The Future of Care Project: Expanding and Enriching Undergraduate Nursing Education at the University of Wisconsin-Madison

The School of Nursing faculty and staff are often asked two questions: “Isn’t there a nursing shortage?” and “Why don’t you admit more students?” The answer to the first question is yes. There is a serious and deepening nursing shortage in the US and in other countries. Consequently, employment opportunities for nurses in the US are strong and will become even stronger over the next fifteen years. Should UW expand the nursing program on the Madison campus? Yes, far too many well-qualified students, most of them UW system undergraduates, are being turned away from this program. Over the past decade, the School has denied admission to approximately 1300 highly qualified students, despite having expanded admissions nearly 50% over the same time period.

The School of Nursing is requesting funds from the Madison Initiative for Undergraduates (MIU) to accomplish two goals. First, the School proposes to expand admissions to its high-demand BS Nursing program. Second, as part of its commitment to continuous quality improvement, the School seeks to improve and transform the educational experience for nursing undergraduates as well as other health discipline students through the integration of new instructional and health information technologies, and through the creation of a Nursing Learning Center.

To accomplish these goals, we are requesting 7.5 additional faculty and staff lines, faculty development support to implement proposed teaching innovations, and funds to enhance student support services. The total budget request is $550,000.
The University of Wisconsin-Madison School of Nursing is requesting funds from the Madison Initiative for Undergraduates (MIU) in order to accomplish two goals. First, the School proposes to expand admissions to its high-demand BS Nursing program. Second, as part of its commitment to continuous quality improvement, the School seeks to improve and transform the educational experience for nursing undergraduates through the integration of new instructional and health information technologies, and through the creation of a Nursing Learning Center. These activities address two of the MIU goals: 1) to generate faculty and instructional support, including hiring, to offer the courses, majors, and experiences students need, and 2) to expand best practices and innovation in teaching and learning, curricular design, and student services in order to enhance student outcomes.

I. Future of Care Project Goal 1 – Secure additional faculty to allow 20% increase in admissions (24 spaces/year) in BS Nursing program at Madison [MIU Goal 1]

The School of Nursing offers one of the most competitive undergraduate majors on the Madison campus. In recent years, three qualified applicants were denied for lack of space for each one that was admitted. Over the past 10 years, the School has denied admission to approximately 1300 highly qualified students, despite having expanded admissions nearly 50% over the same time period (i.e., from 100 to 130 on the Madison campus, and adding 24 new spaces each year through its satellite program in LaCrosse). We are continually asked two questions --- “Isn’t there a nursing shortage?” and “Why don’t you admit more students?”

The answer to the first question is yes – there is a serious and deepening nursing shortage in the US, and in many other countries. While there has been a temporary slowdown in hiring nurses in some parts of the country due to the economic recession, experts have cautioned strongly against concluding that the shortage is over (http://www.aacn.nche.edu/Education/pdf/Tricouncilrnssupply.pdf). In fact, officials in the US Health Research Service Administration (HRSA) state that “to meet the projected growth in demand for RNs over the next two decades, the US must graduate approximately 90 percent more nurses than current levels”, and must sustain this for a decade or more (www.aacn.nche.edu/media/factsheets/NursingShortage.htm). The US Bureau of Labor Statistics projects that more than 580,000 new RN positions will be created by 2018, representing a 22 percent increase in the size of the RN workforce from the 3.9 million nurses in practice today (www.aacn.nche.edu/media/factsheets/NursingShortage.htm). In Wisconsin, an analysis by the Wisconsin Center for Nursing suggests that, over the next 10 years, over 18,500 nurses or 36% of the workforce in direct care positions will retire.

The School of Nursing has a proven record of responding effectively and creatively to the state and national need for nurses. In 2003, the School began a satellite program in La Crosse, Wisconsin in collaboration with Gunderson Lutheran Health System (GLHS) and UW-La Crosse. This innovative partnership created 48 new spaces in the UW Madison nursing program
without new state funding because costs of instruction are borne primarily by GLHS. To date, 87 students have graduated from this satellite program, and nearly 1/3 of these nurses took their first professional practice positions in La Crosse. This “grow your own” approach has successfully addressed the need for more university-educated nurses in the western part of the state. However, the limited number of clinical sites in the La Crosse area will not support further program expansion.

Should UW expand the nursing program on the Madison campus? Yes, for two reasons. First, this program expansion would be welcomed, not only by prospective applicants, but also by employers. Nursing is a rich, rewarding professional career for those with an aptitude for science and a passion for working with people. Employment opportunities for nurses are strong now and will get even stronger over the next 15 years. In 2009, the National Association of Colleges and Employers found that only about 20% of new college graduates had a job offer at graduation, in comparison to 65% of new nursing graduates; at 4-6 months after graduation, 89% of new nursing graduates were employed (American Association of Colleges of Nursing Research Brief, November 2010). Far too many well-qualified students, most of them UW undergraduates, are being turned away from this program each year. In addition, the BS Nursing program is an important destination for transfer students. Each year, between 120 -150 qualified applicants to the program (or about 1/3) are transfer students who have completed two years of pre-nursing prerequisite courses elsewhere. Of those, 40-50 are admitted into the nursing major each year.

Second, increasing the number of baccalaureate graduates from the University of Wisconsin-Madison School of Nursing will have a direct positive effect on the health of the state. Three separate studies in the US have shown that as the proportion of nurses with baccalaureate degrees practicing in hospitals increases, morbidity and mortality among patients in those hospitals decreases. In past years, approximately 90 percent of UW-Madison’s undergraduate nursing students were Wisconsin residents and nearly 80 percent assumed their first professional nursing position in Wisconsin. Five years later, 90 percent were still in practice or had entered graduate programs to prepare for advanced practice, teaching, and/or research.

Thus, in addition to providing Wisconsin students with access to a world-class public baccalaureate education in nursing and providing the state with a steady supply of outstanding professional nurses, the School of Nursing also educates nurses who are prepared to advance their careers. Our BS graduates are well-positioned to pursue graduate study because they are excellent students (entering classes in the nursing major typically have an average GPA of 3.5 or higher after completing rigorous prerequisite courses in physical and behavioral sciences), are immersed in a research-intensive health sciences environment, and are actively encouraged by faculty to pursue graduate education. Alumni surveys from the past five years indicate that, on average, over half of each class of UW Madison nursing graduates enroll in graduate study within 5 years of completing their BS degree.

This active “onramp” to graduate education is important because the faculty shortage in nursing – that is, a serious shortage of nurses with graduate education needed to become university faculty members - is now a major contributing factor to the continuing nursing shortage. According to the American Association of Colleges of Nursing, last year nearly 55,000 qualified applicants were denied admission to baccalaureate and graduate nursing programs nationwide.
Nearly two-thirds of the responding nursing schools cited faculty shortages as a reason for not accepting all qualified applicants (www.aacn.nche.edu/media/factsheets/NursingShortage.htm).

So, simply put, expansion of the undergraduate nursing program at Wisconsin would be good for the state and the nation. However, this is not an expensive proposition. Enrollment levels in nursing are tied to numbers of available faculty much more strictly than is true in other fields; this is because nursing students must complete a series of clinical courses in which they provide direct care to patients and families under faculty supervision. The complexity of nursing practice requires faculty-to-student ratios of 1:8 to ensure safe and high-quality learning experiences for students in the critical first year clinical courses.

The School of Nursing is prepared to increase undergraduate enrollment on the Madison campus by 48 spaces (i.e., from 130 admits to 154 admits each year, or nearly 20% increase in enrollment) if funding is made available for 4 additional faculty lines. These new hires would be assigned to teach three additional clinical groups, two additional health history and physical assessment labs, provide open clinical lab instruction, and co-teach eight large lecture courses. The latter is particularly important to ensure that students have access to course faculty as needed, even as class sizes in the nursing core courses increase.

Should these new positions be made available, we also view this as an opportunity to attract and hire underrepresented nursing faculty. A commitment to diversifying our faculty is an integral part of the School of Nursing’s Strategic Plan. However, this is a significant challenge in nursing. A survey of American Association of Colleges of Nursing (AACN) schools indicated that only 11 percent of full time nursing faculty are from minority populations and only 5.1 percent are male. (www.acn.nche.edu/IDS).

The market for nurse faculty is extremely competitive nationwide, and the situation is even more serious in regard to recruiting faculty from underrepresented groups. In response to the challenges of recruiting underrepresented faculty, the School of Nursing launched an aggressive campaign to create a more welcoming community of faculty, students, and staff in which diversity of people and perspective is valued as part of our tradition of excellence. In 2007, a new academic staff position (Director of Diversity Affairs and Community Outreach) was filled, and this individual organized a series of working sessions over the last three years that have helped faculty members identify cultural bias in teaching and evaluation practices. Discussion groups including faculty and students met to talk about racial issues in the nursing community. The Multicultural Student Nurses Organization was established, and led several successful social events to celebrate diversity in the school. Current efforts are focusing on the incorporation of additional learning experiences with diverse communities and populations, and updating course activities in regard to culturally-sensitive health care and health disparities in our undergraduate and graduate programs.

The School has also improved its faculty recruitment efforts. First, we identify candidates whose research and accomplishments are consistent with expectations for faculty at UW Madison. Once potential candidates have been identified, we use personal contact at professional meetings as a means to meet with them, to describe the University and School of Nursing, and provide written recruitment materials. Follow-up to these contacts is consistent and timely. In addition to
personal contacts, advertising efforts include publications aimed at underrepresented populations in nursing, and nursing faculty have built relationships with members of minority nursing organizations (e.g. Black Nurses Association, Men in Nursing) and will continue to expand these networks.

I.a. METRICS TO MEASURE SUCCESS – BS Nursing Program Expansion

The metrics for measuring success for our first goal, that is to secure funding for four additional faculty lines in order to increase BS Nursing enrollment by 48 spaces, are self-evident. We anticipate no difficulty increasing admissions to this level, given our robust applicant pool. Attrition out of the nursing major is only 1-2% in each admissions class, and would be monitored closely to ensure that it does not change as enrollment increases.

I.b. TIMELINE – BS Nursing Program Expansion

If funding is approved, recruitment against these four new positions would begin in Spring 2011. Given the nationwide shortage of nursing faculty candidates, recruitment efforts are likely to continue into AY 2012-13. As new hires are added, admissions will be increased incrementally until the goal of 154 new admits per year has been achieved.

II. Future of Care Project Goal 2 - Secure additional faculty, staff and equipment to implement active learning practices in all nursing core courses, enhance active learning in clinical laboratory courses through expanded use of clinical simulation technology and a simulated electronic health records system, and enrich student support services through the creation of a Nursing Learning Center [MIU Goal 3]

This proposal also addresses the MIU goal to expand best practices and innovation in teaching and learning, curricular design, and student services in order to enhance student outcomes. The School of Nursing proposes to improve and transform the educational experience for nursing undergraduates, and eventually for other health discipline students as well, by integrating teaching-learning innovations with new instructional and health information technologies. In addition, we seek resources to enhance student support services in the nursing major.

II.a. Teaching-Learning Innovations

The School of Nursing is known for innovation and excellence in undergraduate education on campus and across the country. For instance, the School offered the first complete BS program available by distance delivery on the Madison campus, and a disproportionately high number of nursing faculty (given the school’s small faculty complement) have been active participants and leaders in the UW Madison Teaching Academy since its inception. The BS Nursing program is among the best in the nation, with very low program attrition, high employer satisfaction with graduates and a remarkable tradition of leadership on the regional and national level among its alumni.
Nursing faculty are now prepared to refocus attention in our undergraduate program toward exciting opportunities offered by new pedagogies and new instructional technology in the health sciences. The practice of nursing requires the following critical competencies:

- Ability to analyze and solve problems in the context of human health and illness;
- Skills in self-management, teamwork and collaboration;
- Accountability for performance in terms of safety, quality and responsible use of resources.

We believe that we can better prepare nursing graduates for these demands of professional practice by integrating active learning as a “best practice”, focusing these strategies in large lecture courses, and using new simulation technologies for active learning in clinical laboratory courses. **To that end, the School of Nursing is requesting MIU funding for new faculty and technical personnel; other sources of funding will be sought for the clinical simulation technology also needed to support this shift to a more dynamic undergraduate nursing curriculum.**

**Active learning in large-enrollment core courses.** The School of Nursing proposes to adopt active learning as its preferred teaching-learning approach in its 8 large core courses. Active learning is increasingly regarded as a best practice in undergraduate education (Association of American Colleges & Universities, 2010) because “students learn more when they are intensely involved in their education and are asked to think about and apply what they are learning in different settings”. Further, “collaborating with others in solving problems or mastering difficult material prepares students to deal with the messy, unscripted problems they will encounter daily” (National Survey on Student Engagement, 2009, p.35). Active learning practices are ideally suited to professional fields, such as nursing, with their focus on complex problem solving, collaboration and teamwork, and student accountability for the quality of work product. The American Association of Colleges of Nursing has identified integration of active learning strategies throughout the nursing curriculum and integration of learning activities across academic disciplines as keys to the achievement of outcomes identified in its latest standards document, (*Essentials of Baccalaureate Education for Professional Nursing Practice, 2008*).

However, active problem-based teaching and learning is challenging for nursing faculty to implement in the auditoriums currently available for its large enrollment nursing courses. Active learning requires an environment with flexibility of classroom configuration, group seating around computer workstations, and large, highly visible screen displays for full class participation. The School of Nursing is already planning for three large active learning classrooms in its new facility, now in design and expected to be completed in 2013. In preparation for this future learning environment, the School of Nursing has committed resources to renovate a prototype active learning classroom in the Health Sciences Learning Center that is expected to be ready in Spring 2011. This pilot classroom will allow two nursing faculty to begin to use active learning strategies for some sections of core undergraduate courses.

However, effective implementation of active learning across all core courses and with higher enrollments in the nursing program will require resources to help prepare all those teaching in the undergraduate nursing program for active learning techniques. Faculty will require opportunities to attend educational offerings on active learning strategies, and to consult with
faculty from other universities who have implemented and evaluated active learning strategies in their own teaching. In addition, faculty will require time to explore potential applications of active learning strategies, to make decisions about how these should be implemented in nursing courses, and to review and revise current teaching materials. **We are requesting $25K for summer stipends to support faculty development activities and course revisions to support this initiative.**

Technology–enhanced teaching and learning in clinical laboratory courses: Clinical simulation technology and simulated electronic health record systems. The School of Nursing also seeks to expand the use of clinical and information technologies in its undergraduate program. Today’s nurses practice in a complex and dynamic health care system in which they are expected to provide safe, high-quality care to an increasingly diverse population. Health care is a technology-rich environment, and nursing students must be prepared for rapid technological change in virtually every aspect of their practice. To better prepare nursing students for the future of care, the School of Nursing seeks to expand its teaching-learning activities by fully integrating high-fidelity clinical simulation into clinical laboratory courses, including the use of simulated electronic patient record systems.

Teaching and learning using clinical simulation technology has become commonplace in nursing education. Simulation labs offer students realistic clinical experiences in a safe, nonthreatening environment, enabling them to learn, practice, experiment, and solve performance problems before being required to use this knowledge and skill in actual patient care settings. The School of Nursing has a small simulation center but in comparison to other UW System and Big Ten Schools, it is notably underequipped, and for this reason, cannot accommodate additional students.

**The School of Nursing has already committed nearly $230,000 in gift funds to purchase additional clinical simulation technology.** Not only will this new technology help to support the proposed enrollment increase, it will also allow faculty to offer more dynamic and complex learning situations to students across the four semester nursing program. However, this will require additional faculty and staff expertise to expand our use of simulated clinical care environments. Therefore, **we are requesting funding for 2.0 FTE for two faculty hires, one with expertise in the development and testing of advanced simulated clinical environments and one in clinical informatics, as well as a .5 academic staff FTE to develop, operate and maintain clinical simulation scenarios using high-fidelity human patient simulators in conjunction with nursing faculty.**

In addition to using human patient simulators to help students learn clinical judgment and skill, it is now possible to extend their learning through the use of simulated electronic health records. Literally, a virtual electronic health record can be created for each patient in a simulation scenario, and students learn to use these records as an integral part of clinical practice. In addition, multiple records can be aggregated into an “academic electronic health record system” (AEHRS). Learning activities can then be designed using this system to help students learn principles of health informatics and quality improvement, as well as exposing them to a much wider array of clinical problems than would be encountered in their actual clinical placement experiences.
The UW Madison health sciences schools (Medicine and Public Health, Nursing, Pharmacy) do not have such a system at present. The School of Nursing has already begun working with University of Wisconsin Hospitals and Clinics to create a small AEHRS prototype. With the requested two additional faculty hires, we hope to scale up this effort so that a system can be built, not only for the BS Nursing program, and but also to offer interprofessional teaching and learning opportunities for nursing students, medical students and pharmacy students to work in teams on simulated clinical cases.

II.b. Enhanced student services and academic support: Creation of the Nursing Learning Center.

Finally, while we are proud of the success of our BS Nursing program, we also have recognized that we may be losing promising students for two reasons. First, we provide relatively little academic support for the very challenging prerequisite courses for the nursing major, and some students either decide not to apply, or apply and are not admitted, because academic performance in the sciences is sufficiently strong. Second, we also know that we lose promising applicants who might be excellent prospects for nursing, but who do not apply because they are know little about or have outdated knowledge about the field.

The establishment of the NLC would allow us to provide better academic support in the challenging prerequisite courses for the nursing major, specifically Chemistry, Anatomy, Physiology and Microbiology. Currently, pre-nursing students receive professional, structured assistance from the Chemistry Learning Center. However, academic support in other areas sometimes lacks the depth, breadth and access to address the more specific needs of our students. This additional assistance would be especially helpful for students who enter the university less academically prepared. As we work toward the goal of creating a more diverse nursing workforce, we believe it has become important for the School to be more active in providing academic support services that are focused and appropriate for the demands of the nursing major.

The Nursing Learning Center would address this need in several ways. First, center staff would have funding to hire TAs with expertise in the sciences (i.e., chemistry, anatomy, physiology, pathology, pharmacology), and prepare them to work effectively with pre-nursing students. Second, the Coordinator of the Nursing Learning Center would be responsible for developing and coordinating a new course for undergraduate students considering health professions careers (NUR 100). This course will be designed to help students succeed in learning about themselves (interests, skills, values) as well as learning about nursing as the largest profession in health care worldwide. Ideally, the course will help students learn about their professional futures while earning credits needed toward graduation, and would be a required course for pre-nursing students in their first year at UW-Madison. Finally, we propose to expand our career development and career services offerings in nursing through the Nursing Learning Center. The School has offered limited services to pre-nursing students or to students in the major. Most other schools and colleges on the Madison campus have a career development office or a designated staff person working in this area. For these reasons, we are requesting 1.0 FTE academic staff position and 2 TA positions to expand outreach and support services through the establishment of a Nursing Learning Center (NLC).
IIc. METRICS TO MEASURE SUCCESS

The School of Nursing has a well-developed assessment process to track admissions, student demographics such as gender, age, rural background, as well as a detailed record of academic and clinical performance while in the major. We have a robust process of student evaluation of courses and teaching, and regularly invite students to meet with faculty and academic administrators to give input on the program. Upon graduation, BS students are asked to complete a standardized exit interview, as well as a survey that assesses satisfaction with the program, provides information about the students’ future plans and allows the School to benchmark against competitor schools. We are confident that we can specify, track and evaluate the results of implementing active learning pedagogies, expanding our clinical simulation capability and establishing a Nursing Learning Center against the following metrics.

Active learning, clinical simulation and use of academic electronic health record systems:

- Active learning strategies are implemented in each of the eight large enrollment core nursing courses. Improved student satisfaction with these courses is evidenced through course and teaching evaluations.
- Clinical case scenarios (including integration of simulated electronic health records) are implemented in laboratory courses. Improved student satisfaction is evidenced through course and teaching evaluations.
- Student clinical performance is maintained or improved as evidenced by clinical course and preceptor evaluations.

Establishment of Nursing Learning Center:

- Student success rates in prerequisite courses, use of TA support increase after establishment of Nursing Learning Center.
- Rate of success in admission to and progression to graduation in the nursing major among academically challenged pre-nursing students increases after establishment of Nursing Learning Center.
- Students report satisfaction with academic and career support services from the Nursing Learning Center.
- NURS 100 students’ understanding of nursing as a career, and of their knowledge of their own interests, skills and values increase, as evidenced in pre- and post-course assessments.

II.d. TIMELINE

Active learning, clinical simulation and use of academic electronic health record systems:

- First implementation of active learning strategies in large enrollment core courses begins Fall 2011 and will be completed by Fall 2013.
- Recruitment begins for faculty hires in clinical simulation and clinical informatics in Fall 2011, with positions filled by Fall 2012.
• Template for academic EHR will be designed in Fall 2011 and pilot tested with clinical simulation scenarios in Spring 2012. If pilots are successful, faculty will begin populating academic EHR with cases and clinical data. Final testing of AEHR program in Summer 2012, with AEHR in use with clinical simulations in Fall 2012.

Nursing Learning Center
• Nursing Learning Center will begin Spring 2011. Coordinator position filled by Fall 2011. NURS 100 developed and approved for first course offering in Spring 2012.
• Plan for implementing prerequisite course support prepared for faculty review and approval Spring 2012; academic support services launched in Fall 2012.

BUDGET/BUDGET NARRATIVE (Starred items=continuing costs)

<table>
<thead>
<tr>
<th>4 additional faculty FTE to support 48 new spaces in BS Nurs</th>
<th>MIU funds ($70,000 ea)</th>
<th>SoN funds</th>
<th>Total cost</th>
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<tr>
<td>• 1.5 FTE for clinical course staffing: additional 24 students/year requires staffing for three more clinical groups (8 students/group) in first year, and similar expansion in second year. Each clinical group generates 18-20 contact hours/week and is considered a .50 teaching assignment.</td>
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<tr>
<td>• 0.5 FTE for expansion of clinical laboratory instruction: increased enrollment will require two additional clinical laboratory sections (1 instructor and 12 students/section). Each section generates 8-10 contact hours/week and is considered a .25 teaching assignment</td>
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<td>• 2.0 FTE to enhance teaching in core courses: eight nursing theory/practice courses currently have enrollments of 150+ (Madison and Western Campus students) and will increase to 175+. Program expansion at Madison will require additional .25 assignments to these courses to implement active learning approaches and to ensure students have sufficient contact with both research and clinical faculty.</td>
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<td>Funding to support faculty development in active learning strategies: 5 summer stipends for faculty revising core courses. (One time cost)</td>
<td>$280,000*</td>
<td>$25,000</td>
<td>$280,000*</td>
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<td>.5 additional FTE academic/technical staff: Simulation Technology Specialist to program, maintain and run clinical simulations in conjunction with faculty.</td>
<td>($50,000/ea)</td>
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<tr>
<td>Description</td>
<td>Cost</td>
<td>MIU Request</td>
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<td>2 additional faculty FTE to expand teaching and research in clinical simulation, and health information systems/clinical informatics:</td>
<td>($70,000/ea)</td>
<td>$140,000*</td>
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<td>Clinical simulation technology:</td>
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<td>• Two high fidelity adult human patient simulators with associated equipment and software (simulation support materials, control unit with remote control, laptop PC, touch screen monitor, operating software)</td>
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<td>$136,000</td>
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<td>• One high fidelity newborn human patient simulator and associated equipment and software (bassinet, simulation support materials, control unit with remote control, operating software)</td>
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<td>• One child human patient simulator and associated equipment and software Medication administration cart for use with simulators</td>
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<td>$66,000</td>
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<td>Enhanced student support services:</td>
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<td>• 1.0 additional academic staff FTE (Coordinator – Nursing Learning Center) to lead the creation and operation of NLC, and development of proposed new course (NURS 100), and career services for nursing students</td>
<td>$50,000</td>
<td>$249,000</td>
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<td>• 2 TA additional positions (.33 FTE, $15K ea) to provide tutoring in 6 science prerequisite courses</td>
<td>$30,000</td>
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<td>Total project cost:</td>
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<td>SoN contribution:</td>
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<td><strong>TOTAL MIU REQUEST ($525K continuing, $25K one time):</strong></td>
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The School of Nursing is requesting $550,000 in MIU funding ($525,000 in continuing costs) to launch the Future of Care Project. However, if a request at this level cannot be supported, a smaller award of $465,000 (all continuing costs) would support program expansion with a slower launch of our academic electronic health records system project; in this case, other funding sources for 1 faculty position (simulated clinical environments) @ $70K, and for faculty summer stipends for course development would be sought.