School of Nursing Faculty Council
Annual Report 2006-2007

Mary B. Engler, PhD, RN, MS, FAHA
Chair

During the 2006-07 academic year, the School of Nursing Faculty Council (SON-FC) met on ten occasions. Additionally, Chair Engler, with the assistance from the Office of the Academic Senate, coordinated and chaired three School of Nursing Full Faculty meetings.

Members of the School of Nursing Faculty Council participated in the following Academic Senate Task Forces:

- Academic Senate Task Force Reviewing Proposed Changes to APM 700, 710, 711, and 080 (UC Merit and Promotion System, Step 6 and Above Scale)
- Academic Senate Task Force Reviewing and Recommending Comment to the systemwide “Proposed Guiding Principles for Professional School Fees”
- Academic Senate Task Force Reviewing and Recommending Comment to the Proposed Amendments to APM 620, Policy on Off-Scale Salaries
- Academic Senate Task Force Reviewing Senate Regulations 694 and 695, Open Access Policy
- Academic Senate Task Force Reviewing the Draft Proposal on the Relationships between (Pharmaceutical) Vendors and Clinicians
- Academic Senate Task Force Reviewing and Recommending Comment to the UCAP Documents “Synopsis of the Present Status of the UC Merit and Promotion System and Principles of and Policy Recommendations for UC Faculty Compensation” and “Proposed Modification to Academic Personnel Policies (APM) 220-18b, (4) {Advancement to Professor Step VI and Above Scale}.”
- Academic Senate Task Force Reviewing Joint University Committee on Educational Policy (UCEP) and Coordinating Council on Graduate Affairs (CCGA) Proposal on the Role of Graduate Students in University Instruction
- Task force (non-Senate) regarding “Use of Technology for Graduate teaching and Online Requirements

The School of Nursing Faculty Council heard informational presentations from various School and Campus interests. Informational presentations included:

- Recommendations of the Ad Hoc task Force to Increase Visibility of the School of Nursing in the Medical Center and to Discuss Joint Appointments to the Medical Center, by Mary Lynch, SON representative to the Committee on Clinical Affairs
Western Association of Schools and Colleges (WASC) Accreditation, by Dorrie Fontaine, Associate Dean, Academic Programs; and Joe Castro, Associate Vice Chancellor, Student Academic Affairs

Campus issues reviewed and acted on by the School of Nursing Faculty Council included:

1. Review and comment to the proposed revisions to Divisional Bylaw Appendix VII: Divisional Procedure for Student Grievance in Academic Affairs
2. Review and Comment to the development of the campus Strategic Plan

School of Nursing issues reviewed or acted on by the School of Nursing Faculty Council include:

1. Second formal vote of the full faculty regarding pursuit of a DNP program
2. Review of the recommendations of the Teaching Mission Educational Task Force, formation of the Ad Hoc Committee to Operationalize the Recommendations of the Teaching Mission Educational Task Force, and the implementation of seven School of Nursing teaching awards
3. Review and Approval of the Recommendations of the Teaching Awards Task Force
4. Discussion of internal and informal procedures for student grievances
5. Review and comment of proposal from the Masters Program Council (MPC) to institute a review of the core curriculum
6. Review of the SON Bylaw amendment proposed by the SON Committee on Research (amendment was proposed, approved, retracted, and withdrawn)
7. Review and approval of a SON Bylaw amendment creating a standing committee on International and Global Health
8. Review and discussion of School of Nursing budget and department resources (2006-07)
9. Review and Approval of the Recommendations of the Teaching Awards Task Force
10. Discussion of shared governance and faculty mentoring, led by Robert Newcomer and Jean Ann Seago
11. Review of the proposal to abolish the Student Awards Committee
12. Discussion of greater inclusion of diversity training regarding persons with disabilities (students, teachers, clinicians, clients, colleagues, and curriculum); disability and cultural competence
13. Review and discussion of School of Nursing budget and requests to the Chancellor (2007-08)
14. Review, recommendation, and appointment of faculty to School of Nursing committees and Faculty Council for 2007-08

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**Campus Issues**

Campus issues reviewed and acted on by the School of Nursing Faculty Council included:

1. Review and comment to the proposed revisions to Divisional Bylaw Appendix VII: Divisional Procedure for Student Grievance in Academic Affairs
2. Review and Comment to the development of the campus Strategic Plan
Divisional Procedure for Student Grievance in Academic Affairs

On multiple occasions, the School of Nursing Faculty Council reviewed the Divisional Procedure for Student Grievance in Academic Affairs. SON-FC Member Jean Ann Seago presented this issue, and was the Chair of the Academic Senate Committee on Rules and Jurisdiction, which was charged with this revision.

During this review, the SON-FC and Associate Dean Mirsky also reviewed the School’s internal and informal procedures.

The Faculty Council gave feedback to J.A. Seago, and submitted its comments to the final proposed revision in a Communication date April 20, 2007 (Appendix 1). The Faculty Council also recommended additional language regarding informal procedures to be added to the student handbook and posted on relevant School of Nursing Web pages (Appendix 2).

Review and Comment to the development of the campus Strategic Plan

The Faculty Council reviewed the “UCSF - Strategic Planning Phase III Strategy Development” document provided by Julie Kuznetso, Director of the Strategic Planning Initiative in the Office of the EVC and Provost. The Faculty Council responded with a Communication to Senate Chair Greenspan dated September 9, 2006 (Appendix 3).

School of Nursing Issues

The Committee worked on many issues at the Division level.

Second formal vote of the full faculty regarding pursuit of a DNP program

The Faculty Council determined the language of the ballot to read as follows:

“Should UCSF’s School of Nursing start a Doctor of Nursing Practice (DNP) program at this time?”
Yes [ ] No [ ]

“Are you a member of the Academic Senate?”
Yes [ ] No [ ]

A vote of the full faculty was taken electronically, with 72% of the respondents voting not to pursue the program at this time. Voting results are attached as Appendix 4. The Final Report (08/30/06) of the Doctoral Program Council is attached as Appendix 5.

Recommendations of the Teaching Mission Educational Task Force, formation of the Ad Hoc Committee to Operationalize the Recommendations of the Teaching Mission

During the September 8, 2006 meeting, K. Chesla reviewed the Recommendations of the Teaching Mission Educational Task Force with the Faculty Council. The Faculty Council discussed these recommendations (Appendix 6). There was a concern that five awards may be excessive and reduce the value of the awards.
The recommendations should also be more explicit that the leave cannot be awarded to the same individual within a five year period.

The primary concern of the SON-FC was that it does not have the time to manage this process, review paperwork, and select awardees from nominees. The Faculty Council noted that it may choose to delegate the review for some or all of the awards to another entity or a subcommittee while retaining the authority to accept the responsibility for one or more of the others.

**Motion:** To implement the awards recommendations of the Task Force on Teaching Excellence, to operationalize the process, and to evaluate and make recommendations at the end of the first year.

**Vote:** The motion passed with a vote of the seven members present: five in favor, one opposed, and one abstention.

At the October 6, 2006 meeting, the Faculty Council continued its discussion on how (and if) to implement all of the teaching awards listed in the Recommendations of the Teaching Mission Educational Task Force (Appendix 6).

Dean Dracup expressed that the FC would be best suited to either review and select winners of these awards themselves, or to create and oversee the body doing so as the Faculty Council is a diverse and representative body of the School of Nursing Faculty. The Faculty Council decided to form an ad hoc committee of Faculty Council members and various other faculty representatives to decide how to implement the recommendations of the Teaching Mission Educational Task Force. Janice Humphreys volunteered to chair this ad hoc committee.

The ad hoc committee will recommend to the Faculty Council procedures and criteria for each of these awards and submit a proposal for constituting an ongoing committee to review nominees and grant these awards. The aim if for the ad hoc committee that would operationalize the Task Force recommendations and report back to the Faculty Council by December. The ad hoc committee will be chaired by Janice Humphreys and included Meg Scott, Student Representative Stephanie Gilbertson White and faculty representatives with experience on CAP, DPC, MPC, MEPN.

**Motion:** Janice Humphreys shall convene and Chair an ad hoc committee to operationalize the recommendations of the Teaching Mission Educational Task Force and report back to the Faculty Council in December.

**Vote:** Motion unanimously passed.

**Review and Approval of the Recommendations of the Teaching Awards Ad Hoc Committee**

Over subsequent meetings, Janice Humphreys reviewed the work of the ad hoc committee, and at the December 15, 2006 meeting, Janice Humphries reviewed and discussed with the Faculty Council the proposed criteria and calls for nomination for the Teaching Excellence Awards.

**Motion:** The School of Nursing Faculty Council shall accept these recommendations as the guidelines for this year's awards.

The motion passed unanimously.

At the May 25, 2007 meeting, the ad hoc committee made its final recommendations which were approved by the Faculty Council. Furthermore, the Faculty Council put for the following:
**Motion:** As the process worked so successfully this year, the Faculty Teaching Awards Committee should remain an ad hoc committee appointed by the Faculty Council next year. A call for volunteers shall be sent via e-mail and members will be appointed from the respondents (based on this year’s experience there is no scarcity of volunteers).

**Vote:** Unanimously passed.

**Motion:** Janice Humphreys shall be the Chair for next year’s ad hoc Faculty Teaching Awards Committee.

**Vote:** Unanimously passed.

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**Discussion of internal and informal procedures for student grievances**

Following the discussion regarding the need for a description of informal academic grievance procedures to be provided to students in student handbooks and on Web site, Zina Mirsky provided the following sample language:

> If there is a disagreement about a grade, an assignment, or a class experience, students are encouraged to use time-honored dispute resolution techniques, such as: speaking first with the faculty member or teaching assistant responsible for the grade, assignment, etc. to explain circumstances or request clarification; then seeking the consultation of the faculty advisor and/or specialty coordinator or department chair if further exploration, intervention, or advocacy is needed.

The Faculty Council discussed this language, and S. Gilbertson-White highlighted sections from the student handbook. Modifications from the Student Council are noted below:

> If there is a disagreement about a grade, an assignment, or a class experience, students are encouraged to use time-honored dispute resolution techniques, such as: speaking first with the faculty member or teaching assistant responsible for the grade, assignment, etc. to explain circumstances or request clarification; then seeking the consultation of the student’s (your) faculty advisor and/or specialty coordinator or department chair if further exploration, intervention, or advocacy is needed. **Students are allowed to ask for the participation of a student representative such as representative of the Nursing Student Council or Graduate Student Associate at any time during the disagreement/procedure/grievance.**

The Faculty Council supported this language.

The Faculty Council also noted that the student handbook would benefit from an index and “see also”s as the handbook topics occur alphabetically and so is illogically ordered. Student representative Stephanie Gilbertson-White forwarded the handbook suggestions to Jeff Kilmer and Student Affairs.
Proposal from the Masters Program Council (MPC) to institute a review of the core curriculum

In December of 2006, Chair Engler received a memo from Lynda Mackin, Chair of the Masters Program Council, requesting the Faculty Council appoint a task force to review the School’s master’s core curriculum.

The Faculty Council discussed this issue with the Dean over the course of several meetings, and moved the process forward for a formal review. (Appendix 7)

Standing Committee on International and Global Health

In the September 8, 2006 meeting, the Faculty Council reviewed the Final Report from the Task Force to Consider Establishing a Faculty Standing Committee on International and Global Health (Appendix 8). The Faculty Council agrees with the recommendations put forth in the report, but noted that it cannot act regarding the implementation or provision of budgetary funds (Task Force Recommendation #2).

Motion: The School of Nursing should establish a Standing Committee on International and Global Health.

Discussion: Appendix III to the Report of the Task Force presents proposed language for the School of Nursing Bylaws. It was recommended that membership should also include a faculty member from the Institute of Health and Aging. Other modifications:

- Addition to (1) Membership: “The Chair shall be appointed to serve as Chair for a term of two years.”
- Addition to point (g): “Chair or designee shall represent the School of Nursing on campus or University International and Global Health working groups as necessary.”
- Addition to point (h): “and programs.”

Revised Motion: The School of Nursing should establish a Standing Committee on International and Global Health and to propose SON bylaw language recommended in Appendix III of the Final Report from the Task Force to Consider Establishing a Faculty Standing Committee on International and Global Health as amended.

Vote: The motion passed unanimously.

The proposed amendments were submitted to the Academic Senate Committee on Rules and Jurisdiction (Appendix 9), were approved (Appendix 10) and submitted to a vote of the full faculty, which passed unanimously.

Discussion of shared governance and faculty mentoring

The Faculty Council discussed issues related to shared governance raised by Faculty Council Members Jean Ann Seago and Robert Newcomer. The Faculty Council discussed means of promoting faculty service and governance, and means of giving more careful thought and design to who might be more valuable or beneficial to different committees, especially Senate Committees.

This discussion lead to more discussion on mentoring of junior faculty, and Senate committee involvement should be a part of this mentoring.
The Faculty Council discussed issues of succession planning, and the importance of sharing institutional knowledge, experience, and leadership experience. Succession planning should not only be mechanical, but should involve philosophical and strategic thinking.

### Review of the proposal to abolish the Student Awards Committee

At the April 20, 2007 meeting, Susan Janson, Chair of the Student Awards Committee addressed the Faculty Council and reported on the history of the Student Awards Committee and substantial changes over the past several years. Some difficulty has arisen in interpreting the charge of the committee and issues of guidelines, equity, ethics, and experienced faculty. These difficulties have been compounded as this is not an official standing committee defined by bylaws. S. Jason continued her presentation and put forward a request to divide the responsibilities of this committee and reassign them to other committees.

J. Humphreys took this issue to her department, which wanted to retain the Student Awards Committee. The Faculty Council discussed various issues including faculty on the committee who feel too ill-informed to grant the awards. It was reported that Jeff Kilmer was also against abolishing the awards committee; the fear being that doing so would not raise the luster of the awards, but rather drop them into obscurity. The Faculty Council continued discussion of how to appoint the most appropriate people to the committee, and the roles of the departments in the process.

The Faculty Council unanimously agreed that the Student Awards Committee should be retained and that the departments should get more actively and directly involved in the process.

### Disability and cultural competence

At the June 15, 2007 meeting, S. Kaye presented the article by Beth Marks, Cultural Competence Revisited: Nursing Students with Disabilities (*Journal of Nursing Education*, February 2007, Vol. 46, No. 2, pp 70-74) as a sterling example of not only nursing issues in caring for people with disabilities, but also issues concerning people with disabilities working in the field of nursing ([Appendix 11](#)). Issues and ideas raised in this article are relevant to local concerns of diversity, accommodation, recruitment, and retention of students.

S. Kaye proposed a greater inclusion of social models of disability in the School of Nursing curriculum. The field of nursing is often considered to be lagging behind in this area and too tied to the medical model of disability and not the “New Paradigm of Disability,” which has been around for more than 30 years.

Z. Mirsky illustrated that the greater inclusion of such concerns is expressly stated in the goals and modules described in the DIVA plan (presentation at the previous meeting of the Full faculty) and the proposed “Preparing Ourselves for a Multicultural Community.” This proposal has been supported by the Dean’s Council and Z. Mirsky hopes that these goals will become requirements.

The Faculty Council strongly supported the initiative to include differences in ability/issues of diversity directly into the curriculum. The Faculty Council discussed how best to champion this aspiration. Steve Kaye shared what information he had regarding the “Inclusion and Infusion of Disability Content in Nursing Education” program of Joan Earle Hahn of UCLA.

This fall, Steve Kaye will make a presentation with Joan Earle Hahn, member of the UCLA School of Nursing faculty and Director of the “Inclusion and Infusion of Disability Content in Nursing Education”
Motion: In accordance with the goals of “Preparing Ourselves for a Multicultural Community,” the Faculty Council shall support required participation in the “Inclusion and Infusion of Disability Content in Nursing Education” project of all new faculty and those teaching core courses within the MEPN, Masters, and Doctoral programs.

Vote: Unanimously approved.

Motion: That the UCSF School of Nursing shall be a site for “Inclusion and Infusion of Disability Content in Nursing Education” program of Joan Earle Hahn, UCLA.

Vote: Unanimously approved.

Issues for the 2007-2008 Academic Year

1. Teaching Awards for 2007-08
2. Participation in the “Inclusion and Infusion of Disability Content in Nursing Education” project
3. Review of SON Budget issues
4. Ongoing review of the Masters Program core curriculum

School of Nursing Faculty Council

Mary B. Engler, PhD, RN, MS, FAHA, Chair

Prepared by:
Wilson Hardcastle, Senate Analyst
(415) 476-4245, wilson.hardcastle@ucsf.edu
APPENDICES

Appendix 1: Communication to the Committee on Rules and Jurisdiction Regarding Revised Divisional Procedure for Student Grievance in Academic Affairs dated April 20, 2007

Appendix 2: Sample Language to Advise Students on Informal Procedures for Student Grievances

Appendix 3: Communication to Academic Senate Chair Deborah Greenspan Regarding Recommendations to the Strategic Plan dated September 8, 2006

Appendix 4: Results of the Electronic Vote Regarding the DNP Program

Appendix 5: Final Report from the Doctoral Program Council dated August 30, 2006

Appendix 6: Dean’s Report on Teaching Excellence

Appendix 7: Communication to the Masters Program Council Regarding Review of the Core Curriculum

Appendix 8: Report of the Task Force on Standing Committee on Global Health Report, with Appendices, dated September 1, 2006

Appendix 9: Communication to the Committee on Rules and Jurisdiction Regarding Proposed Amendment to SON Bylaws Creating a Standing Committee on Global Health dated September 8, 2007

Appendix 10: Communication from the Committee on Rules and Jurisdiction Approving the Proposed Amendment to SON Bylaws Creating a Standing Committee on Global Health dated September 26, 2007

Appendix 11: Marks Article Regarding Disability and Cultural Competence
COMMUNICATION FROM THE
SCHOOL OF NURSING FACULTY COUNCIL
Mary B. Engler, PhD, RN, MS, FAHA

April 20, 2007

Jean Ann Seago, PhD, RN
Chair, Academic Senate Committee on Rules and Jurisdiction
Office of the Academic Senate, Box 0764

Re: Comments to Revised Divisional Procedure for Student Grievance in Academic Affairs

Dear Chair Seago,

On April 20, 2007, the School of Nursing Faculty Council reviewed the Revised Divisional Procedure for Student Grievance in Academic Affairs (Revision Version 5) provided by the Committee on Rules and Jurisdiction March 21, 2007. The School of Nursing Faculty Council has no suggestions or modifications to the language proposed in this revision.

The School of Nursing Faculty Council did engage in discussion and deliberation regarding the retention or deletion of Section 1.4 Appeal Procedure. The Faculty Council recognized the additional burden and complexity this Section adds to the process, but it also recognizes the value of a final appeal procedure beyond the administrative Dean’s office to ensure that students are given the benefit of due process.

Ultimately, the School of Nursing Faculty Council called for a vote to recommend the elimination of Section 1.4. While the motion carried and the School of Nursing Faculty Council recommends that Section 1.4 be removed from the Divisional Procedure, the Faculty Council would also like to note that it was divided on this issue and that the vote was not unanimous. With seven of the total eight voting members present, the School of Nursing Faculty Council voted four in favor of eliminating Section 1.4, one against, and three abstained.

In this Communication back to the Committee on Rules and Jurisdiction, the School of Nursing Faculty would like to include some of the points raised during its deliberation regarding the retention or deletion of Section 1.4, as it may assist you in your own deliberations during final revision. Points raised in this discussion include:

1. Students should have some sort of appeal mechanism beyond the administrative body managing their grievance with regards to violation of due process.
2. Section 1.4 serves to protect the rights of the student.
3. Section 1.4 is considered by the administration in at least three schools, including this one, to be excessively onerous, time-consuming, complex, and counter-productive to the process.
4. The need for this provision occurs so rarely that it should not be an undue burden on administration.
5. By the time a grievance process reaches a point that Section 1.4 might be invoked, legal counsel would be expected to be involved. And if the grievant has a strong enough case to invoke Section 1.4 (beyond the
reason that they are appealing only because they can), then the grievant should have a strong enough case for
a legal action and 1.4 would be unnecessary.

6. Having an oversight process such as this provides incentive to the Schools to adhere carefully to the formal
procedure set forth in Section 1.3.

7. The Faculty Council also agreed that they are open to suggestion of a new and alternate (and hopefully
simpler) means by which some sort of final appeal regarding due process might be raised by the student, and
yet eliminate the additional bureaucracy of Section 1.4.

To summarize, the School of Nursing Faculty Council expresses its support for the revisions made thus far to
the Divisional procedure for Student Grievance in Academic Affairs by the Committee on Rules and
Jurisdiction, and makes the recommendation that the final “Section 1.4 Appeal Procedure” be eliminated from
the Divisional Procedure. However, it makes this recommendation for deletion with concerns for
independent oversight of due process.

Thank you for the opportunity to review and comment on this proposed revision.

Sincerely,

Mary B. Engler, PhD, RN, MS, FAHA
Chair, School of Nursing Faculty Council

Robert Newcomer, PhD, Vice Chair
Nancy Donaldson, DNS, RN
Janice Humphries, PhD, PNP, RN
Stephen Kaye, PhD
Bethany Phoenix, PhD, RN
Meg Scott, MSN, FNP, RN
SCHOOL OF NURSING FACULTY COUNCIL
Mary B. Engler, PhD, RN, MS, FAHA, Chair

Proposed Language for Student Handbook and Web Site Regarding Informal Procedures for Student Grievances in Academic Affairs

If there is a disagreement about a grade, an assignment, or a class experience, students are encouraged to use time-honored dispute resolution techniques, such as: speaking first with the faculty member or teaching assistant responsible for the grade, assignment, etc. to explain circumstances or request clarification; then seeking the consultation of the faculty advisor and/or specialty coordinator or department chair if further exploration, intervention, or advocacy is needed.
September 8, 2006

Deborah Greenspan, DSc, BDS  
UCSF Academic Senate Chair  
Office of the Academic Senate, Box 0764

Re: Comments to “UCSF - Strategic Planning Phase III Strategy Development” document

Dear Chair Greenspan,

On September 8, 2006, the School of Nursing Faculty Council reviewed the document “UCSF - Strategic Planning Phase III Strategy Development” and has the following responses to the indicated points:

1) Are the right goals listed under the correct groups?
   The Faculty Council agreed that the goals appear to be assigned to the teams appropriately.

2) Identify and recommend Senate or other faculty with focused expertise to participate in the identified groups.
   The School of Nursing Faculty Council makes the following recommendations for the following teams:
   
   Team A: Roberta Rehm, Suzan Stringari-Murray, Jyu-Lin Chen, Liz Macera, Janet Shim  
   Team B: Bill Holzemer, Kathy Lee  
   Team C: Catherine Waters, Molly Stephehn  
   Team D: Nancy Donaldson, Gerri Collins-Bride, Barbara Burgel  
   Team E: Bill Holzemer, Kit Chesla  
   Team F: Sandra Weiss

3) Determine if you would like to add any new goals to the groups.
   The Faculty Council suggests a new goal related to the better integration of educational resources within UCSF, across schools, and better integration of educational resources across the greater UC system.

4) Identify any major areas of omission or error.
   The Faculty Council notes none.

Thank you for the opportunity to review and comment on this document at this time.

Sincerely,

Mary B. Engler, PhD, RN, MS, FAHA  
Chair, School of Nursing Faculty Council
## SON Faculty DNP Electronic Ballot #2

### Results Overview

**Date:** 10/7/2006 1:12 PM PST  
**Responses:** Completes  
**Filter:** No filter applied

### 1. Should UCSF’s School of Nursing start a Doctor of Nursing Practice (DNP) program at this time?

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<thead>
<tr>
<th></th>
<th>Yes</th>
<th>25</th>
<th>28%</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
<td></td>
<td>64</td>
<td>72%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
<td>89</td>
<td>100%</td>
</tr>
</tbody>
</table>

### 3. Are you a member of the Academic Senate?

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>42</th>
<th>47%</th>
</tr>
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<tbody>
<tr>
<td>No</td>
<td></td>
<td>47</td>
<td>53%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
<td>89</td>
<td>100%</td>
</tr>
</tbody>
</table>
## SON Faculty DNP Electronic Ballot #2

### Results Overview

Date: 10/7/2006 1:13 PM PST  
Responses: Completes  
Filter: No filter applied

2. <font size=3><b>Optional - Please provide the rationale for your vote:

<table>
<thead>
<tr>
<th>#</th>
<th>Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>cant see the need and will consume too many resources.</td>
</tr>
<tr>
<td>2</td>
<td>I think it devalues the MS degree and that we do not have the faculty resources to mount another doctoral program.</td>
</tr>
<tr>
<td>3</td>
<td>THE UCSF SON should be on the forefront of this educational movement leading the way the DNP is shaped.</td>
</tr>
<tr>
<td>4</td>
<td>Society doesn't need it, nursing doesn't need it, employers wouldn't know what to do with DNPs.</td>
</tr>
<tr>
<td>5</td>
<td>we should continue to have the best-rated MS programs and doctoral program in the U.S., rather than try to be &quot;all things/programs to all people&quot; and risk watering down our other highly successful programs.</td>
</tr>
<tr>
<td>6</td>
<td>Question the credibility of the product outcome, is this the type of graduate we want from UCSF???</td>
</tr>
<tr>
<td>7</td>
<td>Prefer to concentrate on preparing researchers and strong clinicians. I believe the DNP will dilute this effort.</td>
</tr>
<tr>
<td>8</td>
<td>Too many reasons to list...but they were all well covered in our faculty seminar on Sept 6th and stated well during that meeting.</td>
</tr>
<tr>
<td>9</td>
<td>I think it would be worthwhile to have a small cohort of students to assess feasibility for the future.</td>
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<tr>
<td>10</td>
<td>would provide students for the 80 slots we need to fill; would allow us to show the nation what a &quot;practice Orientation is&quot; and celebrate practice as a primary goal of a schol of nurisng - sort of our &quot;reason for being&quot;...</td>
</tr>
<tr>
<td>11</td>
<td>The DNP is not the best use of our resources and does not meet the mission of the SON.</td>
</tr>
<tr>
<td>12</td>
<td>Our school's strength is research and doctoral (PhD) education, and we should continue to focus on being leaders in these areas. I think we can continue to educate exceptional advanced practice nurses and readdress the DNP in another 5-6 years.</td>
</tr>
<tr>
<td>13</td>
<td>Resources in the school are already stretched too thin. As I understand it, this would perhaps water down the PhD while at the same time making a professional nursing career out of reach of many. This would exacerbate the nursing shortage in the short-run.</td>
</tr>
<tr>
<td>14</td>
<td>The future and meaning of this degree is unclear. I do not want to set UCSF grads up with a degree that may come to be seen as &quot;less than&quot; a PhD degree.</td>
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<tr>
<td>15</td>
<td>To prepare advanced practice nurses with the knowledge and skills needed for providing comprehensive chronic illness care as illustrated by the Care Model and underscored by the Pew Commission. Our current MS curricula cannot adequately provide this content within the context of its current structure and length.</td>
</tr>
<tr>
<td>16</td>
<td>To keep pace with a national movement.</td>
</tr>
<tr>
<td>17</td>
<td>(1) PhD is the gold standard. UCSF should not put recruiting above its ideals. (2)Yet another credential will be confusing to the public and other medical professionals, and detrimental to the nursing profession. A PhD is a PhD is a PhD.</td>
</tr>
<tr>
<td>18</td>
<td>I do not really believe in the concept, but the horse is out of the barn and we need to set a good standard for the profession...</td>
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<td>19</td>
<td>Personally, I think it is just not the way to proceed. I don't think it will serve nursing well and I don't think that the public will ever understand it. I think it's a very misguided process. I realize that many schools are developing this, and I think that nursing will be paying a big price for this down the line.</td>
</tr>
<tr>
<td>20</td>
<td>completely confuses the advanced practice/MS role; no evidence that pay will increase; faculty with the degree may be &quot;2nd class citizens&quot;?</td>
</tr>
<tr>
<td>21</td>
<td>Not necessary for our profession; the PhD should be utilized (with perhaps a more clinical focus for those interested); confusing for patients and others; too unclear as to market for these individuals, potential lack of consistency in curricula, and lack of clarity regarding the future of the MS degree.</td>
</tr>
<tr>
<td>22</td>
<td>I think the DNP may well become a reality and we have time to plan our program thoughtfully learning from other program's missteps. Listening to the faculty concerns at the retreat in September made me convinced that a DNP is not in the best interest of a school like UCSF at present. The impetus to strengthen and critically revise our MS program exists to get ready to add the DNP.</td>
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The decision on the DNP impacts the future of student enrollment at UCSF and our ability to retain our student numbers in the SON. We at UCSF should create what we believe to be a top DNP program to set the bar for others as we have done with our NP programs throughout the SON.

If feel we have nothing to lose by trying this. I think we could create a model that we want, as opposed to waiting until the standard model has been set by other institutions. Those who want research will still pursue a PhD, and we can always stop the process if it doesn't work. How will we ever know? It is often easier to say "I'm sorry" than "May I?'

At least on a trial basis. The PharmD experience is a compelling rationale.

I would like for us to start very small - 6-8 students with 1 faculty and pilot the program - we can stop it after 5 years if there is no call for this type of program.

The DNP would decrease the number of Master level Advanced practice nurses prepared and too much confusion would be created among colleagues & consumers about such a degree. Well trained & qualified nurse PhD scientists/researchers would decrease in number as well.

A non-research doctoral degree would degrade the value of doctoral level work.

This is a promising degree option for advanced practice nurses who want to remain practice-oriented yet obtain further skills. It draws from a different pool than those seeking a research intensive PhD. We have the necessary expertise here, and if we do not implement now, we will need to revisit this issue later--we might as well start the process, even with a small intial cohort.

It's not yet clear whether DNP will really turn out to be a good idea & it seems appropriate to see where things go w/ this degree before we adopt it. In addn., the DNP doesn't seem like the ideal match for UCSF SON's strengths & reputation. However, I do think we should keep a close eye on the development & market appeal of DNP programs since there are many reasons why this degree might appeal to adv. practice nurses.

I think the rationale has to be to provide a better educated health care provider who is knowledgeable about managing multiple chronic illnesses over time, and providing primary care across the age span.

It is not a position that the entirety of advanced practice nurses participated in forming. It was formed by NPs and everyone else was to get on board. I do not think we need another advanced practice degree. Energy needs to be focused on advancing nursing as a profession and making BSN the entry into our profession. This has been an ongoing debate nationally since I moved to CA in 1986. We need to focus on moving in that direction, and assist ADN programs to develop programs providing the "professional entry into practice" degree. The AMA has made a formal statement that they will fight this degree (DNP) because it will confuse patients. It very well may. We have enough degrees.

I don't believe there is sufficient evidence that this is a necessary degree pathway in nursing. And I believe UCSF should focus and direct resources to those career pathway degrees that will enhance rather than diminish current MS as terminal degree for clinicians, with PhD track for those desiring the skill set for research.

Hospitals can not afford us (I have a clinical doctorate) and we have a desperate need for faculty to teach nursing...Our resources should go there...

the framework and foundation already exists, UCSF SON needs to be a leader and promote quality, some existing programs do not reflect this.

The PhD is a well recognized, well respected and most importantly well understood terminal degree. As a practicing clinician who pursued a PhD as a means of advancing my clinical practice, I see no need for another Doctorate degree when all can be accomplished with the PhD.

The public is already confused about how nurses are educated and trained. Adding yet another degree would seem to make it more confusing. I am not convinced the profession gains anything by adding this degree.

UCSF has an opportunity to "effect" what the DNP will become in the future by creating a program that others will emulate. The DNP is here and we either ignore it and loose potential students or create it in the UCSF image. It will mean thoughtful counselling of students to assure that they enter the program (DNP-PhD) best suited to their needs and future objectives.

Applicants interested in clinical or outcomes research who have advanced practice skills should be encouraged to enter the PhD program and be given specific guidance in how to integrate their rich clinical knowledge with the research process.

The healthcare community and the clients we serve are not shown to be in need of yet-another degree, leading to confusion and degradation of other degrees/certificates.

I think that we should instead make a concerted effort to introduce more course work to prepare phd students in type 2 translational research.

I don't think there is adequate evidence that this degree is necessary or adds to the profession or patient care

UCSSF's Clinical Excellence deserves a status as elevated as the research excellence we are known for.

I believe it is premature to be preparing DNPs without knowing what future employers think about the marketability of the role. Our own professional organization has not published an opinion about the DNP or its impact on the future of the profession.

This is the way the world is going
| 45 | I am concerned about the implications of not offering the DNP for our graduates and also the impact it will have on applications. The fact that so many programs, not all of which should necessarily be opening such programs, are opening these programs suggests we have to consider mechanisms that will provide this opportunity. This could be a 3rd year option and should not inherently involve all MS students. |
| 46 | I believe the MS program should be changed, updated, and new courses that reflect the curricula of the DNP should be added—informatics, outcome evaluation for the NP students, and health policy emphasis increased. Different models of advanced clinical preceptorships could also be developed and tested. I also am worried about the drain on our PhD student pool and believe this would allow us more time to increase that pool. I still would like to do all of this and “watch and wait” not saying “no” forever. Set a target date to vote again. I think the MS curriculum desperately needs an up to date overall and I don't think that will get done if we are focusing on a new program at this time. If we change the curriculum in line with the objectives of the DNP we will be able to start earlier in a much smoother, quicker manner. |
| 47 | 1. Diversity - lengthening a traditional MS program from 2 - 4 yrs will decrease both our MEPN and community member applicant pool diversity, particularly since we do not have student scholarships or funding available.  
2. Cost - in terms of time for students (3-4 years - one could have earned a PhD) and faculty: resources & workload issues related to a second three to four year program on our campus  
3. Our PhD graduates are prepared to do clinical research in our PhD program, if they want to do so. Perhaps we should place greater emphasis on advertising this fact.  
4. Of we do decide to start a DNP program, I hope we will make the DNP years optional. The additional education to fulfill this degree could be done as a Special Studies package. |
| 48 | The nursing profession has more pressing needs to meet the demand of nurses currently and in the future. Diluting the SON efforts to meet these demands with yet another doctorate, in my opinion, will not be the best strategy if we are interesting in meeting the needs of all people. Many minority nurses are in the associate degree or vocational levels. Preparing faculty and helping nurses move these nurses to a more standardized entry level of nursing (baccalaureate degree) should be a greater priority for the benefit of the public and the profession. |
| 49 | This is a difficult decision even after reading many articles. In the end however I think part of the issue is allocation of resources. Part of our goal is to decrease the shortage of nurses and to encourage more under represented minority students to enter the profession. Making the DNP the required entry level education for Advanced Practice Nurses makes it more difficult and more expensive to enter nursing practice. I would like to see more financial support given to ADN to BSN and MSN programs rather than creating a DNP. I appreciate the "at this time" clause because we can revisit this if the national situation changes. |
Should UCSF's School of Nursing start a Doctor of Nursing Practice (DNP) program at this time?

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*Total = The number of respondents for the entire survey who answered the Row question and, if a filter is applied, meet the filter criteria.
The Doctoral Program Council (DPC) members were Abbey Alkon (FHC), Linda Chafetz (CHS), Daniel Doolan (second year student), Dorrie Fontaine (ex officio), Charlene Harrington (SBS), Pamela Minarik (fist year student), Keir Reavie (ex officio library), Nancy Stotts (PN & chair). Support for the committee from Student Affairs was provided by Toni Burruel and Jeff Kilmer. The DPC met 9 times his year.

Courses Approved
1. The Committee on Course Instruction (COCI) continues to use revised methods of calculating unit work that are challenging to the faculty. Abbey Alkon served on the COCI this year and facilitated approval of our courses.
   1) Deadlines for course approvals are quite early and faculty need to be responsive to them.
   2) One issue that has created many problems this year is the use of a PDF form for course approval that prevents revision of the course form (requires retyping) and so increase the workload. Abbey was able to advocate for a Word format of the form that we can use, converting the form after its final approval into a PDF form.
2. The course “Addendum to the Request for Approval of a New Course” that we have been using is no longer applicable and was discontinued.
3. Courses Approved
   1) N209B Comparative Quantitative Research Design
   2) N212A Qualitative Data Collection & Ethics
   3) N220.01 Academic Role Preparation 1
   4) N220.02 Academic Role Preparation 2
   5) N240.03 Research in Grief & Bereavement
   6) N240.11 Occupational & Environmental Health Seminar
   7) N240.12 Family Health & Relational research
   8) N240.15 Gerontological Nursing Research
   9) N285A Qualitative Methods I
  10)N285B Qualitative Methods II
  11)N289A Advanced Quantitative Research Methods I
  12)N289B Advanced Quantitative Research Methods II
  13)N240.18 Workforce & Health Systems

Evaluation Activities
1. A Task-Force was appointed to develop/confirm evaluation of the doctoral program. The Task-Force was co-chaired by Rob Slaughter and Bill Holzemer with committee members Rosemary Plank and Nancy Stotts. The Task Force work is on-going. In Fall of 2006, DPC should request a status report from this task force.
2. The DPC’s role in the Strategic Plan was identified and forwarded to Faculty Council.

3. Yearly evaluation activities of the DPC were as follows:
   1) Evaluation meeting of faculty teaming in the first and second year of the modal program (December 7, 2006). Observations/Issues of concern: students have difficulty critiquing each other in a constructive way i.e., can only say positive things; number of faculty teaching qualitative research seemed insufficient for the number of students; teaching assignments need to be made that are consistent with faculty expertise (memo sent to Dean’s Council with set of principles for making assignments) and made for 2-4 years in advance; and the question of whether there would be ongoing support of ATLAS T (parallel to SPSS for quantitative analysis).
   2) Quarterly review of students faculty identified as having trouble in their course (end of quarter memo sent to student, advisor, & Jeff Kilmer related to problem and nature of problem).
   3) Review of focus group of second year students asking them to assess the first year curriculum conducted by Jeff Kilmer.
   4) Review of “on-line survey” of second year students re the first year curriculum that parallels the focus group conducted by Jeff Kilmer.
   5) Review of research residency evaluations.
   6) Review of qualifying examination evaluations.
   8) Review of graduation exit evaluations.
   9) Quarterly review of course evaluations for the modal program. There was a change in when courses were evaluated by DPC, leading the DPC to examine perceived performance in the quarter following when the course was offered i.e., fall courses were evaluated in winter, winter courses in spring, and spring courses will be evaluated in fall of the following year, rather than in the next calendar year.

4. Newly developed evaluations
   1) Development of “on-line survey” of the first year curriculum that is completed in Fall of year 2.
   2) Mid-quarter evaluation of new Courses: was developed by Abbey Alkon for identification of on-going problems in a course. This was shared with committee members by not widely distributed.

Guidelines for the Use of Published Materials as Part of the Doctoral Dissertation
1. Some faculty asked for clarification as to the requirements.
2. The current policy is drafted for maximal flexibility, leaving decisions about the nature of the content and format of the papers to the student’s dissertation committee.
3. The existing guidelines were revised for clarification.
   1) All guidelines must adhere to Graduate Division policy.
   2) Formatting of the dissertation must follow Graduate Division guidelines.
3) Published or in-press papers may be used as part of the dissertation, if the student’s committee approves.
4) The various chapters of the dissertation may be unpublished papers formatted ready for publication, if approved by the student’s dissertation committee. The issue here is copyright and insuring that the student keeps the copyright, rather than releasing it to UCSF.

Library Issues
The issue was raised that key journals are not available and downloadable. Keir Reavie and the library committee member in the school worked to resolve this. It probably will be an on-going issue due to the cost of subscriptions. When asked, the faculty needs to respond to queries as to the most important journals.

Betty Irene Moore Doctoral Fellows
1. DPC received regular updates from Dorrie Fontaine on the Moore Fellows.
2. Both the 2004-2007 and 2005-2008 cohorts had a seminar this year. Course evaluations indicated that both were successful.
3. DPC did not consider these students different than other doctoral students, except for their funding source, so provided no special evaluative monitoring.
4. Dorrie Fontaine is responsible to the Moore Foundation for evaluation of the students and has carried out her responsibilities independent of the DPC. Dorrie did share with DPC a comprehensive evaluation of the program that was conducted by KPMG, who was hired by the Moore Foundation to evaluate the program.

Doctoral Student Activities
1. Daniel Doolan participated in doctoral orientation.
2. Daniel Doolan and Pamela Minarik provided monthly reports from students related to their progress in the program.
   1) The development of a summer tutorial on technology was recommended for incoming students so they could attend in a more focused manner to the substantive course issues rather than technology e.g., endnote, Plumbed, PowerPoint.
   2) Issues of scheduling were raised and discussed.
3. The student representatives planned and successfully conducted the annual Community of Scholars.

Miscellaneous Issues
1. Report from the Quantitative Research Task Force: Kathy Lee chaired the task force for Advanced Quantitative Research Methods curriculum revision. Recommended changes were incorporated into the courses.
2. Unit load: There was some concern that students are taking more than 12 units, which is not in compliance with the Faculty Policy Manual. It was decided this was primarily a master’s program issue and so was tabled until further concern is expressed.
3. Fees for Special Studies students in doctoral courses: The question was raised about the faculty remuneration when special studies students are in a doctoral course and whether the current fee is sufficient. This issue was explored and Dorrie Fontaine is aware of the concerns. A change in the fee structure has not been made.

4. Feasibility Study for Joint Fresno/UCSF Doctoral program: Jean Ann Seago reported on the feasibility study she had conducted. The details are in the full report. Currently such a program is not feasible.

5. DPN
   1) Faculty Council asked the DPC to “consider ways in which the programs might be altered to incorporate content related to the DNP”. The DPC reported to the Faculty Council that they did not think this was appropriate and recommended that if a curriculum for this program was to be developed, it required a dedicated task force.
   2) DPC also was asked to be responsible for the DNP “Watch & Wait Task Force”. The DPC asked that this be done by Faculty Council.

6. Theory Courses and Unit Load: A question was raised whether theory courses were actually meeting the 3 unit hour requirement. DPC explored this and found they were.

Issues of Concern for 2006-2007 DPC

1. Completion of a comprehensive evaluation plan for the doctoral program (Slaughter & Holzemer, co-chairs)
2. Consideration of whether a summer technology tutorial is needed and can be provided for incoming students
3. Items the 2005-06 DPC did not address
   1) Clearer guidelines for faculty who are also PhD students
   2) Clarification of the School’s policy on completion of an MS en route to a PhD

Report prepared by Nancy Stotts
April 6, 2006

To:    Dean Kathy Dracup  
From:   Kit Chesla, Chair  
        Task Force on Teaching Excellence  
RE:     Final Report and Recommendations

COMMITTEE MEMBERSHIP  
Ruth Malone, Joann Saxe, Ellen Scarr, Catherine Waters, and Claudia West; Lori Rodriguez,  
Student Representative; Dorrie Fontaine, Dean’s Office.

Our task was to examine new ways to acknowledge and reward excellence in teaching within the School of Nursing. In the course of our discussions, we developed the following principles that guided our work. In our work we wanted to:

   a) Make teaching more visible;  
   b) Identify tangible rewards for excellence in teaching;  
   c) Broaden the kinds of teaching that are recognized and rewarded; and  
   d) Increase the numbers of awards that will be given out to faculty in all ranks and series.  
   e) Enhance the competitiveness of SON faculty for campus wide teaching recognition

RECOMMENDATIONS
1) Establish a single teaching award that parallels the Helen Nahm Award.
We recommend that the award be bestowed once per year, and that the recipient be given the same level of acknowledgement as the Helen Nahm recipient (a school-wide presentation, a reception and a monetary award of $1,000.00. Perhaps the funding for this award could present a “naming” opportunity for a donor.
Cost: $1,000 to $2,500

2) Establish four new school-wide teaching awards.
We recommend that four new awards acknowledging different types and qualities of teaching be established and awarded on an annual basis. These awards should be open to all persons holding academic appointments in the SON including ladder rank, clinical, adjunct, research faculty and other academic appointments.
Cost: $800 to $4,000. Each recipient should be given a monetary award of $200 to $1,000.

Excellence in Creating a Supportive Learning Environment
Criteria
   -- Creates an environment in which students feel safe to move beyond their intellectual "comfort zones" and take intellectual risks.
   -- Provides help for challenging students.
   -- Supports diversity and learning styles.
   -- Facilitates respectful dialogue and scholarly exchange between students.
Excellence in Clinical Mentoring
Criteria
-- Provides opportunities for clinical learning experiences appropriate to each student’s learning needs.
-- Gives constructive feedback on all aspects of practice.
-- Sets aside time for one-on-one or small group formal teaching.
-- Develops an appropriate remediation plan for students with clinical difficulties.
-- Assists students in developing critical thinking skills appropriate to their practice level.
-- Stimulates clinical discussion and expression of differences of opinion.
-- Serves as an outstanding professional role model for students.

Excellence in Research Mentoring
Criteria
-- Provides consistent and substantial attention to each student’s research skills and professional role development.
-- Provides graduate students opportunities for a variety of research experiences (e.g., grant writing, research project formation, data collection, data analysis, research dissemination and writing, budget management, etc.)
-- Demonstrates excellence in mentoring students’ research during dissertation work.
-- Demonstrates a breadth of mentorship—working with multiple students over a sustained period of time.
-- Creates opportunities for and mentorship in skills required for an independent research career.
-- Assists students in dissemination skills (abstract submission, presentation of student or joint student-faculty research at professional meetings, manuscript submission, publications.)

Excellence in Educational or Curricular Innovation
Criteria
-- Develops creative, evidence-based course materials.
-- Creates innovative and meaningful student assignments.
-- Designs courses or programs that are innovative in meeting the need for a unique specialty area or role.
-- Makes creative use of technology or overcomes barriers to its adoption.
-- Advances understanding of diversity issues in sensitive and meaningful ways.

Application process for these four awards
- No self-nomination. Nomination is by peers.
- 1 page description of why the nominee should receive the award; e.g., can include exemplars, open-ended comments from student evaluations
- Notify the Chair of the Department about the nomination to avoid confusion or multiple nominations for the same person
- No attachments or supporting documents
**Monetary Reward.**
Committee members felt that the monetary reward should be reasonably substantial. All members felt that the Nahm and new Teaching award should be awarded a larger amount of money than the 4 new teaching awards, but that the current amount of $1,000 was not a very large sum for those school-wide honors. Some recommended that the Nahm and Nahm equivalent of the Teaching award be given cash amounts in the range of $2,500. If this were possible then the new teaching awards should in the upper level of the $200-$1,000 range.

**Unresolved Issues**
- Who will be on the selection committee (e.g., alumni, faculty, emerita, WOS, representative from each department)
- How will the committee be formed and who will appoint this committee

3. **Develop a Teaching Leave Award for Clinical Faculty.**
Establish an award that allows clinical faculty a 3-6-month leave from faculty responsibilities. This teaching leave would be similar to sabbatical leave offered to ladder rank faculty. This award should be funded through the Dean’s office so that clinical departments can fund short term replacement faculty for those on leave. We recommend two such leaves be offered per academic year.

   Faculty nominate themselves for this award and applications will be considered on a school-wide basis. Once the award is made, faculty will take the leave within the next 24 months, based on negotiations with their Chair. Only faculty who have taught within the school for five years (or the equivalent of 5 full-time years) will be eligible. Faculty will be responsible to compile a self-nomination packet that addresses the criteria for selection.

   Cost: 25,000 per faculty per quarter away. (Estimate from Zina)

**Award criteria:**
- Overall contribution to teaching in the School (number of courses, number of students taught, number of years taught)
- Demonstrated excellence in teaching (course evaluations, teaching awards received and nominated for, documentation of other mechanisms for teaching recognition, letters from peers documenting teaching excellence).
- Demonstrated excellence in clinical practice and precepting (student evaluations, letters by peers, client evaluations and satisfaction surveys).
- Demonstrated contribution to teaching innovations (teaching tools, manuscripts or data documenting new teaching strategies, curricular or program development, letters from peers).
- Well-developed proposal for activities during the leave. A proposal should outline the plan for study during the time away. A well-developed plan will articulate: a) potential contributions to the department, school or larger nursing community from this activity; b) the skill or knowledge that the individual hopes to advance; and c) concrete plans for acquiring that skill or knowledge.
4) **Continue to offer a general teaching/learning series to all faculty.**
The series on teaching that is currently being offered within the school has been well attended and appreciated by faculty. Offering ongoing training and teaching expertise to faculty is, in fact, a reward.

*Cost: $3000*

5. **Encourage departments to develop smaller, departmental teaching awards.**
We note that the SOM and other schools on campus have many more teaching awards than we have in the SON. We recommend that individual departments or programs, in concert with their students, consider establishing awards for teaching that recognize faculty efforts in different ways. These awards require no money, but serve an important function in recognizing faculty efforts.
Cost: minimal, by department

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In addition, task force members proposed the following idea, but felt it had lower priority than those mentioned above. This is an idea that might be saved for a later date.

6. **Establish a Teaching Camp.**
Invitations to attend such a camp would be competitive and based on demonstrated teaching excellence. The camp would provide faculty time away from the University to be together, to learn new teaching skills or technologies, and to converse with one another about teaching problems and possibilities. We envision that this camp might be held at a retreat center like Asilomar, and would be solely focused on advancing faculty curricular and teaching abilities.
Cost: Less than all faculty retreats but substantial
COMMUNICATION FROM THE CHAIR OF
THE SCHOOL OF NURSING FACULTY COUNCIL
Mary B. Engler, PhD, RN, MS, FAHA

March 8, 2007

Lynda Mackin, RN, MS
Chair, Masters Program Council
Campus Box 0610

Re: Recommendation to appoint an Ad Hoc Core Curriculum Investigation Task Force

Dear Chair Mackin,

On behalf of the Faculty Council, I want to express our appreciation for your December 5, 2006 Memorandum and the important recommendations regarding your request of the Faculty Council to appoint a curriculum task force to review the School’s Masters degree core curriculum. We discussed your recommendations in January and again undertook continued discussions at our February 16th Faculty Council meeting.

Our Faculty Council concurs that it is timely and appropriate to critically examine the Masters degree core curriculum. We also agree that this is a priority to ensure the integrity and preeminence of our curriculum. We concur with Masters Program Council to support a process of representative study, investigation and dialogue, exemplified by the School of Nursing’s DNP deliberations as a model to be replicated in order to build broad consensus as a prerequisite to decision making.

In our discussions, Faculty Council concluded that collaboration with an external master’s degree program expert curricular consultant would strengthen the process that MPC proposes and will expedite exposure to sources and models of innovation we might not otherwise consider. The Faculty Council discussed the qualifications of such a consultant and the names of several potential consultants. As such, we would like to recommend a formal review of our Masters degree program by Dr. Susan Woods, Associate Dean for Academic Programs at the University of Washington’s School of Nursing.

Dr. Woods has been highly recommended for her expertise in nursing education and has most recently been involved in the curricular change and adoption of a DNP program at the University of Washington’s School of Nursing. We have confirmed that the expenses of such a consultant were approved by Associate Dean Dorrie Fontaine and the Office of the Dean. The charge of Dr. Woods would include systematic curricular appraisal and recommendations to improve our Masters degree program, including suggested innovations that would achieve the aims noted in your memo—including core course consolidation/reduction, overall student unit load reduction, specialty track consolidation and potential course re-sequencing.
We have also identified overall themes for the consultant to consider and address: 1) What should our graduates look like?; 2) What is the current market for such graduates?; 3) Consideration of the context that the DNP was voted down by UCSF School of Nursing faculty; and 4) What courses/content will be going into the curricula of other schools of nursing? Most importantly, the consultant should work with MPC to build consensus and advise the faculty in spreading consensus and strategic/logistic planning related to curricular change.

To advance the Master’s degree core curriculum program review, we recommend that the Masters Program Council invite Dr. Woods as soon as possible to provide her expertise as a consultant for the curriculum review. We also recommend that MPC identify key committees, specialties and faculty/administration for Dr. Woods to meet who can provide curriculum input. Core curriculum syllabi and course evaluations will be needed for Dr. Woods’ review as well.

The Faculty Council would also like to recommend that MPC be the facilitating standing committee for this important review and develop a strategic plan for the curricular change similar to the model used by UCSF’s School of Medicine for their recent curricular change. The Masters Program Council may also “appoint either a sub-committee or ad hoc committee as it deems necessary to conduct the business” (School of Nursing Bylaws Part IX, Standing Committee, Section 26.) following the consultant’s evaluation of the curriculum. Of course, as this important process evolves, the Faculty Council will provide any other consultation assistance or review as needed.

Thank you for all of your efforts and we look forward to the exciting and timely process ahead!

Sincerely,

[Signature]

Mary B. Engler, PhD, RN, MS, FAHA
Chair, School of Nursing Faculty Council
Membership: Catherine Bain, Pilar Bernal de Pheils, Judith Justice, Jeff Kilmer, Liz Macera, Alicia Neumann (student representative) Mary White (Chair)

On May 31, 2006, Betty Davies, Chair of the UCSF School of Nursing Faculty, at the request of Faculty Council, constituted a task force to investigate the merits of creating a standing committee that would lend faculty expertise and leadership to the issue of International and Global Health as it relates to research and programs within the School. Bill Holzemer, Associate Dean for International Programs, served in an advisory capacity to the task force.

Membership on this task force consisted of faculty representation from all four departments as well as from the Office of Student and Curricular Affairs and the Special Studies Program, with student representation.

RECOMMENDATION #1:

The Task Force met twice between June 20th and August 22nd, 2006. After reviewing a variety of materials including the “Annual Report of the UCSF WHO Collaborating Center,” the Faculty Policy and Procedures Manual, and various campus websites, and after consulting with a variety of offices and departments across the campus about existing faculty governance structures, it is now our unanimous recommendation that the School of Nursing create a standing committee to provide leadership in the area of International and Global Health.

RATIONALE:

Our task force looked not only at the prospect of creating a standing committee, but also the option of creating an ad hoc committee instead as well as the possibility of continuing with the status quo. We are convinced that a standing committee is the best course of action for the following reasons:

The UCSF School of Nursing has long been engaged in international research and education and has a well deserved reputation for excellence. We have achieved this on what most would consider a shoestring budget. Unfortunately, in light of some recent developments at both the University of Pennsylvania and the University of Washington where substantial amounts of funding are being devoted to international nursing efforts, UCSF is in danger of losing its position of preeminence in this area.

We are of the opinion that, given our history, UCSF should strive to be the leader in the areas international/global nursing and sociology. To date, much of our reputation has been based upon individual faculty projects and areas of research as well as upon our successes in educating nursing leaders around the world. And while this is not likely to
diminish in the near future, what has been lacking is greater faculty coordination and collaboration in taking UCSF to the next step. Also lacking has been systematic, cross-departmental faculty involvement in decisions affecting international collaborations, student placements overseas, and programs and services affecting matriculated international students. A standing committee would involve and engage faculty in many of these substantive areas and provide faculty governance on issues ranging from policy to curriculum.

Several years ago, Dean Dracup had the wisdom to create and appoint the position of Associate Dean for International Programs, and this was a critical first step. This position, however, is unfunded and is, in essence, a title without funding or resources. At the very least, a standing committee would work closely and collaboratively with the Associate Dean and, together, would provide the leadership and oversight of the School’s international nursing and sociology programs and mission.

RECOMMENDATION #2:

We would be remiss in making such a recommendation without also calling attention to a significant barrier to progress in achieving the above mentioned goals, specifically a lack of adequate funding for both staff and programming related to international and global health nursing and sociology. We are keenly aware of resource limitations within the School. However, UCSF must remain competitive in the area of International and Global Health, and to continue to provide leadership both nationally and internationally. To date, funding for activities has come from individual faculty research and training grants. The current Associate Dean has brought considerable resources and opportunities to the School. But these are clearly not sufficient to maintain or promote growth of our individual and School efforts. Therefore it is also our unanimous recommendation that the School create, at a minimum, a dedicated and funded 50% Associate Dean for International Programs FTE, one full time staff person, and a programming budget. Operationalizing some of these recommendations may necessarily be among the first responsibilities of such a standing committee.

COMMITTEE SCOPE & PURPOSE:

While such a standing committee might well refine its own charge, at this point and time, we would envision the following areas of responsibility to be within the purview of a Committee on International and Global Health:

1. Collaborate closely with the Associate Dean for International Programs;
2. Collaborate closely with the UCSF WHO Center network;
3. Integrate international/global health nursing and sociology programs and activities into the fabric of the School;
4. Develop and oversee policy affecting international student placements;
5. Guide policy in the area of international agency/institutional affiliations;

9-01-06
6. Guide policy in the area of recruitment and retention of international MS and PhD students;
7. Provide leadership in developing intra and interschool collaborative research and teaching programs/networks;
8. Assist in identifying/publicizing grant opportunities for S/N faculty and Dean’s Office and, in general, research possible sources of funding to enhance international/global health programming opportunities;
9. Depending upon resources, consider sponsoring international speakers; hosting international programs.

MEMBERSHIP:

We recommend that this committee consist of faculty members without regard to Academic Senate membership. Representation would include: one faculty representative from each of the four departments; at least one student representative, and the Associate Dean for International Programs as *ex officio*.

APPENDICES:

I. “Leadership in Global Health and Nursing”
II. WHOCC 2005 Annual Report
III. Proposed Language for Faculty Policy Manual
APPENDIX I
Leadership in Global Health and Nursing

Kathleen Dracup, RN, FNP, DNSc, FAAN
Professor and Dean
School of Nursing, University of California,
San Francisco

William L. Holzemer, RN, PhD, FAAN
Professor & Associate Dean, International Programs

Excellence in global health at the UCSF S/N originates with the leadership of the faculty. Faculty research programs address many of the global health needs for both resource constrained and advantaged communities. Faculty research focuses upon safe motherhood, living well with HIV and TB, patient safety, heart failure, gerontology, and human resources, to mention a few. These programs are extramurally funded by U.S. governmental agencies such as NIH, including Fogarty International Center, and foundations. Faculty take advantage of sabbaticals to establish and sustain international collaboration, and several have been supported with Fulbright scholarships. Faculty serve and are elected to board memberships in international societies such as the International Pain Society, International council of Nurses, and others. Faculty serve on editorial boards of many international journals. Participation in international activities is valued as a criterion for promotion from Associate Professor to Professor.

Faculty offer two degree programs (Master’s & PhD) and two non-degree programs (post-doctoral training & special studies). With the rise in out-of-state tuition, the number of international students has declined in recent years, yet several of our MS specialty programs have high relevance to global health, e.g. midwifery, HIV/AIDS, and management. With the global movement of nursing into academic settings, there is strong interest internationally in collaborating with faculty who teach in our PhD program. We are current supporting the development of two PhD in Nursing programs in Colombia and Portugal. Two critical care faculty will be teaching next year for a total of four months in Nairobi and Dar es Salaam in new nursing master’s degree programs with support from the African Honor Society and the Ford Foundation. Faculty offer special studies as a mechanism to register international students for short visits to qualify for visas and health insurance. Special studies students are matched with UCSF faculty who have similar interests and may spend from one week to a full year studying at UCSF. Some of these students are simultaneously enrolled in graduate programs in their home countries.

We have a distinguished international alumna, including the current President of the International Council of Nurses, a former chief Nurse Scientist at WHO, and many Deans and senior faculty in leadership positions around the globe. On campus, there is an active International Nursing Student Group that organizes monthly seminars and participates in campus global health activities. Currently, increasing numbers of students are requiring clinical residencies and research training opportunities abroad and the faculty are challenged to find resources to support these requests.
A modest administrative structure supports the international activities, including an Associate Dean for Internal Programs who also serves as the Director of the WHO Center. One academic coordinator position is supported by special studies fees. An International HIV/AIDS Research Network is supported by the HIV/AIDS Research & Training Center in the School. The School has signed M.O.U.’s with 14 international schools of nursing designed to foster collaboration and twinning. These relationships are always challenges to find resources for any proposed projects.

There are many challenges that impact our capacity to sustain and expand our commitment to global health. First, we are challenged to meet the nursing care needs of the diverse population of California. There are no State core funds that support international activities. We lack adequate funding for faculty pilot projects, support for US students to have residency experiences abroad, and scholarship support for international students. We lack space to house our international programs, students, and visitors. In spite of these limitations, faculty and students are committed to collaborate on creating mutual solutions to the challenges of the global health and illness.
Annual Report Form, WHO Collaborating Centres for Nursing and Midwifery Development

Annual Reports must be submitted by WHO Collaborating Centres for each year of their current designation period. This report is collected by and forwarded to the Office of Nursing and Midwifery (NMO), World Health Organization, Geneva, Switzerland to evaluate and provide comments on a centre's performance as well as information on WHO's input and the use made of the collaboration. The deadline for completion of the report is 31 March for each calendar year.

Technical note: You may report up to ten major activities for the past year.

Contact information

1) Title of the Collaborating Centre
WHO Collaborating Center for Research and Clinical Training in Nursing

2) Institution/University/College Name
University of California, San Francisco

3) Name of the school/department/unit etc., which acts as the WHO Collaborating Centre
School of Nursing

4) Head of the WHO Collaborating Centre
William L. Holzemer, RN, PhD, FAAN
Pilar Bernal de Pheils, RN, MS, FNP, FAAN

5) Contact person
William L. Holzemer

6) Full mailing address (street and building number, city, postal code, country)
School of Nursing
University of California, San Francisco
2 Koret Way, Box 0608
San Francisco, CA 94143-0608
USA
7) Telephone (country code, area code, number)
1-415-476-2763

8) Fax (country code, area code, number)
1-415-476-6042

9) E-mail address
bill.holzemer@nursing.ucsf.edu

10) Internet address
http://nurseweb.ucsf.edu/
http://aidsnursing.ucsf.org/

11) Last designation
December 6, 2002

12) Next Redesignation due
December 6, 2006

Institutional characteristics

1) Is your institution?... (Please select one)
Public ☒  Private ☐  Mix ☐
2) Is your institution a (or part of a)?... (Please select)

☑ University
☐ Hospital
☐ Research institute
☐ Ministry
☐ Academy
☐ Other kind of institution

3) Is your source of funding?... (Please select one)

Public ☐ Private ☐ Mix ☑

4) What proportion of your funding was from the regular budget over the past 2 years? (Please select one)

☑ 0-25% regular (core) funding
☐ 26-50% regular (core) funding
☐ 51-75% regular (core) funding
☐ over 75% regular (core) funding

5) Actual number of support staff employed by the Centre

0

6) Capacity building/training courses provided by the Centre (please select all that apply)

☐ Initial technical/vocational training
☑ Undergraduate training
☑ Graduate training
☑ Continuing education/professional training
☐ Distance/e-learning

Terms of Reference

1) Terms of Reference (TOR)

Human Resource Development: To strengthen nursing and midwifery through human resource development.

Evidence-Based Practice: To contribute to the knowledge base for practice in WHO priority areas with particular emphasis upon health disparities.
Implementation of work plan 1

Work performed in relation to Terms of Reference, and for each main activity.

1) Name of the activity

Human Resource Development: USA & Mexico Student and Faculty Exchange

2) Description how the activity was implemented

In 2005, the UCSF School of Nursing, the Universidad Nacional Autónoma de México, Escuela Nacional de Enfermería y Obstetricia (ENEO), and the School of Nursing at the Benemérita Universidad Autónoma de Puebla (BUAP) in Mexico continued their exchange program for faculty and students. The purpose of this program is to exchange knowledge and clinical expertise in different areas of nursing specialties between faculty and graduate students from the Schools of Nursing at UCSF and ENEO and BUAP. Additional specific objectives for UCSF students are to foster cultural sensitivity and cultural competency with the Latino population, to improve Spanish language skills with the goal of improving service delivery to Spanish-speaking populations in California, and to observe or provide care under supervision of Mexican nurses/health care providers for persons needing health care in an area of specific interest. Two UCSF students were selected and fully funded by UCSF School of Nursing to participate in this program. In Fall 2004 two faculty members from BUAP were hosted at the UCSF School of Nursing, one of whom is currently applying to the doctoral program.
3) Publications and other relevant outcomes

4) Evaluation of the activity (e.g., by participants, other formal means)

Student evaluations of the UCSF/ENEO/BUAP program in terms of cultural exposure, Spanish classes and clinical experience were very positive.

5) Difficulties encountered (if any)

Limited funding is an obstacle for most students to take opportunity of this Exchange Program.

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**Implementation of work plan 2**

Work performed in relation to Terms of Reference, and for each main activity.

1) Name of the activity

Human Resource Development: Colombian Research Colloquium and Mexican Obstetric and Perinatal Conferences

2) Description how the activity was implemented

On October 5-8, 2005, UCSF School of Nursing faculty Pilar Bernal de Pheils, Mary Lynch and Nancy Stotts participated as keynote speakers in the XVII National Research Colloquium, held in Bogotá, Colombia in collaboration with ACOFAEN (Colombian Association of Schools of Nursing and a WHO Collaborating Centre). UCSF faculty presented the following keynote presentations: Evidence Based Nursing Practice by Nancy Stotts; Nursing Perspectives of Bioethical Care by Mary Lynch; and US Nursing Conditions: The Good, the Bad and What We May Adapt by Pilar Bernal de Pheils. Additionally Nancy Stotts directed a workshop on evidence-based practice, in a 4-hour pre-colloquium session.

On October 20-22, UCSF School of Nursing faculty Pilar Bernal de Pheils participated in the IV National Congress and I International Symposium in Obstetric and Perinatal Nursing organized by the National Association on Obstetric and Perinatal Nurses, the Universidad Nacional Autónoma de México, Escuela Nacional de Enfermería y Obstetricia (ENEO), and CIMiGEN (an organization that provides full maternal/perinatal services and by health care professionals including obstetric nurses). Ms Bernal de Pheils coordinated a workshop on Innovative Nursing Interventions during Labor and Delivery and Chaired a table discussion Nursing Labor Support with participation of Nurse Midwives from Mexico, Brazil and Norway.
3) Publications and other relevant outcomes

As a result of the US Nursing Conditions presentations, a group of Universidad Nacional, Bogotá Colombia Faculty came to visit UCSF in 2006 to discuss further areas of collaboration.

4) Evaluation of the activity (e.g., by participants, other formal means)

Colloquium participants evaluated the presentations highly.

5) Difficulties encountered (if any)

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**Implementation of work plan 3**

Work performed in relation to Terms of Reference, and for each main activity.

1) Name of the activity

Human Resource Development: UCSF International Nursing Network for HIV/AIDS Research
2) Description how the activity was implemented

In January 2005, members of the UCSF International Nursing Network for HIV/AIDS Research (Nursing Network) met in Mabula, South Africa. During the meeting, a number of participants presented posters about their research work and gave short oral presentations. The participants also made plans for the Network’s fourth collaborative study, including topic selection (The Efficacy of the HIV/AIDS Symptom Management Manual), site director responsibilities, and timeline. UCSF is collaborating with sites in Kenya, South Africa, Lesotho, and Puerto Rico, as well as various sites within the United States.

Participants in the meeting also began planning for the Network’s “2nd International Conference on Nursing Science & HIV/AIDS,” which will take place in Toronto, Canada on August 10-11, 2006, just prior to the XVI International AIDS Conference. The conference will be an opportunity for nurses to share experiences and learn from other nurses around the world. Such capacity-building opportunities are rare for nurses working in the developing world, and are valuable for learning and for creating networks of colleagues. The conference will include keynote presentations, plenary panels of experts, breakout scientific sessions, poster sessions, and roundtable discussions. In addition, continuing education units will be offered.

In 2002, the US Health Resources Services Administration (HRSA) and the Centers for Disease Control and Prevention (CDC) funded the International Training and Education Center on HIV/AIDS (I-TECH) to provide technical assistance for capacity development in the area of AIDS care and support. The I-TECH Center is a joint project of UCSF and the University of Washington, Seattle. Dr. Carmen Portillo serves as co-director of the I-TECH Nursing Workforce Development Initiative. The goal of the Nursing Initiative is to establish HIV/AIDS Human Capacity Development Initiatives in 3 countries based on rapid assessment and analysis of the nursing workforce and nursing education. The framework for the Nursing Workforce Development Initiative includes three essential components: 1) pre-service nursing preparation, 2) preceptorship, and 3) nursing capacity development.
3) Publications and other relevant outcomes


4) Evaluation of the activity (e.g., by participants, other formal means)

5) Difficulties encountered (if any)
Implementation of work plan 4

Work performed in relation to Terms of Reference, and for each main activity.

1) Name of the activity

Evidence-based Practice: Perceived AIDS Stigma: A Multinational African Study

2) Description how the activity was implemented

In June 2003, the University of California, San Francisco School of Nursing was awarded a five-year research grant from the National Institutes of Health’s Fogarty International Center to work with the University of KwaZulu-Natal and the Southern African AIDS Network of Nurses and Midwives (SANNAM) on a research study titled, “Perceived AIDS Stigma: A Multinational African Study.” AIDS stigma and discrimination continue to affect those living with and affected by HIV disease and their health care providers, particularly in Southern Africa where the burden of the AIDS is so significant. Many health care workers in South Africa have come to the conclusion that unless stigma is conquered, the illness will not be defeated.

Through this project, UCSF, the University of KwaZulu-Natal and SANNAM are working with five university-based nursing education faculty (Lesotho, Malawi, South Africa, Swaziland, and Tanzania) to:

- develop and validate two linguistically and culturally appropriate measures of perceived HIV/AIDS stigma appropriate for persons living with HIV/AIDS and nurses;
- test a model, using longitudinal data, of how stigma affects, and is affected by quality of health care and quality of life for persons living with HIV/AIDS and quality of work life and quality of life for nurses; and
- utilize community-based participatory research methods to intervene at a community level with five national nurses association and to track the impact of the community-level events on the perceived stigma of nurse members of those associations.

In March 2005, thirteen members of the research team were Scholars in Residence at the Rockefeller Foundation’s Bellagio Study and Conference Center in Italy, where they drafted two stigma scales (one for nurses and one for people living with HIV/AIDS). The two scales were then pilot tested in-country (using a web-based data entry system). In September, the team met again in Malawi to revise the instruments in preparation for a repeated measures cohort study, which will begin in early 2006. Three additional articles from the first part of the project (focus groups) have been submitted to peer review journals for publication.
3) Publications and other relevant outcomes


4) Evaluation of the activity (e.g., by participants, other formal means)

5) Difficulties encountered (if any)

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**Implementation of work plan 5**

Work performed in relation to Terms of Reference, and for each main activity.
1) Name of the activity

Human Resource Development: Nursing Research Center on HIV/AIDS Health Disparities

2) Description how the activity was implemented

In September 2002, the UCSF School of Nursing received a five-year Center grant from the National Institutes of Health. The grant, “Nursing Research Center on HIV/AIDS Health Disparities,” enables UCSF to collaborate with the University of Puerto Rico (UPR) to enhance the knowledge base for nursing care in order to improve the health and quality of life for people living with and affected by HIV disease. In addition, the project seeks to increase the number of nurse researchers involved in HIV/AIDS disparities research, and to enhance the career development of nurse researchers.

The grant consists of two substantive core areas. The first focuses on conducting a series of one-year pilot studies in the area of HIV/AIDS health disparities. Eleven pilot studies have been funded thus far, addressing topics such as provider perceptions of adherence, symptoms and symptom management, skin diseases, stigma, occupation, genetic determinants of lipodystrophy, adherence in adolescents, and sexual and reproductive health counseling. Each study has two main investigators, one each from UCSF and from the University of Puerto Rico.

The second core area of the grant focuses on mentoring new nurse researchers. The overall objectives of this core are to provide graduate students, post-doctoral fellows and faculty at the Schools of Nursing of UCSF and UPR with the resources, training and mentoring needed to build their research skills and HIV/AIDS expertise; and to socialize them into the scientific community. In 2005, the Center hosted a series of workshops for students, fellows and faculty of the University of Puerto Rico’s Medical Sciences Campus and UCSF.

In February 2005, the Center hosted a conference titled “HIV/AIDS: Research for Health Disparities Reduction and Implications for Health Care Providers” in San Juan, Puerto Rico. Approximately 150 nurses from around Puerto Rico attended the conference. In April 2005, the Center and its External Advisory Committee met to review new pilot study applications and to discuss the progress of the Center’s work. Center investigators are currently planning to develop various applications for extramural funding.

3) Publications and other relevant outcomes


Méndez, MR, & Dawson Rose, CS. (In review). Beyond Their Strengths: Providers’ Perception of Adherence among Puerto Rican Women with HIV/AIDS.


4) Evaluation of the activity (e.g., by participants, other formal means)

An evaluation plan was developed as part of this program. The Center staff monitors all activities and records them. To date, the Center has achieved most of its cumulative objectives.

5) Difficulties encountered (if any)

All of the pilot studies supported by the project have investigators from both universities. This has made it difficult to obtain Institutional Review Board approval for the protection of human subjects. The implementation of HIPAA regulations has also made the process somewhat more difficult.

The distance and time differences between San Francisco and San Juan have also made collaboration difficult at time. The Center addresses this through monthly telephone conference calls and frequent email communication.

Implementation of work plan 6

Work performed in relation to Terms of Reference, and for each main activity.

1) Name of the activity

Human Resource Development: UCSF Global Health Sciences
2) Description how the activity was implemented

In 2004, the University of California, San Francisco founded UCSF Global Health Sciences, which is dedicated to improving health and reducing the burden of disease in the world’s most vulnerable populations. It integrates UCSF expertise in all of the health, social, and biological sciences, focuses that expertise on pressing issues in global health, and works with partners in countries throughout the world to achieve these aims. (http://globalhealthsciences.ucsf.edu). The new UCSF Global Health Sciences website includes a database of information on UCSF faculty, students and staff who are involved in international work. In 2005, UCSF Global Health Sciences continued collaborations with other institutions, worked on the development of an interdisciplinary doctoral program in Global Health Sciences, and planned future activities.

3) Publications and other relevant outcomes

4) Evaluation of the activity (e.g., by participants, other formal means)

5) Difficulties encountered (if any)

Implementation of work plan 7

Work performed in relation to Terms of Reference, and for each main activity.

1) Name of the activity

Evidence-based Practice: Hepatitis B Immunization: Philippine Policy Implications of Current US Guidelines for Newborns
2) Description how the activity was implemented

In 2005, Dr. Geraldine Padilla collaborated with the Philippine Cancer Society, American Cancer Society, and the Stanford University Medical Center, Asian Liver Center to determine why the Philippine campaign to inoculate newborns with the hepatitis B vaccine lags behind efforts in other Asian countries. The objective of the study is to explore strategies to guide Philippine policy concerning Hepatitis B inoculation of newborns, and to draft a plan to implement these strategies and evaluate outcomes. The specific aims are (1) to describe current Philippine policies concerning newborn hepatitis B inoculation as promulgated by the Department of Health, hospitals, clinics, medical and nursing societies, the Philippines Cancer Society, and to compare Philippine policies to current US Centers for Disease Control and Prevention (CDC), Asian Liver Center at Stanford University, and WHO policies; (2) to describe barriers and facilitators to implementation of current Philippine policies concerning newborn hepatitis B inoculation, and proposed Philippine Cancer Society guidelines; (3) to develop a plan, together with the Philippine Cancer Society, to implement the US-based Philippine Cancer Society guidelines for hepatitis B inoculation of newborns, and to evaluate outcomes; and (4) to disseminate the findings from this study, including the implementation/evaluation plan, to stakeholders from the Department of Health, hospitals, clinics, medical and nursing societies, and producers/distributors of the vaccine.

3) Publications and other relevant outcomes

Aspects of this project began last year with a collaboration between the American Cancer Society and the Philippine Cancer Society. The latter received funding from the American Cancer Society to pursue changes in policy. A key player in the Hepatitis B Innoculation effort is Dr. Sam So of the Stanford University Medical Center Asian Liver Center. Dr. So has been instrumental in finding a Chinese donor for the Hepatitis B vaccine.

4) Evaluation of the activity (e.g., by participants, other formal means)

Evaluation is based on the number of infants who receive the full course of the vaccine in the recommended manner. Evaluation of the facilitators and barriers to inoculation according to guidelines is being planned, but has not yet been implemented.

5) Difficulties encountered (if any)

Lack of Funding for the evaluation of the barriers to policy implementation. Dr. Padilla is currently waiting to hear whether a Fulbright Scholarship has been approved for her to return to the Philippines to implement the proposed project described above.
Implementation of work plan 8

Work performed in relation to Terms of Reference, and for each main activity.

1) Name of the activity

Evidence-based Practice: Intimate Partner Violence & Women’s Health: Nurse-Researcher Planning Proposal
2) Description how the activity was implemented

Dr. Janice Humphreys, Associate Professor, and Pilar Bernal de Pheils, Clinical Professor are working with collaborators in the US, Mexico, Colombia and Hong Kong to study intimate partner violence, funded by University of California, Office of the President, Pacific Rim.

The purpose of this project is to bring together a cadre of nurse-researchers from the United States, Colombia (Universidad Nacional de Colombia, Universidad de Antioquia, and Universidad del Valle, all ACOFAEN members), Mexico, and Hong Kong with an established history of collaboration in order to share their research findings and to plan a multi-national project that will produce knowledge of intimate partner violence (IPV) that is both culturally specific and serves to enhance general understanding of this serious women’s health problem. In October 2005 the team held its first planning meeting in Bogotá, Colombia. During that meeting they began sharing their research and developed plans for collaboration, thus advancing the body of knowledge on health effects of IPV against women. To date they have forward- and back-translated the Lifetime Stressor Checklist-Revised into Spanish and submitted a proposal for a research project in Hong Kong.

3) Publications and other relevant outcomes


4) Evaluation of the activity (e.g., by participants, other formal means)

5) Difficulties encountered (if any)

Implementation of work plan 9

Work performed in relation to Terms of Reference, and for each main activity.

1) Name of the activity

Human Resource Development: Building Communities of Practice
2) Description how the activity was implemented

In July 2005, the WHO Nursing Office invited the UCSF School of Nursing to lead its Community of Practice for HIV/AIDS and Nursing, based upon its existing International Nursing Network for HIV/AIDS Research and its operational web site (http://ucsf.edu/aidsnursing). During Fall 2005, the UCSF School of Nursing responded to a request for proposals on building international nursing capacity to respond to HIV/AIDS, and proposed using the Communities of Practice framework. We are waiting to hear the results of this proposal. In November 2005, a UCSF representative attended the Nursing and Midwifery Communities of Practice Steering Committee Meeting at Johns Hopkins University. Participants at this meeting worked to clarify the Communities of Practice concept, shared experiences of building their own communities or networks, learned about emerging technologies for supporting Communities of Practice, and discussed ways to use the COP concept to build capacity among nurses and midwives around the world.

3) Publications and other relevant outcomes

4) Evaluation of the activity (e.g., by participants, other formal means)

5) Difficulties encountered (if any)

Implementation of work plan 10

Work performed in relation to Terms of Reference, and for each main activity.

1) Name of the activity

Evidence-based Practice: Malawi Christians and Muslims: HIV Prevention and Care
2) Description how the activity was implemented

In 2005, Dr. Sally Rankin was awarded a three-year grant from the National Institutes of Health to study the role of religious organizations (Baptist, Muslim, Living Waters, Anglican) in HIV/AIDS prevention and care. The specific aims of the study are (1) to describe the strategies of each faith-based organization to prevent HIV infection and to care for people living with HIV/AIDS, (2) to describe the perceived power and influence exerted by these four Malawi religious groups on risk-taking and HIV mitigation behaviors of their members from the perspectives of central leadership, local level leadership, and members at local levels, and (3) to test the contribution of knowledge, attitudes to risk-taking behavior, subjective norms, perceive behavior control and behavioral intentions to the outcome behaviors using multilevel regression. The study will use both qualitative and quantitative research methods. Work on the study will begin in 2006.

3) Publications and other relevant outcomes

4) Evaluation of the activity (e.g., by participants, other formal means)

5) Difficulties encountered (if any)

Recommendations, where applicable, for:

1) Further implementation of the above activities

2) Revision of the Terms of Reference

3) Preparation for the Terms of Reference for the next designation period (4 years)
4) Related activities (e.g., follow-up and monitoring)

Collaboration between the Centre and WHO

1) Visits by WHO staff (HQ and/or Regional Office) to the Centre

2) Visits by the Centre staff to WHO (HQ and/or Regional Office)

3) Use of the Centre staff by WHO
   n/a

4) Support provided by Centre staff for courses cosponsored or organized by WHO (HQ and/or Regional Office)
   n/a
5) WHO financial support to the Centre through contractual or Technical Services Agreement
0

6) Other type of support provided by WHO
None.

7) Any other collaborative activities (outside WHO but in the interest of WHO and/or the Centre)

8) Any difficulties encountered in all of the above collaborations?

9) Suggestions for increased and improved collaboration with WHO
UCSF is very interested in continuing to support the Pan American Research meetings in collaboration with other WHO Collaborating Centres and PAHO. Currently Pilar Bernal de Pheils is an External Advisor for the X Pan-American Research Colloquium Scientific Committee to be held in Buenos Aires Argentina, November 27-30, 2006. Members of other WHO Collaborating Centers of the Americas are being contacted to participate in this colloquium as keynote speaker or panel participants, as they have done in the past colloquiums.

10) Suggestions for increased and improved collaboration with other organizations
Collaboration with other WHO Collaborating Centres
1) Name(s) of other WHO Collaborating Centre(s) with which the Centre has collaborated

WHO Collaborating Centre for Information Systems in Nursing Care (Institute for Johns Hopkins Nursing)

WHO Collaborating Centre for Nursing Development for Primary Health and Educational Development (McMaster University)

WHO Collaborating Centre for Nursing and Midwifery Development in PHC (St. Luke’s College of Nursing)

WHO Collaborating Centre for Postgraduate Distance Education and Research in Nursing and Midwifery Development (University of South Africa)

WHO Collaborating Centre for Educating Nurses and Midwives in Community Problem-solving (University of KwaZulu-Natal)

WHO Collaborating Centre for Nursing (Universidad Nacional Autónoma de México)

WHO Collaborating Centre for the Development of Innovative Methodologies in the Teaching-Learning in PHC (Asociacion Colombiana de Facultades de Enfermeria (ACOFAEN))

- Universidad Nacional de Colombia (part of the ACOFAEN Collaborating Centre)

2) Name of the network of Collaborating Centre to which the Centre belongs

AMRO
3) Nature of the collaboration

WHO Collaborating Centre for Information Systems in Nursing Care (Institute for Johns Hopkins Nursing) – Health disparities research.

WHO Collaborating Centre for Nursing Development for Primary Health and Educational Development (McMaster University) – Co-hosting the 2nd International Conference on Nursing Science and HIV/AIDS

WHO Collaborating Centre for Nursing and Midwifery Development in PHC (St. Luke’s College of Nursing) – Faculty member

WHO Collaborating Centre for Postgraduate Distance Education and Research in Nursing and Midwifery Development (University of South Africa) – Co-hosted meeting of the UCSF International Nursing Network for HIV/AIDS Research, in South Africa; Collaborating on multisite international study, The Efficacy of the HIV/AIDS Symptom Management Manual

WHO Collaborating Centre for Educating Nurses and Midwives in Community Problem-solving (University of KwaZulu-Natal) – Collaborating on multisite international study, Perceived AIDS Stigma: A Multinational African Study

WHO Collaborating Centre for Nursing (Universidad Nacional Autónoma de México) – Annual exchange program for faculty and students. Speaker for the National Congress and International Symposium in Obstetric and Perinatal Nursing.

WHO Collaborating Centre for the Development of Innovative Methodologies in the Teaching-Learning in PHC (Asociacion Colombiana de Facultades de Enfermeria (ACOFAEN)) – Keynote speakers in XVII National Research Colloquium; Pre-colloquium sessions on evidence-based practice. Held a research planning meeting in Bogotá, Colombia on Intimate Partner Violence and Women’s Health with participation of Colombian Colleagues-members of ACOFAEN and Colleagues form Mexico and Hong Kong

4) Outcome(s) of the collaboration

5) Suggestions for increased and improved collaboration with other WHO Collaborating Centres

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Participating at and organizing conferences, meetings and seminars
1) During the last 2 years, did your Centre participate at national conferences? (Please select one)

☐ None
☐ 1-3 meetings
☐ 4-6 meetings
☑ over 7 meetings

2) During the last 2 years, did your Centre participate at regional/international conferences? (Please select one)

☐ None
☐ 1-3 meetings
☐ 4-6 meetings
☑ over 7 meetings

3) During the last 2 years, did your Centre organize (or co-organize) national conferences? (Please select one)

☐ None
☑ 1-3 meetings
☐ 4-6 meetings
☐ over 7 meetings

4) During the last 2 years, did your Centre organize (or co-organize) regional/international conferences? (Please select one)

☐ None
☑ 1-3 meetings
☐ 4-6 meetings
☐ over 7 meetings
APPENDIX III

PROPOSED LANGUAGE FOR FACULTY POLICY MANUAL

e. International and Global Health Nursing Committee

(1) Membership:

   a. This committee shall consist of faculty members without regard to
      Academic Senate membership. Representation would include: one faculty
      representative from each of the four departments; at least one student
      representative, and the Associate Dean for International Programs as ex
      officio.

(2) The functions of the International and Global Health Nursing
    Committee shall be to:

   a. Collaborate closely with the Associate Dean for International
      Programs;
   b. Collaborate closely with the UCSF WHO Center Network;
   c. Integrate international/global health nursing programs and activities
      into the fabric of the School;
   d. Develop and oversee policy affecting international student placements;
   e. Guide policy in the area of international agency/institutional
      affiliations;
   f. Guide policy in the area of recruitment and retention of international
      MS and PhD students;
   g. Provide leadership in developing intra and interschool collaborative
      research programs/networks;
   h. Sponsor international speakers;
   i. Assist in identifying/publicizing grant opportunities for S/N faculty and
      Dean’s Office and, in general, research possible sources of funding to
      enhance international/global health programming opportunities

9-01-06
COMMUNICATION FROM THE CHAIR OF THE SCHOOL OF NURSING FACULTY COUNCIL
Mary B. Engler, PhD, RN, MS, FAHA

September 8, 2006

Jean Ann Seago, RN, PhD
Chair, Committee on Rules and Jurisdiction
Office of the Academic Senate, Box 0764

Re: Proposed Amendment to the School of Nursing Bylaws

Dear Chair Seago,

The School of Nursing Faculty Council respectfully submits the attached Proposed Amendment to the School of Nursing Bylaws for review and approval by the Academic Senate Committee on Rules and Jurisdiction.

This addition to the School of Nursing Bylaws creates a new Standing Committee of the School of Nursing: the International and Global Health Nursing Committee.

Your prompt consideration is greatly appreciated.

Sincerely,

Mary B. Engler, PhD, RN, MS, FAHA
Chair, School of Nursing Faculty Council

enclosures/ Proposed Amendment to the School of Nursing Bylaws (09/08/06)
Proposed Amendment to the School of Nursing Bylaws
Proposed September 8, 2006

To be inserted into **Part IX. Standing Committees:**

**e. International and Global Health Nursing Committee**

(1) **Membership:**

a. This committee shall consist of faculty members without regard to Academic Senate membership. Committee Membership shall consist of at least the following: one faculty representative from each of the four departments; one faculty representative from the Institute for Health and Aging; at least one student representative, and the Associate Dean for International Programs as *ex officio*. The Chair shall be appointed to serve as Chair for a term of two years.

(2) **The functions of the International and Global Health Nursing Committee shall be to:**

a. Collaborate closely with the Associate Dean for International Programs;
b. Collaborate closely with the UCSF WHO Center Network;
c. Integrate international/global health nursing programs and activities into the fabric of the School;
d. Develop and oversee policy affecting international student placements;
e. Guide policy in the area of international agency/institutional affiliations;
f. Guide policy in the area of recruitment and retention of international MS and PhD students;
g. Provide leadership in developing intra and interschool collaborative research programs/networks; Chair or designee shall represent the School of Nursing on University or campus International and Global Health working groups as necessary;
h. Sponsor international speakers and programs;
i. Assist in identifying/publicizing grant opportunities for School of Nursing faculty and Dean’s Office and, in general, research possible sources of funding to enhance international/global health programming opportunities.
COMMUNICATION FROM THE COMMITTEE ON RULES AND JURISDICTION
Jean Ann Seago, RN, PhD

September 26, 2006

Mary Engler, PhD, RN, MS, FAHA
Chair, School of Nursing Faculty Council
Campus Box

RE: Review of Proposed School of Nursing Bylaw Amendment Creating a Standing Committee on International and Global Health

Dear Chair Engler:

On September 25, 2006, the Academic Senate Committee on Rules and Jurisdiction has reviewed the proposed addition to the School of Nursing Bylaws creating a new School of Nursing standing committee of International and Global Health, as submitted in the Communication dated September 8, 2006. The Committee approves this language as proposed.

Sincerely,

Jean Ann Seago, RN, PhD
Chair, Committee on Rules and Jurisdiction

Committee on Rules and Jurisdiction
Jean Ann Seago, PhD, RN, Chair
Theodora Mauro, MD, Vice Chair
Douglas Carlson, JD
Daniel Ramos, PhD, DDS
Anne Slavotinek, MD
Joanna Weinberg, JD, LLM
Cultural Competence Revisited: Nursing Students with Disabilities

Beth Marks, PhD, RN

ABSTRACT
The demographic profile of students in nursing schools is changing in relation to many different cultural backgrounds. Despite the potential for students with disabilities to enrich the nursing profession, nurse educators may be perpetuating historical attitudes, values, and practices that exclude students with disabilities from gaining admission or identifying themselves as people with disabilities. Educators in nursing schools continue to ask whether people with disabilities have a place in the nursing profession, while the more salient question is, “When will people with disabilities have a place in the nursing profession?” More important, as we create environments that welcome students with disabilities into the nursing profession, how does the quality of nursing care improve and become more appropriate for people with different cultural experiences? The purpose of this article is to present the value of recruiting students with disabilities into nursing schools in order to enhance culturally competent nursing care.

Data from the U.S. Census Bureau, Population Division, Population Estimates Program (1999) and Housing and Household Economic Statistics Division (1999) confirm our nation’s growing ethnic and racial diversity and predict that this trend will continue during the next century. While educators continue to prepare the nursing workforce to meet the needs of this growing trend, diversity remains a challenge in nursing education (Lester, 1998a). As the profession becomes more culturally diverse, the demographic profile of students recruited and enrolled in nursing schools is changing in relation to cultural backgrounds. Today’s nursing students have cultural backgrounds shaped by many influences, collectively described as sociocultural factors (Betancourt, Green, & Carrillo, 2002). In addition, students have more sophisticated expectations for their education because of diverse sociocultural factors (e.g., ethnicity, race, nationality, gender, language, sexual orientation, age, physical and mental abilities, socioeconomic status, life experiences).

Despite the potential for students with disabilities to enrich postsecondary education, the academy supports: intellectual, sociocultural, ethical, political, and policy conclusions about disabled people without examining the ignorance, fear, and prejudice that deeply influence [their] thinking. (Longmore, 2003, p. 3)

Nurse educators, as members of the academy, may also perpetuate historical attitudes, values, and practices that exclude students with disabilities from gaining admission or identifying themselves as people with disabilities (Doe, 2003; Evans, 2005; Maheady, 1999; Marks, 2000b). Educators in nursing schools continue to ask whether people with disabilities have a place in the nursing profession, while the more salient question is, “When will people with disabilities have a place in the nursing profession?” More important, as environments that welcome students with disabilities into the nursing profession are created, how does the quality of nursing
care improve and become more appropriate for people with different cultural experiences?

The purpose of this article is to present the value of recruiting students with disabilities into nursing schools in order to enhance culturally competent nursing care. Disability culture and identity will be discussed, cultural competence will be defined, and strategies for implementing culturally competent care for people with disabilities will be reviewed.

DISABILITY CULTURE AND IDENTITY

People often associate “disabilities” with an apparent physical impairment, such as paraplegia, quadriplegia, blindness, or deafness. However, the most common chronic conditions causing activity limitations are rarely visually apparent, such as back problems (5.9 million), heart diseases (4.0 million), arthritis (3.7 million), lung or respiratory diseases (3.3 million), orthopedic impairments of extremities (2.7 million), psychiatric conditions (1.5 million), learning disabilities and mental retardation (1.5 million), diabetes (1.2 million), and cancer (0.9 million) (LaPlante & Carlson, 1996).

Conditions commonly viewed as disabling have a much lower prevalence. For example, paralysis is the main cause of activity limitation for 547,000 people (42,000 have quadriplegia and 47,000 have paraplegia) (LaPlante & Carlson, 1996). Hearing impairment is reported as a primary cause of activity limitation for 654,000 people (127,000 report being deaf in both ears), and visual impairment, including blindness, is a main cause of limitation for 727,000 Americans (LaPlante & Carlson, 1996).

Cultural Minority

Like race and gender, disability is now considered a natural part of the human experience. People with disabilities are disentangling socially constructed determinants, from those attributable to physiology, identifying themselves as members of a sociocultural group that crosses diagnostic boundaries. In addition, social, political, and economic barriers are considered a large part of daily concerns, not just intrinsic limitations of disability. People with disabilities increasingly report a sense of identity with other disabled people. In a national survey, 45% of disabled people felt that people with disabilities are a minority group in the same sense as racial/ethnic minorities (Louis Harris & Associates, Inc., 1998). The 1998 N.O.D./Harris national survey data also documented that 84% of disabled people (compared to 81% in 1994 and 74% in 1986) feel some sense of identity with others who have disabilities (Louis Harris & Associates, Inc., 1998).

Because people with disabilities have frequently grown up in isolation from each other, they often have not had an opportunity to develop a sense of subculture or shared experiences of social stigma, isolation, and second-class citizenship. Consequently, many people with non-apparent and apparent disabilities do not identify themselves as having a disability due to shame and fear of negative treatment from others.

Currently, people with disparate disabilities are sharing a common identity and a need to claim their human and civil rights. Similar to other minority groups, during the past 20 years, people with disabilities are gaining more control over definitional issues by renaming themselves in accordance to their own perspective. This process serves to reclaim a sense of individual identity and empower a sense of group identity. As people share their experiences of stigma and isolation, attitudinal and architectural barriers, not the intrinsic limitations related to the disability, are viewed as central to disablement. People no longer want to be viewed merely as a “pathological” condition.

Reclaiming Disability

As disparate groups of people with disabilities, including parents of children with intellectual disabilities, shared their experiences of second-class citizenship, they came together to demand enforcement of the first civil rights law for people with disabilities to enjoy basic human and civil rights: the Americans with Disabilities Act of 1990 (ADA). The ADA, similar to the Civil Rights Act, attempts to bring fundamental rights and equality to all Americans. As a civil rights law, the ADA focuses on arbitrary, unjust, and outmoded societal attitudes and practices that prohibit and/or restrict access for people with disabilities, and seeks to eliminate practices that make people unnecessarily different.

The ADA is not an extension of disability benefits designed to create opportunities for disabled people or to identify a particular group of individuals who are entitled to special treatment. In addition, the ADA is a legal framework to guide educators in preparing professional nurses who will provide safe and effective care. Instead, the ADA seeks to end discrimination in the areas of employment, state and local governments, public accommodations, commercial facilities, transportation, and telecommunications (U.S. Department of Justice, Civil Rights Division, Disability Rights Section, 1998).

Culturally Competent Care

The emergence of “cultural competence” in health care attempts to address the factors that contribute to disparities in health care services (Betancourt et al., 2002). As defined by Betancourt et al. (2002), the construct of cultural competence describes the ability of health systems to provide care to people with diverse values, beliefs, and behaviors, as well as tailor services to meet consumers’ social, cultural, and linguistic needs. Although educators, researchers, and administrators are still trying to define and implement cultural competence in academic settings, the workforce, and health care systems (Betancourt et al., 2002), the primary goal is to deliver high-quality, equitable health care to people, regardless of cultural background.

People with disabilities often state that people’s reactions toward them are more difficult to cope with than their disability (Marks, 2000a). Many of these reactions come from health care professionals who do not understand and have not received any education regarding dis-
ability issues from a social model perspective (Scullion, 1999b). Unfortunately, this creates a cultural conflict, which translates into ableist (discrimination based on disability status) care for patients. Unlike the Civil Rights Act, which passed after tremendous amounts of consciousness-raising and demonstrations, the ADA passed very quietly with little understanding of what disability discrimination (i.e., ableism) entails (Johnson, 1999).

Consequently, discrimination and oppression related to disability status has received little attention in nursing literature (Northway, 1997) and may be widespread in a variety of health care settings (Scullion, 2000). Obstacles range from inaccessible offices and equipment to negative attitudes toward people with disabilities. People with disabilities state they are often treated as a “diagnosis” and not as people (Gill, 1996). Because nurses are often the first health care professionals that people with disabilities or their families meet, they have a tremendous influence on how people are treated and how people with disabilities view themselves. In this way, increasing the number of health care providers with disabilities can only improve health care for people with disabilities.

Organizational Cultural Competence
As our society becomes increasingly multicultural and multilingual, health care administrators are recognizing the need to design organizational systems that provide culturally appropriate care to diverse populations. Studies have linked quality of care with racial and ethnic diversity in the health care workforce (Betancourt et al., 2002). Specifically, research has documented that improvements in cross-cultural communication and racial concordance between health care providers and patients may lead to greater patient involvement in care, higher levels of patient satisfaction, more preventive care, and better health outcomes (Cooper-Patrick et al., 1999; Morales, Cunningham, Brown, Liu, & Hays, 1999; Saha, Taggart, Koma- romy, and Bindman (2000) found that African Americans and Hispanic Americans sought care from physicians of their own race because of personal preference and language, not solely because of geographic accessibility. These findings have implications for developing targeted strategies to increase the supply of minority health care providers, including health care providers with disabilities. Unfortunately, although data have not been systematically collected on health care leaders and professionals with disabilities, the literature shows an underrepresentation of racial and ethnic minorities in the health care workforce (Evans, 1999).

In a dialogue with nurses about cultural competence, Lester (1999b) documented the importance of having a diverse nursing workforce in providing long-term, culturally competent care. While this dialogue among nurses did not include nurses with disabilities or disability as a cultural issue, nurses did report enhanced learning from working in diverse environments and working with co-workers of different cultural backgrounds (Lester, 1999b). Nurses also reported enhanced cultural competence learn-

ing when they interacted with faculty and fellow students who had diverse cultural backgrounds. This parallels reports of educational environments being enriched when students and nurses without disabilities have the opportunity to work alongside others who have disabilities (Evans, 2005).

Systemic Cultural Competence
While many Americans face obstacles to obtaining quality health care services, people with disabilities are especially vulnerable to the inadequacies of the existing health care system. Similar to racial/ethnic minorities, people with disabilities are sharing their concerns related to disparities in health status, as well as inequitable and inaccessible health care delivery systems (Blumberg, 1994; Rosen, 1994). According to disability rights activist and scholar Margaret Nosek (1996):

Although we are experiencing some progress in removing discrimination on the basis of disability in education, employment, and public services, the mind-set of medical professionals is more deeply rooted in tradition and has been slower to respond. (p. 17)

Barriers to accessing health care services are often related to attitudinal, programmatic, physical, and communication issues (Marks & Heller, 2003), along with inadequate professional education regarding disability issues (Gill, 1991; 1996). Studies show that barriers result in reduced access to health education, preventive health screenings, and health promotion activities (Rimmer, Rubin, & Braddock, 2000).

Attitudes are often the greatest barrier reported by people with disabilities. Attitudinal barriers are experienced by people with disabilities when health care professionals view and treat them as if they were deficient, abnormal, or sick, and in need of prevention, correction, or assimilation (Gill, 1997). Scullion (1999b) reported that “The experiences of disabled people suggest that their contact with nurses is demeaning and disempowering” (p. 648). The definitions and assumptions nurses have about disability are likely to influence the care they provide to people with disabilities. Reportedly, attitudes can change the most when people with disabilities work side-by-side in an equal status with their non-disabled peers (Evans, 2005).

People with disabilities experience programmatic barriers with inflexible appointments that fail to accommodate transportation availability, underinsured or lack of health insurance coverage, geographical unavailability of health services, or lack of assistance in clinic settings (Marks, 2000a). Physical barriers for people with disabilities include inaccessible examination tables, lack of accessible restrooms, and lack of written, pictorial, and Braille signage regarding access information within the facility (Marks & Heller, 2003).

Communication barriers may prevent people with visual, hearing, or learning disabilities from receiving information in an understandable format. For example, inappropriate presentation of teaching materials, such as the
lack of sign language interpreters, large-print formats for health education materials, and materials appropriate for the patient's level of intellectual functioning, may inhibit learning. Discordant communication between health care providers and people with disabilities has the potential to decrease health care parity and reduce quality of care.

**Clinical Cultural Competence**

People with disabilities report that health care professionals often lack knowledge and sensitivity about their disabilities, and focus more on patients' disabilities than their immediate health problems (Gill, 1996). Because many health care providers have not had the necessary training or experience to provide health care services for people with disabilities, they have a tendency to objectify people with disabilities as a “disease” (Gill, 1996) or “defective machine” (Blumberg, 1994) that needs to be cured or fixed. This perspective fails to construct health within a person's own conceptualization and can negatively affect a person's ability to obtain health care services.

Incongruent cultural views of health may result in people with disabilities refusing to access health care services because of fear or health care professionals refusing to provide health care services. In their study examining attitudinal and health care system variables related to accessibility and availability of gynecological and reproductive services for women with disabilities, Kopac, Fritz, and Holt (1996) found that several basic services were not provided by agencies, such as prenatal care (79%), counseling or treatment related to sexually transmitted diseases (45%), health education for sexual and reproductive knowledge (17%), and mammograms (9%).

**STRATEGIES FOR ATTAINING CULTURALLY COMPETENT CARE**

The real goal and spirit of the ADA (1990) is “to provide a clear and comprehensive national mandate for the elimination of discrimination against individuals with disabilities” and “to assure equality of opportunity” (as opposed to creating opportunities) for all Americans (Section 2.b.1, Section 2.a.8). Nurse educators must challenge outdated perceptions that nursing students with disabilities pose an inherent risk to the public that is distinctly different from that posed by any other student. From a minority perspective, disability status is no more a liability than one's ethnic/racial background or gender. To date, no research study has systematically documented a relationship between disability status and medical errors or patient safety. In addition, according to the Institute of Medicine's 1999 report, when people make mistakes, it is most often caused by faulty systems, processes, and conditions (e.g., basic flaws in how the health system is organized). The majority of mistakes are not the result of individual recklessness or the actions of a particular group. Unfortunately for nursing students with disabilities, the preoccupation of some faculty with the issue of safety "even in the face of repeated demonstrations of safe practice, [seems] to be a veiled attempt to prevent” the progression of students with disabilities in the nursing program (Evans, 2005, p. 14).

Nursing students with disabilities will foster a new set of knowledge, skills, and abilities in the nursing profession. Essential functions need to be redefined accordingly. People with disabilities have the potential to improve nursing care and advance culturally relevant care with their unique understanding of disability issues. Nurse educators need to move away from the notion that they are attempting to identify a particular group of individuals (students with disabilities) who are entitled to some type of special treatment. People should be permitted to use a range of strategies and technologies to perform the essential functions of their jobs.

Educators need to expand their conceptualization of disability beyond the medical model definition and incorporate more comprehensive models of disability, such as a social model or interface model (Goodall, 1995; Scullion, 1999a), into nursing education. Curricula restricted to using only a medical definition of disability will fail to recognize the social determinants of the disability experience. Consequently, graduating nurses will continue to be limited in their ability to provide culturally responsive care for people with disabilities. By exploring and adopting a broader definition of disability, nurses will be able to consider the distinction between “impairment” and “disability,” and reflect on their own attitudes, beliefs, and values regarding disability-related issues (Scullion, 1999a).

The use of more comprehensive models of disability will also promote the perception of nurses with disabilities as valuable professionals whose skills and talents are needed and wanted by the profession. In addition, policies and procedures that include the perspectives of people with disabilities can be developed and implemented. By incorporating disability into discussions of diversity, disability-friendly language and inclusive photographs and art representing positive images of people with disabilities can be integrated into syllabi, student handbooks, and lectures.

**SUMMARY**

As nurses, we must attend to several issues. First, we must expand our view of disability beyond our understanding of disability as physical, sensory, psychological, and cognitive abnormalities or deficiencies to include a more comprehensive model of disability. For example, the social model of disability incorporates the minority group model and the independent living model and defines disability as a social status, rather than merely a physical or cognitive attribute (Gill, 2001). A primary focus of the social model is on external factors, with an explicit rejection of the notion that “impairment” creates disability (Scullion, 1999a). According to Gill (2001), the social model distinguishes individuals “impairments” from their social consequences or social oppression. In addition, while nature can impair, only society can disable, and it is society that must be fixed to ameliorate disability.
Second, we must address our prejudices toward people with disabilities and recognize the value and viability of the hard-won rights of people with disabilities to access basic human and civil rights. Lastly, as we accept and accommodate people with disabilities as nursing students and professional nurses, we will discover that a student’s success is highly dependent on the availability of accommodations, not the type or severity of disability. In this way, students with and without disabilities will enhance culturally competent nursing care.

REFERENCES
