

P116B08.0063

OMB Number: 4040-0004
Expiration Date: 01/31/2009

Application for Federal Assistance SF-424

Version 02

* 1. Type of Submission: <input type="radio"/> Preapplication <input checked="" type="radio"/> Application <input type="radio"/> Changed/Corrected Application	* 2. Type of Application: <input checked="" type="radio"/> New <input type="radio"/> Continuation <input type="radio"/> Revision	* If Revision, select appropriate letter(s): _____ * Other (Specify) _____
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* 3. Date Received: 05/05/2008	4. Applicant Identifier: _____
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5a. Federal Entity Identifier: _____	* 5b. Federal Award Identifier: _____
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State Use Only:

6. Date Received by State: _____	7. State Application Identifier: _____
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B. APPLICANT INFORMATION:

* a. Legal Name: Oregon Health & Science University

* b. Employer/Taxpayer Identification Number (EIN/TIN): 1931176109A1	* c. Organizational DUNS: 096997515
---	--

d. Address:

* Street1:	3181 SW Sam Jackson Park Rd.
Street2:	_____
* City:	Portland
County:	Multnomah
* State:	OR: Oregon
Province:	_____
* Country:	USA: UNITED STATES
* Zip / Postal Code:	97239

e. Organizational Unit:

Department Name: School of Nursing	Division Name: Office of Research
---------------------------------------	--------------------------------------

f. Name and contact information of person to be contacted on matters involving this application:

Prefix: _____	* First Name: Jerry
Middle Name: L.	_____
* Last Name: Robertson	_____
Suffix: _____	_____
Title: Grants & Contracts Administrator	_____
Organizational Affiliation: _____	_____

* Telephone Number: 503-494-0627	Fax Number: 503-494-7787
* Email: roberjer@ohsu.edu	_____

Application for Federal Assistance SF-424

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9. Type of Applicant 1: Select Applicant Type:

H: Public/State Controlled Institution of Higher Education

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

*** Other (specify):**

*** 10. Name of Federal Agency:**

U.S. Department of Education

11. Catalog of Federal Domestic Assistance Number:

84.116

CFDA Title:

Fund for the Improvement of Postsecondary Education

*** 12. Funding Opportunity Number:**

ED-GRANTS-032108-001

*** Title:**

Fund for the Improvement of Postsecondary Education Comprehensive Program CFDA 84.116B

13. Competition Identification Number:

84-116B2008-2

Title:

14. Areas Affected by Project (Cities, Counties, States, etc.):

Oregon

*** 15. Descriptive Title of Applicant's Project:**

Clinical Education Redesign and Evaluation Project

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

* a. Applicant

* b. Program/Project

Attach an additional list of Program/Project Congressional Districts if needed.

17. Proposed Project:

* a. Start Date:

* b. End Date:

18. Estimated Funding (\$):

* a. Federal	<input type="text" value="597,654.00"/>
* b. Applicant	<input type="text" value="0.00"/>
* c. State	<input type="text" value="0.00"/>
* d. Local	<input type="text" value="0.00"/>
* e. Other	<input type="text" value="0.00"/>
* f. Program Income	<input type="text" value="0.00"/>
* g. TOTAL	<input type="text" value="597,654.00"/>

* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?

- a. This application was made available to the State under the Executive Order 12372 Process for review on
- b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- c. Program is not covered by E.O. 12372.

* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)

- Yes
- No

21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)

** I AGREE

** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

Authorized Representative:

Prefix: * First Name:

Middle Name:

* Last Name:

Suffix:

* Title:

* Telephone Number: Fax Number:

* Email:

* Signature of Authorized Representative: * Date Signed:

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Standard Form 424 (Revised 10/2005)
Prescribed by OMB Circular A-102

Application for Federal Assistance SF-424

Version 02

*** Applicant Federal Debt Delinquency Explanation**

The following field should contain an explanation if the Applicant organization is delinquent on any Federal Debt. Maximum number of characters that can be entered is 4,000. Try and avoid extra spaces and carriage returns to maximize the availability of space.

Attachments

AdditionalCongressionalDistricts

File Name

Mime Type

AdditionalProjectTitle

File Name

Mime Type



U.S. DEPARTMENT OF EDUCATION
BUDGET INFORMATION
NON-CONSTRUCTION PROGRAMS

OMB Control Number: 1890-0004

Expiration Date: 06/30/2005

Name of Institution/Organization:
 Oregon Health & Science University

Applicants requesting funding for only one year should complete the column under "Project Year 1." Applicants requesting funding for multi-year grants should complete all applicable columns. Please read all instructions before completing form.

SECTION A - BUDGET SUMMARY
U.S. DEPARTMENT OF EDUCATION FUNDS

Budget Categories	Project Year 1(a)	Project Year 2 (b)	Project Year 3 (c)	Project Year 4 (d)	Project Year 5 (e)	Total (f)
1. Personnel	\$ 113,113	\$ 103,385	\$ 90,806	\$ 0	\$ 0	\$ 307,304
2. Fringe Benefits	\$ 30,960	\$ 29,281	\$ 25,309	\$ 0	\$ 0	\$ 85,550
3. Travel	\$ 13,015	\$ 13,405	\$ 13,808	\$ 0	\$ 0	\$ 40,228
4. Equipment	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
5. Supplies	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
6. Contractual	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
7. Construction	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
8. Other	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
9. Total Direct Costs (lines 1-8)	\$ 157,088	\$ 146,071	\$ 129,923	\$ 0	\$ 0	\$ 433,082
10. Indirect Costs*	\$ 59,694	\$ 55,507	\$ 49,371	\$ 0	\$ 0	\$ 164,572
11. Training Stipends	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
12. Total Costs (lines 9-11)	\$ 216,782	\$ 201,578	\$ 179,294	\$ 0	\$ 0	\$ 597,654

***Indirect Cost Information (To Be Completed by Your Business Office):**

If you are requesting reimbursement for indirect costs on line 10, please answer the following questions:

(1) Do you have an Indirect Cost Rate Agreement approved by the Federal government? Yes No

(2) If yes, please provide the following information:

Period Covered by the Indirect Cost Rate Agreement: From: 7/1/2007 To: 6/30/2009 (mm/dd/yyyy)

Approving Federal agency: ED Other (please specify): DHHS

(3) For Restricted Rate Programs (check one) -- Are you using a restricted indirect cost rate that:

Is included in your approved Indirect Cost Rate Agreement? or, Complies with 34 CFR 76.564(c)(2)?



U.S. DEPARTMENT OF EDUCATION
BUDGET INFORMATION
NON-CONSTRUCTION PROGRAMS

OMB Control Number: 1890-0004

Expiration Date: 06/30/2005

Name of Institution/Organization:
 Oregon Health & Science University

Applicants requesting funding for only one year should complete the column under "Project Year 1." Applicants requesting funding for multi-year grants should complete all applicable columns. Please read all instructions before completing form.

SECTION B - BUDGET SUMMARY
NON-FEDERAL FUNDS

Budget Categories	Project Year 1 (a)	Project Year 2 (b)	Project Year 3 (c)	Project Year 4 (d)	Project Year 5 (e)	Total (f)
1. Personnel	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
2. Fringe Benefits	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
3. Travel	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
4. Equipment	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
5. Supplies	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
6. Contractual	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
7. Construction	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
8. Other	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
9. Total Direct Costs (lines 1-8)	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
10. Indirect Costs	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
11. Training Stipends	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
12. Total Costs (lines 9-11)	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0

ASSURANCES - NON-CONSTRUCTION PROGRAMS

OMB Approval No. 4040-0007
Expiration Date 04/30/2008

Public reporting burden for this collection of information is estimated to average 15 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0040), Washington, DC 20503.

PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THE OFFICE OF MANAGEMENT AND BUDGET. SEND IT TO THE ADDRESS PROVIDED BY THE SPONSORING AGENCY.

NOTE: Certain of these assurances may not be applicable to your project or program. If you have questions, please contact the awarding agency. Further, certain Federal awarding agencies may require applicants to certify to additional assurances. If such is the case, you will be notified.

As the duly authorized representative of the applicant, I certify that the applicant:

1. Has the legal authority to apply for Federal assistance and the institutional, managerial and financial capability (including funds sufficient to pay the non-Federal share of project cost) to ensure proper planning, management and completion of the project described in this application.
2. Will give the awarding agency, the Comptroller General of the United States and, if appropriate, the State, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with generally accepted accounting standards or agency directives.
3. Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain.
4. Will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency.
5. Will comply with the Intergovernmental Personnel Act of 1970 (42 U.S.C. §§4728-4763) relating to prescribed standards for merit systems for programs funded under one of the 19 statutes or regulations specified in Appendix A of OPM's Standards for a Merit System of Personnel Administration (5 C.F.R. 900, Subpart F).
6. Will comply with all Federal statutes relating to nondiscrimination. These include but are not limited to: (a) Title VI of the Civil Rights Act of 1964 (P.L. 88-352) which prohibits discrimination on the basis of race, color or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C. §§1681-1683, and 1685-1686), which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. §794), which prohibits discrimination on the basis of handicaps; (d) the Age Discrimination Act of 1975, as amended (42 U.S.C. §§6101-6107), which prohibits discrimination on the basis of age; (e) the Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended, relating to nondiscrimination on the basis of drug abuse; (f) the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism; (g) §§523 and 527 of the Public Health Service Act of 1912 (42 U.S.C. §§290 dd-3 and 290 ee-3), as amended, relating to confidentiality of alcohol and drug abuse patient records; (h) Title VIII of the Civil Rights Act of 1968 (42 U.S.C. §§3601 et seq.), as amended, relating to nondiscrimination in the sale, rental or financing of housing; (i) any other nondiscrimination provisions in the specific statute(s) under which application for Federal assistance is being made; and, (j) the requirements of any other nondiscrimination statute(s) which may apply to the application.
7. Will comply, or has already complied, with the requirements of Titles II and III of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (P.L. 91-646) which provide for fair and equitable treatment of persons displaced or whose property is acquired as a result of Federal or federally-assisted programs. These requirements apply to all interests in real property acquired for project purposes regardless of Federal participation in purchases.
8. Will comply, as applicable, with provisions of the Hatch Act (5 U.S.C. §§1501-1508 and 7324-7328) which limit the political activities of employees whose principal employment activities are funded in whole or in part with Federal funds.

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Prescribed by OMB Circular A-102

Tracking Number: GRANT00457462

9. Will comply, as applicable, with the provisions of the Davis- Bacon Act (40 U.S.C. §§276a to 276a-7), the Copeland Act (40 U.S.C. §276c and 18 U.S.C. §874), and the Contract Work Hours and Safety Standards Act (40 U.S.C. §§327- 333), regarding labor standards for federally-assisted construction subagreements.
10. Will comply, if applicable, with flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973 (P.L. 93-234) which requires recipients in a special flood hazard area to participate in the program and to purchase flood insurance if the total cost of insurable construction and acquisition is \$10,000 or more.
11. Will comply with environmental standards which may be prescribed pursuant to the following: (a) institution of environmental quality control measures under the National Environmental Policy Act of 1969 (P.L. 91-190) and Executive Order (EO) 11514; (b) notification of violating facilities pursuant to EO 11738; (c) protection of wetlands pursuant to EO 11990; (d) evaluation of flood hazards in floodplains in accordance with EO 11988; (e) assurance of project consistency with the approved State management program developed under the Coastal Zone Management Act of 1972 (16 U.S.C. §§1451 et seq.); (f) conformity of Federal actions to State (Clean Air) Implementation Plans under Section 176(c) of the Clean Air Act of 1955, as amended (42 U.S.C. §§7401 et seq.); (g) protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, as amended (P.L. 93-523); and, (h) protection of endangered species under the Endangered Species Act of 1973, as amended (P.L. 93- 205).
12. Will comply with the Wild and Scenic Rivers Act of 1968 (16 U.S.C. §§1271 et seq.) related to protecting components or potential components of the national wild and scenic rivers system.
13. Will assist the awarding agency in assuring compliance with Section 106 of the National Historic Preservation Act of 1966, as amended (16 U.S.C. §470), EO 11593 (Identification and protection of historic properties), and the Archaeological and Historic Preservation Act of 1974 (16 U.S.C. §§469a-1 et seq.).
14. Will comply with P.L. 93-348 regarding the protection of human subjects involved in research, development, and related activities supported by this award of assistance.
15. Will comply with the Laboratory Animal Welfare Act of 1966 (P.L. 89-544, as amended, 7 U.S.C. §§2131 et seq.) pertaining to the care, handling, and treatment of warm blooded animals held for research, teaching, or other activities supported by this award of assistance.
16. Will comply with the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. §§4801 et seq.) which prohibits the use of lead-based paint in construction or rehabilitation of residence structures.
17. Will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act Amendments of 1996 and OMB Circular No. A-133, "Audits of States, Local Governments, and Non-Profit Organizations."
18. Will comply with all applicable requirements of all other Federal laws, executive orders, regulations, and policies governing this program.

* SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL Jesse Null	* TITLE Manager, Research Grants & Contracts
* APPLICANT ORGANIZATION Oregon Health & Science University	* DATE SUBMITTED 05-05-2008

Standard Form 424B (Rev. 7-97) Back

NOTICE TO ALL APPLICANTS

The purpose of this enclosure is to inform you about a new provision in the Department of Education's General Education Provisions Act (GEPA) that applies to applicants for new grant awards under Department programs. This provision is Section 427 of GEPA, enacted as part of the Improving America's Schools Act of 1994 (Public Law (P.L.) 103-382).

To Whom Does This Provision Apply?

Section 427 of GEPA affects applicants for new grant awards under this program. **ALL APPLICANTS FOR NEW AWARDS MUST INCLUDE INFORMATION IN THEIR APPLICATIONS TO ADDRESS THIS NEW PROVISION IN ORDER TO RECEIVE FUNDING UNDER THIS PROGRAM.**

(If this program is a State-formula grant program, a State needs to provide this description only for projects or activities that it carries out with funds reserved for State-level uses. In addition, local school districts or other eligible applicants that apply to the State for funding need to provide this description in their applications to the State for funding. The State would be responsible for ensuring that the school district or other local entity has submitted a sufficient section 427 statement as described below.)

What Does This Provision Require

Section 427 requires each applicant for funds (other than an individual person) to include in its application a description of the steps the applicant proposes to take to ensure equitable access to, and participation in, its Federally-assisted program for students, teachers, and other program beneficiaries with special needs. This provision allows applicants discretion in developing the required description. The statute highlights six types of barriers that can impede equitable access or participation: gender, race, national origin, color, disability, or age. Based on local circumstances, you should determine whether these or other barriers may prevent your students, teachers, etc. from such access or participation in, the Federally-funded project or activity. The description in your application of steps to be taken to overcome these barriers need not be lengthy; you may provide a clear and succinct

description of how you plan to address those barriers that are applicable to your circumstances. In addition, the information may be provided in a single narrative, or, if appropriate, may be discussed in connection with related topics in the application.

Section 427 is not intended to duplicate the requirements of civil rights statutes, but rather to ensure that, in designing their projects, applicants for Federal funds address equity concerns that may affect the ability of certain potential beneficiaries to fully participate in the project and to achieve to high standards. Consistent with program requirements and its approved application, an applicant may use the Federal funds awarded to it to eliminate barriers it identifies.

What are Examples of How an Applicant Might Satisfy the Requirement of This Provision?

The following examples may help illustrate how an applicant may comply with Section 427.

- (1) An applicant that proposes to carry out an adult literacy project serving, among others, adults with limited English proficiency, might describe in its application how it intends to distribute a brochure about the proposed project to such potential participants in their native language.
- (2) An applicant that proposes to develop instructional materials for classroom use might describe how it will make the materials available on audio tape or in braille for students who are blind.
- (3) An applicant that proposes to carry out a model science program for secondary students and is concerned that girls may be less likely than boys to enroll in the course, might indicate how it intends to conduct "outreach" efforts to girls, to encourage their enrollment.

We recognize that many applicants may already be implementing effective steps to ensure equity of access and participation in their grant programs, and we appreciate your cooperation in responding to the requirements of this provision.

Estimated Burden Statement for GEPA Requirements

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. The valid OMB control number for this information collection is 1890-0007. The time required to complete this information collection is estimated to average 1.5 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: Director, Grants Policy and Oversight Staff, U.S. Department of Education, 400 Maryland Avenue, SW (Room 3652, GSA Regional Office Building No. 3), Washington, DC 20202-4248.

Attachment Information

File Name

Mime Type

4971-Section_427_GEPA_Statement.pdf

application/pdf

Section 427 GEPA Statement

Oregon Health and Science University and all investigators on this grant ensure equitable access to, and participation in, all of its programs for students, faculty, staff employees, and for those serving in related clinics and medical centers. The nature of our assurance is detailed below.

- 1. All employees are required to participate in a "Respect at the University" course every year and to prove that is passed. This is an online course which deals with issues of discrimination, harassment, and interpersonal communications as well as remedies for discrimination or lack of access. The course includes complaints about discrimination due to age, disability, family medical leave status, gender, marital status, military/reserve status, national origin, pregnancy, race/color, religion, retaliation, sexual harassment, sexual orientation, veteran's status, whistleblower status, and worker's compensation system use.**
- 2. In the area of disabilities, any employee who has a physical or mental disability, which impairs that individual's ability to perform his/her job, may contact the Affirmative Action and Equal Opportunity Office (AAEO) to request a reasonable accommodation. AAEO implements a process to determine whether employees, students, patients, applicants, and attendees of OHSU-sponsored events are qualified for accommodations under the Americans with Disabilities Act (ADA), or Section 504 of the Rehabilitation Act, and if so, AAEO assesses what reasonable accommodations are available to assist requesting individuals.**
- 3. AAEO also reviews requests for employee and student accommodations for religious beliefs in a manner that is consistent with state and federal law.**
- 4. For students with disabilities, the Office for Student Access acts as the primary repository for students with disabilities files and is responsible for making recommendations for appropriate accommodations for students with disabilities. The Program Accommodation Liaison (PAL) acts as an "in-house" resource for students and faculty concerning access issues for students with disabilities. The PAL works in collaboration with the Office for Student Access to implement recommended accommodations for students with disabilities. The Office for Student Access will provide PALs with information and guidelines for working with students with disabilities. PALs are appointed by the Dean of the school or another designated person with the authority to assign PAL duties.**
- 5. All online materials, including websites and online courses, also include W3C accessibility standards to help ensure access for users who are visually or aurally impaired. These accessibility standards are in addition to the above programs which assess disability and levels of accommodations.**

CERTIFICATION REGARDING LOBBYING

Certification for Contracts, Grants, Loans, and Cooperative Agreements

The undersigned certifies, to the best of his or her knowledge and belief, that:

(1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

(2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions.

(3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly. This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

Statement for Loan Guarantees and Loan Insurance

The undersigned states, to the best of his or her knowledge and belief, that:

If any funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this commitment providing for the United States to insure or guarantee a loan, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions. Submission of this statement is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required statement shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

* APPLICANT'S ORGANIZATION Oregon Health & Science University	
* PRINTED NAME AND TITLE OF AUTHORIZED REPRESENTATIVE Prefix: * First Name: Jesse Middle Name: C. * Last Name: Null Suffix: * Title: Manager, Research Grants & Contracts	
* SIGNATURE: Jesse Null	* DATE: 05/05/2008

SUPPLEMENTAL INFORMATION REQUIRED FOR DEPARTMENT OF EDUCATION GRANTS

1. Project Director

* Name:

Maggie

M.

Lynch

* Address:

3455 SW US Veterans Hospital Rd.

SN4N

Multnomah

County

Portland

OR: Oregon

97239

USA: UNITED STATES

* Phone Number:

503-494-6271

Fax Number:

503-494-3691

Email:

lynchmag@ohsu.edu

2. Applicant Experience:

Yes No Not applicable to this program

3. Human Subjects Research

Are any research activities involving human subjects planned at any time during the proposed project Period?

Yes No

Are ALL the research activities proposed designated to be exempt from the regulations?

Yes Provide Exemption(s) #:

No Provide Assurance #, if available:

Please attach an explanation Narrative:

FileName

MimeType

Tracking Number: GRANT00457462

Project Narrative

Abstract Narrative

Attachment 1:

Title: Pages: Uploaded File: 0081-Project_Abstract.pdf

CLINICAL EDUCATION REDESIGN AND EVALUATION PROJECT

ABSTRACT

This project responds to Invitational Priority A. The project will offer evaluation data on a new approach to clinical education currently being piloted by the Oregon Consortium for Nursing Education (OCNE). This new clinical education model was specifically designed to help nursing students gain the competencies needed for today's complex practice; to better utilize faculty, staff nurse and student time in the curriculum while achieving enhanced outcomes; and to increase capacity in clinical education sites. This study provides evaluation that will help us to expand the model from the seven current projects in three community colleges and Oregon Health & Science University to all 13 institution participants in the consortium, and over 100 clinical partners. The findings will also be shared with other schools around the United States.

The project goals are to:

- 1. Explicate the recently developed evidence-based model of clinical education by designing and providing appropriate learning activities that promote student attainment of OCNE competencies.**
- 2. Recommend changes in clinical education which include modified use of clinical facilities, clock-hour to clinical hour ratios, faculty workload calculations, and other factors derived from this research that may increase clinical education capacity.**
- 3. Reduce staff nurse stress and burden associated with supervising neophytes in their clinical practice.**
- 4. Decrease risk for practice errors during the newly designed clinical practicum as compared to the previous traditional practicum.**
- 5. Conduct a comprehensive assessment of the new OCNE clinical education curriculum.**

Project Narrative

Project Narrative

Attachment 1:

Title: Pages: Uploaded File: **5508-Mandatory_Project_Narrative.pdf**

CLINICAL EDUCATION REDESIGN AND EVALUATION PROJECT

PROGRAM NARRATIVE

Project Overview

The OCNE Clinical Education Model Project initially funded by Kaiser Permanente, Northwest Health Foundation and Meyer Memorial Trust aims to transform clinical nursing education for use in the new Oregon Consortium for Nursing Education (OCNE) curriculum. The proposed model was developed by a cadre of experts representing nursing education, nursing practice and nursing regulation. The model incorporates a variety of clinical learning activities and we believe it will result in improved learning outcomes, while making more effective and efficient use of the clinical faculty and student time, reducing burden on staff nurses and risk for practice error.

The project goals are to:

1. Explicate the recently developed evidence-based model of clinical education by designing and providing appropriate learning activities that promote student attainment of OCNE competencies.
2. Recommend changes in clinical education which include modified use of clinical facilities, clock-hour to clinical hour ratios, faculty workload calculations, and other factors derived from this research that may increase clinical education capacity.
3. Reduce staff nurse stress and burden associated with supervising neophytes in their clinical practice.
4. Decrease risk for practice errors during the newly designed clinical practicum as compared to the previous traditional practicum.
5. Conduct a comprehensive assessment of the new OCNE clinical education curriculum.

Target Geographic Area

This plan proposes two evaluation sites. One site is the Oregon Health & Sciences University (OHSU) campus. This OCNE campus is situated in Portland, which is the largest urban metropolitan area in Oregon. The Portland metropolitan area encompasses three counties: Multnomah, Washington, and Clackamas. The second evaluation site will be at Lane Community College (LCC). LCC is situated in Eugene, Oregon. The district served by LCC is a suburban/rural community in Lane County. LCC students reside in the mid-Willamette Valley and include several small rural townships. OCNE is a statewide consortium of nursing programs that includes eight community colleges and five regional campuses of Oregon Health & Sciences University School of Nursing. Results from this project will eventually effect delivery of all OCNE campuses which are situated throughout Oregon. In addition to the statewide effect of this project, we anticipate that there will be national impact. OCNE is currently actively consulting with Hawaii, California, New Jersey and Massachusetts. Fifteen other states have initiated contact or requested information regarding the curriculum and consortium model.

Purpose

The purposes of this project are to: (1) demonstrate a new clinical education model on two campuses of the 13-campus Oregon Consortium for Nursing Education; (2) evaluate the effects of the model on student learning outcomes, specifically safe practice, competence in clinical judgment, and transition to practice; on patient safety during clinical experiences; on staff nurse workload and stress associated with clinical education of pre-licensure students; and on clinical faculty workload and effectiveness; (3) explore the regulatory implications of the new model, specifically with regard to: (a) use of simulation as an integral component of clinical

education; (b) balance of direct client care with other types of clinical learning activities; (c) requirements for clock hours vs. competency; and (d) regulation of faculty supervision.

Literature Review

Numerous reports published in the last decade call for significant reform in health professions education. Reports by the IOM (Adams, Greiner & Corrigan, 2004; Kohn, Corrigan and Donaldson, 2000; Greiner & Knebel, 2003; Institute of Medicine, 2001) point to huge gaps in care provided, significant prevalence of medical error and the lack of preparation of health professionals in interdisciplinary team work, systems thinking, use of information systems, and patient-centered care. Burgeoning medical technologies, advances in pharmaceutical treatments, shortened length of hospital stays with a dramatic increase in requirements for community-based care, have all dramatically changed the face of nursing practice in acute care settings and increased demand for nurses to be competent in care outside the hospital setting. Changing demographics have also significantly influenced nursing practice (Greiner & Kenbel, 2003). Americans are living longer, and the prevalence of chronic conditions is rising. By the year 2030, there will be 70 million people over the age of 65. An estimated 125 million Americans already have one or more chronic conditions, and more than half of these people have multiple complex chronic conditions (Greiner & Knebel, 2003).

The enormous changes in health care and nursing practice require that graduates attain competences that were unfamiliar just a few years ago. Nursing students must learn to recognize, interpret, and respond to each patient's multifaceted physical, emotional, and spiritual reactions to disease and treatment in an industry that will continue to change and expand. They must learn to make sound clinical judgments based on the best available evidence, knowledge acquired from experience and a deep understanding of the patient experience. They must learn to facilitate

human connection in the midst of a technological and market-driven health care system (Benner, 2004; Benner, Tanner, & Chelsa, 1996; Dreyfus & Dreyfus, 1996; Eoyong, 2001). Students must learn to assist patients in recovering from complex illness and use information technology to provide best practices when providing care for patients across the lifespan, including palliative and end-of-life care (NCSBN, 2006; Tanner, 2006a). In addition, the nurses' use of rapidly changing and complex technology is expected in almost every health care setting. Nursing students must learn to integrate knowledge and skills as they support patients' efforts to achieve an optimal level of functioning in the context of community settings, not just hospital-based acute care settings (Quinless & Elliot, 2000).

Despite these changes in nursing practice, and the need for nurses with advanced competencies in practice, nursing education has been slow to respond (McEwen & Brown, 2002). Authorities contend that new nurses enter practice feeling unprepared and they report that employers rank the preparation for new RNs as inadequate in many areas (NCSBN, 2004). Specifically, new graduates are under-prepared to respond to emergency situations, supervise care provided by others, manage medication administration for multiple patients, communicate with physicians regarding patient conditions and perform complex psychomotor skills (Joint Commission on Accreditation for Healthcare Organizations, 2002; NCSBN, 2004). A recent national survey indicated that employers rank critical thinking, or clinical decision-making, as the most important skill set needed in new graduates (NCSBN, 2004). The Joint Commission of Accreditation of Healthcare Organizations (JCAHO, 2002) described a "continental divide" (p. 30) between nursing education and practice, suggesting that nurse educators are teaching to the health care environment of yesterday.

Multiple authorities describe shortcomings in clinical education (Benner & Sutphen, 2006; Benner & Sutphen, 2007; Ferguson & Day, 2005; Tanner, 2002, 2006a; Welk, 2002). Despite increased patient acuity and shortened length of stay in hospitals, and increasing demand for nurses to practice in community based settings, the dominant practicum experience is providing basic care for one or more hospitalized patients. In a provocative future thinking op-ed, nurse theorist Porter-O'Grady (2001) asserted that despite the evidence that registered nurses are practicing in an era of profound change, nurse educators continue to use "...resident, bed-based nursing care fundamentals as the foundation for basic nursing education" (p. 185). A recent review of literature confirmed that much of the evidence that nurse educators use to design clinical education experiences are derived from their own experience (Ferguson & Day, 2005), and minimal research has been done to support current or new approaches in nursing education (Diekelmann & Ironside; Tanner 2006a). The current time-honored approaches to clinical nursing education are no longer adequate as they lack evidence-based learning experiences that assist students to connect theoretical concepts and factual knowledge with their practicum experiences (Bellack, 2005; Brancato, 2006).

There is little research on clinical education to guide the kind of changes needed. National Council of State Boards of Nursing (NCSBN, 2006) provided a comprehensive review of the literature, describing the characteristics of curriculum, faculty and teaching methodologies that have been associated with better learning outcomes. The evidence-based elements recommended for nursing education were organized into five areas: adjunctive teaching methods, assimilation to the role of nursing, deliberate practice with actual patients, faculty-student relationships, and teaching methodologies (NCSBN, 2006). The evidence presented in this NCSBN paper indicates that (a) combining simulated learning experience, with traditional and

online strategies lead to better outcomes; (b) novice nurses must become assimilated to their role as a professional nurse and that well designed transition programs facilitate that process; (c) interactions between faculty and students play a significant role in student learning; and (d) faculty members must be knowledgeable in education strategies.

A broad base of research on learning provides some guidance to the development of a clinical education model by providing insights into how experts develop the understanding needed to solve problems in complex and dynamic contexts. (Bransford et al, 2000 Pellegrino, Chudowsky, & Glaser, 2001) Bransford and associates (2000), as well as others, advocate for real-world experiences focused on development of complex thinking in the context of a learning community. Frequent learning assessment is critical to include in the design of sound educational experiences and include both teacher facilitated assessment activity and frequent self-assessment. Planned self-assessment is important to assist learners to develop metacognitive skills that are used in reflective practice (Bransford; 2000; Kuiper & Persut, 2004; Pellegrino, Chudowsky, & Glaser, 2001).

The National Council State Board of Nursing in a recent position paper (2005) confirmed that clinical education has become increasingly complex and declared that member boards of nursing must support "...inclusion of planned, structured supervised clinical instruction across the lifespan..." (p. 3). The NCSBN report also described the emerging use of well designed simulated experiences as a complement to clinical experiences and acknowledges more research is needed to identify best practices of this emerging modality of clinical instruction. Traditional clinical education cannot assure that every student will encounter crucial experiences that will likely be confronted in practice. This concern is common in many health care profession's education and is referred to as "education by random opportunity" (LeFlore et

al., 2007, p. 170). Medical simulation is one mechanism that is increasingly being used to bridge this gap. Simulation in nursing education is being used to complement traditional clinical education and provides learning and practice opportunity in a near authentic environment using human patient simulators. In addition, simulation is a tool that provides case-based learning in an environment that allows for deliberate practice of both technical and cognitive skills (Ericsson, 2004). The debriefing that is incorporated into simulation experiences also facilitates planned opportunity for reflective practice (Decker, 2007).

The use of simulation in nursing education is burgeoning, while simulation research is still in its infancy. Research in medical simulation (Issenberg, et al., 2005; Salas, et al., 2005), work by Jeffries (2005) and a recent multi-site study (Jeffries, 2007) provide some guidance for best practices in simulation. An instrument developed by Lasater (2007b) measuring performance in clinical judgment in the simulation environment has been used in subsequent studies, and undergone further construct validation. Based in Tanner's model of clinical judgment (Tanner, 2006b), Lasater's tool is being used extensively in Oregon's pre-licensure nursing education programs. Nurse educators report the instrument allows students opportunity to self-assess their performance in the simulation laboratory and, when used by faculty and preceptors, provides a means to communicate with students regarding their development of clinical judgment (Lasater 2007b). Several other theoretical models and studies have identified promising practices to use when facilitating the reflective practices often referred to as debriefing in simulated learning experiences (Decker, 2007; Rudolph et al, 2007; Fanning & Gaba, 2007). This research may also extend to identifying best practices for promoting reflective practices in other clinical learning environments with possible specific implications for conducting post-clinical conferences.

To summarize, the clinical practice environment is increasingly complex and the traditional model of clinical education as the only real-world learning experience is no longer adequate to prepare competent nurses. Simply expanding capacity to meet the demands of the impending nursing shortage will not adequately prepare nurses who are competent to assume the complex roles required in practice. Students need consistent exposure to patients including immersion in authentic clinical environments throughout their nursing education experience. In addition, new kinds of learning activities that take place in both the actual clinical environment and in the laboratory need to be considered and tested. The new clinical model being used and evaluated in this proposal provides an innovative and needed response to these needs.

Methodology

Project Background

The proposed project is the fifth and final step of a multiphase project to develop and test a new clinical education model. The first phase consisted of interviewing more than 700 Oregon faculty, nursing staff and nurse executives in focus groups to assess strengths and problems with the traditional model of clinical education. In the second phase of the project, through group discussions and a statewide clinical education summit, we sought consensus on the need for a new model of clinical education and on some of the key elements of that model. During the third phase, we evaluated the use of specifically designed clinical experiences that differ from the traditional total patient care model through seven pilot projects. In each project we evaluated the clinical education experience for feasibility of implementation, regulatory implications and learning outcomes. In the fourth phase, we convened a “Clinical Education Redesign Group” (CERG), which included both faculty and practice representatives. This group was given the charge to develop a new model of clinical education, using results from the first three phases,

current learning research, and their best thinking. The CERG's proposed clinical education model was disseminated to interested stakeholders for discussion and input prior to finalization.

FIPSE funding will support part of phase five of this project: implementation and evaluation of the proposed clinical education model throughout all three years of the OCNE Curriculum. Additional funding is being sought to expand the implementation and evaluation to more OCNE sites.

Research Questions

The specific research questions are:

1. Is there a difference in perceived workload for students, faculty and nursing staff between the new clinical education model and traditional clinical education as measured by:
 - a. Time spent by students in productive clinical learning activities
 - b. Time spent by faculty in planning for and implementing clinical education, and in productive instructional activities
 - c. Time spent by nursing staff in providing supervision to nursing students
2. Is there a difference in risks for and actual practice errors during traditional clinical practica and clinical learning activities of the new clinical educational model?
3. Is there a difference in perceived staff nurse burden associated with clinical education of prelicensure students between the two clinical education approaches?
4. Is there a difference in prelicensure student learning outcomes between students enrolled in the new clinical education model and those in the traditional model, as measured by:
 - a. Performance on HESI standardized specialty tests
 - b. Performance on simulation scenarios designed to assess risk for practice breakdown and performance on a measure of clinical judgment

5. Is there a difference in clinical competence immediately prior to graduation between students taught by traditional clinical education and those in the new clinical educational model as measured by preceptors and students on the NCSBN Clinical Competency Assessment?
6. How do students, nursing staff and faculty describe their experiences in the new clinical education model? What do they see as positive aspects, issues and concerns?
7. What are the regulatory implications of the new clinical education model related to
 - a. Use of simulation as an integral component of clinical education
 - b. Balance of direct client care with other types of clinical learning activities
 - c. Requirements for clock hours vs. competency
 - d. Regulation of faculty supervision (e.g. faculty-student ratio)

Design Overview

Two campuses have been selected to test the clinical education model. One is a community college partner school, Lane Community College in Eugene Oregon. The other is the main campus of OHSU School of Nursing in Portland. In a quasi-experimental, factorial design, a total of 48 students (24 students or 3 clinical groups on each campus) will comprise the experimental group. Control group I will be comprised of 48 students (24 from each campus) completing the "old" curriculum, (prior to implementation of the new OCNE curriculum), in spring, 2008. Control group II will be comprised of 48 students (24 from each campus) who are currently enrolled in the OCNE curriculum, but who have not experienced the new clinical education model.

Process data will be collected during implementation from nursing faculty, nursing staff and students using the Clinical Education Activity Survey, through focus groups and ratings on a

fidelity scale. Outcome data, including measures of specialty knowledge, clinical judgment and risk for practice breakdown will be obtained at the end of the first year and the end of the second academic quarter of the second year. Measures of clinical competency and risk for practice breakdown will be obtained from preceptors during the students' final clinical experience of the second year. Baseline data will be collected from both control groups: process data from control group II, and outcome data from both groups.

Sample & Setting

The study will be conducted on two campuses of OCNE. The major criteria for selection of the campus were: to represent both a community college and university campus in OCNE; to include both rural and urban clinical facilities with engaged clinical partners; to have access to baseline data for both pre-OCNE curriculum and pre-implementation of the clinical model.

The experimental groups will be comprised of the clinical groups of three faculty on each campus. These six faculty will be selected from those who volunteer to lead the implementation of the new clinical education model, and will be chosen based on their experience with the OCNE curriculum, completion of the OCNE faculty development series, previous experience as a clinical instructor, and evidence of creating innovative educational approaches. The students will be informed of the study and provided with a consent form. Participation will be completely voluntary. The clinical groups comprising the experimental group will be formed by randomly selecting students from those who volunteer for the study. These students will continue in an intact clinical group throughout the first six quarters of the OCNE curriculum.

The first control group is a convenience sample of 48 students (24 from each campus) enrolled in their final precepted practicum experience and who consent to participate in the study. This group will be those students who have not been exposed to either the OCNE curriculum or

Measures of Clinical Judgment and Risk for Practice Breakdown Simulation Scenarios

Three simulation scenarios will be administered to students at the end of the first year, and three additional scenarios at the end of the second quarter of the second year. The scenarios will be selected from those used in current or prior research (Lasater, 2007; Sideras, 2007; Ironside & Jeffries, 2007, personal communication) to elicit clinical judgment. At the end of the third year one complex scenario will be administered to students to rate synthesis and analysis of complex situations, as well as leadership and delegation capabilities. In each instance the full scenario and debriefing will be video recorded for later review and rating. Trained raters will evaluate the students' performance during the simulation scenario using two instruments: the Lasater Clinical Judgment Rubric and the NCSBN Risk for Practice Breakdown Scale. The Clinical Judgment Rubric is based on Tanner's model of clinical judgment (Tanner, 2006a). In previous studies, we have developed methods to train raters, and to sustain an acceptable inter-rater agreement (Sideras, 2007; Gubrud, 2007). We have also initiated construct validation of the instrument, demonstrating that it has sufficient sensitivity to distinguish between two known groups on 11 dimensions of clinical judgment (Sideras, 2007). An adaptation of NCSBN measure of Risk for Practice Breakdown will also be used to evaluate student performance during the simulation scenarios (Li, 2007). Although this instrument has been used as a self-report by new graduates, a review of the instrument by simulation specialists suggest that the items could be useful for rating students in the simulation context. We will pilot the instrument and train raters to establish a satisfactory level of inter-rater agreement.

Preceptor Evaluations of Clinical Competence and Risk for Practice Breakdown

Two instruments will be used by preceptors to evaluate performance of students during their spring quarter practicum experience. NCSBN Li's Clinical Competency Assessment, a 35-

item instrument, provides an assessment of the student's "habitual capability of applying knowledge and skills in practice" (Li, 2007). As in the NCSBN study, preceptors will be asked to rate how their preceptee functioned during the past 30 days on a continuum of "almost never" to "almost always" performed the function competently. Evidence for validity of this instrument was through an expert panel and factor analysis. The scale has excellent reliability.

Risk for practice breakdown is a 21 item instrument that has been used as a self-report measure. It will be completed by the preceptor about the preceptee, relating to the previous 30 days. We will evaluate the instrument's internal consistency reliability during the course of this study.

Independent Variable

Clinical Education Model

The OCNE Clinical Education Model is a competency-based approach to clinical education grounded in the science of learning and best practices in clinical education, including findings of the recent Carnegie Study of Nursing Education (Benner & Sutphen, 2007). It is comprised of a series of clinical learning activities purposefully designed to be appropriate for the patient population of focus and the developmental level of the student and to support attainment of required competencies. The learning activities include the traditional focused direct patient care in which the student is assigned the care of one or more clients and is accountable for the care s/he provides. In addition, the model accounts for three other types of learning activities that occur throughout the curriculum, may replace total patient care early in the curriculum when the student may not be prepared to provide such care. These include:

1. Concept-based experiences in which the student studies a particular concept of interest, assesses one or more patients in relation to this concept, developing a plan of care, then

across courses as developmental appropriate to the student. The clinical learning activities will be planned to support what is known about best practices in teaching, learning, and clinical education such as preparation for clinical, keeping the patient at the center of the experience, post-clinical reflection and debriefing, strong & supportive facilitation and coaching on the part of the teacher, and frequent assessment and feedback.

Three process measures will be used to rate the extent to which these clinical learning experiences conform to best practices.

Process Measures: Clinical Education Activity Survey

In order to monitor and accurately describe the implementation of the new clinical education model, data will be collected from students, faculty and nursing staff using both survey instruments and focus groups. Three forms of the Clinical Education Activity (CEA) Survey (one each for students, faculty and nursing staff) will be administered via Survey Monkey periodically throughout each academic quarter. The Student CEA Survey has two sections that include questions measured on a categorical scale related to: (1) the culture on the clinical unit (how welcome the students felt, and how helpful the staff were) and (2) amount of time spent in selected activities related to preparation for clinical, actual clinical experience and post clinical reflection and assignments. This survey takes about five minutes to complete and will be administered four times during each academic quarter.

The Faculty CEA Survey asks questions on a categorical scale related to (1) the type of facility and clinical experience; (2) the culture of the unit/agency; (3) the amount of time spent in activities related to relationship development, protection of patient safety, assuring that patient care was completed and/or productive instructional time. Like the student survey, this instrument will be administered four times during each academic quarter.

The Nursing Staff CEA Survey has four sections: (1) demographic questions about the nurses' clinical experience and experience working with students; (2) questions on a Likert-type scale related to stress and burden associated with having nursing students on their unit; (3) estimates on a categorical scale of amount of time spent in selected activities related to clinical instruction; and (4) questions adapted from the NCSBN Practice Breakdown survey, reporting the occurrence of any medical error related to nursing student practice. Nursing staff will be asked to complete this survey twice during the academic quarter.

Process Measures: Focus Group Interviews

Focus groups will be conducted each academic quarter with faculty and nursing students and from nursing staff randomly selected from those participating in the clinical education model. The purposes of the focus groups is to (1) ascertain the extent to which required elements of the clinical education model are being implemented, and (2) uncover unexpected experiences or consequences of the new clinical education model. Groups will be comprised of up to 6 participants. They will be asked lead questions to elicit narrative accounts of specific experiences during the course of their clinical day. Follow-up probe questions will be used to ascertain the fidelity of the clinical learning experiences to the proposed clinical education model, e.g. perception of coaching/facilitation by faculty, clinical preparation, and feedback during and after experience.

Fidelity Scale

We will develop a "fidelity scale" which outlines the required components of the clinical education model and its implementation. The fidelity scale will be used in the analysis of the focus group data to rate the extent to which the learning experiences described have stayed "true" to the model. This will be an important factor to consider in the analysis of learning outcomes.

Method of Data Analysis

The CEA surveys will be analyzed using descriptive statistics, principally frequency distributions to describe how students, faculty and nursing staff spend clinical time under the traditional and new models of clinical education. In addition, scores will be derived from these instruments for three key variables in the research questions: productive instructional time, clinical productive learning time, staff-nurse stress. Comparisons between experimental group and control group II on these variables will be made using t-tests.

Comparisons among the experimental group and the two control groups on learning outcomes (HESI content mastery tests, measures of clinical judgment and risk for practice breakdown, and clinical competency) will be made using multivariate analysis of variance. We will also use analysis of variance to make comparisons among clinical groups on learning outcomes. If we are successful in developing a fidelity scale that correlates to learning outcomes, we will use it as a covariate in this analysis.

Limitations

Limitations related to the proposed study have been identified. First, the sample size will be small and also will be limited to include faculty, students and staff nurses from just two of the thirteen OCNE campuses. Several OCNE campuses serve rural/frontier populations and face challenges related to clinical education which the two sites proposed in the study do not experience. The limitation of implementing the project on just two campuses may not adequately inform proposed replication strategies on small rural campuses. We are working with additional funders to expand this study to include the remaining campuses.

Second, this study design poses threats to internal validity characteristic of a quasi-experimental design in which we cannot randomly assign students to experimental and control

groups. We are able to control for campus effect by having baseline data from cohorts on the same campus. Through our analysis we will also control for the effect of individual clinical faculty/clinical groups. However, there is a chance that there may be differences between experimental and control groups other than the experimental treatment.

Finally, most of our instruments have been used in prior research and have satisfactory reliability and validity. However, the process measures were developed by the investigators and have not been rigorously evaluated. They will be pilot tested during the first quarter of the study period.

Work Plan

The work plan is outlined below indicating the primary activity and the lead(s) responsible for ensuring the activity is carried out. Though additional personnel will be involved in each of these activities (i.e., faculty, students, clinical partners, staff nurses), only the project leads are indicated here.

Activity	Lead Personnel	YR 1	YR 2	YR 3
Pilot CEA Surveys	Gubrud	1 st qtr		
Develop Clinical Ed Curric.	Lynch	Yrs 1-3 developed		
Select Simulation Scenarios	Gubrud	Yrs 1-3 selected		
Baseline Performance Measures Collection Control 1	Tanner	CC, RPE, SIM, HESI		
Baseline Process Measures Collection Control 2	Gubrud	CEA		
Baseline Performance Measures Collection Control 2	Gubrud & Schoessler	SIM, HESI, CC, RPE		
Develop Fidelity Scale	Tanner	1 st qtr		
Implement Curriculum	Lynch	HP, C-I, A-I	A-II, C-II, IP1	PE, EPI, LS, IP2
Collect Process Measures for Intervention Group	Gubrud	CEA, FG/FS	CEA, FG/FS	CEA
Collect Performance	Gubrud &	SIM, HESI	SIM, HESI,	SIM, CC,

Measures for Intervention Group	Schoessler		CC, RPE	RPE
Training/rating simulations for control & intervention groups	Tanner		1st qtr	1st qtr
Data Analysis	Perrin		Yr 1 1st qtr	Yr 2 1st qtr, Yr 3 4th qtr
Write Final Reports	Lynch			4th qtr

Instrument Codes:

CEA: Clinical Education Activity Surveys completed by students, faculty and nursing staff
 CC: Clinical Competence Measure completed by preceptors
 RPE: Risk for Practice Errors completed by preceptors
 SIM: Simulation scenarios to test for clinical judgment and risk for practice error
 HESI: Standardized, multiple choice content mastery tests
 FG/FS: Focus groups with students, faculty and nursing staff; fidelity scale based on rating of FG responses

Course Codes: (note, only courses with clinical credits are included in this project)

HP: Health Promotion – (4 theory, 5 clinical credits)
 C-I & C-II: Chronic Illness Management I (3 theory, 3 clinical credits) & II (4 theory, 5 clinical)
 A-I & A-II: Acute Care I (3 theory, 3 clinical credits) & II (4 theory, 5 clinical)
 PE: Population-based Chronic Illness (4 theory, 5 clinical credits)
 LS: Leadership (5 theory, 5 clinical)
 IP1: Integrative Practicum (9 clinical credits) for Associate Degree Students
 IP2: Integrative Practicum (18 clinical credits) for Bachelors Degree Students

Sustainability and Dissemination of Results

All core project personnel in this proposal are heavily involved in development, training, and delivery of the OCNE curriculum and will continue to be involved beyond the length of this project. Furthermore, all core project personnel are frequent contributors to journals and presenters at both conferences and government and legislative committees. Finally, as stated earlier in the proposal, OCNE is currently actively consulting with Hawaii, California, New Jersey and Massachusetts. Fifteen other states have initiated contact or requested information regarding the curriculum and consortium model. We will continue to share our materials, findings, study results, and processes with other states and their nursing programs.

Project Narrative

Other Narrative

Attachment 1:

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APPENDICES

Clinical Education Redesign and Evaluation Project **Maggie Lynch**

- A. Project Evaluation Chart**
- B. Narrative Summaries of Key Personnel**
- C. Letters of Support**
- D. References Cited**

Appendix A
Project Evaluation Chart

Project Evaluation Chart

Project Goals	Evaluation Measures
Design clinical learning activities integrated with OCNE curriculum and explicating new clinical education model	<ol style="list-style-type: none"> 1. Development and implementation of clinical activities within curriculum. 2. Development and implementation of Simulation activities within curriculum.
Recommend changes in clinical education which include modified use of clinical facilities, clock-hour to clinical hour ratios, faculty workload calculations, and other factors	<ol style="list-style-type: none"> 1. Clinical Education Activity Surveys completed by students, faculty and nursing staff 2. Clinical Competence Measure completed by preceptors 3. Focus groups with students, faculty and nursing staff
Reduce staff nurse stress and burden associated with supervising neophytes in their clinical practice	<ol style="list-style-type: none"> 1. Nursing Clinical Education Activity Survey. 2. Focus groups with nursing staff
Decrease risk for practice errors during the new clinical practicum as compared to the previous traditional practicum	<ol style="list-style-type: none"> 1. Risk for Practice Errors completed by preceptors
Conduct a comprehensive assessment of the new OCNE clinical education curriculum	<ol style="list-style-type: none"> 1. Clinical Education Activity Surveys completed by students, faculty and nursing staff 2. Clinical Competence Measure completed by preceptors 3. Risk for Practice Errors completed by preceptors 4. Simulation scenarios rated to test for clinical judgment and risk for practice error 5. HESI standardized, multiple choice content mastery tests 6. Focus groups with students, faculty and nursing staff; fidelity scale based on rating of FG responses
Sustainability within OCNE	OCNE has already determined that clinical education must change. Assuming the model is successful, the sustainability is assured as the OCNE agreement among all institutions is to have the same curriculum, goals, and outcomes throughout the state.

Replication to all 13 OCNE colleges	Faculty and managers involved in study for two colleges will report during statewide faculty meetings on development, process, and implementation.
Replication outside of Oregon	Continuation of consulting with states requesting information. Sharing of study results, instruments, and findings.

Note: Specific timelines, personnel assigned and years of implementation are provided in the Work Plan section of the Program Narrative.

Appendix B
Narrative Summaries of Key Personnel

NARRATIVE SUMMARIES OF QUALIFICATIONS OF KEY PERSONNEL

Principal Investigator Dr. Maggie McVay Lynch

Dr. Lynch is the Director of Statewide Teaching and Learning Services at Oregon Health & Science University. Her team provides faculty development and instruction in the tools, pedagogy and assessment of developing and implementing curriculum. She also teaches courses on Educational Assessment for the Masters of Nursing Education program. She has received two distinguished visiting professorships:

- Distinguished Visiting Professor, Ruth Neil Murry Award for Innovation, University of Tennessee. Where she provided training to College of Nursing faculty for enhancing their online curriculum for R.N. bachelor's programs through Physician Assistant programs.
- Distinguished Visiting Professor, University of Colombo, Sri Lanka, where she worked to set up rural K-12 teacher education programs through online and distance learning, including both certified and paraprofessional teacher programs. She also trained medical and nursing faculty to develop online and distance learning programs for rural medical personnel.

Dr. Lynch has been involved with many successful grant funded projects in her 25 years in education. She has been a PI or Co-PI on over 7 grants including PEW, LAAP, FIPSE, Sloan, and two grants with the Oregon Department of Human Services. She is a key member of the Oregon Consortium for Nursing Education (OCNE) Project Team which is transforming nursing education in Oregon and around the United States. She is also currently the PI on a Promise for Nursing grant.

In addition to her academic career as an instructor and administrator, Dr. Lynch is a well-sought consultant for educational institutions looking to offer online options for students. She has consulted extensively throughout the Midwest and Southeast. Today, Dr. Lynch is recognized as one of the leading researchers and implementers in learning object development and scalability. As a leader in the field, she continues to be asked to be a keynote speaker at conferences in her field and to consult with other institutions, both domestic and abroad. Her current research interests include learning object development and effective implementation in a multi-institutional scalable environment; instructional and learning transformation through the effective use of technology; and student and faculty readiness for online teaching and learning.

Dr. Lynch is also well-published in teaching and learning with over 46 publications, including four textbooks that are currently used in graduate education courses around the world.

**Co-Principal Investigator
Dr. Paula Gubrud-Howe**

Dr. Howe has been in nursing for nearly 30 years. She has nearly 20 years as a staff nurse and also 20 years in academia, often combining both careers. She is currently the Project Director for the Oregon Consortium for Nursing Education (OCNE) at Mt. Hood Community College in Gresham, Oregon. She is also a key member of the OCNE Project Team, with a specialization in clinical education. In addition to teaching, Dr. Howe served as the Dean of Allied Health at Mt. Hood Community College until 2006.

For the past year, Dr. Howe has been leading the OCNE Clinical Education Redesign Group—a group of 12 schools in Oregon along with clinical partners from around the state—in devising a model for clinical education that meets the needs of students and agencies now and into the future. That group completed their work in April 2008 and is now piloting the first implementations of that model.

Dr. Howe has concentrated her research in the area of simulation both for OCNE and as a consultant around the United States. She is deeply involved in the development of simulation technology in all phases of medical education. Her approach is to work with others to create multi-disciplined, cross-professional opportunities for students in both undergraduate and graduate environments.

Howe has many peer-reviewed publications in the field of nursing education and continues to be a sought after contributor to conferences.

**Co-Principal Investigator
Dr. Chris Tanner**

Dr. Chris Tanner is the Youmans-Spaulding Distinguished Professor at Oregon Health & Science University School of Nursing and directs the postmasters' certificate program in Nursing Education and the Masters in Nursing Education programs. She served in a variety of roles at OHSU including Director, Office of Research Development and Associate Dean for the Statewide Undergraduate Program, and is currently one of the leads in the development of the innovative Oregon Consortium for Nursing Education.

Dr. Tanner was the author of the 2001 study *Oregon's Nursing Shortage: A Public Health Crisis in the Making*. Since 1991 she has served as the Senior Editor of the *Journal of Nursing Education*.

For over 30 years Tanner has conducted research on clinical judgment in nursing, culminating in numerous journal publications and four books, including the award winning *Expertise in Nursing Practice: Caring, Clinical Judgment and Ethics*, co-authored with Patricia Benner and Kit Chesla. She is the 2005 recipient of the National League for Nursing Excellence in Nursing Education Research and has consulted nationally and internationally with schools of nursing on clinical judgment, nursing education research and curriculum development. As a former coronary care nurse, Dr. Tanner currently is a volunteer nurse at the YMCA Cardiac Rehabilitation Program.

Dr. Tanner has led the Oregon Consortium for Nursing Education (OCNE) curriculum development effort. In addition to her consulting for OCNE around the United States, she has conducted numerous workshops on nursing education and clinical judgment throughout the U.S. and Canada.

With over five million dollars in grant funded projects in just the past six years, Dr. Tanner has added to her long and successful career as a PI or Co-PI on projects. These most recent grants have been with the Ford Family Foundation, Meyer Memorial Trust, James and Marion Miller Foundation, Kaiser Permanente Northwest, Northwest Health Foundation, William Randolph Hearst Foundation, and the HRSA Division of Nursing.

**Co-Principal Investigator
Dr. Mary Schoessler**

Dr. Schoessler is the Director of Nursing Education at Providence Portland Medical Center, Portland, Oregon. As a nurse for over 25 years and as an educator, Schoessler has been a critical link on the Oregon Consortium for Nursing Education (OCNE) project team. She has been the liaison to hospitals, clinics, and community health centers and offered an understanding of the day-to-day needs of staff nurses in these agencies.

She has also served as the Co-Project Director for the OCNE Clinical Education Project which brought together faculty and nursing agencies to devise a model for clinical education for now and the future. She helped to select the pilot projects to prove the model and is integral in the current implementation of the model.

Dr. Schoessler also serves as a leader in Nursing through both publications and committee membership. Since 2006 she has served on the Oregon State Board of Nursing Task Force on Division 21 Nurse Practice Act. She is also on the Editorial Board for the *Journal for Nurses in Staff Development*, and is a Column Editor in that same Journal. Her peer-reviewed journal articles include many on the topic of preceptorship and the development of experienced registered nurses.

**Evaluator / Statistician
Dr. Nancy Perrin**

For the past seven years Dr. Perrin has served as the Affiliate Investigator at the Center for Health Research, Kaiser Permanente Northwest, Portland, Oregon. She is also a Professor and Director of the Statistics Core for the School of Nursing, Oregon Health & Sciences University. Her research interests include mathematical models of perception, quantitative methods, and mental work-load.

Dr. Perrin has participated in multiple study evaluations and authored many papers around medical interventions, predictive modeling on self-report instruments, cost effectiveness of programs in public health, and ongoing policy analysis. Her research funding as a PI or Co-PI is also long including funds from NIMH, NICHD, the American Cancer Society, NCRR, NINR, NIDDK, NHLBI, and the Policy Analysis Institute.

Appendix C
Letters of Support



Maggie Lynch, EdD
Director, Teaching Learning Services
Oregon Health & Science University
School of Nursing
Portland, OR 97239

Dear Dr. Lynch:

This letter is in support of your proposal for "Clinical Education Redesign and Evaluation" that you are submitting to FIPSE. I strongly endorse this project, and look forward to Lane Community College as a site for the project.

As you know, I have served on the Clinical Education Redesign Group that has been hosted by the Oregon Consortium for Nursing Education. This work is vital for increasing education capacity in schools of nursing throughout Oregon. We have vetted the proposed model widely in the state and expect to reach consensus at our statewide Clinical Education Summit to be held in mid-May. The model has been well-received; we predict that this will make better utilization of scarce clinical and faculty resources. It is critical that we evaluate the effectiveness of the model in helping students achieve clinical competency.

I wish you great success in your proposal.

Sincerely,

A handwritten signature in cursive script, appearing to read "Julia Munkvold".

Julia Munkvold, RN, MS
Nursing Program Coordinator
Lane Community College
Eugene Oregon 97405



111 E. Wacker Drive, Suite 2900
Chicago, IL 60601-4277

312.525.3600
www.ncsbn.org

Maggie Lynch, EdD
Director, Teaching Learning Services
Oregon Health & Science University
School of Nursing
Portland, OR 97239

May 2, 2008

Dear Dr. Lynch:

This letter is in support of your proposal for "Clinical Education Redesign and Evaluation" that you are submitting to FIPSE. I strongly endorse this project as it is critical to increasing capacity in schools of nursing.

The Oregon Consortium for Nursing Education is nationally recognized as an innovative model for increasing capacity and improving quality of nursing education. As part of this major effort, Oregon leaders are proposing a new clinical education model that I believe has the potential for improving the quality of clinical education. The National Council of State Boards of Nursing is the membership organization for the regulatory boards of nursing in each state. These boards have authority for regulation of nursing licensure and, in most states, for approval of nursing programs leading to licensure. The regulatory authority is rooted in protection of public safety, and clearly clinical education is a significant component of this responsibility.

The National Council of State Boards of Nursing has conducted national surveys of newly licensed registered nurses and has found a number of issues in their preparation for practice, including the lack of opportunities to collaborate with the interdisciplinary team and a lack of understanding of their role in delegation and supervision. Indeed, there has been very little research on clinical education in nursing; the basic model for clinical education has been in use for over 50 years, with little change despite the enormous changes in clinical practice environment. The proposed clinical education model is designed to making better use of clinical faculty and student time, as well as better utilization of the available clinical sites. The proposed project will provide information that is critical to nursing education nationally.

I wish you great success in your proposal.

Sincerely,

Nancy Spector, PhD, RN
Director of Education

**OREGON CONSORTIUM FOR NURSING EDUCATION
INTERGOVERNMENTAL AGREEMENT**

This Agreement is among Oregon Health & Science University (OHSU), Blue Mountain Community College, Clackamas Community College, Lane Community College, Mt. Hood Community College, Rogue Community College, Southwestern Oregon Community College, and Umpqua Community College (Collaborating Community Colleges); hereinafter, the parties are jointly referred to as OCNE Schools.

Whereas, the OCNE Schools seek to promote the successful education of students who enroll in the Oregon Consortium for Nursing Education Program (OCNE Program) at their respective institutions; and

Whereas, the primary purpose of the OCNE Program is to develop and maintain a shared nursing curriculum;

Therefore, OCNE Schools agree to the following goals, terms and conditions:

1. PURPOSE AND GOALS

- A. Each Collaborating Community College will award the Associate Degree in Applied Science in Nursing and OHSU will award the Bachelor of Science Degree with a major in nursing.
- B. This Agreement and its Appendices will provide for:
 - (1) shared admission and progression standards
 - (2) co-admission to the nursing program at both the Collaborating Community College and OHSU (co admission is an agreement that applicants admitted to a Collaborating Community College school would be accepted by transfer to OHSU without an additional competitive application process
 - (3) dual enrollment (concurrent enrollment in two or more schools in the same term) as needed for students to complete the program
 - (4) cooperative arrangements to facilitate financial aid to eligible students
 - (5) efficient and effective use of resources at all OCNE Schools.

2. ACADEMIC AFFAIRS

- A. Curriculum.
 - (1) The nursing faculty of the OCNE Schools (OCNE Faculty), through the inter-institutional OCNE curriculum committee comprised of representatives of the OCNE Schools, have recommended a design for the nursing curriculum.

- (2) The curriculum must be approved and implemented by each OCNE School pursuant to each schools' usual academic review process.
 - (3) Each OCNE School will identify and charge to the appropriate faculty, committees and/or administrative personnel to determine content, chronology of content, or scheduling of specific courses to implement the shared curriculum on its campus.
 - (4) The inter-institutional OCNE curriculum committee shall evaluate, monitor and recommend changes to the shared curriculum.
- B. Options.** Collaborating Community Colleges shall offer students three options for completion of the OCNE Program:
- (1) Completion of six terms in the nursing program, graduating with an Associate of Applied Science (AAS) Degree.
 - (2) Completion of the AAS Degree, and progression to the final four terms for a Bachelor of Science Degree.
 - (3) Completion of the first five terms in the nursing program and progression to the final four terms for a Bachelor of Science Degree without completion of an AAS Degree.
- C. Student Evaluation.** Nursing faculty at each OCNE School will implement measures to assure that students meet the designated benchmarks developed by the OCNE faculty in order to progress and to graduate. Benchmarks are a designation of the competency levels required for progression of students at specific points in the program, usually at the end of the academic year.
- D. Policy Development.** Subject to approval by nursing faculty and academic administrators of each OCNE school, the OCNE faculty will develop and maintain academic policy and procedures necessary or convenient to implement the shared curriculum and recommend such policies and procedures for adoption to the nursing faculty and academic administration of each OCNE School. These policies and procedures must be in accord with applicable standards and requirements of the Oregon State Board of Nursing, the Oregon Boards of Education and Higher Education, the national nursing accreditation bodies, and the Northwest Commission of Colleges and Universities.

3. ADMISSIONS

- A.** The OCNE Schools agree to develop a common set of admission standards, criteria and procedures to be used by students at an OCNE school desiring to access the shared nursing curriculum. Such agreed upon standards, criteria and procedures shall be made an appendix to this Agreement. It is understood that these standards and procedures will need to accommodate OHSU requirements for admission into OHSU including, but not limited to,

background check requirements. Applications will be evaluated and admissions decisions will be made by each school's faculty and admissions administration according to standards and criteria established under this paragraph and adopted by each OCNE School. Student applicants who demonstrate successful completion of nursing prerequisite courses shall be eligible to apply to one or more OCNE Schools. Decisions on approval or denial of an admission will be made through processes, persons or committees designated by each OCNE School.

- B. Students who meet progression standards developed and agreed to by OCNE Schools will automatically be eligible for OHSU enrollment without a separate application review process. Agreed upon progression standards shall be in writing and attached to this Agreement as an appendix. Collaborating Community Colleges will identify students who meet progression standards and will facilitate their transfer, including student records, to OHSU.
- C. OHSU and each Collaborating Community College reserves the right to determine whether to assess an application fee, and if so, will set the amount of the fee to support its application review process.
- D. OHSU reserves the right to determine whether to assess a transfer fee, and if so, will set the amount of the fee to support the transfer process.
- E. As a condition of admission and to the extent permitted by law, OCNE Schools shall require students enrolled in the program to consent that their student records will be shared between and made available to each OCNE School as necessary to facilitate transfer and financial aid administration.

4. TUITION AND FEES

- A. Tuition and fees will be assessed based on the courses for which students register. Each Collaborating Community College shall determine and assess tuition and fees for its courses; OHSU will determine and assess tuition and fees for its courses. The institution that received the tuition and fees will be responsible for withdrawals and refunds in accordance with its policies
- B. Tuition will be assessed at resident or non-resident rates as determined by the residency classification requirements of the institution in which the student enrolls.
- C. Students shall pay the appropriate tuition and fees as charged by the OCNE School(s) in which they are registered. When students are registered in OHSU and are receiving services at a Collaborating Community College, they shall be assessed and pay all applicable fees on the same basis as such fees apply to other students at the Collaborating Community College.

5. STUDENT SERVICES

- A. Access to Services.** Students in an OCNE school shall have access to student services provided at the Collaborating Community Colleges and OHSU on the same basis as those institutions provide such to other students at their schools when they are enrolled in those schools and pay applicable tuition and fees.
- B. Accommodations for Students with Disabilities.** Accommodations for students with an ADA/504 qualifying disability will be coordinated by the applicable Collaborating Community College in consultation with OHSU Office for Student Access. Each OCNE School will make the final determination regarding eligibility and appropriate accommodations, and bear the costs for accommodations for its courses. Accommodations which require physical changes to facilities where costs are involved will be the responsibility of the institution where those facilities are located. Accessibility to programs, activities and other events outside of the instructional program will be the responsibility of the institution sponsoring those events. The OCNE Steering Committee, the Collaborating Schools' Disability Services Offices, and the OHSU Office of Student Access shall develop jointly procedures and guidelines to serve students with disabilities in accordance with this Agreement. Such procedures and guidelines shall be made an appendix to this Agreement.
- C. Health Service and Health Insurance.** Students in the OCNE Program will be required to participate in the student health service provided by the Collaborating Community College at which the student is registered according to the policies of that school. OHSU enrolled students at each campus will also be required to purchase major medical insurance as required by OHSU.
- D. Compliance.** OCNE students will be required to comply with the policies generally applicable to students of each institution in which they are enrolled including, but not limited to such policies as those concerning immunizations and background checks.

6. REGISTRATION AND STUDENT RECORDS

- A.** Students who are admitted to a Collaborating Community College will register for nursing courses through the regular registration process at that school for the first 5-6 terms. After transfer to OHSU enrollment for the upper division work, students will register for nursing courses through OHSU. Students will register for arts and science (non-nursing) courses using the registration process where the course is being offered.
- B.** The Registrar's Office at each OCNE School will maintain student records for courses taken at their institution. Students will be included in the student/FTE count for the school in which they are registered.

- C. The OCNE Schools will work toward developing electronic data interchange (EDI) information technologies. Any such interchange shall be in writing and made an appendix to this Agreement.

7. FINANCIAL AID AND SCHOLARSHIPS

- A. All students in the OCNE program shall be eligible to apply for financial aid in the same manner as other students enrolled at an OCNE School. Financial aid may only be dispensed at the OCNE School in which the student is pursuing a degree, i.e. at the Collaborating Community College during the first five to six terms depending on the degree option selected by the student, and at OHSU during the final four terms following transfer to OHSU for the baccalaureate option.
- B. Students will be subject to the financial aid policies and procedures of the OCNE School evaluating and awarding financial aid.
- C. Student data for financial aid will be shared between institutions using the data information system called Oregon Financial Aid Exchange (OFAX). Compliance information and end-of-term information will be shared between Financial Aid Offices at each institution according to terms of a separate agreement agreed to by the OCNE Schools and added as an appendix to this Agreement.

8. STUDENT RIGHTS, GRIEVANCES AND CONDUCT

- A. **Privileges.** Students in the OCNE Program shall be awarded the same rights and privileges as other students on the campus at which the student is physically present throughout the program. In addition, OHSU enrolled students shall have the same rights and privileges on the same terms as other students on the OHSU campuses including, but not limited to, representation or participation on committees, councils and task forces of the school of nursing and the university.
- B. **Grievances.** Complaints or grievances against or involving OCNE School administration, faculty, staff, services or facilities will be processed and cared for pursuant to the applicable institutional process or grievance procedure in place at the school about whose administration, faculty, staff, services or facilities they are complaining.
- C. **Conduct.** Alleged violations of an OCNE School's standards or policies will be addressed through processes, procedures and sanctions of the school whose standards or policies are alleged to have been violated. OHSU and the Collaborating Community College will coordinate and share information regarding misconduct proceedings to the extent permitted by law.

9. FACULTY

- A. **Faculty.** Faculty of each Collaborating Community College will provide instruction for courses for the first five terms of the nursing curriculum, and

the sixth term for students who opt to complete the AAS Degree. In spring or summer term, year 2 of the nursing curriculum, students who progress to complete the Bachelor of Science degree will become students of OHSU and faculty of OHSU will provide instruction.

- B. **Adjunct Faculty.** A faculty member of any OCNE School may apply for consideration to be an adjunct or have a joint appointment at another OCNE School. Such a request shall be subject to the policies and procedures of the school requested to provide the appointment.

10. ADMINISTRATION AND FINANCE

- A. **Space and Services.** Use of office space, classrooms, laboratories, and other facilities and services will be negotiated as needed among OCNE Schools.
- B. **Library.** Each Collaborating Community College is responsible for providing a local library collection of resource material for the OCNE program in consultation with its nursing faculty. Students, staff and faculty in the OCNE Program will have the same access to the local campus library and its services and at the same cost as any students, staff and faculty on the respective school. All OHSU enrolled students will have access to the OHSU library and its services under the same policies as students, staff and faculty on the OHSU Portland campus.

11. MISCELLANEOUS

- A. **Authority.** OHSU has not granted or delegated any of its powers, statutory, implied, administrative, managerial or otherwise, to the Collaborating Community Colleges. This Agreement in no way confers upon the Collaborating Community Colleges the right to possess, use or control OHSU's property, except as has been agreed to herein, and as may be required to perform its obligations under this Agreement. Similarly, it is understood that the Collaborating Community Colleges have not granted or delegated any of their powers, statutory, implied, administrative, managerial or otherwise, to OHSU, nor does this Agreement confer upon OHSU the right to possess, use or control the Collaborating Community Colleges' property, except as has been agreed to herein, and as may be required to perform its obligations under this Agreement..
- B. **Liability.** Each party will be responsible for its tortious acts and those of its officers, employees, or agents, except to the extent that Oregon law limits the liability of a public institution, its officers, agents and employees.
- C. **Relationship.** OCNE Schools intend that each party's relationship to the other at all times and for all purposes under this Agreement is to be that of independent contractor. Neither is considered an agent or employee of the other for any purpose, and no party nor any of its agents, employees, or students is entitled to any of the benefits that the other provides its employees, except as specifically provided otherwise in this Agreement. This

agreement shall not create any rights in any third parties, specifically any students participating in the program. The only parties to this agreement are OCNE Schools.

- D. **Dispute Resolution.** The OCNE Schools agree that they will attempt to resolve any dispute between them arising out of or related to this Agreement at the lowest appropriate level of administration possible. If a dispute continues to be unresolved, the Deans for each affected party shall be advised of the issue and shall meet to negotiate an acceptable resolution.

12. TERM AND TERMINATION

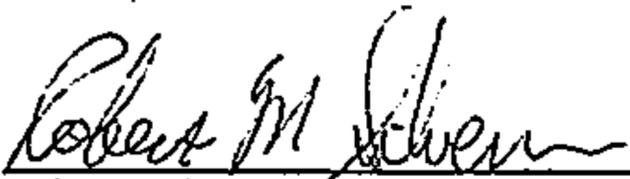
- A. This agreement shall become effective upon approval by OHSU and the eight Collaborating Community Colleges and will be implemented by OCNE Schools under a phased plan for curriculum implementation.
- B. Amendments to this agreement and its appendices must be in writing and approved by the designated representative of each OCNE School.
- C. Any party to this Agreement may terminate its participation in the Agreement with any other party by providing 6 months prior notice to the other party. A termination under this paragraph shall not terminate either parties' participation in this Agreement with the other parties to the Agreement.
- D. This Agreement shall be reviewed every three years and will automatically renew for a successive three year term unless a party to the Agreement, at least six months prior to the end of a term, gives notice of its intent to terminate the Agreement.
- E. In the event of termination under either paragraph C or D of this section, all affected parties will strive to meet commitments made to the then currently enrolled students in the program.

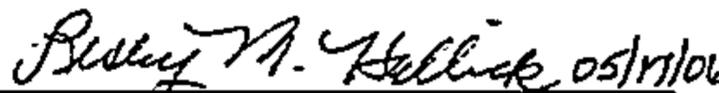
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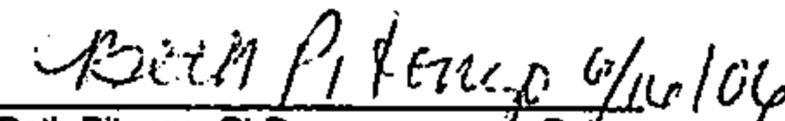
Oregon Health & Science University
3181 SW Sam Jackson Park Road
Portland Oregon 97239

Mt. Hood Community College
26000 SE Stark
Gresham, OR 97030

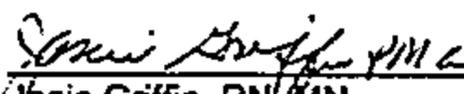

Peter O. Kohler, M.D. Date 5-24-06
President


Robert M. Silverman, PhD Date 5/24/06
President


Lesley M. Hallick, Ph.D. Date 05/11/06
Provost & Vice President for Academic Affairs

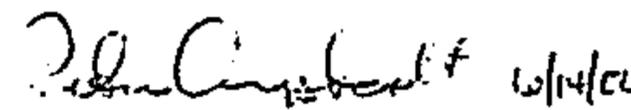

Beth Pitonzo, PhD Date 6/16/06
Executive Dean of Instruction

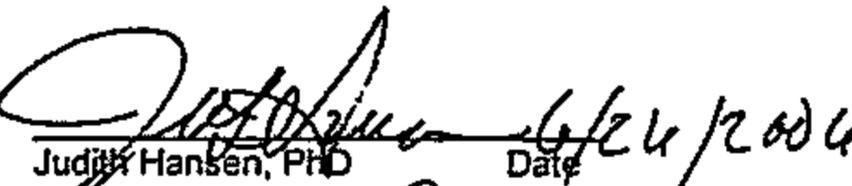

Kathleen Potempa, DNSc, RN, FAAN Date 5/17/06
Vice President and Dean, School of Nursing

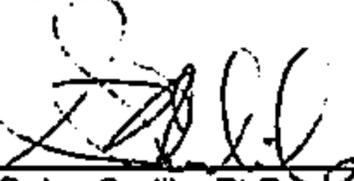

Janie Griffin, RN, MN Date 5/17/06
Interim Nursing Program Director

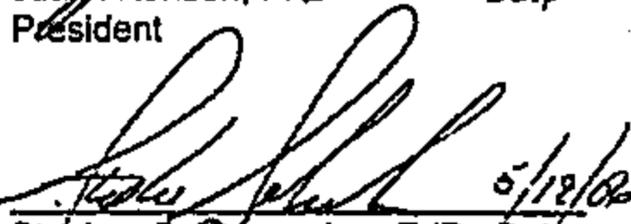
Rogue Community College
3345 Redwood Highway
Grants Pass, OR 97527

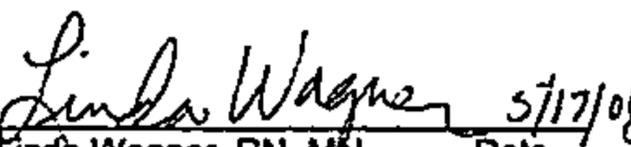
Southwestern Oregon Community College
1988 Newmark Ave.
Coos Bay, OR 97420

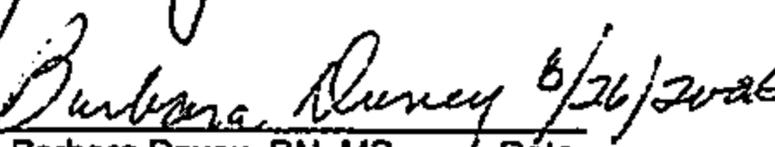

Peter Angstadt, PhD Date 6/14/06
President


Judith Hansen, PhD Date 6/24/2006
President


Galyn Carlile, PhD Date 5/19/06
Chief Academic Officer


Stephen Schoonmaker, EdD Date 5/18/06
Vice President of Instruction/Student Services


Linda Wagner, RN, MN Date 5/17/06
Nursing Department Head


Barbara Davey, RN, MS Date 6/26/2006
Director of Nursing/Coordinator Health Occupations

Umpqua Community College
1140 College Road
Roseburg, OR 97470

Blue Mountain Community College
2411 NW Cardin
Pendleton, OR 97801

Blaine Nisson 5/17/04
Blaine Nisson Ed.D Date
President

John Turner 24 May '06
John Turner, Date
President

Terry Peek 6/19/2006
Terry Peek Ph.D Date
Vice President for Instructional Services

Gary Smith 5/19/06
Gary Smith, Date
Vice President of Instruction

Sandra G. Hendy 5/17/06
Sandra G. Hendy RN MSN Date
Director of Health Occupations

Terry Vogel RN, MS 8/14/06
Terry Vogel, RN, MS Date
Nursing Program Director

Clackamas Community College
19600 S. Molalla Ave.
Oregon City, OR 97045

Lane Community College
4000 E. 30th Avenue
Eugene, OR 97405

Earl P. Johnson 5/24/06
Earl P. Johnson, PhD Date
President

Mary Spide 5-24-06
Mary Spide, Date
President

Dian Connett 5/24/06
Dian Connett, EdD Date
Dean of Instructional Services

Sonya Christian May 19, 2006
Sonya Christian, EdD Date
Vice President for Instruction & Student Services

Carol Thorn 5/17/04
Carol Thorn, RN, MS Date
Chair, Nursing Department

Julia Paschall Munkvold 5/17/06
Julia Paschall Munkvold, RN, MSN Date
Nursing Program Coordinator

Appendix D
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Budget Narrative

Budget Narrative

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**CLINICAL EDUCATION REDESIGN AND EVALUATION PROJECT
FIPSE BUDGET JUSTIFICATION**

PERSONNEL (b)(2)

Personnel salaries listed below include a 3% yearly raise in each year, including Yr 1.

The Core Research Team consists of the PI, Dr. Maggie McVay Lynch (b)(2) and Co-PI, Dr. Paula Gubrud-Howe (b)(2)

(b)(2), CO-PI Dr. Mary Schoessler (b)(2) Total project salary (b)(2)

(b)(2) CO-PI Dr. Christine Tanner (b)(2)

Total project salary (b)(2) Under the leadership of the PIs, this team will be

collectively responsible for guiding the study and the work of all subparts. The statistician will be responsible for the statistical analysis, evaluation and interpretation of results. The entire core team will review the results and write the final reports and articles for dissemination. Dr. Lynch will be responsible for overall direction of the project. Dr. Gubrud-Howe will be responsible for directing the development of the clinical education curriculum, conducting focus groups with faculty, staff and students during the project, training the simulation test raters and writing reports. Dr. Tanner and Dr. Schoessler will be responsible as the liaisons to the academic institutions and the clinical partners.

The study will be carried out on two campuses. There will be a site leader on each campus (.10 FTE each in Yrs 1-2 and .05 in Yr 3, (b)(2) who will participate in the development of the clinical education curriculum, and be responsible for overseeing the implementation of the curriculum and the collection of data on each campus. A second faculty member on each campus will back up the site leader and be an integral part of dissemination and motivation for faculty on that campus to implement the clinical education curriculum and participate in the evaluation (b)(2)

Total project salary (b)(2)

Ann Delmar, currently the project manager for OCNE, will serve as the project assistant (.10 FTE during yr 1 and at .05 FTE during yrs 2 and 3, Base salary (b)(2) Total project salary (b)(2)

(b)(2) She will be assisting in budget management. She will also be responsible for scheduling meetings, handling travel reimbursement, and managing project files.

Four Clinical Education Consultants will be hired to be paid \$1000 each in year 1.

DATA COLLECTION, PROCESSING, STATISTICAL ANALYSIS COSTS

We will appoint one faculty member who serves as a simulation specialist to direct and administer the simulation scenarios on each campus. We anticipate that this will take .2 FTE for one quarter each year, averaged at .05 FTE, with the average faculty base salary at (b)(2) (Total project salary (b)(2)

We will hire and train four GRAs at .25 FTE for 1 quarter to review simulation tests each year. averaged at .25 FTE for the year. Their annual base salary is calculated at (b)(2) Total project salary (b)(2)

Transcriptionist: Interviews will be transcribed by a professional transcriptionist, calculating 3 hours for every hour of interview, at an hourly rate of \$20/hour. Co-PI, Paula Gubrud, will conduct focus group interviews quarterly at each site. She will conduct 1 focus group each for faculty, nursing students and nursing staff, each taking 1.5 hours, for a total of 27 hours of audio taped focus group interviews in year 01 and 18 hours of audio taped focus group interviews in years 02 and 03. Total project cost for transcription will be (b)(2) over all 3 years.

Evaluator and statistician Nancy Perrin (.04 FTE Yrs 2 and 3, Base salary (b)(2) Total project salary (b)(2) will be responsible for the statistical analysis, evaluation and interpretation of results.

Fringe Benefits: Fringe benefits for personnel on this project are calculated at 31%, with the exception of the GRAs whose fringe rate is 10%, and follow OHSU regulations. Fringe benefits include FICA, Mass Transit, Medicare, State Unemployment, Workers' Compensation, Health Insurance, Retirement.

TRAVEL \$40,228

Travel is planned for three major sets of activities. All travel will be between our campuses in Eugene Oregon and Portland, 200 miles roundtrip. Mileage is reimbursed at \$.51/mile, per diem calculated at \$50/day, hotel at \$120/night. Years 2 & 3 allow for a 3% increase in each year.

The first set of meetings are summer design workshops, during which faculty will develop the clinical education curriculum. These will be a total of 2 ½ days for each of two trips in each year.

2 nights hotel (120/night) + mileage (100 miles/trip)
51 x 2.5 per diem = \$419/person/trip
x 5 people x 2 trips

The second set of activities are quarterly project meetings, with Eugene faculty traveling to Portland for two day meetings and travel by the Co-PI to Eugene for quarterly 2-day trips to visit sites and conduct focus groups.

2 nights hotel (120/night) + mileage (100 miles/trip)
51 x 2.5 per diem = \$419/person/trip
x 5 people x 3 trips

Also included is the required travel of FIPSE Project Directors to Washington D.C. each year. Two people from the core team are included in each year. The cost is calculated at \$800 for round trip airfare, \$51 per day per diem for 3 days, and hotel at \$180 per night for 2 nights, with a 3% increase in each year.

INDIRECT COSTS \$164,572

Indirect costs are calculated at 38% of all direct costs in accordance with Oregon Health & Science University's federally negotiated Instructional Indirect Rate.