouse Learning Center, the Duval and Clay County Schools, Children’s Medical Services, the Jacksonville Children’s Commission, and Community Hospice. Furthermore, the SON has ongoing partnerships for undergraduate nursing education with each of the area’s acute care facilities as well as a number of long-term care facilities.

With its community-based, population focused curriculum, graduates of the UNF SON are uniquely prepared to work in either acute care or long-term care facilities or in any of a myriad of community health agencies or programs. AACN describes the fundamental aspects of nursing practice as follows:

The three fundamental aspects of nursing practice are: care of the sick in and across all environments, health promotion and population-based health care. In the future, a defining feature of the professional nursing role will be its increased focus on health promotion and risk reduction. As advances in science and technology allow us to predict future health problems, nurses will be called upon to design and implement measures to modify risk factors and promote engagement in healthy lifestyles. While professional nurses will continue to provide care to the sick, more nurses will be engaged in direct interaction with groups and communities for the purpose of health promotion and risk reduction. (1998)

Graduates from the UNF SON possess the knowledge and skills needed to address each of these nursing practice areas in the dynamic U.S. health care system.

5. Achievements Necessary to Determine Success

Schools of nursing do not have a ranking system. Achievements needed to determine the success to be designated as a Flagship Program include all the items listed in the Benchmarks section. In particular, this includes the granting of the Innovation in Education Award by the

American Association of Colleges of Nursing (AACN). Another determinant of success would be the identification as a Program of Interest/Recognition by the Association of Community Health Nurse Educators. The publication and sales of the book can be considered a third determinant of success. Finally, the acquisition of a national reputation as a center for excellence in community health curriculum could only be determined through name recognition and inquiries into the program.

6. How Program Will Continue to Meet Resource Requirements to Maintain Quality

Many of the requested resources are needed for the refinement of the program and for the development of the faculty. No matter how well a program performs, reputation and name recognition can not be enhanced without proper marketing and dissemination of information regarding the program. The section on leverage of Flagship resources details how outside funding can be secured to help meet the needs of the program. The SON has historically demonstrated an ability to secure funds from independent donors. This proposal has also identified areas where grants could be secured to provide continued support to the program.

7. Required Financial Resources

Item	Details	Budget			
		Year 1	Year 2	Year 3	Total
Faculty Line	Assistant/Associate Professor \$65,000 with benefits	\$83,200	\$83,200.	\$83,200.	\$249,600.
Faculty Development	Consultant Fee + Expenses	\$3,000.	\$3,000.		\$6,000
	UNF-Sponsored Conferences (expected to generate income)	\$2500.	\$2500.		\$5,000
	UNF Faculty attendance at national faculty development conferences (21 faculty)	\$15,000.	\$15,000.	\$15,000.	\$45,000
	Preceptor training	\$2,500.	\$2,500.		\$5,000
Course-Release	Course release for home-based faculty (1 credit, x6 faculty)	\$5,000.	\$5,000.	\$5,000.	\$15,000
Marketing	Published marketing piece & mailing	\$10,000.	\$5,000.		\$15,000
	UNF faculty presentations at regional, national and international conferences (10-15 faculty)		\$12,000.	\$13,000.	\$25,000
Evaluation	Focus groups and outcome evaluations	\$3,000.	\$3,000.	\$3,000.	\$9,000
Total Budget		\$124,200.	\$131,200.	\$119,200.	\$374,600.

8. Timeline

Year 1

1. Hire Assistant/Associate Professor with doctoral degree in Nursing and specialty in community who shares and can articulate the SON vision and provide leadership in actualizing this flagship proposal.
2. Write out the curriculum model and faculty, student, and agency partnership responsibilities and share with all faculty.
3. Develop methods and begin collecting qualitative and quantitative data for book chapters, including conducting formal evaluations in each home-base and student outcomes(may involve expert consultation).
4. Develop and conduct preceptor training for clinical preceptors in the community.
5. Plan Workshop # 1 with a consultant with National recognition. Invite community leaders and the greater nursing community to participate.
6. Send nursing faculty paired with a community partner to Community-Campus Partnerships training sessions.
7. Distribute relevant publications about service-learning and community nursing to all nursing faculty.

Year 2

1. Plan Workshop # 2 with a consultant with National recognition. Invite community partners and the greater nursing community to participate.
2. Send nursing faculty paired with a community partner to Community-Campus Partnerships training sessions.
3. Send nursing faculty to national faculty development conferences and meetings.
4. Secure a book contract. The faculty in the SON will write a book about the development, implementation, and evaluation of the community-based curriculum.
5. Continue to collect data in home-bases and on student outcomes.
6. Write and distribute marketing materials.
7. Gain regional recognition by spotlighting the program in the media.

Year 3

1. Submit project to the AACN for Innovation in Education award.
2. Begin writing book.
3. Submit articles for publication in refereed journals.
4. Submit abstracts for National and International presentations.
5. Write proposals and submit for extramural funding

Year 4

1. Continue writing book.
2. Gain National and International recognition by presenting at professional meetings.
3. Submit articles for publication in refereed journals.

Year 5

1. Diffuse information regarding program through publications and presentations
2. Publication of book
3. Write proposals and submit for extramural funding.

Year 6

1. Continue to gain recognition by presenting at professional meetings.
2. Continue dissemination of information through publications and presentations

Year 7

1. Achieve National recognition by accomplishing the outlined goals.

9. Annual Benchmarks

To evaluate the success of the program, the following determinants will be reviewed annually. In addition to these determinants, the SON will maintain the current high level of achievements of graduates as measured by above average NCLEX pass rates, 95% or better employment rate, and high employer satisfaction with graduates.

Year 1

1. Associate Professor with doctoral degree in Nursing and specialty in community hired.
2. A formal written curriculum model that delineates the roles and responsibilities of faculty, students and community partners is disseminated in SON Student Handbook and to community partners
3. Instruments for collecting qualitative and quantitative data adopted from existing instruments or developed to collect data for book chapters and evaluation of home-base experiences.
4. Data collected to evaluate home-base and other community clinical experiences..
 - a. Faculty express comfort with terminology related to community-based, population focused nursing and is able to effectively articulate this to multiple audiences
 - b. Faculty satisfied with teaching load for community portion of program.
 - c. Students satisfied and comfortable with their home-based clinical experiences.
 - d. Student learning assessed using reflective journal portfolios about community nursing will be satisfactory.
 - e. Community agencies satisfied with student projects and identify impact on organization mission.
5. Home-base faculty and community partners identify population health outcomes.
6. Expert consultation solicited for qualitative data collection.
7. Preceptor training completed for clinical preceptors in each home-base and selected other clinical agencies. Evaluations rated as good to excellent.
8. Faculty and preceptor workshop conducted by a consultant. Evaluations rated as good to excellent
9. Nursing faculty paired with a community partner attend Community-Campus Partnerships training sessions.
10. Current literature about service-learning and community nursing distributed to all nursing faculty.

Year 2

1. Faculty and preceptor workshop conducted by a consultant. Evaluations rated as good to excellent
2. Several nursing faculty paired with a community partner attend Community-Campus Partnerships training sessions.
3. Faculty attend national faculty development conferences and meetings.
4. Book contract sent to publisher(s).
5. Data collected to evaluate home-base and other community clinical experiences.
6. Marketing material written and mailed to other SONs and posted on COH website.

7. Student/faculty home-base activities shared in UNF publications and local TV media.
8. Indicators for evaluating student learning outcomes and impact on community outcomes completed and data collection started.

Year 3

1. UNF SON Awarded an Innovation in Education award by AACN for the Community-based, population-focused program.
2. Book contract awarded and writing in every chapter started.
3. Evaluation findings including student learning outcomes and community outcomes are disseminated through publications and national and international presentations.
3. Research proposals submitted for extramural funding.
4. Data collected to evaluate home-base and other community clinical experiences.
5. Home-base faculty and community partners identify population health outcomes.

Year 4

1. Several book chapters completed.
2. Abstracts submitted for national and international presentations.
3. Faculty presented aspects of the program at National and International Conferences.
4. Faculty articles accepted for publication in refereed journals.
5. Extramural funding awarded to support program-related research activities.
6. Research proposals submitted for extramural funding.
7. Data collected to evaluate home-base and other community clinical experiences.
8. Home-base faculty and community partners identify additional population health outcomes.

Year 5

1. Book chapters completed and submitted to publisher.
2. Abstracts submitted for national and international presentations.
3. Faculty presented aspects of the program at National and International Conferences.
4. Extramural funding awarded to support program-related research activities.
5. Research proposals submitted for extramural funding.
6. Data collected to evaluate home-base and other community clinical experiences.
7. Home-base faculty and community partners identify population health outcomes.

Year 6

1. Faculty presented aspects of the program at National and International Conferences.
2. Extramural funding awarded to support program-related research activities.
3. Research proposals submitted for extramural funding.
4. Data collected to evaluate home-base and other community clinical experiences.
5. Home-base faculty and community partners identify population additional health outcomes
6. UNF SON will be identified by the Association of Community Health Nurse Educators as a program of interest/recognition.

Year 7

1. UNF SON baccalaureate program cited as a national leader in community health nursing.

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Appendix A: Listing of Student Presentations at Conclusion of Program.**April 2005 Presentations****April 2004 Presentations**

Appendix B: Community Response to Student Involvement with Community

Letter from Carrie Davis, Community Organizer and Liaison (Pine Forest Community)

Citizen's Planning Advisory Committee Newsletter (District 5, City Rescue Mission)

COH Newsletter (Report of Fun 2-B Fit)

Neighborhoods Magazine (District 5, Hollybrook)

Letter from Janice Kiernan, Outreach Coordinator Community Relations (Baptist Beaches)

Appendix C: Letters of Support

Letter from Mr. Robert Walters, Administrator, Mayo Clinic

Letter from Dr Jeff Goldhagen, MD, Director, Duval County Health Department

Letter from Mr. A. Hugh Green, FACHE, President and Chief Executive Officer Baptist Health

Letter form Mr. John Maher, President and Chief Executive Officer St Vincent's Hospital