ACADEMIC PROGRAM EFFICIENCIES TASK FORCE

UCSF School of Nursing – March 2009

INTRODUCTION

The Academic Program Efficiencies Task Force was convened March 2009 upon the request of the UCSF School of Nursing Faculty Council. The charge for this task force was to develop a list of recommendations for consolidation or reduction of current program offerings in the school.

The Task Force members were as follows: Jeff Kilmer (Co-Chair), Lynda Mackin (Co-Chair), Jill Howie-Esquivel, JoAnne Saxe, Oisaeng Hong, Janice Humphreys, Susan Kools and Christine Kennedy (filling in for Susan Kools). Susan Chapman was invited to participate but was unable to attend any of the meetings. Three-2 hour meetings were held (March 3, 10, 17, 2009).

The task force work operated under the following assumptions and principles:

- Recommendations were developed for both MS and PhD programs.
- All possibilities were entertained and discussed, including those that could result in change in teaching assignment or employment status for some individuals.

MS PROGRAM-SPECIFIC RECOMMENDATIONS

Possible Cost-Saving or Revenue Producing Recommendations

- Increase Post-Masters offerings throughout the School wherever possible. (This has a strong potential to raise substantial revenue).
- If there are cost-savings to be gained by merging or consolidating specialties, then this should be considered. This process should be guided by a careful cost-benefit analysis to determine if merging truly results in savings.
  - If, indeed, there are cost savings associated with merging specialties, the following mergers should be considered: merge ANP with GNP; merge Nursing Leadership with Nursing Health Policy; create a single CNS track under one umbrella; combine all Psych subspecialties; combine all Peds subspecialties.

Improving Efficiency Recommendations
• Establish formula for desired student/faculty ratios among specialties. Carefully evaluate those that don’t meet a minimum ratio for cost effectiveness.
• Prohibit students from doing a selective dual major; this does not include our formally sanctioned duals such as OHNP, Oncology GNP or PsychNP. Students who desire dual certification should be directed to Post-Masters program options. This will not only reduce the number of students who are taking longer than two years to complete the degree, but also helps a new income source through collection of Post Masters program fees.
• Use Central 360© to its fullest capacity for tracking student clinical activity and performance, preceptor evaluations, and clinical placement management.

PHD-SPECIFIC RECOMMENDATIONS

Possible Cost-Saving or Revenue Producing Recommendation

• Any doctoral student wishing to pursue an NP or CNS certificate must be counseled to take an LOA from the doctoral program and to pursue this via the Post Master’s track or pursue this certification as a Post Master’s student after completing the PhD program.

Improving Efficiency Recommendations

• Teach Advanced Nursing Seminars only once every two years
• Reduce the number of doctoral-level theory courses from five or six to one or two.
• Analyze Qualifying Exam process for possible inefficiencies. The current process is extremely labor intensive for faculty.

GENERAL RECOMMENDATIONS (APPLICABLE TO MS AND DOCTORAL PROGRAMS)

Possible Cost Saving Recommendations

• Limit the hiring of outside faculty to cover School of Nursing courses.
• Limit faculty from offering courses with fewer than six students (N249s excepted).
• If faculty practices/school clinics continue to lose money, consider a) whether they should be continued at all, and b) whether they should be used for student clinical placements if such placements cost more than using non-faculty practice sites.
• Limit courses from having more than one faculty. (Exception: new core courses in the revised MS Curriculum may be best taught by co-faculty). For selected courses, consider using student TAs as a more cost effective way of supporting faculty teaching large classes.
• Require that every student who is using faculty resources in any way be required to register and pay fees during summer sessions. Educate faculty on this matter.

• Make better use of tenure track faculty time for writing research grants; reserve training grants for clinical faculty. Research grants generate far greater returns to the school than training grants. Training grants, while of immediate benefit, have multiple downsides (e.g., expectation that programs continue beyond life of funding, expectation that faculty who initially write training grants are responsible for said grants when they could be using their time more productively, tendency for training grants to foster complex subspecialties which require more time to administer, etc.). Recognize that some grants require the writer/PI is PhD prepared and has an established research career. Pursue options for moving the School’s clinical contract efforts to a central campus office; we assume that there is a good deal of duplication across schools.

• Offer MS student clinical course options over the summer quarter. This brings money directly into the school/departments.

• Solicit clinical faculty to voluntarily reduce contracts to 9 or 10 month terms. If this is done, efforts should be made to ensure that clinical faculty have the option to maintain benefits during the off months (such providing an option to spread the 9 or 10 month salary over 12 months). Alternatively, reduce clinical faculty contracts to 85-90% so as to preserve benefits.

Possible Time Saving Recommendations

• Reduce the number of faculty serving on the MEPN Screening Committee.

• Reduce the number of faculty serving on the Doctoral Admissions Committee.

• Identify interprofessional education efforts that might allow the S/N to reduce teaching obligations.

• Identify online curricular offerings that might result in more effective use of faculty time.

Report compiled by Jeff Kilmer and Lynda Mackin (3/31/09)