THE ASSISTANT SECRETARY OF DEFENSE

1200 DEFENSE PENTAGON
WASHINGTON, DC 20301-1200

HEALTH AFFAIRS

JUL 09 2008

The Honorable Carl Levin
Chairman, Committee on Armed Services
United States Senate
Washington, DC 20510-6050

Dear Mr. Chairman:

I am pleased to forward the enclosed report that responds to Section 955 of the National Defense Authorization Act for Fiscal Year 2008. Section 955 requires the Secretary of Defense to submit to the congressional defense committees a plan to establish a School of Nursing within the Uniformed Services University of the Health Sciences.

This report was developed in consultation with the Board of Regents of the Uniformed Services University of Health Sciences and the Services. The plan provides programs of instruction for the School of Nursing that would lead to the award of a bachelor of science. The effect of a new School of Nursing on existing programs and recruitment efforts, in addition to numerous other elements associated with a new undergraduate program are addressed.

Thank you for your continued support of the Military Health System.

Sincerely,

S. Ward Casscells, MD

Enclosure:
As stated

cc:
The Honorable John McCain
Ranking Member

THE ASSISTANT SECRETARY OF DEFENSE

1200 DEFENSE PENTAGON
WASHINGTON, DC 20301-1200

JUL 09 2008

HEALTH AFFAIRS

The Honorable Ike Skelton
Chairman, Committee on Armed Services
U.S. House of Representatives
Washington, DC 20515-6035

Dear Mr. Chairman:

I am pleased to forward the enclosed report that responds to Section 955 of the National Defense Authorization Act for Fiscal Year 2008. Section 955 requires the Secretary of Defense to submit to the congressional defense committees a plan to establish a School of Nursing within the Uniformed Services University of the Health Sciences.

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Thank you for your continued support of the Military Health System.

Sincerely,

S. Ward Casscells, MD

Enclosure:
As stated

cc:
The Honorable Duncan Hunter
Ranking Member

THE ASSISTANT SECRETARY OF DEFENSE

1200 DEFENSE PENTAGON
WASHINGTON, DC 20301-1200

HEALTH AFFAIRS

JUL 09 2008

The Honorable David R. Obey
Chairman, Committee on Appropriations
U.S. House of Representatives
Washington, DC 20515-6015

Dear Mr. Chairman:

I am pleased to forward the enclosed report that responds to Section 955 of the National Defense Authorization Act for Fiscal Year 2008. Section 955 requires the Secretary of Defense to submit to the congressional defense committees a plan to establish a School of Nursing within the Uniformed Services University of the Health Sciences.

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Sincerely,

S. Ward Casscells, MD

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cc:
The Honorable Jerry Lewis
Ranking Member

THE ASSISTANT SECRETARY OF DEFENSE

1200 DEFENSE PENTAGON
WASHINGTON, DC 20301-1200

HEALTH AFFAIRS

JUL 09 2008

The Honorable Robert C. Byrd
Chairman, Committee on Appropriations
United States Senate
Washington, DC 20510-6025

Dear Mr. Chairman:

I am pleased to forward the enclosed report that responds to Section 955 of the National Defense Authorization Act for Fiscal Year 2008. Section 955 requires the Secretary of Defense to submit to the congressional defense committees a plan to establish a School of Nursing within the Uniformed Services University of the Health Sciences.

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Sincerely,

S. Ward Casscells, MD

Enclosure:
As stated

cc:
The Honorable Thad Cochran
Ranking Member

THE ASSISTANT SECRETARY OF DEFENSE

1200 DEFENSE PENTAGON
WASHINGTON, DC 20301-1200

HEALTH AFFAIRS

JUL 09 2008

The Honorable Susan Davis
Chairwoman, Subcommittee on Military Personnel
Committee on Armed Services
U.S. House of Representatives
Washington, DC 20515-6035

Dear Madam Chairwoman:

I am pleased to forward the enclosed report that responds to Section 955 of the National Defense Authorization Act for Fiscal Year 2008. Section 955 requires the Secretary of Defense to submit to the congressional defense committees a plan to establish a School of Nursing within the Uniformed Services University of the Health Sciences.

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Thank you for your continued support of the Military Health System.

Sincerely,

S. Ward Casscells, MD

Enclosure:
As stated

cc:
The Honorable John M. McHugh
Ranking Member

THE ASSISTANT SECRETARY OF DEFENSE

1200 DEFENSE PENTAGON
WASHINGTON, DC 20301-1200

HEALTH AFFAIRS

JUL 09 2008

The Honorable Ben Nelson
Chairman, Subcommittee on Personnel
Committee on Armed Services
United States Senate
Washington, DC 20510-6050

Dear Mr. Chairman:

I am pleased to forward the enclosed report that responds to Section 955 of the National Defense Authorization Act for Fiscal Year 2008. Section 955 requires the Secretary of Defense to submit to the congressional defense committees a plan to establish a School of Nursing within the Uniformed Services University of the Health Sciences.

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Sincerely,

S. Ward Casscells, MD

Enclosure:
As stated

cc:
The Honorable Lindsey O. Graham
Ranking Member

THE ASSISTANT SECRETARY OF DEFENSE

1200 DEFENSE PENTAGON
WASHINGTON, DC 20301-1200

HEALTH AFFAIRS

JUL 09 2008

The Honorable John P. Murtha
Chairman, Subcommittee on Defense
Committee on Appropriations
U.S. House of Representatives
Washington, DC 20515-6018

Dear Mr. Chairman:

I am pleased to forward the enclosed report that responds to Section 955 of the National Defense Authorization Act for Fiscal Year 2008. Section 955 requires the Secretary of Defense to submit to the congressional defense committees a plan to establish a School of Nursing within the Uniformed Services University of the Health Sciences.

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Thank you for your continued support of the Military Health System.

Sincerely,

S. Ward Casscells, MD

Enclosure:
As stated

cc:
The Honorable C. W. Bill Young
Ranking Member

THE ASSISTANT SECRETARY OF DEFENSE

1200 DEFENSE PENTAGON
WASHINGTON, DC 20301-1200

HEALTH AFFAIRS

JUL 09 2008

The Honorable Daniel K. Inouye
Chairman, Subcommittee on Defense
Committee on Appropriations
United States Senate
Washington, DC 20510-6028

Dear Mr. Chairman:

I am pleased to forward the enclosed report that responds to Section 955 of the National Defense Authorization Act for Fiscal Year 2008. Section 955 requires the Secretary of Defense to submit to the congressional defense committees a plan to establish a School of Nursing within the Uniformed Services University of the Health Sciences.

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Sincerely,

S. Ward Casscells, MD

Enclosure:
As stated

cc:
The Honorable Ted Stevens
Ranking Member

Report to Congress

Establishment of a Department of Defense School of Nursing
FY 2008

TABLE OF CONTENTS

I. Executive Summary

The following report is submitted in response to a Congressional requirement in the National Defense Authorization Act of 2008. Specifically, Section 955 requires the Secretary of Defense to submit a plan to the Congressional Defense Committees for the establishment of a School of Nursing within the Uniformed Services University (USU) of the Health Sciences. This report discusses the feasibility of placing undergraduate nursing programs at USU, a proposed curriculum for different applicant categories, and the estimated costs associated with establishment of a new School of Nursing. In consultation with the University Board of Regents (BOR) and Secretaries of the military departments, this report outlines programs of instruction for the School of Nursing that would lead to the award of a Bachelor of Science in Nursing (BSN) and other baccalaureate or graduate degrees in nursing as the Secretary considers appropriate.

Currently, the civilian health care system is experiencing an acute shortage of professional nurses. This nursing shortage is also being experienced in the federal health care sector, including the Nursing Corps of the three military services. There are many reasons for this nursing shortage in the federal sector: an aging work force; a demanding operational deployment tempo to support the Global War on Terrorism; and fierce competition for nurses nationally. Nursing educational programs across the country cannot meet the demand for nurses. Although academic health science centers are increasing capacity in Schools of Nursing, the limiting factor for expansion is the associated shortage of qualified nursing faculty (page 7).

This report reviews the past with regard to military nursing shortages, discusses the current capacity for undergraduate education at USU, and the key issues that are critical to the development of a new school of nursing. Critical to the success of a BSN Program are appropriate resources and an ongoing, sustained commitment of both the Department of Defense (DoD) and Congress to this option as a solution to nurse officer recruitment and retention. The endeavor cannot be undertaken at the expense of current educational programs at the USU. Additionally, developing new BSN educational programs at USU needs to carefully consider potential adverse impact on other academic institutions. These new nursing education programs would require significant investment and service contributions of qualified faculty (page 30). Output of graduates will not be realized for four to five years following program approval, and it will take over a decade of output to reasonably amortize costs (page 32). Finally, the campus of the National Naval Medical Center (NNMC), Bethesda, Maryland, is not a feasible site for the new school. Base Realignment and Closure of Walter Reed Army Medical Center (WRAMC) and the NNMC consolidation leave no room for new construction and a location must be identified outside of the National Capital Region.

This report was presented to the University BOR and the Federal Nursing Service Council. Both of these advisory bodies did not recommend that a BSN program be

established at USU at the present time. They recommended that current recruiting and retention tools be resourced to their maximum potential before the BSN option is established. If a decision is made that this approach should be taken, long term commitments and resources need to be identified to support the new mission while protecting existing programs. There are a number of other critical steps that should be pursued and explored. An appropriately funded team of facility planners, academicians, budget experts, representatives from the active and reserve/guard military personnel components, and consultants should be chartered to develop a business plan. This task force should fully evaluate potential locations, and deal with the specifics of faculty recruitment, student selection, and other relevant concerns. The success of a new BSN program will require stakeholder consensus including that of the Service Secretaries, Surgeons General and their respective deputies, key Congressional committees and members, and other academic institutions.

II. Military Nursing

Army Nursing Training Programs.

The Army has opened schools of nursing twice in response to a shortage of nurses; during the First World War, and at the height of the Cold War. The first effort, called the Army School of Nursing, was initially a multi-center program administered centrally with a common curriculum based on the newly-published Standard Curriculum of the National League of Nursing Educators (now the National League for Nursing or NLN). When the war ended, and the need was less acute, the Army School of Nursing was reduced to two, and later, to one site; the Walter Reed site continued until 1933, when short-term budget pressures forced its closure. Admitting almost 7000 students, the school graduated only 937 nurses in its fourteen-year existence. Twenty-eight percent entered the Army Nurse Corps, others enrolled in the Red Cross nursing reserve (i.e., one could only enter the Army Nurse Corps if there was an unfilled position). In its final three years, the school had quarters built on the Walter Reed campus (Delano Hall) but graduated its final student as the building was completed. The unit cost per nurse accessioned was extraordinarily high, but the personnel rules and purpose of the school were sufficiently different that unit cost is an unfair and poor measure of effectiveness. The Army School of Nursing did establish the virtue of the Standard Curriculum, provided leaders for American nursing, uniformed and civilian, and built a cadre of reserve nurses; however, it was closed just far enough ahead of the need in World War II that it made almost no mobilization contribution.

The second effort to establish a military nursing school was the Walter Reed Army Institute of Nursing (WRAIN), established in 1963; it admitted its first students in 1965. Nursing education was once again changing and WRAIN was predicated on the highest standards for a bachelor degree in nursing. Students were supported through two years in the civilian school of their choice and then brought to the Walter Reed Army Medical Center where the WRAIN faculty oversaw their classroom and clinical education. The program was affiliated with the University of Maryland for accreditation and for awarding degrees but (particularly in the early years) almost no educational work was undertaken off the WRAMC campus. The students were enlisted as E-3s, earned Veteran's benefits for all four years of schooling and were expected to serve three years as Nurse Corps officers (initially they were commissioned as O-1s and after 1970 as O-2s upon graduation). Because the attrition rates for undergraduate programs were known to be high, 135 applicants were started in order to graduate 100 officers four years later. Approximately 70 graduates each year completed their obligation. Female students were released at their own request, without obligation, if they changed their career goals during school; however, male students were mandated to serve a year for year enlisted obligation if they withdrew prior to graduation. Most attrition rates from graduates were due to the Army policy requiring resignation due to pregnancy. Over half the class married within a few years of graduation and then became pregnant, resulting in mandatory resignation. Once again, an excellent educational program produced a decade of nursing leaders;

however, the unit costs of $36,000 per graduate each year was judged too great. Reserve Officer Training Corps (ROTC) costs per officer commissioned in 1973, the year the school closed, were less than half that of the WRAIN program. The shortage of baccalaureate educated nurses eased in the early 1970s due to the expansion of state university schools of nursing and the WRAIN program was terminated in 1978. Over its 15 year history the WRAIN program produced 1,219 graduates.

In both previous attempts at in-service nursing education, the attrition costs of undergraduate education, combined with a rapidly fluctuating nursing market, led to the abandonment of the educational experiment long before the capital costs of the program were amortized. Other lessons are harder to draw. In both eras, other military schools (including academies) did not award degrees or concern themselves with civilian educational accreditation and standards. The faculty, in both cases (The Army School of Nursing and the Walter Reed Army Institute of Nursing), included almost 100% uniformed instructors; however, contemporary standards allowed officers to be assigned as faculty without adverse effect on nursing end strength or accreditation standards. If a school were established today and abandoned within the time frame in which the two earlier schools were closed, there could be huge personnel-associated costs for civilian faculty who are recruited and then dismissed; some of these costs could have secondary effects on the credibility and accreditation of other military schools. At the same time, changes in the role of women in the military should potentially reduce or remove earlier issues with attrition of WRAIN graduates due to pregnancy.

Recruitment and Retention Tools.

The 2007 "*Report to Congress on the Impact of the Nursing Shortage on the Military Healthcare Delivery System*" provides a historical review of the use of bonuses and other tools to address uniformed nurse recruitment and retention. This report also carefully reviews Service incentives, and in tabular fashion, documents the annual impact on recruitment and retention success.

Today, the Nurse Accession Bonus continues in the Services and targets civilian nurses who hold a bachelor or master degree in nursing from an accredited school of nursing providing incentives of $20,000 for a three-year commitment and $30,000 for a four-year commitment. Bonuses continue as retention incentives for critical specialties. For example, all Services provide incentives for continued service for Certified Registered Nurse Anesthetists (CRNAs). In February 2008, the Navy announced the release of a Tri-Service Registered Nurse Incentive Special Pay (RN ISP) Plan for nurses to address retention of undermanned critical wartime specialties as identified by the Chief, Bureau of Medicine and Surgery (BUMED). For the Navy Nurse Corps, these specialties included: perioperative, critical care, family and pediatric nurse practitioners. This program offered tiered bonuses of $5,000 for one year of obligated service; $10,000 per year for two years of obligated service; $15,000 per year for three years of obligated service; and, $20,000 per year for four years of obligated service. This program requires the nurses to work in their specialty area full-time, maintain national specialty

certification and possess either a Master of Nursing in the concentrated area of practice or have completed a Surgeon General's approved course. This intent of these incentive programs is to improve the retention of nurses in these critical specialties.

All Services continue to use tools other than bonuses to meet recruitment and retention targets. For example, the Navy has established a recruiting and retention cell at BUMED with a representative from each professional corps to help with recruiting endeavors. These officers act as liaisons between the Commander Naval Recruiting Command (CNRC), Naval Recruiting Districts (NRD), recruiters and the military treatment facilities. These Navy officers travel to local, national and minority nursing conferences or collegiate recruiting events to represent the Navy Medical Department and "sell" the health care opportunities that exist in today's military. In addition, mentorship programs have been established in Nurse Candidate Programs and for NROTC students to cultivate professional growth while enhancing retention. All Services use factors such as the location of duty stations, assignment opportunities like humanitarian missions, and others to influence nurse recruitment and retention. For example, the Army program, The Funded Nurse Education Program (FNEP), allows active duty Army officers serving in other branches the opportunity to obtain, at a minimum, a BSN degree and continue their Army career as a Nurse Corps officer. The Army also sponsors the Army Enlisted Commissioning Program where enlisted soldiers can earn a BSN and then a commission in the Active Duty ranks.

Bonuses and other measures showing a military nurse individual consideration and concern will continue to positively impact nurse recruitment and retention. These individual considerations include job assignment preferences, joint domicile, and duty locations. These measures should continue in order to meet nursing retention goals. While some measures are more costly and, at times, inconvenient to mission accomplishment, they may very well continue to be necessary in the face of the current national nursing shortage.

Tuition Assistance/Reimbursement/ROTC.

All Services use assistance with tuition and college reimbursement as tools to improve recruitment and retention. The Navy's Health Professions Loan Repayment Program (HPLRP) assists nurses with accumulated nursing school tuition costs. While primarily a retention tool, HPLRP has been used in conjunction with accession bonuses as a recruiting incentive which yields a five-year active commission service obligation. Each service has Nurse Candidate Programs for enlisted Service members and others to attend, with Service assistance, at non-ROTC Colleges and Universities. These nursing students receive a sign-on bonus (up to $10,000 paid over one or two years depending on the specific Service) and a monthly stipend of $1,000 for each month of full-time enrollment. Individuals incur a four- or five-year service obligation in exchange for participation in this program. The HPLRP Scholarship assists Navy Nurse Corps officers with accumulated nursing school tuition costs. In FY08, 42 active duty nurses were selected with an average debt load of $27,300 and two years of obligated service. The

Navy notes that nurse interest in this program typically exceeds available funding.

The primary accession source of nurses for the Services is through the ROTC Scholarships. Service commitment of the individual officer depends on the provisions and years of the scholarship. These service obligations tend to be long, up to a total of eight years, and this investment in years of service by Nurse Corps officers has influenced decisions in making the military a career. The Navy reports current retention rates of 50% for Navy ROTC graduates finishing their obligations.

Reserve/Guard Components and Other Federal Healthcare Agencies.

While the Services express satisfaction and progress in meeting recruitment and retention goals through current incentives and authorized Congressional programs, they remain concerned over their ability to meet the needs of the Reserve Components. Specifically, one major concern is the number of Associate Degree Nurses (ADNs) that have been accessed to meet Force requirements. The Army and the Air Force have used ADNs to meet their Reserve or Guard Component quotas, while the Navy has not. Representatives of these Reserve and Guard Components have requested consideration of a cost-effective, distance-based program to meet their BSN educational requirement for ADN officers (nurses must obtain a BSN if they are to progress to a rank higher than O-3). The Reserve Components face the same retention issues as the Active Duty Force. Combining educational opportunity to a required service commitment is a cost effective way to meet Force structure requirements. The Services have expressed interest for Reserve enlisted personnel to attend the in-residence BSN program with service commitments to be determined by the Reserve Components.

Mission requirements and the national nursing shortage are also impacting the other Federal Services. The Veterans Administration and the United States Public Health Service (USPHS) face recruitment and retention problems as with their military service counterparts. Both of these organizations recruit at the ADN level and require educational programs to offer their nursing recruits.

Future Directions.

The incentives discussed above are working toward improving recruitment and retention rates for uniformed nursing force requirements. The Navy reports "for the second consecutive year that it is on course to meet its (*recruitment*) goal." Congress has been particularly attentive in approving programs that have a potential for increasing nurses in alignment with Service needs. Insuring that current programs are maximized must be one component of the recruitment and retention. One factor that affects these recruiting and retention programs is the country's current war-time footing, high deployment and operational tempo for all professional nursing corps. It is unclear if political changes will alter these conditions. The cost of establishing and operating a new undergraduate school of nursing should also consider potential changes in the future mission or the Force structure of the military Services.

Establishment of a USU BSN program should be made on broader implications than the current military structure or deployment posture. This report provides best estimate projections based on limited knowledge and information. If Congress approves the establishment of a BSN program at USU, an essential first step must be to assemble a panel of experts to specifically plan for its development, implementation and operations. These experts would include faculty, finance, space, and administrative personnel that are assigned on a full-time basis to this project. This BSN steering team would be exclusively focused on this new program's success.

III. National Registered Nurse Shortage

The national nursing shortage exists for many reasons. The aging American population is one contributing factor to this looming healthcare crisis. With the number of Americans, age 65 and older, approaching 70 million by 2030, the National Academies have warned that the national healthcare system is drastically unprepared to provide for the growing geriatric population. The Institute of Medicine recommends urgent action to increase the number of all healthcare providers, including Registered Nurses (RNs) to meet this need. (Washington Post, April 15, 2008, page A2, Rob Stein). Other contributing factors to this national nursing shortage include a lack of young people entering the nursing profession. The average age of the American Registered Nurse is 47 years. The aging of this current workforce will result in retiring nurses outpacing recruitments by the year 2016 (American Nurses Association National Nursing Shortage Facts, 2007). It will take several years, if not decades of enrollment and graduation of RNs to reverse this statistic. Although enrollment of minorities in schools of nursing remains strong (over 24%), men continue to be underrepresented totaling only 9.7 percent of students in baccalaureate programs. In graduate programs, 9.4 percent of master degree students and 7.2 percent of research-focused doctoral students are male (AACN 2006 Annual Report, Annual State of the Schools). This gender-unique demographic factor has an impact on the overall workforce as family roles increasingly impact work-force shortages.

National Nursing Faculty Shortage.

The educational system that prepares the nation's nurses faces its own nursing shortage. The availability of qualified faculty is a primary limiting factor affecting capacity in schools of nursing across the country (American Association of Colleges of Nursing, Nursing Faculty Shortage Fact Sheet, March, 2008). Contributing factors to the nursing faculty shortage are the aging nurse workforce, institution budget constraints, and fierce competition for nurses who receive higher salaries within the clinical environments. Although entry-level baccalaureate enrollment has steadily increased over the past five years (AACN 2006 Annual Report, Annual State of the Schools), it was estimated that over 40,285 qualified nursing school applicants were turned away from baccalaureate and graduate schools of nursing in 2007, due to a lack of qualified faculty,

clinical sites, classroom space, clinical preceptors, and shortfalls in budget or other resources (American Association of Colleges of Nursing, Nursing Faculty Shortage Fact Sheet, March, 2008). The national nursing faculty vacancy rate is estimated at over 8%, which translates to 2.2 vacant faculty positions at each school of nursing across the country. To compound this problem there is also a critical shortage of nursing faculty leadership. It is estimated that there are over 60 schools of nursing across the country that have vacancies at the senior position and are recruiting deans.

Master and doctoral nursing programs are not producing a large enough pool of qualified educators to meet current or future demands. Graduate schools of nursing suffer more than undergraduate programs as the demand for nurses with doctorate degrees has increased over 80%. Again, the primary reason for this shortfall is the lack of qualified faculty. It is estimated that 3,048 qualified applicants were turned away from master in nursing degree programs, and 313 qualified applicants were turned away from doctoral nursing degree programs, in 2007. The primary reason for not matriculating more qualified graduate nursing students is a shortage of faculty. Without creative strategies to rectify this academic on-going shortfall in nursing faculty, this factor will continue to be the rate-limiting step and will have a far-reaching negative impact on the nursing workforce of the future.

Federal/Military Nursing Shortage.

Historically, since the establishment of the military Nurse Corps, there have been challenges in procuring and maintaining an adequate number of nurses to satisfy DoD requirements. A multitude of financial and educational initiatives have been implemented to meet retention and recruitment targets. The 2007 *"Report to Congress on the Impact of the Nursing Shortage on the Military Healthcare Delivery System"* thoroughly reviews recruiting and retention issues facing the military, to include a historical perspective, potential reasons for the shortage, status, and programs designed to improve recruitment and retention. Today's challenge to meet Services end-strengths is faced with an on-going shrinking nursing workforce. The Federal Healthcare delivery systems (Veterans Administration, Public Health Service, Navy, Air Force, and Army) are competing in a fiercely competitive market for limited resources to meet their workforce requirements. This growing need for nurses, especially professionally prepared nurses at the baccalaureate level, coupled with the demands of the military healthcare system (MHS) in support of the global war on terrorism, have created unique challenges for achieving recruitment and retention quotas. From 2001 to 2006, the mean nurse vacancy rate in the DoD has increased from 4.1% in FY2001 to 11.1% in FY 2006 (Executive Summary, Report to Congress on the Impact of the Nursing Shortage on the Military Healthcare Delivery System, July 12, 2007). The total number of unfilled nursing positions in the MHS for FY 2006 was 1,142 nurses. The two primary issues impacting total end-strengths continue to be recruitment and retention shortfalls. In an effort to meet end-strength nursing requirements, the three military Services have initiated improved and additional recruitment and retention incentives to help maintain an

adequate workforce.

Recruitment and Retention: An Historical Perspective

Creativity has been the focus of the respective Nursing Services within the DoD to procure and maintain an adequate force structure for nurses. Strategies have included a "call to patriotic duty," foreign travel, broader scopes of practice, and educational and financial incentives. Recruitment and retention standards have also changed during wartime. For example, age, race and religious restrictions were waived when the United States was involved in World War I for a protracted period of time (Senate Reporting Requirement on Nursing Recruitment and Retention, 2006). There was also an attempt, during World War II, to legislate a draft for male nurses. However, male nurses were not allowed to enter the active duty ranks until 1955. Following World War II, there was a mass exodus of nurses from active duty. The Services initiated recruitment and retention incentives that included tuition assistance, specialty training, and bonuses to meet end-strength needs. Also, adjustments in pay, allowances and retirement were made to provide comparability to other commissioned officers for nurses.

During the Vietnam War, educational programs, a male nurse draft, Reserve unit activation, and civilianization of nursing positions were all used to achieve appropriate force structure. In 1972, the Reserve Officer Training (ROTC) Program accepted its first students majoring in nursing. Today, this initiative continues as a critical recruitment and retention tool for the respective nursing corps. During the nursing shortages of the 1980s and 1990s, other financial incentives for both civilian and military nurses were created to include specialty pay and collegiate scholarships. There was a brief period, during the early 1990s, when there was a nursing surplus in the Federal Health System due to the force reduction that followed the conclusion of the Cold War and Operation Desert Storm. This brief period was followed quickly by another nursing shortage and retention and recruitment incentives were reestablished to include specialty pay, extensions in retirement periods, and an $18 million Health Loan Repayment Program.

Current Recruitment and Retention Issues

All Services maintain data on accession sources and the related retention rates of those officers. Current data demonstrate a need for a range of entry programs tailored to their unique Service needs. The primary accession source for the Army is through ROTC Scholarships. The Army also recruits officers for the Active Component through the Enlisted Commissioning Program (AECP), the Army Nurse Candidate Program (ANCP), direct accession recruiting, and the Funded Nurse Education Program (FNEP). The Navy accesses Nurse Corps officers through a myriad of programs including the Naval Reserve Officer Training Corps, Seaman to Admiral, Medical Enlisted Commissioning, Direct Accession and Nurse Candidate Programs. The Commander at the Naval Recruiting Command notes that, for the second consecutive year, they are on course to meet their annual recruiting goal for nurses despite ongoing deployments and the national nursing

shortage. The Air Force programs are similar to its sister Services. Retention rates vary predictably across programs and Services depending upon length of service since entry as a nurse and the time in service when commissioned as a nurse.

Medical Enlisted Commissioning Program (MECP) candidates remain on duty to meet minimum requirements for retirement (typically only ten years as they have prior enlisted experience and wish to retire at 20 years). MECP accessions have a continuation rate of 50% at year 11. The USU physician model is another example of an educational program that has been successful in developing a corps of career motivated officers. Certainly, the longer a person has served, before being paid by the military to go to school, directly relates to the probability that he/she will stay in the military until retirement. The most likely applicant pool for a USU BSN Program is from within the Service ranks. There is a high probability that retention rates for these nurses would be longer that other nurse accession sources.

Effect of Educational Opportunities on Retention

Trading education for a service commitment has been a strategy used by virtually all corps in all Services quite successfully since the beginning of the military. The Navy reports that enlisted to officer programs have a 90% retention rate at years of commissioned service five; however only 50% stay after the completion of 10 years of commissioned service. They noted an increase in LT/LCDR losses of prior enlisted personnel who choose not to stay to reach controlled grades or to enter into the ranks of senior leadership.

The Impact of a Federal BSN Program on Recruitment and Retention

The Reserve Components of the Army and Air Force recruit associate degree, registered nurses into their junior nurse vacancies. The Air Force recognizes a need for a program that allows Guard and Reserve Component nurses currently holding an Associate's Degree in Nursing (ADN) to complete a Bachelor of Science Degree in Nursing (BSN) which would provide them further career/rank progression. They note that a BSN program that meets this need may eventually lead to establishing the BSN as the minimum entry requirement for all NC officers (AD, Guard and Reserve). The Air Force also sees value in a BSN program for enlisted Service members seeking selection for an enlisted commissioning program. Depending upon the school's location to a large density of enlisted Service members, a secondary benefit of permanent Change of Station (PCS) cost savings may be realized for candidates already assigned to the area or who may have follow-on assignments near the school. In its report, the Air Force recommends officer candidates be paid at the grade of E-5 while in the program or retain their current pay grade if higher, while in school. They also recommend an active duty service commitment of 4 years for the 2-year education opportunity.

The Navy Nurse Corps leadership welcomes exploring the admission of several populations to a School of Nursing at USU including Associate Degree Nurses (ADN) to

pursue a BSN or, which even bridges to a Master of Science in Nursing (MSN) Degree. They note the ADN pool as an "untapped" recruiting opportunity not fully explored as an accession source to the Navy Nurse Corps. They state that this population of nurse candidates possesses greater clinical experience and offers more mature, dedicated students with finite professional goals. The Navy wants to explore potential students who have completed liberal arts prerequisites and are seeking admission into programs that focus on a core curriculum leading to BSN/MSN Degrees. The Navy also sees the value of distance education/on-line degree completion programs with required clinical experiences. Navy Nurse Corps Community Managers receive calls from officers in the Unrestricted Line Community (Surface Warfare and Nuclear) interested in staying in the Navy and acquiring their BSN. An established USU BSN program would ensure this opportunity.

The Army notes that a realistic class size for a University BSN Program would not provide an opportunity for any Service to assess large numbers of nurses; their share of 25 students each year for the first two years, would have a minimum impact on accession needs. Army leadership suggests that the cost of this program could be better spent funding and maximizing existing programs that recruit and retain nurses for active service.

This Army comment warrants further discussion. The initial investment to establish an undergraduate school of nursing at USU could be very high. Changes in the projected impact of the national nursing shortage on military nurse requirements due to a reduced Force structure and/or operational tempo may affect the decision to establish an undergraduate nursing program at USU. Should these changes occur after a significant investment has been made in the USU infrastructure, it would be costly to reverse the decision to establish an undergraduate school of nursing. Exploiting BSN programs that already exist through partnerships with civilian BSN programs could be the most cost effective way to address current Service recruitment and retention needs. The decision to establish an undergraduate nursing school should be made with a view to future requirements. A satisfactory return on the initial investment of building a new school will not be achieved for some years after the BSN output reaches its maximum capacity. As discussed in previous sections, Army experiences during WWI with its School of Nursing, and later, the Walter Reed Army Institute of Nursing have taught hard lessons on the cost effectiveness of building degree programs without a commitment to a long-term vision. If built, this BSN program should be considered the central core of nursing recruitment and production in much the same way as the USU, F. Edward Hébert School of Medicine (SOM) is for educating physicians for federal service. Since the average number of annual graduates per Service will be well below annual recruitment needs, regardless of force structure or deployment posture, a long-term commitment to the school will be required to have a positive impact on force structure and to recoup start-up and operational costs.

That being said, the USU, SOM and GSN are examples of the value of tailoring a curriculum to meet customer needs. A combined faculty of civilians and military adds continuity to the curriculum while maintaining relevance to Service requirements. It is

clear in discussions with the Federal Nursing Service Chiefs (FNSCs) that the distance learning, RN to BSN Degree Granting Program is of particular interest as they address current issues in their work force. A Distance Learning Degree Program without roots in an existing in-residence BSN program could be difficult to accredit. Approval of an undergraduate school of nursing under the aegis of USU should include a commitment to both the Reserve Distance Learning option and the In-Residence Degree option which exist within one USU School of Nursing.

All Services agree that a BSN startup and operational investment is resource intensive and other options should be explored or maximized. No Service advocates eliminating any currently existing recruitment or retention option. Due to the time required to build or renovate appropriate facilities, recruit faculty, develop curriculum, and matriculate qualified students, maximizing current sources through partnerships with civilian institutions should be continued. If there is a decision to build a new BSN Program, there will be some Service requirement for faculty and military staffing. Building a federal BSN Program without Service commitment to resources, particularly faculty resources, limits the feasibility and value added discussed above. The ratio of military to civilian faculty should be determined in coordination with the FNSCs.

Contribution of the Graduate School of Nursing to Medical Readiness

It is clear from analyses conducted by the Services, that the Graduate School of Nursing (GSN), USU of the Health Sciences is making unique contributions to medical readiness. The University and the GSN are meeting the expectations set forth when established.

The initial mission of the GSN was established in compliance with DoD Directive 5105.45:

The GSN is dedicated to quality education that prepares advanced practice nurses to deliver care and services to all beneficiaries of the Uniformed Services during peace, war and other contingencies. We provide the Nation with graduate nursing professionals dedicated to a career of service in the Department of Defense and the United States Public Health Service. We serve the Uniformed Services and the Nation as an innovative program with a worldwide perspective for leadership, education, research, and service. We are unique in defining advanced practice nursing's contribution to Uniformed Services' health care.

The Army sums up the uniqueness of USU in its findings that the University offers both theoretical content and practical exercises as part of the curriculum, which enhance the overall readiness of both medical and nursing that is not part of standard curriculum development. This includes operational trauma training and advanced burn care. USU also conducts a major medical readiness exercise called Bushmaster. This operational

exercise allows 4th year medical students and 2nd year graduate nursing students the opportunity to apply their clinical decision making skills in an operational environment. This annual summertime readiness exercise is held at Fort Indiantown Gap, Pennsylvania. A key component of the training is the emphasis on development of individual and small group leadership skills as these officers apply principles of triage and trauma care to tactical scenarios.

In anticipation of an undergraduate nursing program, the Services expect the same focus on the application of nursing skills in the Military Healthcare System that is currently provided to masters and doctoral students in the GSN. The Navy states that the integration of military indoctrination within the academic environment would likely yield a graduate nurse who can more quickly integrate and assimilate into a military healthcare delivery system. These graduates would also have a better understanding of the critical role they play in assuring the medical readiness of America's war fighters. This is particularly true since the student could be introduced to military relevant health programs such as individual medical readiness and pre/post deployment health assessments and risk appraisals. Also, the students would develop an awareness of the criticality that exists in some of our wartime nursing specialties and the importance of early intervention and access to services for those with Post Traumatic Stress Disorders and Traumatic Brain Injury.

In practical terms, the Air Force seeks solutions to its current shortage of bedside nurses. The Air Force will recruit graduates as clinical nurses to alleviate a shortage of Nurse Corps officers. They strive to improve overall Nurse Corps manning that is now at 89%, and clinical nurse manning at 93%. The Air Force supports the development of an undergraduate nursing program to provide a pipeline for future improvement in critically under-strengthed nursing specialties: critical care (80%); emergency/trauma (85%); operating room (77%); and flight nursing (88%). The Air Force also addresses the competencies they expect from a DoD undergraduate nursing school. They require input into the curriculum to ensure that readiness needs are met and maximized and expect graduates to be fully qualified upon graduation with Readiness Skills Verification completed. They seek a nursing program that provides graduates with adequate clinical experience to defer attendance in a Nurse Transition Program. The Air Force expects a curriculum that includes a "Bushmaster" or similar field training exercise and a program that emphasizes officership, service culture, joint interoperability, and clinical leadership in DoD MTFs, especially related to working with enlisted medics.

IV. Uniformed Services University of the Health Sciences

The 92nd Congress, with the passage of Public Law 92-426, the Uniformed Services Health Professions Revitalization Act of 1972, established the Uniformed Services University (USU) of the Health Sciences and provided the authority to grant appropriate advanced degrees. It was the 25-year effort of Congressman F. Edward Hébert (D-LA) that led to the congressional passage of legislation that created USU. The University was initially established to provide a comprehensive education in medicine to

select young men and women who demonstrated potential for, and commitment to, careers as Medical Corps Officers in the Uniformed Services. The University was originally organized under the DoD, and was managed by a BOR, composed of 15 members prominent in the fields of health and education, nine of whom were appointed by the President of the United States with the advice and consent of the Senate. Public Law 110-181, Section 956, "National Defense Authorization Act for Fiscal Year 2008" later changed the appointment authority for the USU BOR from the President to the Secretary of Defense (SECDEF). Public Law 92-426 established the University as a separate agency within the DoD and planning for its development began with the President of the United States Richard Nixon's appointment of a BOR and Dr. Anthony R. Curreri as the University's first President in 1974. Initial efforts were focused on establishing the USU School of Medicine (SOM) as the University's first academic program. Planning was accomplished through the combined efforts of the BOR; Dr. Curreri; the USU SOM Dean, Dr. Jay Sanford; and special working groups. Meetings and retreats included consultations with a variety of experts from military medicine and civilian medical organizations and institutions across the country. In 1983, Congress passed legislation officially designating the USU School of Medicine as the F. Edward Hébert School of Medicine.

DoD Directive 5105.45. significantly changed the USU governance structure in further delegating responsibility for USU from the SECDEF to the Assistant Secretary of Defense for Health Affairs (ASD(HA)). However, the authority to appoint the President of the University was retained by the SECDEF. On April 19, 1991, the DoD Directive for USU, 5105.45 was updated to reflect these changes and to define in detail the mission, organization, responsibilities, functions, relationships, authorities, and governance of the University. In a memorandum dated May 3, 1991, the ASD(HA) further delegated the authority for the day-to-day management of the University to the USU President.

Board of Regents Charter.

Prior to 1991, the USU BOR had been an independent policy-making body; it is now an advisory body to the SECDEF. A Charter for the BOR was approved by the Office of the Secretary of Defense (OSD) on April 1, 1991. The Charter defines the objectives and scope of the BOR to: 1. provide advice and guidance to the SECDEF through the ASD/HA for the operation of USU; and 2. assure that the University operates in the best tradition of academia and is in compliance with the appropriate accreditation authorities. The USU administration and faculty provided substantial input into the revision of both the USU DoD Directive and the BOR Charter. As a result, the administrative/governance documents, of 1991, reflected the coordinated efforts of the ASD(HA), the BOR, the USU administration and activity heads, SOM department chairpersons, the SOM Faculty Senate, and the Dean's Executive Advisory Committee. In addition, during this process, the Acting Dean of the SOM coordinated with and briefed the LCME and the Commission on Higher Education of the Middle States

Association of Colleges and Schools to ensure compliance with the University's accrediting entities on issues regarding governance and administration. Today, USU is managed by the University President, under the policy guidance of the ASD(HA) and with the advice of the BOR on all matters academic.

The USU Mission.

> The Uniformed Services University of the Health Sciences is the Nation's federal health sciences university and is committed to excellence in military medicine and public health during peace and war. We provide the Nation with health professionals dedicated to career service in the Department of Defense and the United States Public Health Service and with scientists who serve the common good. We serve the Uniformed Services and the Nation as an outstanding academic health sciences center with a worldwide perspective for education, research, service, and consultation; we are unique in relating these activities to military medicine, disaster medicine, and military medical readiness.

The School of Medicine admitted its charter class of 32 students in the Fall of 1976. This was 4 years after the passage of the legislation creating the University. Sixty-eight medical students were admitted in 1977 and 108 in 1978. Current enrollment averages 165 students per class. The F. Edward Hébert School of Medicine has a year-round, 4-year curriculum. This curriculum is nearly 700 hours longer than required at other U.S. medical schools. These additional hours focus on epidemiology, health promotion, disease prevention, tropical medicine, leadership and field exercises, and other subjects that relate to the unique requirements of career-oriented military physicians. Of the 4,070 physician alumni who have graduated since 1980, over 75 percent currently serve on active duty in the U.S. Army, Navy, Air Force and U.S. Public Health Service. Approximately 23 percent of all active duty physicians are USU graduates. Fourteen of the USU alumni have been promoted to general officer or flag rank.

The Graduate Program in the Biomedical Sciences was established along with the University as a necessity to foster quality in faculty recruitment and medical education. This graduate program has also grown steadily since the first graduate students were admitted in 1977. In 2008, there are 169 graduate students enrolled in Doctoral and Master Degree Programs in the basic medical sciences. Doctoral and master degrees in the biomedical sciences and public health are awarded by interdisciplinary and department-based graduate programs within the SOM. Programs include infectious disease, neuroscience, psychology and preventive medicine research. A large number of graduates are military officers who serve throughout the federal biomedical research enterprise.

The USU Brigade.

The USU Brigade was created by the USU President in 1990, in order to coordinate military activities for all uniformed members of the University. The Brigade Commander, a member of the University staff, is the "senior active duty officer" of the University. The military command authority for assigned officers, non-commissioned officers (NCOs), and enlisted personnel flows from respective Service specific flag or general officers in the National Capital Region to the USU where it is exercised on behalf of the President by the Brigade Commander. Students in the F. Edward Hébert School of Medicine (SOM) report through Service specific company commanders to a Commandant and students in the Graduate School of Nursing (GSN) directly to a Commandant. The Commandants are the principal deputies of the Brigade Commander along with a Headquarters Company Commander to which all enlisted personnel report. Uniformed faculty assigned to USU report directly to the Brigade Commander.

The Brigade Commander also serves as the senior military staff officer to the President, USU. Through his militarily delegated command authority, the Brigade Commander executes tasks approved by the President, USU, requiring use of military personnel outside of their academic support missions. As a staff officer, the USU Brigade Commander advises the University President on his plans to minimize the impact of military requirements upon the mission of the University, including: external military requirements; service-mandated short-term schooling; required individual training; mandated drug, weight, and physical fitness testing; ceremonies; field training exercises; and duty rosters.

The Commandants are responsible to the Brigade Commander for establishing and conducting an officer development program for each student which will meet the requirements of his/her specific Service and does not interfere with the primary mission: to succeed as students of medicine and nursing. The Commandants also serve as the senior military staff officer to their respective Dean. As such, they seek the advice and counsel of the Dean regarding the proposed elements of officer development prior to their implementation; and advise the Dean of the impact of Service-specific officership requirements upon individual students or upon members of a Service-specific group of students (e.g., the need for disciplinary actions, the enforcement of height/weight regulations, the enforcement of family violence regulations).

The command structure formally recognizes that neither the University President nor the Deans exercise military command authority over uniformed personnel at USU in their capacity as students, staff, or faculty and that military command authority flows through service-specific uniformed channels to the USU President where it is delegated to the Brigade Commander. The Brigade Commander assures that the interests of the military members assigned to the University are addressed and that they remain competitive for promotion with their Service peers. Under the leadership of the Brigade Commander, the uniformed students, staff, and faculty assigned to the University participate in all activities and events as they would in any other command of the Uniformed Services. Regular formations, along with both officer and non-commissioned

officer professional development seminars, are held on a regular basis. Additional performance standards, such as physical fitness testing, mandatory medical readiness stand downs for deployment, and other training are conducted to ensure total compliance with all Service-specific standards and customs.

USU is a joint entity of the three military departments and the USPHS, subject to the overall supervision of the ASD(HA). Of interest, there is no joint manning document for USU. Military faculty, staff, and students from the Uniformed Services are assigned to the USU. Currently military personnel are attached to local Service-specific commands for the administration of military justice. If a Service member assigned to the USU engages in misconduct meriting judicial or non-judicial punishment under Article 15 of the UCMJ, the USU Brigade Commander must request action by the service-specific command.

Because of the importance of this military brigade structure in the command and control of uniformed officers and enlisted personnel assigned to USU, it is imperative that the coordination for any new school include the Brigade Commander and a plan for the integration of assigned uniformed faculty, staff, and students into the USU Brigade. This requirement is especially important when considering enlisted commissioning through an undergraduate education program.

The Graduate School of Nursing.

Legislative and DoD Direction

The establishing legislation of the USUHS, the Uniformed Services Health Professions Revitalization Act of 1972 (Public Law 92-426), and DoD Directive 5105.45, both direct that USU must meet the requirements of medical readiness and expand to meet the future needs of the Uniformed Services. In accordance with those directives, the Graduate School of Nursing (GSN) was established, in 1993. During the fall of 1992, the DoD received the Congressional authority, along with an appropriation, and began planning for the implementation of the nurse practitioner education program at USU. In 1993, Congress next directed the initiation of a demonstration program for the preparation of family nurse practitioners for the Uniformed Services.

The need for nurses in the military was clearly defined in a 1993 study completed by Eugene Levine, Ph.D., which analyzed the use of advanced practice nurses in both civilian and military medicine (Levine E, 1994). As healthcare in the federal system moved closer to a peacetime delivery model, the need for advanced practice nurses became evident. The U.S. Public Health Service, in 1992, reported to Congress and predicted a need for a 50-150% increase in the number of nurse practitioners by the year 2000 as a result of on-going health care reform and growth in health promotions and primary care. In addition, the nursing profession had moved to requiring the Master of Science in Nursing (MSN) or other allied health professions masters degree for advanced practice nurses. Active duty nurses already certified in advanced practice were expected to qualify for the Master's Degree if they did not already hold that credential. The

military Nurse Corps were supporting degree-granting programs for active duty nurses in civilian universities, but the Services were continuing to lose nurses to higher paying civilian positions. The U.S. Public Health Service also reported vacancies, and offered undergraduate scholarships in return for future service in underserved areas. Levine's study clearly indicated the need for advanced practice nursing programs at USU that would prepare professional nurses for primary care and nurse anesthesia in the Uniformed Services. The curricula would include an integrated military readiness component not found in civilian programs. Graduate nursing students would benefit from the rich educational resources and environment enjoyed by the medical and other graduate students at USU as well as by the proximity of the campus to the National Institutes of Health and to the numerous health agencies of the Federal Government in the Washington metropolitan area.

The Federal Nursing Service Council

Originally organized in 1943, the FNSCs, who represent the Army, Air Force (including Guard and Reserve components), Navy (including Navy Reserve), U. S. Public Health Service, and the Department of Veterans Affairs, as well as a non-federal honorary representative from the American Red Cross, serve to provide a means for easy exchange of information; to provide mutual assistance in the consideration of Nursing problems; and to formulate recommendations concerning federal agency nursing issues.

The FNSCs identified the need for advanced practice nurses within their ranks in two main roles: family nurse practitioner and nurse anesthesia. In January of 1993, USU President James A. Zimble, M.D., formally appointed the Federal Nursing Service Council as the new Graduate School of Nursing's advisory group. President Zimble asked Dr. Faye G. Abdellah to help establish the school as its Executive Director and he requested that a curriculum, faculty, and students be set in place. Dr. Abdellah, a retired Rear Admiral in the Public Health Service, became the Founding Dean for the new Graduate School of Nursing.

The Dean of the Graduate School of Nursing

The position of the Dean for the Graduate School of Nursing was created to identify the lead agent for the new school. This position requires that the individual be licensed as a R.N., hold a terminal degree and be qualified at the tenured, full Professor academic rank. The Dean has the responsibilities of: 1. organizing and operating the educational programs of the GSN, to include those mandated by law and those authorized by law and recommended by the BOR to the ASD(HA); 2. preparing the annual GSN budget and the defense thereof before the USU President, BOR, and/or Congress; 3. supervisory control of the faculty and staff; 4. reviewing and recommending the awarding of graduate nursing degrees to the BOR; 5. representing the GSN at the Cabinet level within the University; and 6. interfacing as the University's lead agent with the Federal Nursing Service Council. The Dean of the GSN directly reports to the University

President.

GSN Meets Legislative and DoD Mandates

In compliance with Congressional legislation and in direct response to the needs of the Federal Nursing Chiefs and the Uniformed Services, the GSN initially established a Master of Science in Nursing Degree Program with two options in Nurse Anesthesia and Family Nurse Practitioner. These two GSN options were implemented to alleviate shortages of health care providers in the Uniformed Services, as identified by the Federal Nursing Chiefs. Graduates received the Master of Science in Nursing (MSN) Degree and were qualified to test for national certification in their specialties.

The first students were admitted into the GSN Master Degree Program for Family Nurse Practitioner option in August of 1993; and, the first students matriculated into the Nurse Anesthesia option in June of 1994. The Family Nurse Practitioner option has had thirteen graduating classes from 1995 through 2007, for a total of 147 graduates; the Nurse Anesthesia option has had twelve graduating classes beginning with the Class of 1996 through the Class of 2007 for a total of 173 graduates. The Perioperative Clinical Nurse Specialist option added in 2003 has had three graduating classes for a total of 23 graduates. Thus, from its first graduation in 1995 through December of 2007, a total of 343 MSN Degrees have been granted by the GSN in response to Service requirements.

The first students were matriculated into the Doctor of Nursing Science (PhD) Program in August of 2003. The reasons for developing a PhD in Nursing Science Program were: to prepare nurse scientists connected to the federal health system; to explore problems and questions related to the profession of nursing and; to prepare nursing faculty with programs of research to help alleviate the nursing faculty shortage. The PhD in Nursing Science Program has had six students fulfill doctoral requirements through April of 2008. Finally, the GSN will accept its first cohort of Psychiatric Mental Health Nurse Practitioner students in May, 2008.

In addition to the establishment of its traditional graduate Program options, the GSN also implemented a Post-Master Family Nurse Practitioner Certificate option and the Department of Veterans Affairs (VA)/DoD Post-Master Adult Nurse Practitioner Distance Learning Program (ANP) option. The Post-Master Family Nurse Practitioner Certificate option began in 1999, primarily in response to, and in support of, the decision by the Army Nurse Corps to transition from a specialty nurse practitioner to a family nurse practitioner focus. During the transition, the number of students varied, resulting in the awarding of two to four certificates per year; as of May 2007, a total of 19 Post Master Certificates have been granted.

The VA/DoD ANP Program was initiated in collaboration with the Department of Veterans Affairs. The VA had identified a requirement to increase its number of adult nurse practitioners throughout its health care system, which included approximately 173 Medical Centers and 771 ambulatory care and community-based clinics. The student body was composed of civilian VA employees who maintained their full-time responsibilities at the VA facilities while participating in the program. The curriculum incorporated video

teleconferencing technology as the primary teaching tool, with faculty conducting GSN-designed lecture-based instruction. Students participated from VA medical centers located across the United States, Puerto Rico, and the U.S. Virgin Islands; following the third graduation, the GSN awarded a total of 70 certificates.

Today, the GSN is unique among the Nation's nursing programs as it educates students to support the health care mission of the Military Health System (MHS) during peace, war, disaster, and other contingencies. GSN students are prepared to contribute to the peacetime health care delivery systems of the Uniformed Services and to provide unique support during combat operations, civil disasters and humanitarian missions; they are prepared to serve under austere and harsh conditions in field hospitals, on ships, and during air evacuations. For example, GSN alumni continue to support operations in South East Asia, the Persian Gulf, and the Balkans. The GSN curricula include an increased focus on leadership; and, rotations with senior health care executives provide opportunities for increasing the students' understanding of health care policy and for networking with uniformed and professional leaders. GSN alumni have published articles, presented at national conferences, completed post-graduate courses, and are enrolled in doctoral studies. Along with the GSN faculty, GSN alumni are recognized leaders within their specialties and actively participate in national and international nursing organizations.

GSN Mission

> The GSN is dedicated to quality education that prepares advanced practice nurses to deliver care and services to all beneficiaries of the uniformed services during peace, war and other contingencies. We provide the Nation with graduate nursing professionals dedicated to a career of service in the Department of Defense and the United States Public Health Service. We serve the uniformed services and the Nation as an innovative program with a worldwide perspective for leadership, education, research, and service. We are unique in defining advanced practice nursing's contribution to uniformed services' health care.

The mission of the GSN is in full compliance with the goals of the ASD(HA). The GSN remains dedicated to providing a quality and unique education that prepares nurses to deliver care and services to all beneficiaries of the Uniformed Services during peace, war, and other contingencies. The GSN faculty and staff provide the Nation with graduate nursing professionals dedicated to a career of service for the DoD, the USPHS and other Federal Health Systems.

GSN Philosophy

The philosophy of the GSN conforms to the mission and goals of the USU Strategic Plan. The GSN philosophy is built on a foundation of nursing theory, research, and

advanced practice, which fosters critical thinking and a vision for the future health care requirements of the Uniformed Services. The GSN community believes that graduate nursing education builds on the foundation of the undergraduate nursing education already completed by the uniformed students. With that in mind, the GSN provides the Nation with nurses prepared at the Master and Doctoral Degree levels, who pursue learning experiences that will increase the breadth and depth of their knowledge base and enable them to specifically address the special needs of uniformed health care. The GSN prepares its students for collaborative and autonomous advanced practice roles with an emphasis on: health promotion and disease prevention (readiness); management and delivery of primary health care to families and individuals across the life span; case management for the chronically and stable acutely ill; anesthesia service; administration; and unique expertise in emergency preparedness and military medical/nursing humanitarian assistance. Also, GSN students achieve an advanced level of knowledge to perform and provide leadership as uniformed officers in a joint service environment. And finally, GSN graduates are prepared to participate in research or studies that will advance the Uniformed Health Profession and improve the practice of nursing as well as the welfare of patients throughout the Uniformed Health Systems.

Accreditation

The GSN is fully accredited by the National League for Nursing Accrediting Commission (NLNAC) and the Commission on Collegiate Nursing Education (CCNE). In addition to accreditation from the NLNAC and the CCNE, the MSN Degree option in Nurse Anesthesia is also accredited by the Council on Accreditation of Nurse Anesthesia Educational Programs (COA); and, the MSN Family Nurse Practitioner option meets, or exceeds, all standards established by the National Organization of Nurse Practitioner Faculties (NONPF). There are no professional organizations that accredit schools granting the Doctor of Nursing Science Degree. However, quality indicators have been developed by CCNE, and the GSN uses those indicators as a standard to measure program status and success.

Faculty

The GSN has 25 full-time faculty members with 13 uniformed, 12 civilian, and three part-time civilian faculty members. Eighteen of the GSN faculty members hold terminal degrees, the other 9 are prepared at the Master's Degree level. Two faculty members hold the academic rank of Professor; 5 hold the Associate Professor; and 20 hold the Assistant Professor academic rank. There are 71 off-campus/adjunct faculty appointments: 34 civilians and 37 uniformed officers who assist in the programs of the GSN.

Advanced Nursing Education in a Joint Service Environment

The students of the GSN are provided military unique education in the joint Service

environment of the University that includes the Army, Navy, Air Force, and the USPHS. Graduates are prepared to deliver care in a variety of settings and communities, both nationally and internationally. GSN graduates are equipped to contribute to the Uniformed Services' health care delivery systems and to provide military and public health support during combat operations, civil disasters, and humanitarian missions. They may serve in clinics or hospitals, the combat zones of theaters of operations under austere and harsh conditions, on Navy ships, or in isolated areas of the United States and other countries lacking health care providers. The GSN faculty and staff believe that the placement of the GSN within the interdisciplinary boundaries of the University is a distinct strength. The Quad-Service environment of USU offers a unique blend of interactive didactic and clinical experiences, which support the preparation of competent advanced practice nurses for service to the Nation during international conflict, in peacetime, and wherever humanitarian services and support for disaster relief are required. The multi-Service clinical practice sites of the GSN include: 21 military treatment facilities (MTFs); and, 111 non-DoD, Federal, and civilian hospitals and primary care health care clinics generally located in the Washington, D.C. area.

GSN Students Understand the Structure of a Joint Environment

To meet the readiness requirements of the Military Health System, it is essential that professional health care officers are familiar with the structure of a joint environment. Under the leadership of the USU Brigade Commander and the GSN Commandant, the uniformed students, faculty, and staff assigned and reporting to the GSN participate in all activities and events as they would in any other command of the Uniformed Services. Regular military formations are held; physical fitness exercises, standards, and testing are adhered to; performance evaluations are completed; and, uniformed personnel in the GSN are trained in the appropriate uniformed programs and customs. The students of the GSN participate in joint-Service educational experiences throughout the MSN Degree Program and, as a result, they become familiar with the regulations, procedures, and vocabularies of the Quad-Services' health care systems. The GSN Commandant provides mentorship and guidance related to leadership, military customs and traditions, administrative requirements, and protocols to all of the uniformed officers enrolled in the GSN.

Medical Readiness Training

As of April 2008, 124 students are enrolled on campus in the GSN (34 in the Family Nurse Practitioner Program; 14 in the Perioperative Clinical Nurse Specialist Program; 53 in Nurse Anesthesia Program; and 23 in the full-time/part-time PhD Programs. These GSN students receive operational medicine and military relevant material and training throughout the GSN curricula; as such, readiness is identified as one of the GSN's outcome goals. The GSN program of study is designed to: prepare students to adapt readily to changes in

individual, system, and environmental health care demands; provide safe care under austere conditions; and, be flexible in caring for patients with unusual clinical presentations through the use of available resources. The program of study for the students has evolved to include additional clinical hours to prepare the GSN graduates for an immediate transition to work settings in either fixed facilities or deployed environments. GSN students complete a two-day course on Humanitarian Assistance. The Medical Humanitarian Assistance Course is designed to prepare advanced practice nurses for deployment in support of disaster relief and humanitarian missions. Emergency conditions, such as natural disasters, usually involve a humanitarian component and require the commitment of the Uniformed Services, often under austere conditions. The course includes guest speakers who present information on the Federal Emergency Management Agency, Non-Governmental Organizations, chemical-biological warfare, ethics, and epidemiology. The GSN continuously expands its educational programs to address the changing nature or threats caused by weapons of mass destruction. In addition, GSN faculty were represented and participated in an International Coalition of Nursing Leaders that focused on the development of nursing curricula concerned with addressing the aftermath of weapons of mass destruction.

Preparing for the Battle

During Operation Bushmaster GSN students collaborate in a field environment with USU SOM students and medical students from Japan and the United Kingdom. Under simulated battlefield conditions, a war is fought in a mythical country of "Pandakar." All students serve in a variety of roles to include the senior medical officer, commander, radio operator, litter bearer, security officer, and ambulance platoon leader. For a majority of the participating nurses, this serves as a continuation of training under austere conditions. During their previous years of military service, many GSN students have been deployed on real world missions, and have already completed courses in Trauma Nurse Critical Care and Combat Casualty Care. However, Operation Bushmaster provides unique clinical and leadership training opportunities for simulating the role of an Advanced Practice Nurse in a multi-disciplinary setting.

Both GSN and SOM students gain a strengthened appreciation for the role of the senior medical officer on the battlefield. Their playing field is leveled as they come to understand the common goal of *providing good medicine in bad places.* As they boost each other's morale during the exhausting exercise, the GSN and SOM students recognize the synergies and challenges shared by an entire team. Operation Bushmaster has added a new dimension to the training of advanced practice nurses; *Bushmaster embodies the spirit of the USU motto, Learning to Care for Those in Harm's Way.* The GSN graduate students continue to be fully integrated into the Bushmaster's field exercise with the fourth year medical students. Because of the military's current involvement in multiple war and peace-keeping efforts throughout the world, it is essential for real-time operational training to be included as part of the graduate school's curriculum.

The Graduate School of Nursing and its Role in the USU Academic Health Sciences Center

There is faculty value having the GSN co-located on the campus with the School of Medicine and the Graduate Education Programs. Having medicine and nursing students at the same facility fosters collaborative relationships that will continue throughout their professional careers. Also, having a joint field exercise such as Bushmaster codifies the motto "train as you fight," having physicians and advanced practice nurses of the future working side by side in an operational environment. There are also benefits for faculty across disciplines as interdisciplinary research and education teams are developed promoting the best science and best practices for students and ultimately, beneficiaries.

V. Baccalaureate of Science in Nursing Program

Culture.

The culture of the USU has always been as a graduate academic health sciences center with a focus on medical, biomedical, and nursing disciplines, granting "appropriate advanced degrees." This was based on the original USU charter and every new academic program started at USU has led to a graduate level degree or certificate. Since its inception, the student bodies of the two schools (Medicine and Nursing) at the USU have been a commissioned corps with ranks ranging from O-1 to O-6. Of note, there are exceptions in that the biomedical science programs matriculate civilian students as part of their student body. In addition, the GSN Doctor of Nursing Science Program also matriculates Federal civilian nurses into the program. The integrated curriculum across the two Schools has emphasized officership and leadership.

There are fundamental differences between undergraduate and graduate education, not only in terms of academic pursuit, but also in the maturity and potential status of students, and their need for academic and student support systems. For these reasons, the National Naval Medical Center (NNMC) campus is not ideal for supporting an undergraduate school of nursing. Due to the most recent Base Realignment and Closure (BRAC) initiative, the NNMC campus will undergo extensive renovation and new construction for the next three to five years. Space, traffic, parking, and community support are all issues of major concern.

The mixing of two hundred undergraduate students with the medical, nursing, and other graduate students already on the USU campus would significantly change the academic culture. Further, the cost of living for students in a status of cadet or enlisted rank would be prohibitive in the National Capital Region. For all these reasons, should a decision be made to place a new undergraduate school of nursing under the aegis of the USU, the location of this program would have to be placed in a location other than the NNMC campus.

Another decision affecting the culture of the new school would be how to organize the student body and blend military indoctrination with academic studies. As in the F.

Edward Hébert School of Medicine (SOM), students matriculate from several sources. It is envisioned that a large number of nursing students would be recruited from inside the Uniformed Services, would understand their Service culture, and would know a fair amount about the Military Health System (MHS). The primary concern with these potential students is orientation to their new role as uniformed officers in their respective Services as would be required for them to make smooth transitions from enlisted to officer roles. However, a number of students may be direct accessions from civilian communities and would require a basic orientation to military life. In the SOM, this is accomplished by sending new students (O-1s) to their Service-specific basic course prior to matriculation or in some cases, for late admission decisions, a two-week orientation program at USU under the direction of the Commandant before the start of classes. This "Basic Course" model would not be appropriate for nurse officer candidates since they do not have the prerequisites for commissioning and would complicate the culture of the service basic officer courses. The curriculum would need to incorporate courses in the military sciences and graduates would have to attend their respective officer basic course prior to assignment to a military medical treatment facility.

A related decision would be to determine nurse student status within the military. When a visible, unequal student body is created, there are predictable consequences within the academic culture. Historically, most military schools have opted for a leveling of rank while in school. In the SOM, everyone is commissioned as an O-1 regardless of entry mode or previous military rank. Service sponsored undergraduate educational programs have opted for "candidate" identification with some visible identifier on the uniform. The Service academies and Army Warrant Officer Flight School are examples of this model. In the case of an undergraduate nursing school, the candidate model would seem to be the best approach. These "Nurse Candidates" should be authorized to wear identification on their uniforms and their pay grade would be equal to their current rank or a base level of E-5. Their military title would be "Nurse Candidate." As in the SOM, the students with no military background should be given a two-week orientation program in basic officership and the military under the direction of the Commandant before the start of classes.

A military Commandant for the undergraduate school, under the USU Brigade Commander, must be assigned from one of the three Services for student command and control. The rest of the school's military structure would depend upon what level of service orientation and military indoctrination would occur while the students are in their nursing program. At the simplest level, the students could be treated upon graduation like any other accession into the Services' Nurse Corps. Nothing is taken for granted in terms of their military orientation and they are sent immediately to the basic officer orientation course upon graduation. The USU Nurse Candidate would differ only in that uniforms would have been issued and a minimum of officer orientation provided. Exceptions would be made for former officers on a case-by-case basis. This model requires fewer resources at the school, but also would provide little context for the military-related curriculum presented. It could be argued that students will assimilate this knowledge as they progress in their studies and tenure under a Commandant. A cadre of

Service-specific noncommissioned officers to assist the Commandant with the 200 in-residence students would be needed, at least one per student class. Should a decision be made to follow more closely the ROTC model, then a more robust military cadre would be needed to teach military curriculum. Given the intent to tailor academics to the student need, to focus on the matriculation of current or former military service members and the networks already established for service officer orientation, the more streamlined approach to officer development is recommended. The program proposed for the distance, on-line BSN program will only accept RNs from the Reserve Components. Officer orientation will not be required for these students.

Another issue concerning student status for the in-residence students relates to billeting. There are certainly advantages of control with billeting "Nurse Candidates" and there may be some dollar savings depending on where the campus is located. This option would increase the infrastructure requirement (on-site base accommodations). It should be noted that current on-post/base billets are in short supply as the military is undergoing significant growth and current accommodations are prioritized for Warrior Transition Units. Also, this may not be a suitable option for students with spouses and families. The simplest decision would be to allow the students to live off campus and commute to the campus providing an appropriate housing, subsistence and uniform allowance.

Academic decisions would impact culture concerns and the relation of the new school to the USU and GSN. One model would be to create a totally new school with its own Dean and school infrastructure. The Dean would serve under the direction of the USU President, similar to the current two Deans and share University resources where possible. The amount of resource sharing would depend on the location of the school and its distance from the USU campus. The farther away from campus the school is located, the more it would require a duplicate infrastructure or assistance from nearby military facilities. In one model, the new BSN degree program would be placed under the direction of an Associate Dean for Undergraduate Education reporting to the Dean of the GSN, which would be renamed appropriately. The decision of structural organization would have to be further explored through appropriate site assessments and be determined by the University President along with the USU BOR.

Legislation issues.

The Department recommends amendment to: **Section 2112 of title 10, United States Code, is amended by striking "within 25 miles of the District of Columbia" and "advanced" from subparagraph 2112(a).** This amendment will provide the Secretary with the discretionary authority to determine the location and scope of programs in health sciences coordinated by the Uniformed Services University of the Health Sciences (USUHS). Pursuant to enabling legislation, USUHS was established in Bethesda, Maryland, in 1976, and its campus headquarters continues to be located in Bethesda. Clinical rotations for USUHS School of Medicine students from the Armed Services and Public Health Service initially involved federal medical treatment facilities in the District

of Columbia and its proximity. Today these rotations, along with rotations for the USUHS Graduate School of Nursing, extend to federal facilities across the nation and around the world. This has never been viewed as contrary to the enabling legislation. Expansion of USUHS programs outside the District of Columbia, however, could be objectionable given the current wording of the statute. This unnecessarily restricts the flexibility of the Secretary to meet emerging needs in health sciences education in an effective manner. Similarly, the limitation of degree granting authority to "advanced" degrees inhibits consideration of tasking USUHS with responsibility for assisting with other-than-graduate level programs in health sciences education, e.g., baccalaureate-level programs to assist the Services with recruitment and retention of nurses and special operations medical personnel.

Relationship to USU/GSN Mission.

As mentioned, changes to the USU Charter need to occur to accommodate any type of baccalaureate program. In relation to the University mission, a BSN program would be a seamless addition as "We provide the Nation with health professionals dedicated to career service in the DoD and the United States Public Health Service." Certainly, baccalaureate-prepared registered nurses would categorically qualify as health professionals. Additionally, a curriculum that is controlled by the faculty at USU would include activities relating to military medicine, disaster medicine, and military medical readiness.

The relationship of a BSN program to the GSN's mission is complicated. The mission would have to be expanded from "preparing advanced practice nurses" to "professional and advanced practice nurses." In the spirit of faculty governance, this change of mission would have to be discussed with faculty representative bodies such as the GSN Faculty Council and the USU Faculty Senate to codify a new institutional mission in concurrence with University's oversight body the BOR. Further, two options should be considered concerning the name of the school; either the current name "Graduate School of Nursing" would have to changed to a broader "School of Nursing" nomenclature or it would be necessary to establish a third school under the University umbrella, the "Undergraduate School of Nursing."

In either case, the command and control for the new student body would stem from the USU Brigade, through an assigned military Commandant. Field training exercises would be facilitated by the Brigade and curriculum determined by the academic faculty in consultation with the FNSCs. In all likelihood a new field exercise would require development targeting appropriate nursing and teamwork skills. A primary reason for enlisted Service member assignment at USU would be to assist in making these field exercises a productive medical readiness experience. However, the enlisted Service members are also used throughout the University in a myriad of capacities. An assessment will be required by the Brigade to determine if the assigned military cadre can meet this need or if additional officer and enlisted billets would be required.

Contribution to Overall Medical Readiness.

Reports from all three Services highlight the value of a nursing school where teaching health care competencies is combined with a curriculum emphasizing leadership, military field operations and readiness, nursing during national disasters, peacekeeping missions, humanitarian assistance, and the ability to adapt to changes in environments where climate, culture, and mission impact the practice of health care.

The Navy concludes that "the integration of military indoctrination within the academic environment would likely yield a graduate nurse who can more quickly integrate and assimilate into a military healthcare delivery system. These graduates would also have a better understanding of the important role they play in assuring the medical readiness of America's war fighters." The Air Force sees a DoD-sponsored BSN program as a chance to focus on bedside nursing where they would have an opportunity to influence curriculum that focuses on clinical skills in an operational environment and contribute to filling their nursing vacancies. "Graduates of the program would be accessed as clinical nurses and may help to alleviate a shortage of Nurse Corps officers; a pipeline to upgrade to critically manned nursing specialties; the Air Force Nurse Corps requires input to curriculum to ensure that readiness needs are met." They want graduates to be fully qualified nurses upon graduation with: "Readiness Skills Verification" complete; adequate clinical experience to defer the Nurse Transition Program; Bushmaster or other field training/experience; officership, Service culture, joint interoperability exposure; and, clinical leadership in DoD MTFs, especially as relates to working with enlisted medics." The Army highlights the value they are already seeing in a USU education for physicians and graduate nurses and comment on its value as "a key component of the training is the emphasis on the development of individual and small group leadership skills as these officers apply principles of triage and trauma care to tactical scenario." Balancing all of these Service-specific preferences in a short time line of one to two years would certainly be a challenge and require consultation and consensus with the FNSCs.

It is clear that the original task force chartered in 1989 by Jay P. Sanford, M.D., former president of the USU and Dean of the F. Edward Hébert School of Medicine, to study the possibility of nursing programs at USU understood what is still current today..."Civilian colleges of nursing can prepare nurses for the military, but they cannot prepare military nurses." This initial task force recommended to the USU BOR in September 1990 the establishment of a college of nursing that would combine both academic and professional education with operational readiness, allow for multiple entry and exit options, and provide both baccalaureate and graduate programs. The Task Force recommended that all students should be active duty nurse corps candidates and full-time students who would incur active duty as well as Reserve service obligations. A class size of 300 was projected to graduate from the baccalaureate program each year. The task force envisioned curricula that would prepare graduates "for operational readiness and mobilization through an Operational Readiness Curriculum integrated throughout the academic program of study." Almost twenty years later, discussions continue with the

same complex decision that faced these earlier experts. The only additional factor is that the nursing shortage is real, not predicted, and this plan is reactive, not proactive. Even if this plan is operationalized today, it would be, at a minimum, fours years before the first BSN graduate enters the military nursing work force. The current cycle of deployments is high for the military further emphasizing the demand for military nurses. Current solutions to nurse recruitment and retention are expensive and this will not change as long as the military competes with the civilian sector during a severe nursing shortage.

Can USU better prepare a nurse to care for our beneficiary population? Will this supply of undergraduate nurses have a positive impact on health care during military operations in war and peace? The answers to these questions are obviously yes. However, the initial and programmatic costs of establishing and operating a BSN program are high and the commitment to maintaining the school for the long-term is essential if cost is to be amortized over future graduates to warrant the resource expenditure. This same decision point in 1990 resulted in the establishment of the Graduate School of Nursing as a compromise measure. The "medical readiness" payback for that decision is seen daily in the skills of the nurse practitioners and nurse anesthetists educated in the USU Graduate School of Nursing. The graduate nursing school platform has allowed the establishment of a Perioperative Clinical Nurse Specialist Program, a PhD in Nursing Science Program, and a Psychiatric Mental Health Nurse Practitioner Program following Service requests for these nurse specialists.

Comparison to other Commissioning Programs.

U. S. Defense policy on Officer Professional Education is established by Joint Chiefs of Staff Instruction, CJCSI 1800.01. There are specific educational standards at each officer Professional Military Education (PME) phase. For the ***pre-commissioning*** education level (Service academies, Reserve Officer Training Corps, and officer training and candidate schools), the PME basic requirement is a broad, liberal arts education appropriate to military professionals. Also required is an orientation of officer candidates/cadets/midshipmen to an education in basic U.S. defense structure, roles and missions of other military Services, the combatant command structure, and the nature of American military power and joint warfare. A DoD nursing school must meet these standards to be creditable. Most college-based pre-commissioning programs require four semesters of Military, Naval or Air Science, a military history and international diplomacy courses. In total, this college based pre-commissioning curriculum could be over-weighted for a program aimed at combat service support officers. However, a minimum of two semesters of Military Sciences, with comprehensive introductory content would seem to be an appropriate and a defensible compromise for a nursing undergraduate pre-commissioning program.

Faculty.

Sources

There are two primary sources of faculty for a new BSN program. There would have to be an agreement with the Services to provide billeted, qualified faculty for this new initiative. The number of faculty would have to be appropriately negotiated based on projected student populations for that respective service. The second source for faculty would be from recruitment and retention efforts in the civilian sector. As noted previously, nursing faculty personnel are a scarce commodity. Juxtaposed upon a national nursing shortage this may significantly stretch an already stressed federal and military nursing workforce. In addition to the faculty recruited for the didactic instruction in both program options, nurses at medical treatment facilitates would need to be identified as clinical faculty.

Credentials

According to the AACN Position Statement "Preferred Vision of the Professoriate in Baccalaureate and Graduate Nursing Programs" (2008) nursing faculty qualifications and performance of nursing faculty should be a consistent standard in the institution. The University document on Appointment, Promotion and Tenure would be the institutional policy determining academic standards and rank. Faculty with primary responsibility for the oversight of courses in baccalaureate, master's, and doctoral nursing programs should have doctoral preparation. The mix of faculty academic preparations, expertise, roles, and responsibilities would vary according to the mission of the academic program. Preceptors in entry-level pre-licensure programs must, at minimum, hold a baccalaureate degree in nursing.

Recruitment/Retention

As mentioned previously, recruiting and retaining faculty would most certainly be the biggest challenge and rate-limiting step in establishing and maintaining a BSN program. A tight market place with competing salaries in the clinical setting would make this issue the top priority. Faculty incentives of recruitment and retention bonuses of 25% or more could be required to attract qualified faculty.

Student/Faculty Ratios

Preferred students/faculty ratios are 8:1. This would provide students with quality access to faculty for advisement, counseling and mentoring. This would also provide for appropriate workload of faculty so that there would be time in their workload for scholarship and service to their parent institution and profession. Higher student/faculty

ratios may jeopardize accreditation, the ability to recruit and retain faculty and students, and adversely influence academic outcomes.

Students.

Sources (Reserve/Guard, Active, Civilian)

There would be a variety of sources for populating a student body at a Federal BSN program. Certainly, as identified in a previous section, there would not be a shortage of qualified applicants across the country. Most certainly, the Federal sector would also have a unique pool of applicants to include enlisted personnel and commissioned officers interested in making a career change with enhanced retention potential.

Status

As mentioned previously, there should be a consensus across the Services and at the University leadership level about the best status for students enrolled in the BSN program; however "leveling" of the status for the in-residence option would be essential to eliminate the establishment of counter-productive hierarchies.

Obligations

Active duty service obligations vary by Service. Regardless of the method of calculation, the usual service obligation incurred for an educational opportunity would be two years of obligation for each year in school. For example, the Navy would require for the MSN Program a 3-year service obligation for the first year of the program followed by a 1-year service obligation for each 6 months in the program thereafter. Typically the Navy obligation for a 2-year educational program would be 4 years. It would seem reasonable that students matriculated with advanced standing (Fast-track), and/or who entered the Distance option, would incur service obligations dependent upon the release time required from current assignments. However the Services and the Reserve Components would make the final determinations on all service obligations.

Career Paths

Certainly, there are the same opportunities and career paths available to these BSN-prepared professionals and commissioned officers as there are for their peers. Career paths are individually dependent, as well as driven by service-specific initiatives and shortages. There should be no difference in career path projections for graduates of a USU baccalaureate nursing program as for nurses entering the Services through other recruitment initiatives.

Predicted Retention Rates

It is possible that students recruited into a DoD baccalaureate nursing program and acculturated early into the Uniformed Services may have higher retention rates as compared to other educational pathways and entry points. An enlisted Service member entering the USU BSN Program would be expected to have a similar retention history to service members graduating from other forms of education-commissioning opportunities. Retention rates would be a metric of success that should be monitored closely if a USU BSN program is established.

Projected Graduates Over 15 Years

After two-years of reduced student matriculation during the BSN Program development, student admissions should level at 100 for each the In-Residence and Distance BSN option, which should total 200 graduates per calendar year. Attrition would be projected between 12-20% based upon program option and the qualifications of the applicant pool. The total number of graduates across both options over a 15-year period (not accounting for attrition) would be 2,300 registered nurses as noted in chart 1.

Chart V.1. Student Load Chart – Projected BSN Graduates

	Year-1	POM 1	POM 2	POM 3	POM 4	POM 5	POM 6
In- Residence Program				50	50	100	100
Distance Program			50	50	100	100	100
Total			50	150	300	500	700

	Year 7	Year 8	Year 9	Year 10	Year 11	Year 12	Year 13
In- Residence Program	100	100	100	100	100	100	100
Distance Program	100	100	100	100	100	100	100
Total	900	1100	1300	1500	1700	1900	2100

	Year 14	Year 15	Year 16	Student Total	Graduate Total
In- Residence Program	100	100	100	1300	1100
Distance Program	100	100	100	1400	1200
Total	2300	2500	2700	2700	2300

Location of a Baccalaureate Nursing Program for the DoD.

A nursing degree must be awarded by an accredited college or university; the most obvious candidate is the USU but any academic degree granting institution would be eligible. The school of nursing that awards the degree can be administratively situated in the existing USU GSN or established as a separate school within the University. Both approaches have strengths and weaknesses. The geographic, as well as administrative, location of the BSN Program can also vary, with corresponding strengths and

weaknesses. In fact, some strengths and weaknesses are administratively and geographically interdependent because, in addition to the national nursing school accrediting authorities, each state board of nursing has standards which impact nursing schools and their curriculum. The national organizations will, by policy, not accredit a school which does not meet state board standards; Federal supremacy will not exempt the new baccalaureate school from state standards.

Administrative Considerations

There would appear to be obvious administrative advantages for placing the new baccalaureate nursing program within the existing nursing school since there should be some administrative savings in terms of pre-existing infrastructure. However, the existing GSN at the University has a stripped down administration; everyone holds multiple roles in teaching, research and academic administration. Baccalaureate programs are typically administration heavy, requiring assistant deans for curriculum and student affairs, issues which are handled by faculty in small graduate programs. The University provides the GSN with facility, financial and personnel administration and, while these might expand a small amount if the undergraduate program remains in Bethesda, there would be considerable administrative cost associated with a school physically separated from the University; accrediting authorities would require redundancy in financial and academic records support at a minimum.

Even in a day of electronic resources there would probably be requirements for an onsite library facility with associated personnel and administrative costs. There are probably intermediate strategies, such as off the Bethesda site but within the National Capital Region (NCR), where new financial, personnel and academic records support would be minimized but any facility not physically on the Bethesda site would incur some library overhead costs. These costs might be recouped if the contracts for electronic resources were constructed in a way to provide the electronic resources only to the BSN school and not require seat charges based on the entire University population. This would require careful contract negotiations. A detailed comparison of the off-setting benefits of current university subscriptions would be required. It would be preferable from an academic (and accreditation) perspective to have one seamless University library electronic portal with all resources available to all members of the academic community, with a physical reading room and professional librarian services available at the main educational site for the new BSN nursing program.

There would also be a requirement for a Registrar. Currently, both the SOM and the GSN at USU perform their own registrar functions. There are current plans to purchase a registrar software package and create a University Registrar division with appropriate administrative personnel; however this plan will still require some time to implement. A new School or Program would also require either its own Registrar or the University Registrar function would need to be expanded.

Geographic considerations

Some states have different requirements; Texas, for example, requires new clinical faculty to have supervised faculty development experiences before functioning independently. Texas and Kansas both have a 1:10 ratio of faculty to students specified in the clinical experience setting; Maryland does not specify a ratio but tends not to approve programs with more than a 1:6 faculty to student ratio in clinical settings. All state practice acts are in flux as nursing education professional development standards increase, and the national shortage of nursing faculty encourages innovation in new clinical settings and adding simulation as part of the total clinical practicum experience.

The primary geographic consideration in locating a baccalaureate program is availability of clinical resources – the more clinical education achieved without travel, the more economical the school will be to operate. Many DoD MTFs are used by civilian schools of nursing as associated clinical sites. Replacement of civilian student nurses with uniformed student nurses might help DoD in the short run but accomplish nothing to alleviate the national nursing shortage. The MTFs in the major metropolitan markets are, in general, used by local schools. Obvious locations for a federal nursing program that would minimize the impact on civilian programs include Darnell Army Medical Center, Killian, TX (Fort Hood); Irwin Army Community Hospital, Manhattan, KS (Fort Riley); and Evans Army Community Hospital, Fort Carson, CO since the BRAC is expanding the beneficiary populations at these sites and the MTFs are not currently engaged in other Professional Nursing Education programs. Other locations have significant nursing education capacity, including Beaumont Army Medical Center, El Paso, TX (Fort Bliss) and possibly Keesler U. S. Air Force Medical Center, Biloxi, MS. It may be possible to affiliate the new BSN Program with the VA Medical Service and use VA Medical Centers, such as Martinsburg, WV, because of its proximity to the main USU campus. Each Service would be asked to assess if any MTF in the inventory could accommodate a BSN Program prior to locating the new school.

In addition to clinical facilities, logistic considerations are significant, but perhaps not determinative as capital investment can overcome logistic inadequacy. Darnell Army Medical Center is a clear example of potential logistic impact. The Army has announced plans to move the 4th Infantry Division to Fort Carson. This will open barracks space even though there are also plans to move several Regimental Combat teams from Europe to Texas. Barracks could be a significant issue in reducing costs to the students since they would presumably receive cadet pay or enlisted pay and benefits. There should be room at the selected location to construct educational buildings for the new school. As mentioned previously, the Bethesda campus is not suitable, in large part because there is no space for construction of new school facilities. School placement near the NCR should be considered if one nursing school encompassing the current GSN and the new BSN School is desired. Space at Fort Detrick or Fort Meade could possibly be acquired for the new school but access to clinical facilities and housing in the NCR would have to be explored.

One potential solution to the geographic consideration is to decentralize the

school. Didactic instruction could be provided electronically through various distributed strategies. Simulation capacity could be expanded to several MTFs and uniformed faculty assigned to MTFs as preceptors for clinical rotations. Students could be assigned to the school but with duty stations at various MTFs as required. Students assigned to the new school might physically spend almost all of their educational experience at one MTF, with an occasional rotation to another MTF for specialized experience. This decentralized approach would allow the faculty to serve as clinical augmentees to the MTFs and improve assignment flexibility for the Services. However, administrative infrastructure requirements for the new school would be increased due to the complexity of electronic educational support, the additional simulation capital costs, and the costs associated with the administrative oversight of the decentralized program (i.e., increased academic administrative personnel and travel costs). There are also special accreditation considerations that would have to be addressed if this type of educational platform is utilized.

Additional considerations in selecting the location for the educational facilities and the administrative headquarters include (in order of relative importance): 1. regulatory requirements - accreditation and State Boards of Nursing; 2. clinical capacity of the associated MTFs; 3. the impact of MTF use on the overall national nursing educational capacity; 4. ability to recruit and retain students and faculty (quality of life issues) and; 5. operational costs of the school, both initial capital investment and on going administrative support of the program.

Special considerations.

The Army is developing a Nurse Residency Program (NRP). The purpose of the NRP is to provide one year of mentorship to new BSN graduates. This program would be placed initially at four Army MTFs. Although not currently funded, if this program is established, it would also compete for training resources specifically qualified clinical faculty. The other Services also have similar mentorship programs for new BSN graduates that would need to be considered when determined a geographical location.

In April 2008, Charles L. Rice, MD, President of the USU, and Colonel Bruce A. Schoneboom, PhD, Acting Dean of the GSN traveled to Fort Hood, Texas to discuss with installation and community leaders the potential of establishing a Federal nursing school within the local community and Darnell Army Community Hospital. Also in attendance were: Brigadier General James K. Gilman, MD, Commander, Great Plains Regional Medical Command; Colonel Casper Jones, MD, Commander, Darnell Army Community Hospital; Nancy Dickey, MD, President of Texas A&M Health Sciences Center and Vice Chancellor for Health Affairs, Texas A&M System; Alicia Dorsey, PhD, Vice President for Communication and Program Development, Texas A&M Health Sciences Center; and Sharon Wilkerson, PhD, RN, Dean, College of Nursing, Texas A&M Health Sciences Center. This meeting included a discussion about a possible collaborative effort between the two academic health sciences centers and Darnell Army Community Hospital in establishing a Federal nursing school. Although no formal agreements or proposals were

discussed, this meeting initiated a dialogue that should continue in the future if Congressional authorization and appropriations are legislated.

The BOR in their review of the data recommend exploring partnerships as discussed above before making the costly investment in developing an undergraduate nursing program at USU. They note a limited number of clinical sites available to undergraduate nursing programs and the potential for opposition from civilian nursing programs should USU compete for those sites or demand priority in military sites currently in use. The Regents suggest a possible synergy between the Services and civilian nursing schools; DoD would contract for guaranteed admission for qualified applicants. Upon completion of the BSN at the civilian program, two tracks would be made available to the graduates. Graduates could enter their sponsoring Service to complete their obligatory commitment or qualified students could enter USU for further education in either the Master's or PhD program options with an additional service commitment. Annual program and option quotas would vary according to Service need. This type of DoD/civilian/USU nursing program partnership may be a cost effective alternative to establishing a School of Nursing at USU.

Congressional Issues and Sensitivities.

It is important to consider the potential broader political and policy impacts of an undergraduate program in nursing. There are over 600 undergraduate nursing programs in the United States. Each of these competes for a relatively static set of resources. These resources include Federal, state and local public support, as well as competition for qualified faculty and clinical education and training sites. It is important to consider these issues when contemplating establishing a federal program. Such a program, to be successful, must not threaten existing civilian programs but be seen as clearly addressing the larger public policy issues of increasing the military nurse workforce but not at the expense of the private sector workforce.

The University is mindful that a new undergraduate program could be seen as unfair or unreasonable federally-subsidized competition for the current limited resources. This could be problematic for the University as an institution which relies on ongoing, sustained bi-partisian support. Additionally, any such program would be both unwise and unsustainable unless core funding was included in the University budget base so as to insure that any new program would not inadvertently endanger, or undermine, existing BSN programs.

VI. Curriculum

The Undergraduate Program in the School of Nursing of the USU is an upper-division Program offering degree requirements toward the last two years of a Bachelor of Science in Nursing degree, the BSN. The Undergraduate Program provides a foundation for the acquisition and enhancement of knowledge, skills, and experience deemed necessary for professional nurses. Graduates are dedicated to a career of Federal service

and the health care of the Uniformed Services. They practice professional nursing in local and global communities of care in ways that are clinically and culturally competent, technologically adept and guided by ethical and professional nursing values.

Programs of Study.

In-residence Program Option - The Undergraduate School of Nursing should offer two tracks leading to the BSN degree. One track is designed for "pre-licensure" candidates, cohorts of students comprised of eligible enlisted personnel and civilian candidates who have not practiced in the nursing profession. These candidates for the BSN degree would attend college for two years elsewhere, should meet all nursing program pre-requisites for admission, and should be eligible for admission to the final two years of baccalaureate study at the Undergraduate School of Baccalaureate Nursing. Throughout the course of their BSN educational experience, pre-licensure students would additionally be regarded as "In Residence." This would necessitate taking required nursing theory and clinical course work in the proffered sequence at a site that would be determined. The students should expect to receive supervised clinical instruction by qualified and appropriately credentialed faculty. The "In Residence" track would be designed for two years of full-time study with students taking a full academic load of 15-18 credits or hours in each of the required 4 terms or semesters. Part-time study could be an option for certain students to meet Service needs with the understanding that it will lengthen the program and time to graduation. At the conclusion of the "In Residence" program, pre-licensure students who have successfully completed all progression and graduation requirements would be eligible to sit for the National Council Licensing Examination, the NCLEX-RN. If successful, graduates would be able to use the title of RN. Licensed practical nurses (LPNs) or others who would enter this track with various degrees of healthcare background/education, training, and experience would be eligible to apply for advanced standing in the program. These students would have their background validated through a variety of means including competency testing (Competency Performance Examinations) and/or portfolio evaluations. Faculty to student ratios of no more than 8 students to 1 faculty member, less than or consistent with state licensure requirements, would be used to insure safe practice during student clinical experiences. When warranted in some clinical areas where patient acuity is higher, the student to faculty ratio would be lower.

Reserve Component Distance - Based Program Option - The other program option within the BSN program would be distanced-based and designed for eligible Reserve Component and possibly civilian matriculants who would already be licensed as registered nurses (RNs). RNs, graduates of diploma or associate degree nursing programs with valid RN licenses and current nursing practice experience would be judged against program admission pre-requisites and admitted in the BSN Program with advanced nursing standing. The Distance-Based Program option would recognize that Reserve Component nurse officers would be employed full-time as civilian registered

nurses with family obligations beyond the military. This BSN Program option would be designed to deliver the theoretical portions of the curriculum through a distance learning (on-line) platform which could be accessed at, or close to, home. The required clinical portions of the program option would be negotiated with military or civilian treatment facilities and communities close to home. This program option would also be designed with a student requirement to travel to USU or the location of the "In-Residence" Program option for two-weeks of pre-admission evaluation, instruction, and/or competency testing at the program start, during the summer of the first-year.

The Reserve Components would be responsible to coordinate and fund this travel, consistent with their policies. Reserve Component service obligations for the BSN educational opportunity would be based upon their determinations and regulations. Parent organizations of the Reserve nurse officers admitted to this BSN Program option would acknowledge approval for program admission and partner with the Undergraduate School of Nursing to facilitate successful student progression. The BSN distance-learning (on-line) completion program could also be made available to U. S. Public Health Service registered nurses in remote sites. Initially, the Distance-Based Program Option would be open to only Reserve Component registered nurse officers.

The BSN students would begin the distance-based program with on-site course orientations, intense teaching and learning, and competency evaluations during the summer education requirement. They could be introduced to the assigned faculty, clinical coordinators, and approved nurse preceptors. All faculty members at the school and the preceptors at remote clinical sites would work closely to mentor the RN students in the new roles. Registered nurse students would participate in a clinical placement process that would include the approval of a preceptor, completion of specified guidelines for the actual clinical experiences, development of a reporting and timetable structure, and the evaluation of clinical performance. The registered nurse students would function under their own RN licenses when meeting the clinical course requirements for the program. Therefore, the program option could be planned with a clinical faculty to student (who are registered nurses) ratio of no more than 25 students to 1 faculty member. This ratio could vary based upon the requirements of the state in which the school was licensed.

Clinical Requirements.

Students in both tracks of the BSN Program would have theory courses balanced more (in the case of "In Residence" students) or less (in the case of registered nurse students) with clinical experiences. Clinical experiences would include a combination of laboratory, simulation, and clinical assignments in a variety of healthcare settings. While all graduates of this program would receive the same BSN Degree, students with previous health care credentials would be given an opportunity for advanced placement based upon a portfolio review, competency evaluations, or proof of licensure. Given the rigor that would be required in a distanced-based BSN Program option, and the distractions that would be inherent in any part-time university educational program, academic success

would depend on matriculation of motivated, self-directed, and computer/technology literate registered nurse applicants.

BSN Program Outcomes.

The goals of the Bachelor of Science Degree in Nursing would include a baccalaureate education that would: facilitate and/or enhance professional employability and job advancement; provide competencies to professionally serve communities of need, encourage lifelong learning and, provide foundations for graduate school. To that end, each nurse graduate of the BSN program at USU would be expected to meet the following nursing program outcomes:

1. Synthesize knowledge from nursing, the physical and behavioral sciences, informatics, arts and humanities when providing nursing care in the global community.
2. Design competent, caring, professional nursing care for individuals, families and populations in a variety of settings.
3. Demonstrate cultural competence in providing care and when working with others.
4. Use critical thinking, communication, assessment, and technical skills in the practice of nursing.
5. Use theories and research findings in evidenced–based nursing practice.
6. Collaborate with clients and other members of the interdisciplinary health care team for health promotion, risk reduction, disease prevention, disease management, and restorative health.
7. Demonstrate professional nursing standards, values, and ethics.
8. Apply principles of leadership to when designing, managing, coordinating, and evaluating health care delivery.
9. Demonstrate commitment to lifelong learning and service to communities.

Minimum Admission Requirements.

1. Official transcripts from all other post secondary institutions.
2. Grades no less than "C" in all transfer courses. Course credit earned by Advanced Standing will be posted to the student's transcript during the last semester of study in the nursing program.
3. Current overall grade point average (GPA) of 3.0 in previous academic programs.
4. Completion of all program pre-requisites.
5. Credit by Examination, ACT-PEP, or CLEP can be received. When the student successfully passes the exam, the student is given credits which will appear on the transcript upon graduation.

6. TOEFL scores (for students for whom English is a second language) unless graduated from an American high school.
7. For pre-licensure applicants, an acceptable score, yet to be determined, on a standardized RN pre-admission test.
8. Written recommendation from commanding officer when appropriate.

Requirements for Registered Nurse Students.

1. Registered Nurse Students will be granted advanced standing credit for previously taken nursing courses in which a grade of C or better was earned.
2. Proof of graduation (official transcript) from a state-approved/accredited associate degree or diploma nursing program within the past three years or documentation of at least 1,000 hours of nursing practice within the past three years.
3. Current license to practice professional nursing or licensure as a registered nurse within one term of matriculation. Graduate nurses who have not achieved licensure prior to the start of clinical courses may not register until licensed.

Other Pre-Enrollment Requirements.

1. Criminal Background Check or FBI Background Check.
2. Child Abuse History Clearance completed prior to clinical course work.
3. Current cardio pulmonary resuscitation (CPR) certification for Healthcare Provider Basic Life Support (BLS). This must be actively maintained throughout program of study.
4. Medical History and Examination completed and on file prior to clinical coursework. This includes completion of the immunization record and eye examination. All immunizations must be up to date with the last DT (diphtheria inoculation and Tetanus toxoid) received in the last ten years.
5. Complete blood count, urinalysis, rubella, rubeola, and varicella titers.
6. Updated boosters of rubella and varicella vaccines (may be required depending on the results of the titers).
7. Negative two-step PPD test for TB (tuberculosis) within the last six months.
8. Chest x-ray (normal results) to follow a positive TB test.
9. Malpractice insurance coverage.
10. Other requirements deemed necessary by clinical agency partners (current drug testing).

Nursing Program Admission Requirements.

All students seeking admission to the USU BSN Program should have a comprehensive transcript evaluation of all previous coursework from accredited colleges, universities, and proprietary schools.

Pre-requisites for Admission: The following General Education Courses should be taken prior to admission to the nursing program:

General Education Courses	***Credits***
Prescribed courses for the major:	
College Chemistry	3
Nutrition	3
Microbiology with lab	4
Anatomy & Physiology I	4
Anatomy & Physiology II	4
College Algebra	3
English I	3
English II	3
Psychology	3
Sociology	3
Human Growth & Development	3
Introduction to Computers	3
Medical Ethics	3
Speech	3
Total credits for prescribed courses:	**45**
Other required courses for the major:	
Arts Elective	3
Humanities Elective	3
Foreign Language I	3
Foreign Language II	3
General Electives	3
Total credits for other required courses:	**15**
Total Non-Nursing Course Credits:	**60**

Required Nursing Program Coursework for the Bachelor of Nursing (Pre-Licensure Student).

Non-clinical nursing courses	
Course	***Credits***
Nursing Informatics	3
Introduction to Nursing Research	3
Nursing Elective	3
Military I	3

Military II	3
Total non-clinical nursing course credits:	**15**
Clinical Nursing Courses	
Professional Nursing	8
Nursing of Men & Women	6
Maternal-Infant Nursing Care	6
Nursing of Infants and Children	6
Mental Health Nursing	5
Health Assessment	3
Community Health Nursing	6
Nursing Leadership and Management	5
Total clinical nursing course credits:	**45**
Total for Nursing Courses:	**60**

Required Nursing Coursework for the Bachelor of Nursing (Student who is a Registered Nurse).

Registered Nurses will take 2 nursing courses per semester.

Courses	***Credits***
Non-clinical Nursing Courses	
Transition to Professional Nursing & Nursing Informatics	4
Introduction to Nursing Research	3
Nursing Elective	3
Community Health Nursing	3
Nursing Leadership & Management	3
Military I	3
Military II	3
Total Non-Clinical Nursing Credits:	**22**
Clinical Nursing Courses	
Health Assessment	3
Nursing Practicum	5
Total Clinical Nursing Credits:	**8**
Total Nursing Credits:	**30**

Registered nurses with an Associate's Degree or Diploma in Nursing earn a total of 120 credits, 60 credits completed prior to enrollment in the BSN program, 30 credits for previously acquired nursing knowledge and skills with valid RN license, and 30 upper division nursing credits in this BSN program. Nursing courses from a diploma program are considered as credits even if the courses did not provide college credit. Upper

division major courses for registered nurses will be offered as online education in a part-time sequence designed to be completed in 5 semesters or terms.

Nursing Program Progression Requirements.

1. All students must maintain a 2.0 or better GPA throughout the nursing program.
2. RN licensure for registered nurse students must be current and in 'good standing'.
3. In order to remain in the program, students may only repeat two nursing courses...one time.

Nursing Program Degree Requirements.

1. Students who are registered nurses should plan to complete the last 30 nursing credits of the program as distance education and/or close to home clinical practicum when practical. Pre-licensure students should plan to complete credits for their upper division curriculum program as sequenced. All courses in the BSN program must be completed with no less than a "C" grade.
2. A cumulative GPA of 2.0 or better in the nursing program must be attained to be awarded the Bachelor of Science in Nursing.
3. For the RN student, registered nurse licensure must be current and 'good standing' throughout the course of the program.
4. Fulfillment of all other program requirements (may include satisfactory scores on NCLEX-RN preparatory testing for pre-licensure students).

Sequence of Nursing Courses for Pre-licensure Students.

First Semester (Fall)	
Professional Nursing	8
Nursing Informatics	3
Health Assessment	3
Military I	3
Total Credits	**17**

Second Semester (Spring)	
Mental Health Nursing	5
Nursing of Men & Women	6
Military II	3
Total Credits	**14**

Third Semester (Fall)	
Maternal-Infant Nursing Care	6
Nursing of Infants &Children	6
Nursing Research	3
Total Credits	**15**

Fourth Semester (Spring)	
Nursing Elective	3
Community Health Nursing	6
Nursing Leadership & Management	5
Total Credits	**14**

In summary, pre-licensure students will earn the following credits in order to graduate with a B.S.N. degree:

60 credits – Non-nursing pre-requisite courses for admission
60 credits – Nursing courses for pre-licensure students
120 credits – Total

Sequence of Nursing Courses for Registered Nurses in Distance Education.

First Semester		*Second Semester*	
Transition to Professional Nursing & Nursing Informatics	4	Health Assessment	3
Military I	3	Military II	3
Total Credits	7	**Total Credits**	6

Third Semester		*Fourth Semester*	
Introduction to Nursing Research	3	Community Health Nursing	3
Nursing Elective	3	Nursing Leadership & Management	3
Total Credits	6	**Total Credits**	6

Fifth Semester	
Nursing Practicum	5
Total Credits	5

In summary, Registered Nurses in distance education will earn the following credits in order to graduate with a B.S.N. degree:

60 credits – Non-nursing pre-requisite courses for admission
30 credits – For previously acquired nursing knowledge and skills
30 credits – Nursing courses in this BSN program
120 credits – Total

Faculty & Administration.

At a site yet to be determined, the Bachelor of Science in Nursing program should be administered by an appropriately credentialed registered nurse who would hold an earned doctorate in nursing or a related field and who would be experienced in nursing education, nursing education administration and nursing practice at one or more institutions of higher learning. As configured, this person would hold the title of Associate Dean for Undergraduate Education. Additionally, two equally qualified and credentialed registered nurses should directly manage the day-to-day academic operations

of the BSN program options as Program Directors in collaboration and consultation with the Associate Dean. One Program Director should direct the Reserve Component Distance Learning BSN option, and the other, the In-Residence BSN option for non-nurse, pre-licensure students. Each Program Director should be assigned a secretary and senior administrator to help manage the program. The undergraduate program options should have an assistant registrar to assist in student recruitment, matriculation, and management. Registrar functions would be coordinated with and through the USU registrar.

One Uniformed Service should assign a commandant who would serve, on-site, for student command and control and to teach military specific curriculum. Non-commissioned officers in the grade of E7 should be assigned from the Services, one per student class, to assist in student management, military instruction, and facilitation of school operation.

Full- and/or part-time nursing faculty with credentials and skills deemed necessary and appropriate to their areas of nursing expertise would round out the complement of those responsible to fulfill the School's mission and help students achieve program outcomes. For the pre-licensure BSN program track, this must include nursing faculty with credentials and current experience in obstetrics/maternity, pediatrics, medical-surgical, and mental health nursing to teach in these specialized courses. Furthermore, faculty experienced in research and community health need to be hired for both the pre-licensure and RN tracks of the BSN program. Budgetary plans should include hiring a qualified laboratory instructor and clinical coordinator for the undergraduate program. Qualified clinical preceptors would be added when needed to facilitate clinical course supervision and evaluation. All avenues, both military and civilian, should be explored to obtain qualified faculty. One source of faculty could be graduates of the master degree program options and Doctoral Program at the USU Graduate School of Nursing.

The newly published position statement from The American Association of Colleges of Nursing (AACN, March 31, 2008) entitled, *"The Preferred Vision of the Professoriate in Baccalaureate and Graduate Nursing Programs"* could serve as a potential guide for the hiring of nursing faculty for this new undertaking. In it, AACN recommends the role responsibilities for full- and part-time faculty, clinical instructors, and preceptors. These recommendations "are based on the assumption that the terminal degree in nursing is the doctorate (research or practice-focused)." Essentially, the recommendations include the following:

1. The mix of faculty expertise, roles, and responsibilities will vary according to the mission of the academic program.
2. Courses in the nursing program will be taught by faculty with graduate-level academic preparation and advanced expertise in the areas of content they teach.
3. Selected nursing program courses and electives may be taught by either nurse or non-nurse faculty with appropriate educational and experiential preparation.
4. Clinically focused graduate preparation is the minimal expectation for clinical instruction and the coordination and mentoring of preceptors.

5. Preceptors in entry-level pre-licensure programs must, at minimum, hold a baccalaureate degree in nursing.
6. Qualifications and performance of nursing faculty will be congruent with accepted institutional standards.
7. Faculty with primary responsibility for the oversight of courses in baccalaureate, master, and doctoral nursing programs will have doctoral preparation. *AACNs vision statement for faculty was endorsed by its membership on March 31, 2008*

RN to MSN Educational Program.

Of note, the NDAA for Fiscal Year 2008 requested information about a possible program to enroll students who already possess an associate degree in nursing so that they would attend an educational option at USU and earn a Master of Science in Nursing Degree (MSN). Although national programs in schools of nursing for awarding MSN Degrees to an Associate Degree Nurse exist, there are issues that might make this particular option problematic at USU and within the Federal sector. Currently, the master degree options at USU are for advanced practice nursing specialties. Developing this type of option would not provide the Services with the baccalaureate prepared nurses that are in such a critical shortage. The FNSCs have concurred that this option would not meet today's force structure requirements. Current criteria for application to the GSN master degree programs at USU require a BSN; this change would require vetting through the Faculty, the USU President, and BOR before implementation. Given the significant challenges of starting the two BSN Program options, the MSN option should be reserved for the future when the acute shortage of BSN prepared nurses is alleviated. The NDAA also requested evaluation of a MSN program for nurses who already possess a BSN. This option already exists at the GSN.

Student Faculty Ratios.

A faculty to student ratio of no more than 8 students to 1 faculty member is recommended as "safe practice" with pre-licensure students during clinical experiences. When warranted, in some clinical areas, the student to faculty ratio may be lower. Students already licensed as Registered Nurses (RN) will function under their own RN licenses when meeting Program clinical course requirements. The ratio for RN students to clinical faculty in the BSN program is no more than 25 students to 1 faculty member.

Part-Time Registered Nurse (RN) Student Enrollment, Attrition and Retention Projections.

YEAR	FALL ENROLLMENTS	ATTRITION*	CARRYOVER	RETENTION
2011-2012	50	6	0	44

2012-2013	50	6	44	88
2013-2014	100	12	44	132
2014-2015	100	12	88	176
Totals	**300**	**36**		**264**

**12% Attrition for students who are RNs*

Full-Time Pre-Licensure Student Enrollment, Attrition and Retention Projections.

YEAR	FALL ENROLLMENTS	ATTRITION*	CARRYOVER	RETENTION
2011-2012	50	10	0	40
2012-2013	50	10	40	80
2013-2014	100	20	40	120
2014-2015	100	20	80	160
Totals	**300**	**60**		**240**

**20% Attrition for pre-licensure students*

VII. Approval, Accreditation and Licensure

There are numerous influences on the ultimate approval, implementation and success of an Undergraduate School of Nursing. As discussed in Section V, Legislative Issues Section, USU must first be given legislative authority to grant baccalaureate-level degrees. Of course, Congressional approval and appropriations for an undergraduate BSN program would be required. DoD Health Affairs, the Medical Departments and their Nursing Service Chiefs, and the USU BOR must also approve such a proposal. The establishment of a new academic program at USU would also require a thorough vetting by the USU faculty. In academia, the faculty is the steward of academic process. They approve curriculum, certify that academic rigor is met, and recommend degree approval. The USU faculty should be an essential element in the planning for and implementation of a BSN Program.

The structure developed for the BSN program will significantly influence licensure and accreditation. The two models discussed the BSN Program as a part of the existing GSN or as a separate school with its own Dean would result in different licensure requirements. The State of Maryland regulations, requirements and political implications will guide licensure if the new BSN Program is part of the GSN. If a separate Undergraduate School of Nursing, as a satellite USU campus, is established in Texas, the rules for licensure are governed by Texas. The exact location of the School, when determined, will trigger an application for approval/accreditation by the designated state's Board of Nursing, the State Department of Education and/or accreditation by the Commission on Higher Education for that state's region.

The BSN Program will need nursing accreditation by either the National League

of Nursing Accrediting Commission (NLNAC) or the Commission for Collegiate Education (CCNE), the accrediting arm of the American Association of Colleges of Nursing. While accreditation by a nursing accrediting body is voluntary, it is generally sought by schools of nursing to assure that a nursing program meets standards and criteria for educational quality. Both accrediting agencies are recognized by the U. S. Department of Education and the National Council of State Boards of Nursing. The National Council of State Boards of Nursing administers the licensure examination, the NCLEX-RN. The GSN is currently accredited by NLNAC as well as CCNE. The accreditation process involves several steps including self-study, a site visit and team report, an evaluation report by a peer review panel, and a decision on accreditation. This process should be initiated as soon as feasible following the establishment of all aspects of the BSN program, including systematic evaluation, to comply with accreditation standards and evaluation criteria. The Associate Dean of the nursing program will notify the accreditation body when the program is ready/eligible for initial evaluation which usually occurs after the first class graduates in the case of NLNAC accreditation. NLNAC must be notified one year in advance of the time that the faculty believes the program will be ready for the accreditation process to begin. This would mean preliminary plans for accreditation should begin sometime in late 2011 or early 2012 given the programs suggested time line. Should it be decided that voluntary nursing accreditation will be sought through CCNE, then all aspects of the evaluation process will be set up to comply with CCNE standards and criteria for evaluation. Unlike for NLNAC, accreditation by CCNE should occur prior to the first class graduating. Given the current time-line for baccalaureate program development, the preliminary process for CCNE accreditation would need to begin in 2010 or the beginning of 2011.

VIII. Budget

BSN Start-up and Implementation.

The budgets are built around a Program Objective Memorandum (POM) cycle rather than predicting a year that an Undergraduate School of Nursing will receive final Congressional approval and funding authorization. A budget requirement is also provided for one-year prior to the receipt of programmed dollars in the POM. It is essential that the resources for the Undergraduate School of Nursing be fully integrated into the USU operational budget from the school's inception. Establishing this new school on a Congressional "Mark" and continuing this funding source over some time will not provide for the security or continuity required to recruit qualified faculty in the competitive nurse marketplace. The second six-year POM requirements can simply be estimated by adding inflation factors to the years following POM Year 6 and assuming stable funding requirements. However, experience has shown that unforeseen expenses and changes in mission have dramatic impacts on resource requirements; because of these uncertainties providing a more detailed budget for the second POM cycle would be problematic. As discussed, the start-up cost for the new school will be high because of

the new construction or renovation required and the dependent upon geographical factors. Determining the school's location on a site other than the USU campus will also determine certain start-up and operational costs. Once the infrastructure for the school is provided and faculty recruited, there should be a seamless interface between USU and on-site leadership. A proposed budget for both the in-residence and the distance based BSN programs are presented in Section XII.

Timeline.

Several factors will influence when this new school could be operational. Key factors include: 1. State Board of Nursing approval for a new undergraduate nursing school; and 2. meeting national accreditation benchmarks. As discussed in a previous section, the requirements for state approval will depend upon the geographical location selected for the school's campus and the amount of time required for State feasibility studies, site visits, and approval. National accreditation was previously addressed. Time for new construction is another significant factor that could affect school operations. Renovation of existing facilities, if possible, would shorten this time. Government leased facilities could be used as an interim solution until newly constructed or renovated space is available. Early decisions on facilities would be required to facilitate the start of the in-residence program by POM Year 3. The availability of military faculty may shorten the time required to recruit civilian faculty considering the current nursing shortage. Potential hiring packages should be negotiated early with the appropriate Civilian Personnel Office and USU leadership and the personnel recruitment actions submitted early in BSN Program development. Experienced academicians change positions in the summer consistent with the school calendar; so the hiring cycle must be adjusted with that factor in mind. Other essential elements that can be accomplished concurrent with the considerations outlined above include:

1. Building the new curriculum using expert consultants;
2. Developing strategies for the educational use of simulation for instruction and testing;
3. Negotiating clinical sites and the building of partnerships and agreements with military and civilian health care clinics, hospitals and organizations;
4. Planning student command and control with USU Brigade leadership;
5. Developing, service specific military curriculum;
6. Working with the Reserve Components to flesh out administrative arrangements for access to their nurses during the summer and evenings, and;
7. Negotiating sites/strategies for reserve nurses to fulfill community nursing rotations.

The first BSN in-residence student cohort could start four years following a Congressional decision to authorize and appropriate an Undergraduate School of Nursing. The Reserve Component distance-based BSN Program could start a year earlier.

Operational Costs.

Start-up funding would be required for the undergraduate nursing programs for the year prior to their inclusion in the USUHS POM. A breakout of the approximately one million dollars that would be needed for both programs during this start-up year can be found in Attachment 15. The funding that would be required for the first six-year POM cycle would total approximately $27.5 million for the In-Residence BSN Program and $12.5 million for the Reserve Component BSN Distance-Learning Program. A projected student "load" chart (page 32) indicates 2300 graduates could be expected during the first 15 years of BSN Program operations. This number would be adjusted due to attrition. The operational costs include an estimate for recurring direct and indirect funding requirements based upon a stable, annual student load of 100 for each of the In-Residence and Reserve Component BSN Programs. Although the salaries projected for the civilian faculty for the two BSN Programs are competitive with national benchmarks and are at the top-end of the pay bands for USU faculty at the projected academic grades, incentives may be required to recruit and retain faculty. Should this occur, a 25% recruitment or retention allowance may be required for some faculty positions. Whether the funding requested for consultants will prove to be sufficient remains to be seen.

New Construction.

Construction cost for a new building for the undergraduate school have been examined. Since this new building would not be located on the Bethesda USU campus, this estimate should be considered a "best approximation" for planning purposes with the understanding that a more accurate assessment would depend upon an in-depth review of requirements by facility planners and military construction experts based upon the actual location of the building. The local facility planners that reviewed the undergraduate requirements for the new building priced the total building at $79 million for 78,000 square feet including planning and design, construction, and outfitting.

Other issues.

Building renovation would be a less costly alternative to the price of new construction. However, this value comparison could not be made until a suitable location for the school was determined. Assuming that an appropriate building to renovate could be found, the local experts have indicated that this cost would be approximately 25 to 30% of the new construction cost. In either the case of new building construction or renovation, leasing temporary facilities for the new school should be considered as an interim space solution. Leased facilities would allow the BSN programs to become operational in the two to three-year timeline projected.

IX. Space

Facilities.

Approximately 78,000 square feet would be required to "house" the Undergraduate BSN Program at a location ***other than*** the USU Bethesda Campus. It would include 43,000 square feet of administrative space for offices for the military and civilian faculty, support staff, teaching and computer laboratories, conference rooms, and computer support for the distance-learning program; 13,000 square feet of classroom space; 2,000 square feet of laboratory space for two wet- and two dry-laboratories; 19,800 square feet for circulation, bathroom, and mechanical room space; and 26,000 square feet for parking and foundation. Housing for the Nurse Candidates could require additional facilities.

Clinical Sites.

The selection of clinical sites will require a careful review of the MTFs located in and around whatever site is chosen for the campus. The density of undergraduate nursing programs already located in the area would impact on the availability of clinical facilities for the USU BSN Program. Forcing students from civilian university nursing programs out of their established rotations at military treatment facilities would adversely impact on existing BSN programs. The location chosen for the USU BSN Program should allow for memoranda of agreement (MOAs) with enough clinical sites to meet clinical practicum requirements.

Classroom.

The student-load at full capacity would be 200; 100 in the first and 100 in the second-year class. There would be a requirement for 4 (50) student classrooms and one larger 125 student auditorium. In addition, as many as another 200 students could be participating in the Reserve Component on-line BSN Program. The major impact of the Reserve Component students would occur each summer when these students would come to campus for the intensive, two-week orientation and evaluation requirements.

Simulation.

A needs assessment would be conducted to determine the state of the art for simulation requirements at the baccalaureate level. Many Schools of Nursing have simulation facilities for performing nursing procedures to establish competencies prior to clinical experiences. Simulation requirements for both an in-residence and distance learning option would have to be appropriately incorporated into any programmatic planning.

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XI. Definition of Terms

Academic Health Center: an institution that consists of an allopathic or osteopathic medical school, at least one other health professions school or program and at least one affiliated teaching hospital.

Associates degree: an academic degree awarded by community colleges, junior colleges, business colleges and some bachelors degree-granting colleges/universities upon completion of a course of study usually lasting two years.

Baccalaureate degree: a bachelor's or undergraduate academic degree awarded for a course or major that generally lasts for three or four years.

Competency: broad performance requirements related to the knowledge, skills, and attitudes needed by a baccalaureate graduate.

Federal Healthcare Delivery System: Veteran's Administration, Public Health Service, Navy, Air Force, and Army healthcare systems.

Military Healthcare System: a DoD enterprise consisting of the Office of the Assistant Secretary of Defense for Health Affairs; the medical departments of the Army, Navy, Marine Corps, Air Force, Coast Guard, and Joint Chiefs of Staff; the Combatant Command surgeons; and TRICARE providers (including private sector healthcare providers, hospitals and pharmacies).

Mission: A statement of purpose defining the unique nature and scope of the parent institution and the nursing program.

Nursing Practice: Any form of nursing intervention that influences patient healthcare outcomes.

Nursing Student: a student formally accepted or enrolled in a nursing school or program.

Registered Nurse: a health care professional responsible for implementing the practice of nursing through the use of the nursing process. RNs use a holistic approach using the nursing process to assess, plan, implement, and evaluate nursing care. The scope of practice of registered nurses is regulated by a set of laws known as the Nurse Practice Act of the state or territory in which an RN is licensed. Rules and regulations are delegated to state boards of nursing, which administer rules, qualifies candidates for licensure, licenses nurses, and makes decisions on nursing issues.

Simulation: An activity that mimics the reality of a clinical environment and are

designed to demonstrate procedures, decision-making, and critical thinking through techniques such as role-playing and the use of devices such as interactive videos or mannequins.

XII. Proposed Budget

1. Undergraduate School of Nursing (I n-Residence Program Estimate)

XII.1.a. Direct Start up Costs

	[redacted]	POM 10 For Example						POM
		POM Year 1	POM Year 2	POM Year 3	POM Year 4	POM Year 5	POM Year 6	Total
Direct Start up Costs								
Associate Dean of Undergraduate Education ($160K Base)	$ 200,000							
Program Director/Administrator (AD- Associate Professor)	$ 156,250							
Administrator GS-11 step 5	86,250							
Secretary GS-8 step 8	68,750							
Salaries include Fring of 25% overhead								
State & National license and accreditation fees	$ 5,000	$ 15,000						
Travel	$ 10,000							
Books/Journal (Learning Resource Center)			$ 60,000					$ 60,000
Equipment Clinical Teaching				$ 500,000				$ 500,000
Equipment Administrative		$ 10,000						$ 10,000
General Office	$ 10,000							-
Computers (15 @ 2K)		$ 6,000	$ 24,000					$ 30,000
Teaching Support			$ 10,000					$ 10,000
Space								-
Supplies	$ 3,000	$ 10,000						$ 10,000
Printing		$ 15,000						$ 15,000
Duplication		$ 15,000						$ 15,000
Consultants (Competency Based Education)	$ 150,000	$ 150,000	$ 150,000					$ 300,000
New Construction or Renovation or Leasing Costs								
Year (-1) Start Up	$ 689,250							
Summary of Direct Start Up Costs		$ 221,000	$ 244,000	$ 500,000	$ -	$ -	$ -	$ 965,000

XII.1.b. Recurring Direct Costs

	[redacted]	POM 10 For Example						POM
		POM Year 1	POM Year 2	POM Year 3	POM Year 4	POM Year 5	POM Year 6	Total
[redacted]								
Associate Dean of Undergraduate Education ($160K Base)		$ 206,5000	$213,211	$220,141	$227,295	$ 234,682	$ 242,309	$ 1,344,139
Program Director/Administrator (AD- Associate Professor)		$ 161,328	$166,571	$171,985	$ 177,574	$183,346	$ 189,304	$ 1,050,108
Assistant Professor $90K First Year Base		$112,500	$116,156	$119,931	$ 123,829	$127,854	$ 132,009	$ 732,279
Assistant Professor		$112,500	$116,156	$119,931	$ 123,829	$ 127,854	$ 132,009	$ 732,279
Assistant Professor		$112,500	$116,156	$119,931	$ 123,829	$ 127,854	$ 132,009	$ 732,279
Assistant Professor			$116,156	$119,931	$ 123,829	$ 127,853	$ 132,008	$ 619,778
Instructor $80K First Year Base		$ 100,000	$103,250	$106,606	$ 110,070	$ 113,648	$ 117,341	$ 650,915
Instructor			$ 103,250	$106,606	$ 110,070	$ 113,648	$ 117,341	$ 550,915
Instructor			$103,250	$ 106,606	$ 110,070	$ 113,648	$ 117,341	$ 550,915
LAB Instructor (required for ramp up to 100 students)				$ 106,606	$ 110,071	$ 113,648	$ 117,342	$ 447,666
Clinical Coordinator (required for ramp up to 100 students) (AD – associate Professor)				$ 130,708	$ 134,956	$139,342	$ 143,871	$ 548,877
Salaries include Fring of 25% overhead & 3% annual adjustment								$ 30,000
Incentives of + 25% may be required to attract/retain faculty								
[redacted]								
Assistant Professor								
Assistant Professor								
[redacted]		$ 805,328	$ 1,154,157	$ 1,428,981	$ 1,475,423	$ 1,523,375	$ 1,572,884	$ 7,960,149
[redacted]								
Administrator GS-11 step 5		$ 89,053	$ 91,947	$ 94,936	$ 98,021	$ 101,207	$ 104,496	$ 579,660
Administrator Support GS-9 step 5: Registrar			$ 75,000	$ 77,438	$ 79,954	$ 82,553	$ 85,236	$ 400,180
Secretary GS-8 step 5		$ 70,984	$ 73,291	$ 75,673	$ 78,133	$ 80,672	$ 83,294	$ 462,048
*Student Military Support at GS 8 (1 per 100)			$ 73,291	$ 151,347	$ 156,265	$ 161,344	$ 166,588	$ 708,835
Salaries include Fring of 25% overhead & 3% annual adjustment *USU will reassign existing enlisted and backfill with GS								
Summary of Support Staff Direct Costs		$ 160,038	$ 313,530	$ 399,393	$ 412,373	$ 425,776	$ 439,613	$ 2,150,723

Recurring Direct Costs (Continued)

		POM 10 For Example						POM
		POM Year 1	POM Year 2	POM Year 3	POM Year 4	POM Year 5	POM Year 6	Total
[redacted]								
Books (Student Supplies)			$ 45,000	$ 60,000	$ 61,800	$ 105,000	$ 120,000	$ 391,800
Books/Journals (Learning Resource Center)		$ 5,000	$ 5,150	$ 5,305	$ 5,464	$ 10,000	$ 10,300	$ 36,218
Travel Student (Clinical Rotations)			$ 55,000	$ 56,650	$ 58,350	$ 60,100	$ 61,903	$ 292,002
State & National license and accreditation fees			$ 6,000	$ 6,240	$ 6,490	$ 6,749	$ 7,019	$ 32,498
Student NCLEX Examinations & State Boards		$ 5,000		$ 35,000	$ 35,000	$ 70,000	$ 70,000	$ 210,000
Travel Faculty			$ 12,000	$ 15,000	$ 15,450	$ 15,914	$ 16,391	$ 79,754
SIM Center			$ 30,000	$ 65,000	$ 66,950	$ 68,959	$ 71,027	$ 301,936
Standardized Patients (History Taking, Physical Exam)			$ 15,000	$ 15,450	$ 15,914	$ 16,391	$ 16,883	$ 79,637
Equipment Clinical Teaching				$ 50,000	$ 51,5000	$ 53,045	$ 54,636	$ 209,181
Equipment Administrative				$ 10,000	$ 10,300	$ 10,609	$ 10,927	$ 41,836
Supplies				$ 5,000	$ 5,150	$ 5,305	$ 5,464	$ 20,918
Printing				$ 5,000	$ 5,150	$ 5,305	$ 5,464	$ 20,918
Duplication				$ 15,000	$ 15,450	$ 15,914	$ 16,391	$ 62,754
[redacted]	$ -	$ 10,000	$ 168,150	$ 343,645	$ 352,966	$ 443,289	$ 466,405	$ 1,779,454

XII.1.c. Indirect Recurring Costs (Contracting, Personnel, Finance, Infrastructure etc.): School off-site

Increased USUHS Support Costs			$200,000	$206,500	$213,211	$ 220,141	$ 227,295	$ 1,067,147
Infrastructure Personnel Costs (i.e. Finance Officer, Registrar Representative, Payroll, Contracting, etc.)			$1,500,000	$1,548,750	$ 1,599,084	$1,651,055	$ 1,704,714	$ 8,003,603
Beneficial occupancy Space, Classrooms, Offices			$1,000,000	$1,030,000	$ 1,060,900	$ 1,092,727	$ 1,125,509	$ 5,309,136
[redacted]	$ -	$ -	$2,700,000	$ 2,785,250	$ 2,873,196	$ 2,963,922	$ 3,057,518	$ 14,379,886

	[redacted]							
Year (-1) Start Up POM Total		$1,196,366	$4,579,837	$5,457,269	$5,113,959	$5,356,361	$5,536,420	$27,240,212

2. Undergraduate School of Nursing (Reserve Distance Learning Program)

XII.2.a. Direct Start up Costs

	[redacted]	POM 10 For Example						POM
		POM Year 1	POM Year 2	POM Year 3	POM Year 4	POM Year 5	POM Year 6	Total
Direct Start up Costs								
Program Director/Administrator (AD- Associate Professor)	**$ 156,250**							**$ -**
Administrator GS-11 step 5	**$ 86,250**							**$ -**
Secretary GS-8 step 5	**$ 68,750**							**$ -**
Salaries include Fring of 25% overhead								
Travel	**$ 10,000**							
Computers (15 @ 2K)	**$ 6,000**	**$ 18,000**						**$ 18,000**
Supplies	**$ 5,000**							**$ -**
Consultants (Conversion of Educational content to DL)	**$ 150,000**	**$ 150,000**						**$ 150,000**
	[redacted]							
Summary of Direct Start Up Costs		$ 168,000	$ -	$ -	$ -	$ -	$ -	$ 168,000

XII.2.b. Direct Recurring Costs

[redacted]		POM 10 For Example						POM
		POM Year 1	POM Year 2	POM Year 3	POM Year 4	POM Year 5	POM Year 6	Total
Program Director/Administrator (AD- Associate Professor)		$ 128,750	$132,934	$137,255	$ 141,716	$146,321	$ 151,077	$ 838,053
Assistant Professor $90K First Year Base		$112,500	$116,156	$119,931	$ 123,829	$127,854	$ 132,009	$ 732,279
Assistant Professor		$112,500	$116,156	$119,931	$ 123,829	$ 127,854	$ 132,009	$ 732,279
Assistant Professor		$112,500	$116,156	$119,931	$ 123,829	$ 127,854	$ 132,009	$ 732,279
Assistant Professor			$116,156	$119,931	$ 123,829	$ 127,853	$ 132,008	$ 619,778
Instructor $80K First Year Base		$ 100,000	$103,250	$106,606	$ 110,070	$ 113,648	$ 117,341	$ 650,915
Instructor			$ 103,250	$106,606	$ 110,070	$ 113,648	$ 117,341	$ 550,915
Regional Coordinator (AD –Assistant Professor)		$ 112,500	$ 116,156	$ 119,931	$ 123,829	$ 127,854	$ 132,009	$ 732,279
Clinical Coordinator (AD –Associate Professor)			$ 132,934	$ 137,254	$ 141,715	$146,321	$ 151,076	$ 709,301
Salaries include Fring of 25% overhead & 3% annual adjustment								
Incentives of + 25% may be required to attract/retain faculty								
[redacted]	$ -	$ 678,750	$ 1,053149	$ 1,087,377	$ 1,122,716	$ 1,159,205	$ 1,196,879	$ 6,298,076

Direct Recurring Costs (Continued - Reserve Distance Learning Program)

		POM 10 For Example						POM
		POM Year 1	POM Year 2	POM Year 3	POM Year 4	POM Year 5	POM Year 6	Total
Administrator GS-11 step 5		$ 89,053	$ 91,947	$ 94,936	$ 98,021	$ 101,207	$ 104,496	$ 579,660
DL Support Administrator GS-11 step 5		$ 89,053	$ 91,947	$ 94,936	$ 98,021	$ 101,207	$ 104,496	$ 579,660
Secretary GS-8 step 5		$ 70,984	$ 73,291	$ 75,673	$ 78,133	$ 80,672	$ 83,294	$ 462,048
Salaries include Fring of 25% overhead & 3% annual adjustment								
	$ -	$ 249,091	$ 257,186	$ 265,545	$ 274,175	$ 283,085	$ 292,286	$ 1,621,367
Books (Student Supplies)		$ -	$ 45,000	$ 60,000	$ 61,800	$ 105,000	$ 120,000	$ 391,800
Contracts:								
- Competency Performance Examiners (Senior-$120/hr)		$ 11,520	$ 11,866	$ 12,222	$ 12,588	$ 12,966	$ 13,355	$ 62,996
- Competency Performance Examiners (Junior-$100/hr)		$ 9,600	$ 9,888	$ 10,185	$ 10,490	$ 10,805	$ 11,129	$ 52,497
- Video Director/Producer		$ -	$ 50,000	$ 51,500	$ 53,045	$ 54,636	$ 56,275	$ 265,457
- Video Editing/Examination Development		$ -	$ 30,000	$ 30,900	$ 31,827	$ 32,782	$ 33,765	$ 159,274
- Consultants			$ 75,000	$ 50,000	$ 25,000	$ 15,000	$ 10,000	$ 175,000
Student NCLEX Examinations & State Boards				$ 35,000	$ 35,000	$ 70,000	$ 70,000	$ 210,000
Travel		$ 20,000	$ 50,000	$ 70,000	$ 72,100	$ 74,263	$ 76,491	$ 362,854
SIM Center		$ 30,000	$ 45,000	$ 46,350	$ 47,741	$ 49,173	$ 50,648	$ 268,911
Standardized Patients (History Taking, Physical Exam)		$ 15,000	$ 30,000	$ 30,900	$ 31,827	$ 32,782	$ 33,765	$ 174,274
Supplies		$ 10,000	$ 50,000	$ 51,500	$ 53,045	$ 54,636	$ 56,275	$ 275,457
	$ -	$ 96,120	$ 396,754	$ 448,556	$ 434,463	$ 512,043	$ 531,704	$ 2,587,031

XII.2.c. Indirect Recurring Cost (Contracting, Personnel, Finance, Infrastructure etc.)

Increased USUHS Support Costs			$200,000	$206,500	$213,211	$ 220,141	$ 227,295	$ 1,067,147
Distance Learning (DL) Live Support (Persidium learning)		$ 25,000	$ 25,750	$ 26,523	$ 27,318	$ 28,138	$ 28,982	$ 161,710
Distance Learning (DL) Platform-related Costs		$ 75,000	$ 100,000	$ 103,000	$ 106,090	$ 109,273	$ 112,551	$ 605,914
	$ -	$100,000	$ 325,750	$ 336,023	$ 346,619	$ 357,551	$ 368,828	$ 1,834,771
Year (-1) Start Up								
POM Total		$1,291,961	$2, 032,839	$2, 137,500	$2,177,974	$2,311,884	$2,389,697	$12,341,854