

**University of Rochester School of Nursing
Strategic Plan
2007-2012**

Executive Summary

**Vision: Shaping the future of health care through excellence
In nursing education, discovery and practice**

The overarching aim of the University of Rochester School of Nursing (URSON) is to continue to advance its leadership in the integration of nursing education, practice, and research – the nationally acclaimed Unification Model developed during the tenure of Dean Loretta C. Ford (1972-1986). In recent times, the American Association of Colleges of Nursing and the National League for Nursing (accrediting agencies) have called attention to the importance of the unification of these three missions through the creation of new nursing roles and partnerships. The URSON is uniquely positioned to retain and strengthen its leading edge in this arena, given its history and accomplishments to date.

The current strategic plan builds on the success of the 1999-2005 Strategic Plan: *Unification for the 21st Century*. As a result of this comprehensive and aggressive plan, the URSON has emerged from the brink of financial crisis in 1998 to renewed prominence as a school that is rising in the national rankings, competitive in the educational marketplace, and gaining recognition for innovative entrepreneurial enterprises and practice partnerships. Strategic planning also led to renovation projects and the first expansion in the school's history (Loretta C. Ford Education Wing of Helen Wood Hall), which was fully funded with development dollars through a Capital Campaign formally initiated in March 2004.

The 2007-2012 Strategic Plan will enable URSON to retain leadership in the advancement of the unification of nursing education, practice and research. Goals are listed in order of importance.

GOAL 1: Advance the state of the science and translation of evidence concerning health promotion, human responses to illness and outcomes of care delivery.

This will require the recruitment of 3 research scientists each year for the next five years and the additional space to house 15 more research faculty and their research teams. The recruitment of additional researchers will allow us to:

- 1) Elevate our national ranking, based on NIH funding, by becoming a hub for scientifically rigorous research that brings together the best minds to tackle, with colleagues across disciplines, our nation's pressing nursing/health issues.
- 2) Develop areas of research with a critical mass of investigators sufficient to ensure competitive status for NIH Center and Training Awards
- 3) Strengthen doctoral education by increasing numbers of funded investigators, as well as PhD and Post-Doctoral students enrolled and engaged with faculty in conducting and disseminating research.

GOAL 2: Create innovative environments that promote the recruitment, retention and productivity of the best scientists, faculty, students and nursing staff.

Accomplishment of this goal will require additional clinical laboratory and office space; an investment in educational technology; and a continued commitment to organizational processes that optimize growth opportunities. It will allow us to:

- 1) Create an interdisciplinary educational technology and simulation center dedicated to providing students, faculty and nursing practice personnel with state-of-the-art skill training through the use of dynamic teaching tools.
- 2) Develop, implement and test models for clinical nursing education that promote expanded learning opportunities and partnerships.
- 3) Create career advancement models in nursing practice that promote linkages across educational and care delivery organizational settings.
- 4) Develop and implement a Professional Development Center and expand the SMH Nursing Leadership Institute.
- 5) Increase the national visibility of all educational programs in order to maintain and continuously improve the size, quality, and diversity of the applicant pool.

GOAL 3: Foster entrepreneurship that advances science in the marketplace of new, cost-effective models of care and creative professional enterprises

The creation of new models of care and business enterprises will be necessary to address the nursing shortage and emerging health care needs. The attainment of this goal will require minimal resources while establishing URSON as the national leader in nursing entrepreneurship. Specifically, it will allow us to:

- 1) Influence the scope of nursing entrepreneurship nationally and internationally.
- 2) Provide the support structure for nursing intrapreneurship within health care systems.
- 3) Promote design support to launch new and to stimulate expanding business ventures that will improve health and contribute to community-based economic growth.
- 4) Recruit outstanding, creative students interested in developing entrepreneurial solutions to current health care challenges.

GOAL 4: Maintain National leadership in transforming nursing practice

The URSON is well positioned to maintain its leadership position in transforming nursing practice. The unification model of nursing practice sets us apart as an organization that can influence patient outcomes. The implementation of the Doctor of Nursing Practice program will provide the expert clinicians prepared to work with interdisciplinary teams and redesign health care as we know it today. The creation of a nursing outcomes center will be required to provide support to these clinicians as they develop new models to improve quality, satisfaction, clinical outcomes and cost.

- 1) Implement a new Doctor of Nursing Practice (DNP) program in September 2007.
- 2) Become the nation's recognized leader in health care outcomes measurement and practice innovation evaluation.

University of Rochester School of Nursing Resource Requirements

To be a national leader it is clear that we need to invest in ourselves. Over the past five years we have demonstrated the SON's ability to succeed. We have increased our revenue stream by 194% from 2001. We have demonstrated the ability to reduce costs in areas that have not been profitable and to most efficiently utilize our resources. As a result, we have stabilized our financial base while we continue to plan for the future. We are committed to maintain our financial position while we reinvent ourselves in order to become the national leader in nursing education, research and practice.

To support our strategic planning goals, we have carefully thought through the resources required to accomplish each of our initiatives. We have identified and budgeted SON dollars to support the complete operating resource needs for each of the initiatives identified in the strategic plan with the exception of the Outcomes Management Center (included in goal 4). Although this goal is important to us, we will pursue the development and implementation of the center when we are able to allocate the approximate \$ 310,000 annual operating resource required.

Our capital need (Space) is our most significant resource requirement. Additional space is a necessary pre-requisite to each of the 4 goals identified.

Although we can identify the amount of incremental space necessary for us to achieve our goals, we would like to consult with space utility experts to ensure the best use of our existing and proposed space. Over the next 2 to 3 years, we will need to reclaim the 4th floor of HWH. Our first year need is the most imperative. We will require approximately 35 to 40 offices, and 2 classrooms/conference rooms. This will allow us to expand our research faculty and staff, provide space for new grant funded positions and relocate doctoral students to 4th floor offices closer to their research faculty mentors. The approximate cost to renovate the complete 4th floor is \$2,000,000. However we could easily phase this into a 3 year period based on our space requirements, resulting in \$855,000 in year 1, approximately \$335,000 in year 2 and the remaining \$810,000 in year 3.

The vacated space on the first floor (the Doctoral Lab, the current office space for doctoral students) can be quickly and cost-effectively converted to a Simulation and Education Technology Center. This area can accommodate a minimum of 10 simulated patient beds and a potential observation theater. The approximate cost to redesign this space for simulation and education technology would be \$200,000.

Total capital cost for space renovation and redesign would be an overall \$2,200,000. However, if we phased the renovation over three years we would need only to add the one-time addition of \$200,000 for a simulation lab to the year one renovation cost resulting in a first year need of \$1,055,000.

The importance of raising a minimum of the first year capital requirement of \$1,055,000 is significant. We will require space to move forward on any of our initiatives.

In summary, the URSON vision to “shape the future of health care through excellence in nursing education, discovery and practice innovation” is consonant with the medical center's (URMC) mission: “using education, science, and technology to improve health.” Thus, successful realization of our goals will contribute meaningfully and significantly to this larger organizational commitment.

The following narrative outlines where the school is now, the rationales for selecting these goals, the strategies and tactics that will further our proposed initiatives, and the measures that will be used to evaluate our progress in achieving these ambitions.

University of Rochester School of Nursing 2007-2012 Strategic Plan

**Shaping the future of health care through excellence
in nursing education, discovery and practice innovation**

I. BACKGROUND

The University of Rochester School of Nursing (URSON) became an independent school in 1972 under the leadership of Dean Loretta C. Ford. Prior to that time, a Department of Nursing within the medical center oversaw the diploma program, established in 1925 concurrently with the School of Medicine and Dentistry and Strong Memorial Hospital. Degree granting undergraduate programs, developed later, came under the aegis of the College of Arts and Sciences.

On the eve of transition from a department to a school, Eleanor Hall (chair of the Department of Nursing from 1957 to 1971) wrote: "Paradoxically, the challenge to the school in the future will be to avoid isolation – particularly from those parts of the university with which a high degree of interdependence is essential if the university is to contribute to meeting society's need for professional competence in the health field." Her prophetic words are as true today, but not for URSON alone. The consistency of these proposed directions with medical center (URMC) goals recognizes a synergy in the interdependence of all URMC components. Relying on this synergy will ensure creation, in concert with similarly-minded colleagues, of competencies that build on the strengths of all health professionals, beyond what any one component can realize on its own.

1999-2005 Strategic Plan: Unification for the 21st Century

The proposed strategic plan builds on the successful implementation of the plan that preceded it. In the fall of 1998, the school was faced with a severe financial crisis that was a catalyst for a comprehensive and aggressive strategic planning process that restored the organization to its place of prominence with focused efforts in research, education, and practice.

Research

Goals: Increase extramural funding (with NIH the gold standard); develop and fund two centers of excellence (Aging and High Risk Children and Youth); recruit faculty with significant funding potential; build a supportive infrastructure; and maintain a research-intensive PhD program.

Outcomes: In 1999, the URSON had dropped in NIH dollar rankings to 28 (out of 72 funded schools of nursing). The school had remained relatively stable in NIH funding while peer institutions grew along with NIH funding levels. Thus, although funding had increased from \$504,000 to \$693,000, there was a significant gap between the URSON and the top ten NIH ranked schools that ranged from \$1.9 million to \$6.7 million. Since 1999, the URSON (one of the smallest research-intensive schools in the country) has consistently moved up in NIH ranking to its current rank of 12 (out of 120 funded schools of nursing). In dollar amounts, NIH funding has increased from \$693,000 to \$3,195,215. To have reached the top ten in 2005 would have required only an additional \$925,993 in funding. (Table 1 shows the growth in NIH ranking and Table 2 the growth in indirect recovery.) Centers of excellence, within the Center for Research and Evidence-Based Practice infrastructure promote faculty research and provide a rich learning environment for students. (Table 3 shows the growth in faculty recruitment.)

Education

Goals: Focus resources on the highest quality education at the Registered Nurse/Baccalaureate, Masters, Post-Masters, and Doctoral levels; regain national stature in nursing education; and reconstruct all programs to make them innovative, competitive, and customer-oriented.

Outcomes: Prior to 1999, the URSON had experienced a precipitous decline in undergraduate and graduate enrollments. This decline had a major impact on revenue, since tuition typically had supplied two-thirds of the school's income and had dropped to slightly more than half of the total, without other sources of revenue to offset the loss. Student quality and satisfaction also had declined, national recruitment had dropped, and significant competition had arisen from other local baccalaureate programs at Nazareth, St John Fisher, Brockport, and Roberts Wesleyan. These programs had been designed to meet student needs for flexibility, curriculum offerings and lower price. A focus group report in December of 1998 revealed negative attitudes toward the URSON with most respondents not ranking the school as one of their top choices.

In 1999, it was determined that the expertise of URSON faculty is in higher education and research. The generic baccalaureate nursing program was phased out, with the final cohort of students graduating in May 2002. An accelerated baccalaureate and masters program for non-nurses was created to address the nursing shortage by preparing outstanding clinicians able to rapidly enter the workforce. This program is a 12-month program developed for a national draw of the best and brightest students who already have obtained a baccalaureate degree in another field. The students in this new program are intelligent and challenging, requiring faculty with greater academic talent and clinical expertise than the traditional baccalaureate student. Table 4 shows the growth in enrollment in this program.

There was support for continuation of master's degree and post-masters certificate programs because of their national reputation. However, because of declining enrollment, the Women's Health Nurse Practitioner Program was closed. The Nurse Practitioner Movement was introduced in Rochester when Dean Loretta C. Ford established the first graduate program; and the URSON is known for the high quality of its nurse practitioner graduate programs. Additionally, a new master's degree Leadership in Health Care Systems Program was created, with opportunities for specialization in Health Promotion, Education, and Technology or Disaster Preparedness and Emergency Response.

The school also remained committed to its research-intensive doctoral program. The URSON is well known for the quality of its research faculty and the productivity and national prominence of its PhD graduates. The recommendation was to build on previous successes and invest heavily in nursing research and the doctoral program. A combined degree program (MS/PhD) was developed that offers nurse practitioner preparation and an accelerated path to the PhD degree.

Existing student facilities were renovated, and a lab with computers, offices and meeting spaces was created to support the doctoral students. Recently, a state-of-the-art education facility was constructed to improve the student environment and learning experience. A capital campaign raised over \$20 million dollars, exceeding the goal of \$13.5 million. The dollars raised in the campaign supported the first addition to the school since 1925. The Loretta C. Ford Education Wing was completed in 2005, creating a wireless, user friendly environment for students and enabling the enrollment in the accelerated programs to double in size. The campaign also provided funding for two endowed chairs and scholarship dollars for students. Regularly analyzed and trended data on student outcomes in recent years (2002-present) reflect improved student performance and increased ratings of satisfaction -- consistently in the 4.2-4.6 range based on a 1-5 scale (with 5 indicating highest satisfaction).

Practice

Goals: Continue expansion of the Community Nursing Center to reduce the school's dependence on tuition as the primary source of funds.

Outcomes: As a counterpoint to the decline in tuition revenue, the revenue from the Community Nursing Center had shown a 300% increase from 1994-1998. Since 1999, the gross revenue has grown from \$1.4 million to \$3.1 million in 5/06, with a projection of \$3.8 million in 6/07.

In summary, since 1998, financial issues have been addressed, the basic infrastructure for the school has been built, and programs are in place that will enable URSON to excel and to institute collaborations and partnerships in science, clinical care and education.

II. SWOT Analysis Results

The following strengths, weaknesses, opportunities and threats have been identified, based on the national nursing landscape and the current status of nursing at Rochester.

Strengths

- The URSON is an integral part of the Academic Health Center with a CTSA
- A leader in the unification of research, education, and clinical care which places translational science center-stage
- Strong Memorial Hospital designated as Magnet hospital with commitment to quality care and research/evidence-based practice
- Recent renovation and new addition – Loretta C. Ford Education Wing
- Competitive ranking of 12th in NIH funding
- NIH funded investigators, some of whom have made seminal contributions to science
- Exceptionally strong, well prepared clinical faculty and health care administrators
- Cadre of junior faculty ready to compete for NIH funding
- Faculty and students well connected to community
- A culture of innovation that allows us to move quickly to address new opportunities and/or challenges as they arise
- A supportive research environment attractive particularly to the developing scientist
- Innovative programs developed in the Center for Nursing Entrepreneurship
- Excellent collaborative practice partnerships across the care spectrum (i.e. ambulatory, acute, home, and long-term care) provide educational/research opportunities for students and faculty

Weaknesses

- A bi-modally distributed faculty with few mid-career scientists (Table 5)
- Faculty who have carried disproportionately large advising/mentoring loads are retiring (Table 6)
- Some of the strong nationally recognized programs of research have ended with retiring faculty
- Small endowment compared to peer institutions resulting in small research training stipends, very limited number of endowed chairs and comparatively fewer resources. (Tables 7 and 8)
- NIH funding threatened just at the time when junior faculty are ready to compete
- Lack of adequate academic learning supports to meet diverse student learning needs and assure retention and graduation
- Limited educational infrastructure to accommodate increased numbers of nursing students

- Late in development as an independent school compared to our peers resulting in delayed opportunity to seek endowment support

Opportunities

- Strong masters level nurse practitioner programs along with a model that integrates clinical care, education, health care administration, and research make us exceptionally well positioned for a high quality DNP program which will infuse new talent to the clinical services and health services planning and evaluation in Strong Health
- The integration of education, practice, and research makes it possible to test new models of clinical education, practice, and administration
- Faculty have a high level of energy, are eager to be productive, and are committed to URSON
- Peer schools with large research infrastructures are likely to experience greater cuts with NIH downturn, providing opportunities for URSON to catch up in infrastructure development
- Some of the most vexing clinical nursing questions require interdisciplinary collaboration, something that is supported by the CTSI
- Openness of colleagues across the university to collaboration
- Competitive scholarships and stipends would allow us to be more successful in attracting top students, reduce their time to completion of degrees, and position them for future productivity
- Success in previous capital campaign creates an environment supportive of future fundraising

Threats

- Unable to recruit faculty because of the international faculty shortage, climate, and lack of endowed chair/professorships and competitive packages
- Historically, nurse scientists have had short careers in productive science due to late completion of PhD
- Greater regulation in health care threatens flexibility in innovative programs of patient care
- Despite optimal mentoring, pre-and post-doctoral research trainees without adequate stipends will continue to seek unrelated employment and take longer than desired to establish their research programs and be prepared to respond to the faculty shortage problem
- As other educational programs follow our example, it may be even more difficult to compete nationally for top students
- Academic faculty salaries at the Professor level fall below AACN national standards for Academic Health Science Centers (Table 9)

III. Strategic Directions for the next five years

The vision created for nursing (“shaping the future of health care through excellence in nursing education, discovery and practice innovation”) is in harmony with the mission of the medical center (“using education, science and technology to improve health”). The 2007-2012 strategic plan was created by a Strong Health Nursing Executive Leadership Team. Members of this team included the Dean of the School of Nursing, Patricia Chiverton, and Chief Nursing Officers of Strong Health Nursing: Pat Witzel (SMH), Vicky Hines (VNS), and Donna Johnson (HH). This team also included key leaders in each of these organizations: Renu Singh, Harriet Kitzman, Kathy Rideout, Lisa Norsen, Gail Ingersoll, Michael Ackerman, Dianne Morrison-Beedy, Daryl Sharp, Betsy Slavinskias, and Donna Tortoretti. It incorporates the 2006 draft of the SON strategic

plan that was approved by the nursing faculty in April 2006, and has been shared with the Dean's Advisory Council. Further alumni meetings will be held to build consensus and/or to make revisions.

Environment Today

Nursing and health care are challenged by the change in the demographics that indicate a greater proportion of the population will be chronically ill, disabled, challenged and older. Theoretically driven and empirically tested bio-behavioral interventions that address the complex interactions among biology, behavior, and social conditions are needed. Despite past initiatives, health disparities remain high. The complexity and success of medical interventions have allowed individuals to live longer and with ever more serious illness and disability. Nursing interventions are needed, working hand-in-hand with medical interventions to help individuals and families manage health in the presence of serious limitations, health challenges, and adversity.

There is a national/international shortage of nurses and an aging nursing faculty. Nursing faculty are in high demand, short supply, and operate in conditions of constrained growth. Similarly, there is a dearth of nurse scientists and inadequate production of nursing PhDs. On the one hand, research is basic for the development and testing of new approaches to nursing and health care and the training of scientists. But on the other hand, the National Institute of Nursing Research (NINR), the institute where most research applications conducted by nurse investigators are directed, has a very small budget for research and research training and funds a low percentage of proposals submitted.

At the University of Rochester, the nursing landscape has continued to evolve since our last strategic plan. Given our current strengths, with continued commitment to recruit and retain top nursing scientists, it is entirely possible for the SON to become one of the top ten NIH funded schools in the next five years. The NINR strategy of integrating biology and behavior is consistent with our strengths. We also could revitalize our position of prominence in the unification of research, education, and practice and be among the premier places to study and practice nursing. The following are the goals that have been established to address the issues of the University of Rochester Medical Center and the School of Nursing.

GOAL 1: Advance the state of the science and translation of evidence concerning health promotion, human responses to illness and outcomes of care delivery.

Over the past 30 years, reported and widely disseminated discoveries by nurses have had a profound impact on our understanding of the mechanisms underlying human responses to health and illness which has resulted in direct benefits to the patients and families that nurses serve. In large part, advances in the provision of quality nursing care, whether in the community or in our institutions, will be dependent upon the findings from nursing research.

Members of the URSON faculty participated in an interdisciplinary summit that preceded the publication of the Institute of Medicine (IOM) report, *Health Professions Education: A Bridge to Quality*. This is one of a series of IOM reports* that demonstrate how fragmentation, waste, and gaps in health care coverage are related to the many failures of the current health care system to build on the strengths of all health professionals. (*See also *To Err is Human: Building a Safer Health System* and *Crossing the Quality Chasm: A New Health System for the 21st Century*.) *A Bridge to Quality* is an unmistakable mandate for every school that prepares nurses, physicians, dentists, or other health professionals to advance the state of the science that underpins its practice and to develop evidence of the impact of new approaches to care. Clearly, the quality and safety of nursing practice must rest on available evidence generated by scientifically rigorous nursing research.

1) Elevate our national ranking, based on NIH funding, by becoming a hub for scientifically rigorous research that brings together the best minds to tackle, with colleagues across disciplines, our nation's pressing nursing and health issues.

The URSON has fewer research faculty (20 full-time) as compared to other schools of nursing among the top 15% in NIH funding. For example, UCSF, ranked #1 in funding, has 44 research faculty; and the University of Washington, ranked #2, has 78 research faculty. Coupled with the proportionately low number of research faculty is the projection that over 50% of URSON's senior academic track faculty plan to retire within the next two years. Although 9 out of 10 junior research faculty members have preliminary pilot studies underway in preparation for NIH R-series applications, time will be required for the maturation of these programs of research.

The ability of the URSON to attract the most promising faculty and students will be highly dependent on the reputation of the URSON as a research-intensive institution.

Strategies and Tactics

- Increase the national reputation of the School to attract the best, brightest and most promising faculty and students by becoming a top 10 NIH funded school
- Recruit 3 research faculty per year plus replacement of retiring faculty resulting in a net gain of 15 research faculty in five years
- Increase scientific and editorial support for current faculty to further facilitate the aim of increasing the school's grant submission and publication rate
- Fully fund the Carol Brink Professorship in Aging and name the Center for High Risk Children and Youth
- Increase pilot money and research support services for junior faculty and others who are adapting their research programs to address the most critical health care issues of the day
- Increase pre- and post-doctoral fellows
- Seek foundation funding to offset drop in NIH dollars
- Increase memberships in national academies

Outcome Measures

- NIH ranking in top ten
- Number of faculty recruited/retained
- Number of NIH funded investigators
- Number of NIH Research Training and Center Awards
- Quality of the pre- and post-doctoral research trainees
- Number and impact of publications and large-scale grant applications based on pilot work supported by pilot monies
- Dollar amount of funding makes URSON recognized as having a rich scientific environment to train future nurse scientists, with a cadre of productive nurse faculty
- Number of interdisciplinary studies in which nurses serve as primary or co-investigators
- Number of faculty admitted to national academies

2) Develop areas of research with a critical mass of investigators sufficient to ensure competitive status for NIH Center and Training Awards

A cluster of colleagues working on a focused problem or set of problems is generally required to build the science in an area and to train the next generation of investigators. The NIH Centers' Programs and Research Training Programs require applicants to demonstrate, within a focused area, a critical mass of productive scientists and scientists-in-training. Schools with small faculty size find it difficult to demonstrate the required resources.

We will address the need to build clusters by increasing the number of investigators and recruiting faculty who will contribute to the critical mass in specific areas. Because many of our current faculty's programs of research are focused in the areas of health risk behaviors, symptom

management, and palliative and end of life care. We will target these areas to develop the critical mass needed for Center and Training grants.

Strategies and Tactics

- Recruit senior investigators along with their junior colleagues in the field
- Balance the need to increase the number of faculty with the need to increase faculty in specific areas
- Develop seminar series with invited nationally renowned scientists in the targeted areas of health behaviors and symptom management
- Create the infrastructure needed to stimulate, enhance and reward the work of clusters
- Increase the quality of mentoring of research trainees by faculty

Outcome Measures

- Number of NIH Center grants
- Number of NIH Training grants
- Number of focused areas with nationally/internationally recognized research programs
- Number of publications with students

3) Strengthen doctoral education by increasing numbers of funded investigators, as well as PhD and Post-Doctoral students enrolled and engaged with faculty in conducting and disseminating research.

Research training in nursing generally is undertaken after many years in practice resulting in the average age of nursing PhD graduates being over 45 years. As a result, promising scientists are unable to invest in post-doctoral research training, limiting their scientific productivity. Most of the important discoveries in nursing have required programs of research that have taken multiple years to mature, years that most graduating PhDs do not have. We have addressed this late entry into research through the development of the MS/PhD program which encourages earlier entry by eliminating the break between master's and doctoral education.

The PhD Program at the URSON brings nurses to the cutting edge of the profession as teachers of the next generation and as generators of the knowledge base that improves clinical practice. Strengthening the PhD program through increased research supervision and mentoring and by reducing time required for completion by supporting full-time study will address the nursing faculty and nurse scientist shortage by producing a larger number of highly qualified nursing faculty.

Strategies and Tactics

- Increase national PhD applicant pool and improve enrollment rates by making stipends comparable to peer institutions
- Increase stipends to enable nurses to engage in PhD study earlier and progress more rapidly to completion of the PhD degree and post-doctoral research training
- Aggressively market the PhD program with heavy emphasis on program rigor and quality.

Outcomes

- Highly qualified national/international pool of applicants
- Years to completion of PhD
- Number of partnerships created that facilitate access to translation research projects
- Satisfaction of graduates with employment opportunities post graduation
- Graduates' accomplishments, e.g. publications, presentations, awards and grants secured

GOAL 2: Create innovative environments that promote the recruitment, retention and productivity of the best scientists, faculty, students and nursing staff.

Given the intensity of the nursing and faculty shortage, it is imperative that we create an environment that educates, recruits, and retains the best and brightest nurses in the country. We are positioned to do what few other schools can do in the production of clinically expert faculty and nurses scientists.

The demand for RNs in NYS is projected to increase from 12,640 in 2005 to 45,000 in 2020. This will make the recruitment and retention of highly qualified clinical faculty to teach in the APNN program increasingly difficult especially with increased local competition and productivity expectations in the practice setting.

The following strategies and tactics are recommended:

1) Create an interdisciplinary Educational Technology and Simulation Center dedicated to providing students, faculty and nursing practice personnel with state-of-the-art skill training through the use of dynamic teaching tools

The creation of a world class learning environment using state-of-the-art learning technologies and strategies will enhance both student and faculty recruitment and stimulate interdisciplinary collaboration in education. In addition, a simulation center will provide clinical laboratory opportunities that reduce the need for clinical site placements.

An interdisciplinary educational technology and simulation center would provide educational opportunities for faculty students and staff (from both nursing and medicine). Through this center, interdisciplinary problem-based learning initiatives could be created; point of care technology to improve patient outcomes and safety could be explored; and student and staff learning and clinical competence of health care professionals and students could be enhanced. The actual "place" for the center could be in different locations based upon the preferred technology for the provider (e.g., SimMan could be located in the SON and cadaver technology and anesthesia simulation in the Medical School). In addition, this center could encourage research leading to improvement in clinical education of health care providers and may be substitutive for some of the actual clinical learning methodologies.

Currently, over 50% of medical schools and nursing schools offer an education technology and simulation center. As a nationally ranked medical and nursing school, we will have difficulty maintaining our competitive edge in recruiting top candidates if we do not provide state-of-the-art learning facilities. It is known that simulation helps learners to prepare to deal with unanticipated medical events, develops teamwork and communication skills, increases confidence, and improves performance. Research has demonstrated the effectiveness of education technology and simulation in improving student learning and patient outcomes. Failure to provide this training disadvantages our students in relation to graduates of other programs.

Regionally, the University of Buffalo and Syracuse University/Upstate Medical Center offer well developed education and simulation technology centers that will attract potential students. In addition, we will lose our continuing education market to the University of Buffalo as distance-based continuing education programs are offered to clinical agencies and health care professionals in our community.

Locally, Wegman's School of Nursing at St. John Fisher College is building a new facility with plans to purchase patient simulators. We cannot afford to lose our market advantage to a local college.

Strategies and Tactics

- Access space on the 4th floor, this will free up space for the development of a Center for Educational Technology and Simulation on the 1st floor of HWH
- Hire a consultant to assist with the redesign of space in HWH

- Create infrastructure to support space demands of increased SON enrollment and SMH, HH and VNS nursing practice orientation sessions
- Utilize Fuld Foundation Program development dollars to expand technology
- Create interdisciplinary education programs utilizing simulation to expose all students to interdisciplinary practice
- Seek government dollars to support the Education Technological and Simulation Center initiative
- Name this Center and create an Endowed Chair in Education Technology

Outcome Measures

- Achievement of competency-based objectives of SON graduates and Medical Center nursing staff
- Employer satisfaction with graduates
- Student satisfaction using program exit and alumni surveys
- Performance measures for hospital and agency staff for patient safety and achievement of continuing education competency
- Number of adverse patient events for new graduate nurses

2) Develop, implement and test models for clinical nursing education that promote expanded learning opportunities and partnerships

Although the traditional model of clinical nursing education has been effective for teaching nursing care and evaluating clinical performance/competence, it is imperative that other models be developed and tested. We may consider utilization of nursing staff as core educators for students to provide more of a 1:1 ratio of educator/learner or explore core nursing care units as clinical education units. Simulated learning experiences as adjunct clinical learning or replacement for some clinical learning also must be examined. Use of interdisciplinary problem-based learning strategies would facilitate partnership with the School of Medicine.

Strategies and Tactics

- Examine clinical faculty interest and institute a core working group to develop/test new models
- Develop interdisciplinary Problem Based Learning for incorporation in the APNN and MS/NP programs of study
- Seek external funding support to formally test new models

Outcomes Measures

- New models of clinical education implemented and presented nationally
- Increased recognition of URSON for interdisciplinary educational initiatives
- Increased requests for consultation

3) Create career advancement models in nursing practice that promote linkages across educational and care delivery organizational settings.

The clinical advancement system currently in operation at Strong Memorial Hospital includes six levels from entry into practice through senior advanced practice nurse. At each level, new responsibilities and accountabilities are added, while facilitating opportunities for professional growth. At Level IV, BS-prepared nurses are promoted to nurse leader positions within the system and assume a greater leadership role within nursing service, albeit generally unit-focused. In the recent past, the SON has utilized Level IV nurses from SMH as assistant clinical teachers to teach undergraduate nursing students in the laboratory and clinical setting. This role could be formalized and expanded to our other practice partners to facilitate implementation of a similar clinical advancement model at HH, VNS and the Highlands at Brighton and at Pittsford that includes the assistant clinical teacher opportunity.

Level V (APN) and Level VI (Senior APN) nurses could assist in mentoring the Level IV nurses in their education roles and could be encouraged to explore clinical faculty roles within the SON.

Strategies and Tactics

- Expand the clinical advancement system at SMH to include HH and VNS (as appropriate)
- Include in Level IV criteria the clinical nursing educator role
- Implement a plan whereby faculty serve as clinical education mentors for the BS prepared nurse educators as well as career advisors

Outcome Measures

- Number of clinical faculty increased and stabilized
- Job satisfaction with educators who are current experts in direct care

4) Develop and implement a Professional Development Center and expand the SMH Nursing Leadership Institute

A customized Professional Development Center will be developed and implemented. This will be a comprehensive professional development business, created for nurses by nurses. This service will be designed to equip the client with the knowledge and skills necessary for a rewarding and satisfying career in the nursing profession. Services will be offered in a variety of ways, such as consulting, mentoring, coaching, networking, seminars and workshops. The current SMH Nursing Leadership Institute will be expanded to include nursing leaders (and potential nursing leaders) across Strong Health. Both of these initiatives will support the advancement of nurses and facilitate the recruitment and retention of nursing staff.

Strategies and Tactics

- Develop and implement a Professional Development Center that will operate through the SON's Center for Lifelong Learning
- Expand the SMH Nursing Leadership Institute to include Highland Hospital, the Highlands at Pittsford and at Brighton, and VNS
- Create fee-based career consultative services and leadership opportunities for nurses external to the university
- Offer annual workshops for nurses, locally and regionally

Outcome Measures

- Number/type of career and consultative services provided to nurses locally, regionally and statewide
- Number of nurses re-entering the profession or advancing in their careers and number of new clinical faculty
- Retention of nurses in leadership positions and clinical faculty positions

5) Increase the national visibility of all educational programs in order to maintain and continuously improve the size, quality, and diversity of the applicant pool

In the past five years, there has been a 50% increase in the number of accelerated nursing programs. Our competition has increased the number of articulation agreements (joint administrative agreements with schools that don't offer a BS in nursing) in which schools without nursing programs are offered advantages for sending graduates to their programs. Such agreements are with nationally recognized colleges and universities, including historically black colleges (e.g., Johns Hopkins has 12 articulation agreements including one with Howard University). We currently have an agreement with Hobart William Smith and are in negotiation with two other schools.

Competitive programs at Johns Hopkins, Yale, Columbia, Duke, and Emory now offer university and school-based grants and scholarships. In order to remain competitive, we need to establish university and school-based awards or fellowships beyond time-limited external awards from the Fuld Foundation or New York State.

We lose a greater number of APNN students after they attain their BS degree than do some competitors. We need to address the factors at the URSON and our practice agencies that influence a student's decision not to continue on to the MS program. Some programs have streamlined their accelerated master's programs within the last 3 years. Our accelerated master's program takes 3.5 years to complete while others' programs take 2 years (Boston College) or 3 years. Competitors also offer cost savings due to lower per credit hour cost or lower total credit hours required.

Our master's nurse practitioner programs have a solid national reputation; however, our draw is primarily local. The School of Nursing ranked 35th in the 2003 US News and World rankings for nursing graduate programs. The Pediatric Program ranked 7th, the Family Nurse Practitioner Program 15th and the Acute Care Program 24th. A new US News and World ranking should be published in 2007.

Strategies and Tactics

- Investigate local practices and policies that may inadvertently contribute to accelerated master's students exiting at the BS level
- Strengthen participation of senior faculty as teachers within the APNN Program, which will contribute to the URSON stature and recognition
- Individualize and personalize national recruitment efforts to attract the most competitive students
- Create a network of alumni who recruit, interview applicants, and offer word of mouth support
- Establish a Director of Recruitment position
- Establish partnership agreements with nationally-recognized baccalaureate colleges
- Provide faculty mentors for students in practice and research to foster student leadership and development
- Create an academic support center for the school
- Increase scholarship funding opportunities

Outcome Measures

- Improved APNN retention rate from the BS to MS program
- Applicant grade point averages (from prior BS or MS study)
- Number of applicants from outside our geographic area
- Number of applicants who have graduated from selective schools
- Diversity of entering and graduating students
- Number of partnership agreements

GOAL 3: Foster entrepreneurship that advances science in the marketplace of new, cost-effective models of care and creative professional enterprises

Our nation needs the innovative practice improvements and new health care products and services that nurses can envision. However, while many nurses have innovative ideas for solutions to the myriad problems they face in practice, they often lack the skills, language or resources to move their novel ideas forward.

In 1989, the URSON was among the first academic nursing schools in the country to establish a Community Nursing Center, a community-based, for-profit division. This Center has evolved over time and, today, offers programs in travel health, weight management, corporate health promotion, and lifelong learning, and develops innovative telehealth interventions. The School

leads the nation in integrating entrepreneurial principles, education and resources into its programs for the benefit of nursing students, faculty and practicing nurses throughout the region.

In 2005, the URSON opened its Center for Nursing Entrepreneurship – the first program of its kind - and established a chair in nursing entrepreneurship – further evidence of our deep commitment to stimulate and support entrepreneurship in the field. The SON models and demonstrates innovative, effective curricular, program, and business development, and faculty have consulted with nursing schools throughout the country and around the world.

1) Influence the scope of nursing entrepreneurship nationally and internationally

The URSON was the only school of nursing in the country to participate in the first round of funding for the Kauffman Foundation initiative. Currently, we are the only nursing school that has implemented a Center for Nursing Entrepreneurship; however, our faculty frequently is sought after to consult with other schools interested in following our lead. It is our aim to establish an academic model for nursing entrepreneurship that will become the national/international model.

While there is no competition at this time, other schools are beginning to offer courses/seminars titled “entrepreneurship” (Indiana, Loyola, UVA, ASU and Michigan). However, even though they are entitled “entrepreneurship”, the current focus of these courses at all schools except Indiana is nursing administration.

Strategies and Tactics

- Apply for further Kauffman Foundation funding to create a national educational program for other schools of nursing that will establish Rochester as the lead school in nursing entrepreneurship
- Become the national and international “hub” for nursing entrepreneurship through the establishment of a web-based nursing entrepreneurship membership organization

Outcome Measures

- Number of schools participating in the Kauffman/Rochester initiative
- Number of national/international consultations
- Number of scholarly publications
- Number of national/international presentations

2) Provide the support structure for nursing intrapreneurship within health care systems

The creation of the Center for Nursing Entrepreneurship has created an excitement among nurses, but the purpose of the Center is not to encourage hospital staff nurses to leave the bedside. There are numerous opportunities for innovation within the health care setting. In addition, some practice sites (e.g., VNS) also have an interest in creating new enterprises.

Strategies and Tactics

- Create a seamless process for nurses within the health care system to access consultation and pre-seed fund dollars from the Center for Nursing Entrepreneurship
- Create a Strong Health Advanced Practice Nursing Consultation Service

Outcome Measures

- Number of internal consultations
- Innovative ideas applied in practice settings
- New enterprises created by Strong Health partners
- Number of consultations provided by APNs and amount of revenue generated

3) Promote design support to launch new and to stimulate expanding business ventures that will improve health and contribute to community-based economic growth

The businesses established through the Center for Nursing Entrepreneurship have contributed significant financial support to the education and research missions of the school. The additional dollars have provided the school with the flexibility to create new educational initiatives and invest in research faculty. But more significant than the \$1.5 million dollars that has gone to the SON's educational and research missions, has been the culture change that entrepreneurship has brought to the school. Faculty now recognize the importance of moving quickly to respond to opportunities, understand that calculated risk is acceptable, and have accepted a "business model" as the basis for leading the organization forward.

Strategies and Tactics

- Develop and test new models of care that utilize cutting edge technology and contribute to the evidence related to consumer outcomes
- Promote design support to launch new and to stimulate expanding business ventures that will improve health and contribute to community-based economic growth
- Expand the Research and Development Program through the creation of partnerships with internationally recognized IT and biometric device manufacturers and marketers
- Find a donor to name the Center for Telehealth and Health Technology
- Add faculty as business lines increase in volume
- Create a Clinical Research Nurse (CRN) education program, in collaboration with the CTSI, which could be used by all CTSI sites
- Develop a CRN staffing pool for use by all UR investigators

Outcome Measures

- Number of new models tested
- Financial success of each business line
- Number of patients served
- Number of students, faculty and staff that bring ideas forward
- Number of start-up companies launched
- Grant dollars secured
- Creation, implementation and use of a CRN education program
- Effective Creation of an efficient, effective CRN staffing pool
- Number of partnerships to conduct/support projects to prototype, test, and evaluate new products and services

4) Recruit outstanding, creative students interested in developing entrepreneurial solutions to current health care challenges

The focus on nursing entrepreneurship is a unique niche for Rochester. We have been fortunate to recruit students from across the country who are not only interested in nursing education but also are interested in starting their own businesses at some time during their careers.

Strategies and Tactics

- Enhance marketing strategies to demonstrate a value added to all educational programs
- Involve all interested students in entrepreneurial initiatives

Outcome Measures

- Number of students recruited that identify nursing entrepreneurship as an interest
- Number of students that bring new ideas forward

GOAL 4: Maintain National leadership in transforming nursing practice

The URSON has a history of leading the nation in new models of nursing practice. The Nurse Practitioner movement started in Rochester in the 1970's and we are again taking the lead in transforming nursing practice to improve, quality, satisfaction, clinical outcomes and cost.

1) Implement of a new Doctor of Nursing Practice (DNP) program (September 07)

There is a national movement to further educate practicing clinicians. The Doctor of Nursing Practice (DNP) degree will provide advanced practice nurses poised to tackle the myriad problems plaguing health care systems at both practice and policy levels. These doctorally-prepared nurses working in direct patient care (e.g., nurse practitioners, certified nurse midwives) and indirect care (e.g., administrative, leadership, legislative positions) will contribute to the transformation of health care at Rochester and beyond.

The DNP Program will prepare highly skilled, expert practitioners who can utilize informatics; deliver patient-centered evidence-based care as members of interdisciplinary teams; design and execute quality improvement initiatives; serve as clinical educators who help ameliorate the nursing faculty shortage by leading clinical teaching teams.

In the U.S., there are currently 8 DNP programs with another 40 in the planning stage. Consistent with its long legacy of leadership in nursing education, the DNP Program at the URSON will help further raise the graduate educational standard for nurses to the doctoral level.

The new DNP Program has the potential to maintain the strength of our earlier reputation for development of nurse practitioners, interdisciplinary practice, and the integration of practice, research, and education. This will be possible only if we again outmatch and outpace our peers in quality of education provided and if we ensure an environment where integration is practiced.

Strategies and Tactics

- Put in place scholarships for prospective DNP students
- Aggressively market the DNP programs with heavy emphasis on program rigor and quality. The Rochester DNP is envisioned as the program that will set the standard for rigor in DNP programs nationally
- Consult with the Chronic Disease Management initiative to develop disease management programs that cross the continuum, address gaps in service and integrate technology, when fiscally appropriate

Outcome Measures

- Years to completion of PhD and DNP graduates
- Number of partnerships created that facilitate access to quality improvement initiatives, program evaluation and translation research projects
- Graduates' accomplishments, e.g. publications, presentations, awards, quality improvement and/or legislative initiatives, program/clinical practice protocol evaluations and grants secured
- Chronic disease management interventions that address health care system needs

2) Become the nation's recognized leader in health care outcomes measurement and practice innovation evaluation

Through the creation of a Center for Outcomes Measurement and Practice Innovation, we can begin to address quality and safety issues in Rochester and become the nation's recognized leader in health care outcomes measurement and practice innovation. The aim of this Center will be to bring together faculty, clinicians, administrators, students and staff for the purposes of: 1) generating knowledge concerning the impact of care delivery processes on individual (employee, provider, patient), organizational, and community outcomes; and 2) developing and testing

innovative approaches to care. This center will support the infrastructure needs of the new DNP's.

This is one of our most exciting initiatives and one that can only occur in a few schools of nursing. We are the only school today that has created a unified strategic plan for nursing education, nursing services, and research within a medical center. Thus, nursing at Rochester is well positioned to be recognized as an important site for outcomes measurement. The investment in the development of this center will not only increase the national recognition of nursing at Rochester, it will also allow for the creation of new partnerships with national organizations and foundations interested in safety and quality (e.g., IHI, RWJF).

The Center will serve as a resource and facilitation hub for the education, measurement and application of outcomes research and the determination of practice innovation impact on outcomes at the individual, organizational and community level.

Strategies and Tactics

- Provide resources and consultation regarding measurement of outcomes of care
- Test new models of service delivery and evaluate their impact on care delivery outcomes
- Evaluate the impact of alternative care provider (advanced practice nurse) practice on care delivery outcomes
- Promote the application of outcomes research to the development and testing of innovative practices in health care
- Test and evaluate new care technologies

Outcome Measures

- Number of grants submitted and funded
- Center visibility through publications, presentations, the generation of research, and new program development proposals

IV. Potential Problems or Barriers to Implementation and Associated Issues

The most pervasive barrier to implementation is space. If we are unable to access the 4th floor of HWH we will be unable to create an Educational Technology and Simulation Center and provide additional space to SMH Nursing Practice.

Today, we are totally out of research space, making it extremely difficult to recruit research faculty. The 4th floor space will accommodate our research needs; however, it will need renovation in order to attract the best and brightest research faculty and students. There are many donor opportunities in this area.

Associated issues that arose during the strategic planning process are as follows:

One recommendation was to close the RN to BS Program. This is a program, offered by all of our local competitors, in which enrollment has remained constant. However, the program uses few resources and generates some revenue for the School. Also, there is pending NYS legislation that may require all nurses to obtain a BS degree within 10 years of graduation from an AD program. If this legislation were to pass, this would become a heavily subscribed program.

Another issue that was raised was whether to phase out the master's nurse practitioner (NP) programs as we move to the Doctor of Nursing Practice (DNP). The American Association of Colleges of Nursing (AACN) has proposed that all NP programs transition to the doctoral level by 2015. It was decided not to move in this direction until the national picture becomes clearer, since this would have significant financial implications.

We continually evaluate, on an individual basis, needs to recommend closing any of the specialty NP programs. For example, on review, the Acute Care NP (ACNP) specialty program has shown a declining enrollment pattern over several years. However, enrollment has significantly increased in 2006/2007. This appears to be the result of a national review of each specialty's scope of practice. Prior to this review, it was the trend for hospitals to hire Family Nurse Practitioners (FNPs) or Primary Care Nurse Practitioners (PCNPs) whose scope of practice is different than that required for acute care settings.

Each business line in the Center for Nursing Entrepreneurship (CNE) is examined for viability. For example, the weight management program has been running a deficit; however, since this is a vital program for many other initiatives, a decision was made to continue to support it while making changes to the bottom line.

An area that needs continued exploration as a potential research cluster is the connection between gene and environment interactions.

V. Opportunities for Collaboration with Other Schools

Medical School

- Educational Technology and Simulation Laboratory
- Interdisciplinary Education
- Clinical Translation Service Award
- Chronic Disease Management Initiative
- Geriatric Center of Excellence
- Collaboration on bio-behavioral and health services research

Simon School

- Joint faculty – Health care economist
- Institute for Health Care Management
- Entrepreneurship

Warner School of Education

- Preparing nursing faculty to teach
- Collaborative research related to health from a developmental and educational perspective
- Entrepreneurship

College

- Collaboration in graduate courses
- Medical Technologist program

Eastman School of Music

- Community initiatives (youth and aging populations)
- Music to improve health outcomes

VI. Development within the Strategic Plan

The vision established for the future defines the URSON's development needs. We were late, compared to our peers, in the development of an endowment. And, although progress has been made, we remain disadvantaged. This not only results in comparatively tighter budgets but also fewer endowed chairs and professorships, with which we can reward our most promising faculty and recruit others. The major development effort for the future needs to be directed toward increasing our endowment.

The following funding priorities have been identified, with the majority of dollars raised going to the SON endowment:

- ❖ Name the School of Nursing
- ❖ Create a Dean's Endowed Chair

EDUCATION

- ❖ Name the Educational Technology and Simulation Center
- ❖ Scholarship dollars for all levels of students
- ❖ Stipend dollars for PhD students

RESEARCH

- ❖ Complete the funding for the Carol Brink Professorship in Geriatric Nursing
- ❖ Name the Center for High Risk Children and Youth
- ❖ Create 5 Junior Faculty Professorships
- ❖ Name the Center for Outcomes Measurement and Practice Innovation
- ❖ Create an Endowed Chair in Outcomes Measurement
- ❖ Expand funding/resources for preliminary and pilot studies

ENTREPRENEURSHIP

- ❖ Name the Center for Nursing Entrepreneurship
- ❖ Name the Center for Telehealth and Health Technology
- ❖ Expand the pre-seed fund

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Table 1 NIH Rankings Top 20 Schools of Nursing

“Top 20” Schools of Nursing
Based on NIH Funding

Organization Name	rank				2002 Amount	2005 Amount	CAGR
	FY02	FY03	FY04	FY05			
UNIVERSITY OF CALIFORNIA SAN FRANCISCO	2	1	1	1	\$10,663,305	12,523,662	6%
UNIVERSITY OF WASHINGTON	1	2	2	2	\$13,662,728	10,379,514	-9%
UNIVERSITY OF PENNSYLVANIA	5	5	5	3	\$5,758,381	7,574,652	10%
UNIVERSITY OF NORTH CAROLINA CHAPEL HILL	4	3	4	4	\$7,535,184	7,272,325	-1%
UNIVERSITY OF PITTSBURGH AT PITTSBURGH	6	6	7	5	\$5,136,986	7,047,233	11%
UNIVERSITY OF ILLINOIS AT CHICAGO	3	4	3	6	\$8,176,294	6,831,768	-6%
YALE UNIVERSITY	13	9	6	7	\$2,910,197	6,402,480	30%
JOHNS HOPKINS UNIVERSITY	9	8	8	8	\$4,002,422	4,655,448	5%
UNIVERSITY OF MICHIGAN AT ANN ARBOR	7	10	9	9	\$4,783,546	4,253,264	-4%
UNIVERSITY OF TEXAS AUSTIN	10	7	10	10	\$3,334,534	4,121,208	7%
UNIVERSITY OF NORTH DAKOTA				11	0	3,913,697	N/A
UNIVERSITY OF ROCHESTER	23	13	13	12	\$1,714,540	3,195,215	23%
COLUMBIA UNIVERSITY HEALTH SCIENCES	24	31	27	13	\$1,635,463	3,150,496	24%
UNIVERSITY OF CALIFORNIA LOS ANGELES	12	12	11	14	\$3,073,929	3,065,638	-0%
INDIANA UNIV-PURDUE UNIV AT INDIANAPOLIS	18	21	17	15	\$2,108,173	3,048,787	13%
OREGON HEALTH & SCIENCE UNIVERSITY	8	19	15	16	\$4,166,663	2,740,342	-13%
UNIVERSITY OF IOWA	11	11	12	17	\$3,319,307	2,641,541	-7%
UNIVERSITY OF MISSOURI-COLUMBIA	15	15	26	18	\$2,295,040	2,547,188	4%
DUKE UNIVERSITY	29	32	23	19	\$1,442,060	2,475,821	20%
UNIVERSITY OF WISCONSIN MADISON	38	36	20	20	\$1,056,536	2,331,465	30%

NOTE: NIH Awards includes research awards, training grants and fellowships, R & D.
Source: National Institutes of Health

Table 2 Growth in NIH Indirect Cost Recovery

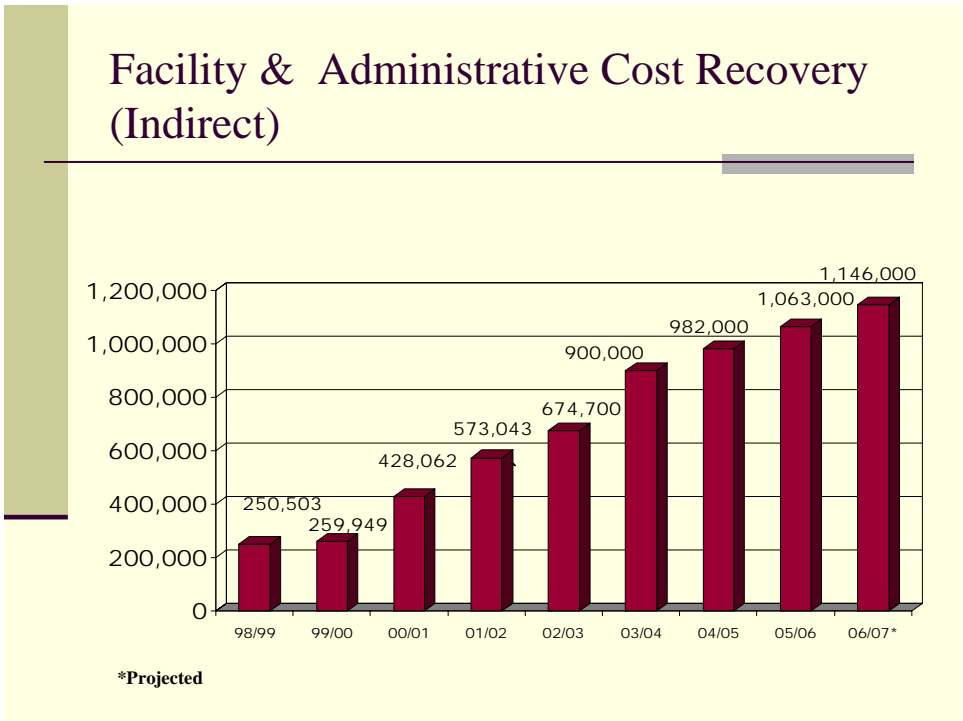


Table 3 Growth in Faculty Recruitment

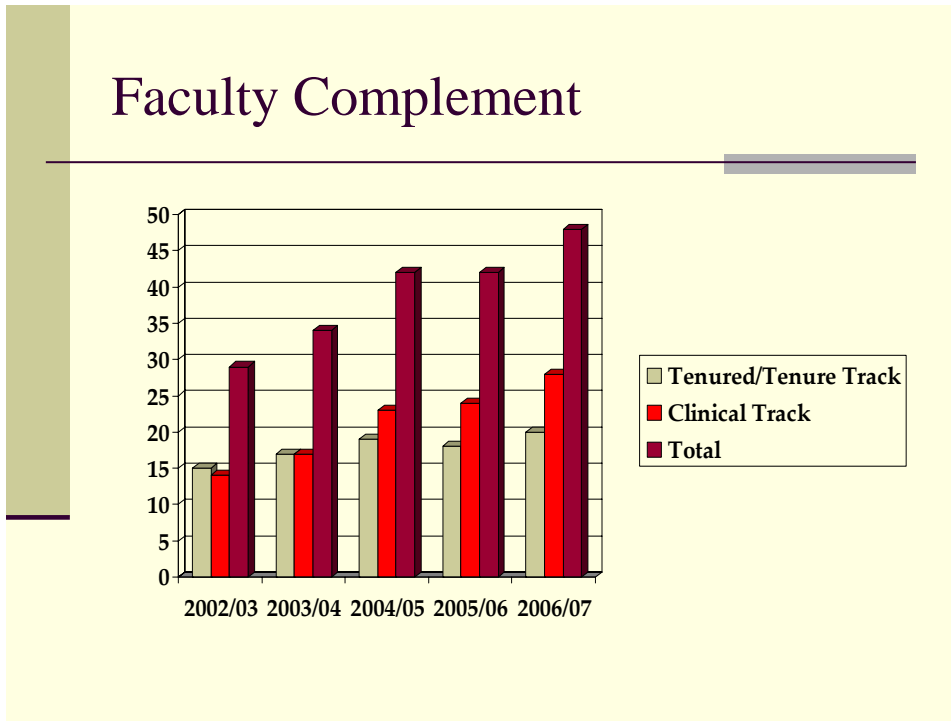


Table 4 Growth in Accelerated Program for Non-nurses (APNN)

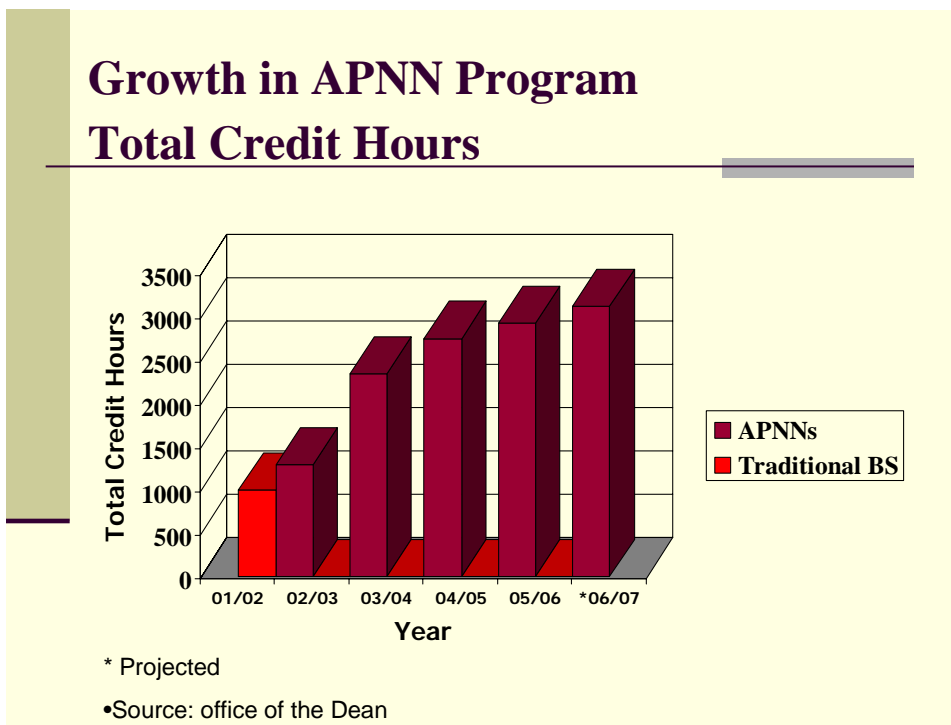


Table 5 Current Age Range of Tenure and Tenure Track Faculty

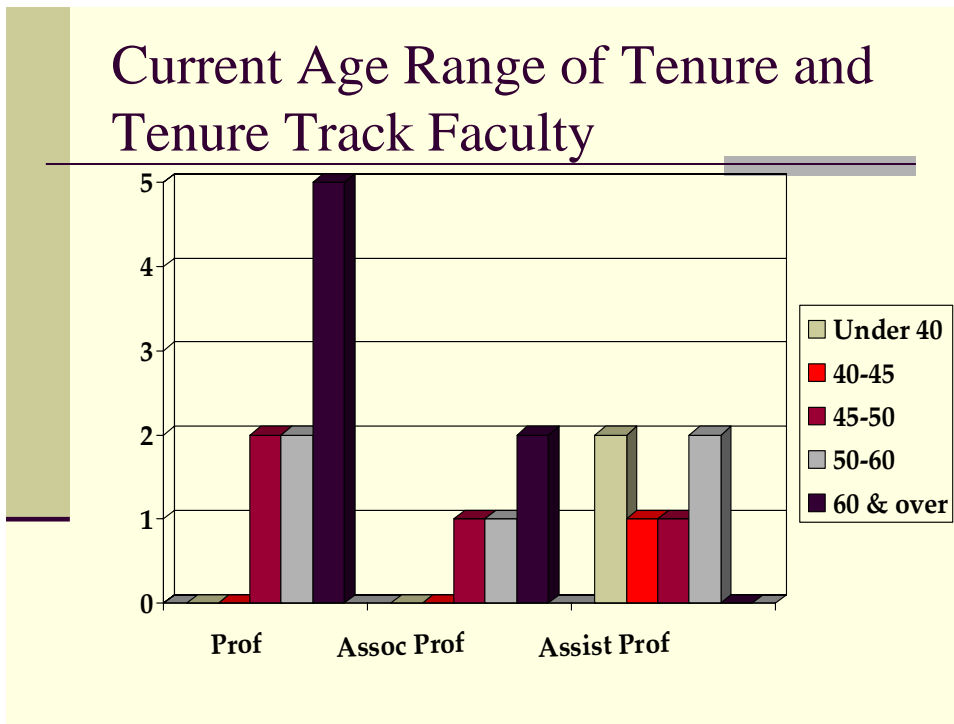


Table 6 Recruitment and Retirement

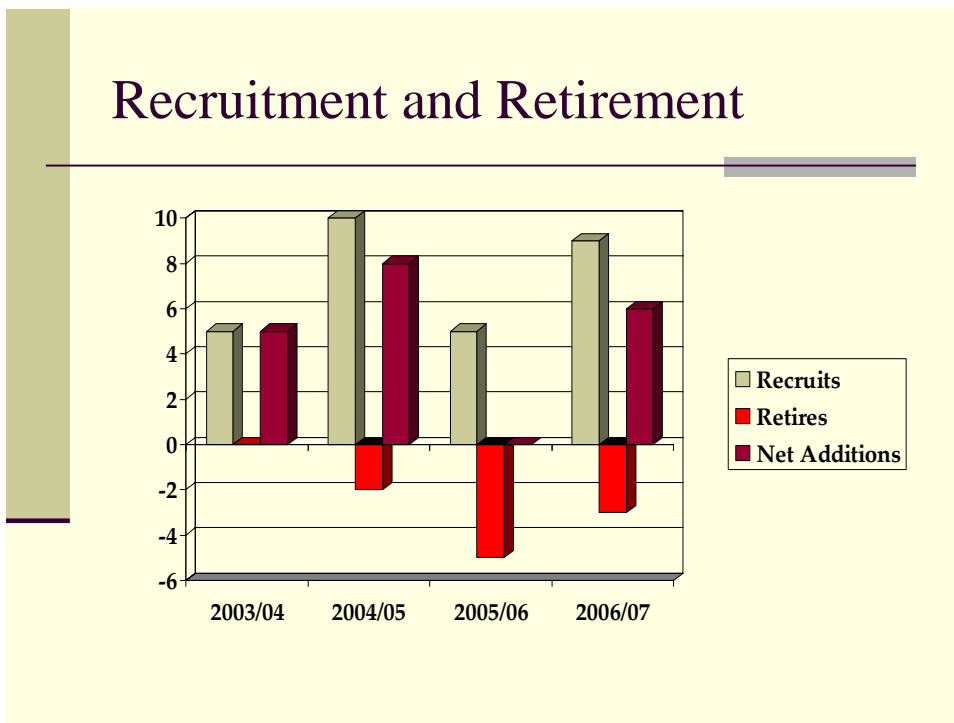


Table 7 School of Nursing Endowment Trends

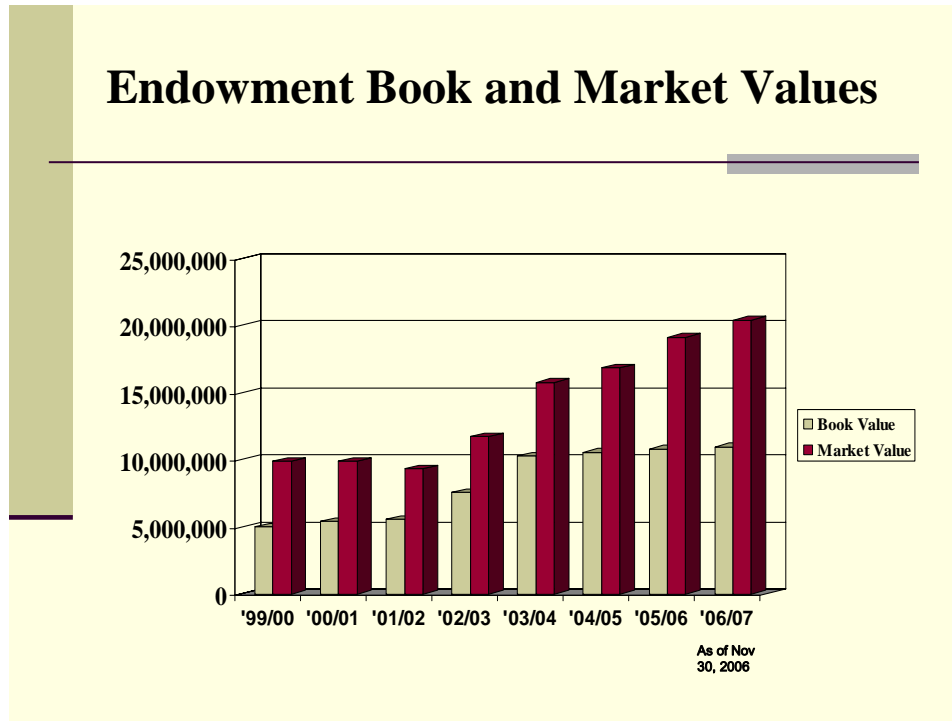


Table 8 SON Endowment Comparisons

SON Endowment Comparison

<u>University</u>	<u>Average Yearly Draw on Endowment</u>	<u>Percent of Operating Revenue from Draw</u>	<u>Total Endowment</u>
University of Rochester SON	5.5%	5%	12.4 million
Case Western	5.0%	7.5%	54 million
Columbia	4.3%	10.0%	45 million
Duke	4.5%	6.0%	Not specified
Vanderbilt	5.0%	3.4%	37 million
Yale	?	11.0%	45 million

Table 9 AACN Faculty Salary Comparisons

AACN Mean Salary Comparison Tenure Track Faculty, PhD's

Rank	U of R Mean	AACN 50 th percentile	AACN 75 th percentile
Professor	\$90,443	\$107,162	\$132,451
Associate Professor	\$89,785	\$78,833	\$90,392
Assistant Professor	\$74,999	\$65,100	\$72,000