Practice Doctorate in Nursing
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Practice-focused doctoral degree programs in nursing are not a recent development. The first such program, offering the Doctor of Nursing (ND), was established at Case Western Reserve University in 1979 and offered an entry-level nursing degree. Since then, several practice-focused doctoral programs and degree titles have emerged. Over the last several years, an increased interest in developing a viable alternative to the research-focused degrees, [Doctor of Philosophy (PhD) and Doctor of Nursing Science (DNS, DNSc, DSN)] has occurred. Currently, eight clinical or practice doctoral nursing programs exist or are in the approval stage. In March 2002, the American Association of Colleges of Nursing (AACN) Board of Directors charged a task force to examine the current status of clinical or practice doctoral programs, compare various models, and make recommendations regarding future development. The exact charge to the 11-member Task Force on the Clinical Doctorate was:

• clarify the purpose of the professional clinical doctorate, specifically core content and core competencies;
• describe trends over time in clinical doctoral education;
• assess the need for clinically focused doctoral programs;
• identify preferred goals, titles, outcomes, and resources;
• discuss the elements of a unified approach versus a diverse approach;
• determine the potential implications for advanced practice nursing (APN) programs;
• make recommendations regarding related issues and resources; and
• describe potential for various tracks or role options.

To address this charge the Task Force carried out the following activities:

• reviewed literature regarding professional practice doctorates in nursing and other disciplines and printed materials and web pages from all institutions offering practice-focused doctoral programs in nursing;
• established a collaborative relationship with the National Organization of Nurse Practitioner Faculty (NONPF); the Chair of the NONPF Practice Doctorate Task Force, Dr. Lucy Marion, serves on the AACN Task Force and Dr. Elizabeth Lenz, AACN Task Force Chair, participated in a teleweb conference sponsored by NONPF in February, 2003;
• interviewed key informants (deans, program directors, graduates, and current students) at the eight current or planned practice-focused doctoral
programs in the United States;
• held open discussions regarding issues surrounding practice-focused doctoral education at AACN’s Doctoral Education Conference (January 2003 and February 2004), Master’s Education Conference (March 2003), and Spring Annual Meeting (March 2004);
• co-sponsored with NONPF an open discussion on practice doctorates to which representatives from key nursing organizations and schools of nursing offering or planning a practice doctoral program were invited (December 2003).
• invited an External Reaction Panel, consisting of 10 individuals representing a wide array of perspectives and disciplines outside of nursing, to respond to the Draft Position Statement on the Practice Doctorate (February 2004).

ADVANCING HIGHER EDUCATION IN NURSING

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BACKGROUND

In November 1999, the Institute of Medicine (IOM) issued the comprehensive report on medical errors, To Err is Human: Building a Safer Health System. The report, extrapolating data from two previous studies, estimates that somewhere between 44,000 and 98,000 Americans die each year as a result of errors in health care. These numbers, even at the lower levels, exceed the number of people that die from motor vehicle accidents, breast cancer, or AIDS. Total national costs of preventable adverse healthcare events (injury from errors) were estimated to be between $17 billion and $29 billion, of which health care costs represented over one-half. In addition, medication-related and other errors that do not result in actual harm not only are extremely costly as well but have a significant impact on the quality of care and health care outcomes. The IOM report also focused on the fragmented nature of the health care delivery system and the context in which health care is purchased as being major contributors to the high and inexcusable error rate and compromises in patient safety.

The IOM report, Crossing the Quality Chasm (2001), stresses that the health care system as currently structured does not, as a whole, make the best use of its resources. The aging population and increased client demand for new services, technologies, and drugs contribute to the increase in health care expenditures, but also to the waste of resources. Recommendation two in the report calls on all health care organizations and professional groups to promote health care that is safe, effective, client-centered, timely, efficient, and equitable (p. 6).

In a follow-up report, Health Professions Education: A Bridge to Quality (2003a), the Institute of Medicine Committee on the Health Professions Education states, “All health professionals should be educated to deliver patient-centered care as members of an
interdisciplinary team, emphasizing evidence-based practice, quality improvement approaches, and informatics (p. 3).”

Recent management decisions in our nation’s health care organizations have expanded the responsibilities of chief nursing executives to encompass other patient care services, in addition to nursing. In addition, the loss of mid-level nurse managers and increased responsibility of those remaining have decreased the direct management support to patient care staff (IOM, 2003b). This has resulted in a need for increased knowledge and skills for clinical and administrative leadership across services and sites of healthcare delivery. To respond to this critical issue, the IOM committee recommended several strategies to get the best prepared clinical nursing leadership at the most senior levels of management, including the acquisition of nurse leaders for all levels of management and the participation by nursing management in executive decisions within the healthcare organization (IOM, 2003b, p.8).

Nursing has many of the answers to the predominant health care dilemmas of the future, including:

- the problems associated with normal human development, particularly aging;
- chronic illness management in all ages;
- health disparities associated with socioeconomic dislocations such as global migration, classism, sexism; and
- the need for health promotion and disease prevention.

Transforming health care delivery recognizes the critical need for clinicians to design, evaluate, and continuously improve the context within which care is delivered. The core function of health care is to provide the best possible clinical care to individuals, families and communities. The context within which care is delivered exerts a major impact on the kinds of care that are provided and on the satisfaction and productivity of individual clinicians. Nurses prepared at the doctoral level with a blend of clinical, organizational, economic and leadership skills are most likely to be able to critique nursing and other clinical scientific findings and design programs of care delivery that are locally acceptable, economically feasible, and which significantly impact health care outcomes.

Context

Doctoral programs in nursing and other practice disciplines can be categorized into two distinct types: research-focused and practice-focused. The term practice, specifically nursing practice, as conceptualized in this document refers to any form of nursing intervention that influences health care outcomes for individuals or populations, including the direct care of individual patients, management of care for individuals and populations, administration of nursing and health care organizations, and the development and implementation of health policy. Preparation at the practice doctorate level includes advanced preparation in nursing, based on nursing science, and is at the highest level of nursing practice.
What distinguishes this definition of practice from others is that it includes both direct care provided to patients by individual clinicians as well as direct care policies, programs and protocols that are organized, monitored, and continuously improved upon by expert nurse clinicians.

The two types of doctorates — research-focused and practice-focused — may co-exist within the same nursing education unit. The majority of research-focused programs in nursing offer the academic doctorate, the PhD. However, some programs offer a professional doctorate, such as the DNS or DNSc. In developing the Quality Indicators for Doctoral Nursing Programs, the AACN Task Force on Quality Doctoral Education found few differences between PhD and professional degree programs’ (DNS or DNSc) curricula and requirements. Therefore, that Task Force recommended these programs be designated research-focused doctoral programs and are addressed in AACN’s Position Statement on Quality Indicators for Doctoral Programs (2001).

The second category of doctoral nursing education programs are the practice-focused programs. Examples of practice-focused degrees offered in other disciplines include entry-level degrees [e.g., the Doctor of Medicine (MD), Doctor of Dental Surgery (DDS)], and those that offer advanced practice degrees [e.g., the Doctor of Psychology (PsyD)]. In nursing, two institutions (the University of Colorado and Case Western Reserve University) currently offer a practice-focused doctoral degree (ND) as an entry-level degree. Practice-focused, advanced practice doctoral degrees currently offered in nursing include a Doctor of Nursing (ND) at Case Western Reserve University, Rush University, and the University of South Carolina; a DNSc at the University of Tennessee, Memphis; and the Doctor of Nursing Practice (DNP) at the University of Kentucky. Columbia University has received institutional approval for a Doctor of Nursing Practice (DrNP) program, and the University of Iowa is in the exploratory phase of developing a practice-focused doctoral degree program. The DNSc, except at the University of Tennessee, Memphis, is used to designate a research-focused degree in nursing. The focus of this position paper is the practice-focused doctoral program that prepares nurses for advanced nursing practice.

Recommendation 1: The Task Force recommends that the terminology, practice doctorate be used instead of clinical doctorate.

Trends and Current Practice-Focused Doctoral Nursing Programs

The first ND program was established as an entry-level practice doctorate analogous to the MD and did not provide specialty preparation. The ND graduate wanting to specialize or prepare for an advanced practice role was expected to earn a master’s degree. Despite much initial fanfare, there has been considerable confusion within nursing and with the public regarding the competencies of graduates and the roles within the health care delivery system they were prepared to fill. Case Western Reserve University ultimately expanded its ND degree program beyond the original conceptualization to include advanced practice specialty content and permitted multiple entry points, including entry
for nurses with either baccalaureate or master’s preparation in nursing, as well as those with degrees in other disciplines.

It can be surmised that as a result of the initial confusion surrounding the ND, relatively few institutions (four) currently offer the ND degree. In addition, there is some, but not complete, consistency among these four programs. The most problematic area of confusion is whether the degree is an entry-level degree or an advanced practice degree. Of the four existing ND programs, two (Case Western Reserve University and the University of South Carolina) prepare individuals for advanced practice nursing but require students to write a practice-related dissertation. A recent evolution of one of the programs (Rush University) has changed its focus from hands-on or direct advanced clinical practice to leadership and business and requires a practice-focused capstone project. The University of Colorado and Case Western Reserve University currently are the only institutions to offer an ND program as an entry-level degree or pre-licensure option. Graduates of the University of Colorado ND program, in addition to entry-level preparation, can be certified in case management.

1 The University of Colorado and Case Western Reserve University offer multiple entry and multiple exit points for the ND degree. The direct entry option for non-nurse college graduates has been maintained, and a post-baccalaureate RN entry option has been added.

Two established practice-focused degree programs include the University of Tennessee, Memphis, which opened a practice-focused DNSc program in July 1999 and the University of Kentucky, which opened a DNP program in Fall 2001. Both of these programs admit master’s-prepared students with expertise in an area of advanced practice nursing. The University of Tennessee, Memphis program requires a dissertation and confers the DNSc degree. The University of Kentucky program confers the DNP and requires a capstone project rather than a dissertation. The University of Tennessee, Memphis program allows students to develop their own area of specialization. The University of Kentucky program offers specializations in executive management and population-based clinical practice.

In addition to the existing programs described, two institutions are pursuing approval for new practice-focused doctoral programs. Columbia University has received university approval for a DrNP program and is in the process of approval and registration of the new degree title with New York State. The curriculum plan was developed with the intent of producing APNs who can utilize skills and knowledge to independently provide expert advanced primary care to patients in all care settings. The University of Iowa is exploring a DNP program that is grounded in specialty practice and will provide students opportunities for residencies in administration, education and direct practice. Students for both programs will be admitted post-baccalaureate (BSN) or following a generic or specialized master’s degree.

The Task Force on the Professional Clinical Doctorate’s 2002 interviews of administrators, students, and graduates of practice-focused nursing programs revealed considerable variation. Differentiation between research-focused and practice-focused doctoral programs has been an ongoing concern, because all institutions offering a
practice-focused doctorate also offer a research-focused nursing doctorate. Discernable differences between the practice-focused programs and the research-focused programs do exist. These differences include:

• less emphasis on theory and meta-theory;
• considerably less research methodology content, with the focus being on evaluation and use of research rather than conduct of research;
• different dissertation requirements, ranging from no dissertation to theses or capstone projects (termed dissertations in some programs) that must be grounded in clinical practice and designed to solve practice problems or to inform practice directly;
• an emphasis on practice in any research requirement;
• clinical practica or residency requirements; and
• emphasis on scholarly practice, practice improvement, innovation and testing of interventions and care delivery models, evaluation of health care outcomes, and expertise to inform health policy and leadership in establishing clinical excellence (Marion, Viens, O’Sullivan, Crabtree, Fontana, & Price, 2003).

A review of the specialized emphases or tracks within the existing practice-focused programs revealed that in general they fall into three major categories of practice: 1) direct care of individual patients; 2) care of patient populations, including community health nursing; and 3) practice that supports patient care. The latter category includes organizational and professional leadership, management, health policy, and nursing/health informatics.

In addition to advanced nursing practice foci, the 2002 survey conducted by the AACN Task Force on the Professional Clinical Doctorate identified core content areas and competencies common to all practice-focused nursing doctoral programs. Despite variation in the time and attention devoted by each program to each area, the five common content areas are (in order of decreasing emphasis):

• advanced clinical practice, including both patient and practice management (on average, this constituted 33% of content emphasis within programs);
• organizations and systems, and leadership skills (average 19% of content emphasis);
• research methods, including accrual and use of evidence to improve practice (average 19%);
• basic scientific underpinnings for practice, including emerging areas of science, such as genetics and psychoneuroimmunology (average 9%); and
• informatics, use of technology and information (average 8.5%).

The programs surveyed differed in the content area that constituted the primary focus of the program, i.e., represented over 40% of the content. Clinical practice was the primary focus of two programs, organizational leadership was the focus of one program, and

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2 Advanced Practice Nurses (APNs) is used here to refer to the four direct care roles: certified nurse midwife (CNM), certified registered nurse anesthetist (CRNA), clinical nurse specialist (CNS), and nurse practitioner (NP).
research was named as the focus of one program (leading one to question whether the program is in fact research- and not practice-focused). Dual foci, direct clinical practice and organizational leadership, characterized three of the programs. The content foci were not consistent with degree names.

Need and Perceived Benefits

During the past three decades the doctorate has become firmly established as the terminal degree in nursing. As programs developed, priority was placed on research-focused education that would lay the groundwork for knowledge development in the field. Tremendous strides have been made in the development of nursing science. At the same time research-focused doctoral programs were expanding, master’s degree programs were moving from an emphasis on role preparation (e.g., educator, administrator) to an emphasis on specialized clinical knowledge and practice (advanced practice nursing).

The growing complexity of health care, burgeoning growth in scientific knowledge, and increasing sophistication of technology have necessitated master’s degree programs that prepare APNs to expand the number of didactic and clinical clock hours far beyond the requirements of master’s education in virtually any other field. From 1995 to 2000, the mean number of semester credit hours required for the NP master’s degree remained stable; however, the didactic and supervised clinical practice hours increased by 72 and 36 clock hours, respectively (AACN & NONPF, 2002). Many NP master’s programs now exceed 60 credits and cannot be completed in less than three years. Faculty have identified additional content areas needed, particularly information and practice management (Bellack, Graber, O’Neil, Musham, & Lancaster, 1999). In addition, even with the expanded credit requirements, practicing NPs identify content areas, including practice management, health policy, use of information technology, risk management, evaluation of evidence, and advanced diagnosis and management, in which they perceive the need for additional training (Lenz, Mundinger, Hopkins, Clark, & Lin, 2002).

Based on this information, two challenges are evident:

• Master’s prepared advanced practice nurses identify additional knowledge that is needed for a higher level of advanced practice.
• The time spent in master’s level nursing education is not congruent with the degree earned.

In response to changes in health care delivery and emerging health care needs, additional knowledge or content areas have been identified by practicing nurses. In addition, the knowledge required to provide leadership in the discipline of nursing is so complex and rapidly changing that additional or doctoral level education is needed.

Based on input from several stakeholder groups, including attendees at the AACN master’s and doctoral conferences, the NONPF annual meeting, the NONPF teleweb conference, the Committee on Institutional Cooperation (CIC) deans’ group, the multi-disciplinary group attending the invitational DrNP planning conferences convened by
Columbia University, and the National Forum co-hosted by AACN and NONPF, benefits of practice-focused doctoral programs include:

- development of needed advanced competencies for increasingly complex clinical, faculty and leadership roles;
- enhanced knowledge to improve nursing practice and patient outcomes;
- enhanced leadership skills to strengthen practice and health care delivery;
- better match of program requirements and credits and time with the credential earned;
- provision of an advanced educational credential for those who require advanced practice knowledge but do not need or want a strong research focus (e.g., clinical faculty);
- parity with other health professions, most of which have a doctorate as the credential required for practice;
- enhanced ability to attract individuals to nursing from non-nursing backgrounds;
- increased supply of faculty for clinical instruction; and
- improved image of nursing.

3 Advanced Practice Nurses (APNs) is used here to refer to the four direct care roles: certified nurse midwife (CNM), certified registered nurse anesthetist (CRNA), clinical nurse specialist (CNS), and nurse practitioner (NP).

4 The CIC deans group, comprised of directors/deans of schools of nursing in the Big Ten Conference, includes deans/directors of schools of nursing from the following institutions: Indiana University, Purdue University, Michigan State University, The Ohio State University, Pennsylvania State University, University of Illinois Chicago, University of Iowa, University of Michigan, University of Minnesota, University of Wisconsin Madison, and University of Wisconsin Milwaukee.

In addition to interest expressed by these national groups, evidence exists of more local interest in the markets of the schools that have either initiated a practice doctoral program or plan to do so. A market analysis survey conducted by the University of Kentucky College of Nursing prior to opening their DNP program showed that potential employers of these graduates in that state were very interested in hiring nurses with this level of preparation. In Fall 1999, a questionnaire was mailed to 382 top executives in acute, long-term, and public health care settings in Kentucky. A total of 111 responses were received for a response rate of 29%. Sixty-eight respondents (61%) indicated they would be interested in hiring graduates of this program and estimated they would have within the next five years a total of 80 positions available for graduates of this program (University of Kentucky College of Nursing, 1999). Examples of the positions for which respondents would hire graduates included Vice President for Clinical Services, Program Director, Vice President for Patient Care, Chief Executive Officer, Health Officer or Commissioner, Quality Improvement Director, Director of Clinical Services, Clinical Information Technology Specialist, Direct Care Clinician, and Faculty Member.
Recommendation 2: The practice-focused doctoral program be a distinct model of doctoral education that provides an additional option for attaining a terminal degree in the discipline.

Recommendation 3: Practice-focused doctoral programs prepare graduates for the highest level of nursing practice beyond the initial preparation in the disciplines.

This position is consistent with formal action taken in April 2002 by the NONPF Board and in May 2003 by the CIC deans. The addition of practice-focused doctoral programs should not threaten enrollment in existing research-focused programs, but rather would fill an unmet need for nurses who would like to pursue doctoral study, but would prefer to focus on practice rather than research. The two types of programs, research and practice-focused, would attract students with very different goals and interests.

5 Practice-focused doctoral programs may choose to create multiple entry points and seamless transition from entry-level preparation to graduation; however, the practice doctoral degree, a terminal degree, should signify expertise at the highest level of nursing practice.

ISSUES AND CHALLENGES

With increased attention on the practice-focused doctorate that has occurred in recent months, several issues and challenges have come to light.

Unified Versus Diverse Approach

Among the most difficult issues is whether all programs should adopt a standardized purpose and set of expected competencies for graduates. Although most stakeholders identify the desirability of standardization to minimize confusion among prospective students, employers and the public, there is some disagreement about the form standardization should take. For example, while some have argued that the practice-focused doctorate should be limited to those involved in the direct or hands-on clinical care of patients, others have broadened the definition of advanced nursing practice to include both direct clinical practice and areas of practice that support clinical practice. Given the complexity of the current health care system, the current need for advanced practice nursing expertise is broad and encompasses all areas of advanced nursing practice. Therefore, it is reasonable to endorse a plan that will permit practice-focused programs to focus on any area of advanced nursing practice that influences health care outcomes for individuals or populations, while adhering to a consistent set of standards regarding areas of core content, supporting resources, student qualifications, and faculty expectations.

A set of broad core competencies would be identified and would be expected of all graduates holding a practice-focused doctoral degree. Specific competencies for the various domains of practice and roles for which graduates were being prepared would supplement the core competencies. A similar model was established with the AACN Essentials of Master’s Education for Advanced Practice Nursing, which identified three components of master’s nursing education: graduate nursing core (foundational curriculum
content essential for all students pursuing a master’s degree in nursing regardless of specialty or functional focus); advanced practice nursing core; and specialty curriculum content (AACN, 1996).

Using this curriculum model, outcome-based competencies would be identified for the core content areas for all graduates of practice-focused doctoral programs. In addition, outcome-based competencies for graduates of programs designed to prepare nurses in one of the advanced nursing practice focus areas (such as advanced direct care practice, care of populations, leadership, or policy) and specialized competencies would be identified by the individual specialty areas of practice (e.g., family primary care, psych-mental health, nurse anesthesia, public health). A validation process similar to that developed by AACN and NONPF for NP primary care competencies could be used.

**Recommendation 4:** Practice-focused doctoral nursing programs include seven essential areas of content. The seven essential areas of content include:

1. Scientific underpinnings for practice;
2. Advanced nursing practice;
3. Organization and system leadership/management, quality improvement and system thinking;
4. Analytic methodologies related to the evaluation of practice and the application of evidence for practice;
5. Utilization of technology and information for the improvement and transformation of healthcare;
6. Health policy development, implementation and evaluation; and
7. Interdisciplinary collaboration for improving patient and population healthcare outcomes.

Concurrently and with input from the Task Force on the Clinical Doctorate, the AACN Task Force on Education & Regulation II developed the Working Paper on the Clinical Nurse Leader Role (AACN, 2003), which subsequently was accepted by the AACN Board in October 2003. The development of this new nurse role, Clinical Nurse Leader (CNL), was in response to growing client care needs and to the changing health care delivery environment. In February 2004, the AACN Board approved the development of new models of nursing practice and nursing education at the master’s degree in nursing level that result in a new nursing professional, the CNL (AACN, 2004). The CNL is a generalist, provides care in all health care settings at the point of care, and assumes accountability for client care outcomes by coordinating, delegating, and supervising the care provided by the health care team. The CNL is not an advanced practice nurse, as defined in this position statement. As the education of the generalist nurse is elevated to the master’s degree level, it is reasonable to assume that specialty education and the education of those individuals prepared for the highest level of nursing practice would occur at the practice doctoral level.
Recommendation 5: Practice doctoral nursing programs should include development and/or validation of expertise in at least one area of specialized advanced nursing practice.

Expert leadership should be a core component of practice-focused doctoral programs. Nurses with superb leadership skills at the most advanced clinical and organizational levels are most likely to be able to identify emerging trends and initiate policy and programmatic efforts to address critical clinical issues. They should be prepared to mobilize interdisciplinary teams of clinicians, administrators, policy makers, and members of the public to solve highly complex clinical problems. It is no longer sufficient to apply clinical, organizational, or economic skills to the resolution of complex health problems in a singular fashion. While still much can and should be gained from interdisciplinary teamwork by experts in each of these areas, the highly integrated health problems faced in the 21st century will be better served by clinicians who have the creativity and knowledge base to combine these domains in novel ways to create new models of care delivery. Holders of the practice doctorate degree in nursing are expected to provide visionary leadership for the practice of nursing. Practice leadership occurs both formally (by means of administrative or management position title and responsibilities) and informally by means of expertise-based interactions with colleagues and other health professionals that influence the nature and quality of care provided. Leadership is not synonymous with an administrative position.

Recommendation 6: Practice-focused doctoral nursing programs prepare leaders for nursing practice. The practice doctorate prepares individuals at the highest level of practice and is the terminal practice degree.

Degree Titles

The proliferation of doctoral degree titles in nursing has been recognized as a source of confusion within and outside of the profession. The general consensus is that the development of practice-focused doctoral programs should not compound the problem. Two possibilities exist: 1) identify one degree title for all practice-focused doctoral programs, acknowledging that programs with the same degree name may differ from one another, particularly in area of emphasis; or 2) identify two or more degree titles to be used, each with a specific focus and a high degree of consistency among programs offering the same degree. For example, programs that prepare individuals for advanced direct care practice (e.g., primary care NPs) would confer one degree while programs that prepare individuals for nursing practice roles in leadership, policy, informatics or community health, would confer a different degree. Based on input from a variety of stakeholders, the consensus, although not unanimity, of the Task Force is that it is advisable to simplify and decrease the number of doctoral degrees offered within the discipline, rather than continuing the proliferation of degree titles. The degree would represent the highest level of preparation in nursing practice and would carry with it the understanding that a standard set of competencies had been attained. However, the more specific competencies associated with a specialty domain of practice would be validated.
through a certification process and communicated via a specialty credential (as is the case with current specialized advanced practice).

One practice doctoral program, already in place, uses the title Doctor of Nursing Practice (DNP), and another is going through the approval process. If one degree title is chosen, it is recognized that all programs offering the degree will not be alike and will indeed produce graduates with somewhat different competencies as defined by the specific track, just as all master’s programs in nursing do not prepare graduates with the same specialized competencies.

As described above, the degree title, Doctor of Nursing (ND) currently is conferred by four institutions. In addition, the degree title of ND, Doctor of Naturopathy, is included in the Classification of Instruction Programs: 2000 Edition, by the U.S. Department of Education (2002). This document provides a taxonomic scheme that supports the accurate tracking, assessment, and reporting of fields of study and program completions activity. In this report, the discipline of naturopathy claims to have a degree title of ND for those in independent professional practice of naturopathic medicine. Twelve states currently license naturopathic physicians.

The Naprapathy discipline grants individuals the title of DN, Doctor of Naprapathy. According to the American Naprapathic Association, the degree and license is recognized in at least three states (American Naprapathic Association, 2004). Naprapathy is an alternative therapy that focuses on nonpharmacologic pain relief.

It is recognized that institutions confront a variety of issues regarding degree names, and some may have difficulty changing the degree(s) currently offered for their practice-focused doctoral programs, e.g., the current ND and DNSc practice-focused doctoral programs. However, due to the confusion that continues to surround the Doctor of Nursing (ND) degree and to standardize the degree title conferred by all practice-focused nursing doctoral programs, the following recommendations are made:

**Recommendation 7:** One degree title should be chosen to represent practice-focused doctoral programs that prepare graduates for the highest level of nursing practice.

**Recommendation 8:** The Doctor of Nursing Practice (DNP) be the degree associated with practice-focused doctoral nursing education.

**Recommendation 9:** The Doctor of Nursing (ND) degree title be phased out.

**Relationship to Current Advanced Practice Nursing Programs**

A new and higher level of preparation for advanced practice nursing is justified if and only if it results in sufficient knowledge and skill above that already included at the master’s level. Program content and graduates’ competencies clearly must go beyond those of current master’s programs. Given the increasing complexity and sophistication of health care, the Task Force members and stakeholders who provided input to the Task
Force were confident that the additional education is well justified and does represent added value. The specialty competencies developed for the proposed DrNP graduate (who will be providing direct care to individuals), for example, “are built upon and expand the competencies of the master’s prepared nurse practitioner” (Committee on DrNP Competencies, 2003, p.1).

Given the tremendous time, credit and clinical experience required for master’s degree APN programs, serious consideration should be given to moving toward the practice doctorate as the graduate degree for APN preparation. Because a major shift of this kind will not occur in the immediate future, it will be necessary to provide an extended transition period during which nurses with master’s degrees would be recognized to be fully credentialed for current advanced practice roles. A challenge will be to identify, using an evidence-based approach, the curricular standards associated with both master’s and doctoral APN education and provide for a seamless interface between educational programs. In addition, after advanced clinical competencies of the practice doctorate are identified, a standardized method for validating these competencies should be established. During the transition period, it will be necessary to ensure multiple entry points into practice-focused doctoral programs. With an extended transition period and accessible programs, APNs, currently practicing in one of the four APN roles, who wished to obtain the doctoral degree would be provided the opportunity to earn a practice doctorate.

Another identified concern is the cost in time and resources, particularly financial resources, required to upgrade one’s credentials. Other disciplines, e.g., pharmacy, have made a recent shift from baccalaureate to doctoral preparation for entry into practice and have devised a variety of approaches to ease the transition. A variety of approaches to ease the transition should be developed to allow APNs to advance their education and degree title. A final concern that has been identified is the economic impact of such an educational shift on the labor market for APNs. This impact should be taken into account as plans are made for the transition period to ensure a feasible and sustainable shift in educational preparation for advanced practice nurses. The Task Force believes that the benefits of such a move will outweigh the costs but recognizes that the transition plan will need to take into account the timing of costs and benefits.

Recommendation 10: The practice doctorate be the graduate degree for advanced nursing practice preparation, including but not limited to the four current APN roles: clinical nurse specialist, nurse anesthetist, nurse midwife, and nurse practitioner.

Recommendation 11: A transition period be planned to provide nurses with master’s degrees, who wish to obtain the practice doctoral degree, a mechanism to earn a practice doctorate in a relatively streamlined fashion with credit given for previous graduate study and practice experience. The transition mechanism should provide multiple points of entry, standardized validation of competencies, and be time limited.
Preparation for the Clinical Educator and Faculty Roles

A practice-doctoral degree in nursing would prepare nurses with advanced preparation and specialized knowledge in one identified area of nursing practice. The discipline of education encompasses an entirely separate body of knowledge and competence. Many nursing practice doctoral graduates may choose the educator role. Graduates of practice doctoral programs will have expertise and preparation for the highest level of nursing practice. Preparation to teach at the collegiate level, as in other disciplines, requires preparation with a terminal degree. However, just as for graduates of research-focused doctoral programs, graduates of practice-focused nursing programs may need additional education in the educator role and pedagogical methodologies (AACN, 2001).

Recommendation 12: Practice doctorate programs, as in research-focused doctoral programs, are encouraged to offer additional coursework and practica that would prepare graduates to fill the role of nurse educator.

Accreditation and Regulation

Accreditation and regulation are complex issues. The quality of research-focused doctoral programs is ensured through ongoing review and quality assessment, which are generally carried out by the graduate school (or comparable entity) of the offering institution. Practice-focused doctoral programs, like master’s programs, prepare graduates for specialized professional practice that is regulated by agencies charged with protecting the safety of the public. The quality of practice-focused doctoral programs, their ability to produce graduates with the requisite competencies for advanced practice, and their adherence to high standards of professional education must be scrutinized and ensured by professional nursing accrediting bodies.

It also is recognized that a change in the educational requirements for APN practice could impact certification and regulation. Stakeholders representing certifying and regulatory bodies, however, have indicated that the specific impact and need for change in these arenas cannot be identified at this point in the transition phase. These individuals further indicate that, as outcome-based competencies are identified and programs evolve, certification and regulatory changes will follow.

Recommendation 13: Practice-focused doctoral programs need to be accredited by a nursing accrediting agency recognized by the U.S. Secretary of Education.

SUMMARY OF RECOMMENDATIONS

The Task Force recommends:

1: The term practice doctorate be used instead of clinical doctorate.
2: The practice-focused doctoral program be a distinct model of doctoral education that provides an additional option for attaining a terminal degree in the discipline.

3: Practice-focused doctoral programs prepare graduates for the highest level of nursing practice beyond the initial preparation in the discipline.

4: Practice-focused doctoral nursing programs include seven essential areas of content. The seven essential areas of content include:
   1. scientific underpinnings for practice;
   2. advanced nursing practice;
   3. organization and system leadership/management, quality improvement and system thinking;
   4. analytic methodologies related to the evaluation of practice and the application of evidence for practice;
   5. utilization of technology and information for the improvement and transformation of healthcare;
   6. health policy development, implementation and evaluation, and
   7. interdisciplinary collaboration for improving patient and population healthcare outcomes.

5: Practice doctoral nursing programs include development and/or validation of expertise in one area of specialized advanced nursing practice.

6: Practice-focused doctoral nursing programs prepare leaders for nursing practice. The practice doctorate prepares individuals at the highest level of practice and is the terminal practice degree.

7: One degree title be chosen to represent practice-focused doctoral programs that prepare graduates for the highest level of nursing practice.

8: The Doctor of Nursing Practice (DNP) be the degree associated with practice-focused doctoral nursing education.

9: The Doctor of Nursing (ND) degree title be phased out.

10: The practice doctorate be the graduate degree for advanced nursing practice preparation, including but not limited to the four current APN roles: clinical nurse specialist, nurse anesthetist, nurse midwife, and nurse practitioner.

11: A transition period be planned to provide nurses with master’s degrees, who wish to obtain the practice doctoral degree, a mechanism to earn a practice doctorate in a relatively streamlined fashion with credit given for previous graduate study and practice experience. The transition mechanism should provide multiple points of entry, standardized validation of competencies, and be time limited.
12: Practice doctorate programs, as in research-focused doctoral programs, are encouraged to offer additional coursework and practica that would prepare graduates to fill the role of nurse educator.

13: Practice-focused doctoral programs need to be accredited by a nursing accrediting agency recognized by the U.S. Secretary of Education (i.e., the Commission on Collegiate Nursing Education or the National League for Nursing Accrediting Commission).

RECOMMENDED NEXT STEPS

1. A document should be developed that defines:
   • Educational standards,
   • Indicators of quality for practice doctoral programs, and
   • Educational outcomes/competencies.

1A. The seven areas of core content for all graduates of practice-doctorate nursing programs have been identified. The outcome-based competencies for each of the seven core content areas should be identified. A process and outcome similar to that of the Essentials of Master’s Education for Advanced Practice Nursing (AACN, 1996) should be developed and implemented. The outcome of this process would be to identify the core outcome competencies expected of graduates of practice doctoral programs in nursing.

1B. Specialty competencies/essential content should be developed for individual areas of advanced nursing practice.

2. The appropriate preparation and competencies for the clinical educator and faculty roles should be identified by the AACN Task Force on the Professoriate. Practice-doctorate programs, based on the recommendations of that Task Force, could then offer additional coursework and practica, which would adequately prepare graduates to fill the role of nurse educator.

3. Additional work must be done to identify the implications of these recommendations and issues related to full implementation, e.g. moving all APN education to the practice doctoral level, impact on schools, implications for certification and licensure.

4. An interprofessional work group should be formed to examine the potential outcomes resulting from employment of DNP graduates in health care settings. Topics to be examined include: cost-effectiveness, impact on processes and outcomes of care, and priority areas for utilization.
REFERENCES


APPENDIX B
COMPETENCIES OF GRADUATES OF THE DOCTOR OF NURSING PRACTICE PROGRAM
Competencies of Graduates of the
Doctor of Nursing Practice Program

DOMAIN 1. Management of Patient Health/Illness Status

A doctor of nursing practice will demonstrate the masters level competencies as well as the competencies specific to a Doctor of Nursing Practice degree in the domain of Management of Patient Health/Illness Status when s/he performs the following behaviors.

A. Health Promotion/Health Protection and Disease Prevention

1. Differentiates between normal, variations of normal, and abnormal finding.
2. Provides health promotion and disease prevention services to patients who are healthy or have acute and chronic conditions, based on age, developmental stage, family history, and ethnicity.
3. Provides health promotion, anticipatory guidance, counseling, and disease prevention services to patients who are healthy or have acute and chronic conditions based on age, developmental stage, family history, ethnicity, and genetic profile.
4. Provides anticipatory guidance and counseling to promote health, reduce risk factors, and prevent disease and disability, based on age, developmental stage, family history, and ethnicity.
5. Develops or uses a follow-up system within the practice to ensure that patients receive appropriate services.
6. Provides, facilitates, monitors, and evaluates follow-up care to ensure the receipt of appropriate services.
7. Recognizes environmental health problems affecting patients and provides health protection interventions that promote healthy environments for individuals, families, and communities.
8. Recognizes environmental health problems affecting patients, applies principles of epidemiology and provides health protection interventions that promote positive health outcomes and healthy environments.

B. Management of Patient Illness

1. Analyzes and interprets history, including presenting symptoms, physical findings, and diagnostic information to develop appropriate differential diagnoses.
2. Uses a symptom-based approach in provision of care for patients with complex diagnoses and/or comorbid conditions.
3. Diagnoses and manages acute and chronic conditions while attending to the patient’s response to the illness experience.
4. Prioritizes health problems and intervenes appropriately including initiation of effective emergency care.
5. Prioritizes health problems and intervenes appropriately including provision of emergency care across all settings.
6. Employs appropriate diagnostic and therapeutic interventions and regimens with attention to safety, cost, invasiveness, simplicity, acceptability, adherence, and efficacy.
7. Determines and provides appropriate diagnostic and therapeutic interventions and regimens with attention to safety, cost, invasiveness, simplicity, acceptability, adherence, and efficacy.
9. Utilizes evidence-based practice, standards of care, ethical decision making, and clinical judgment to support diagnostic and therapeutic interventions.
10. Provides guidance and counseling regarding management of the health/illness condition.
11. Initiates appropriate and timely consultation and/or referral when the problem exceeds the nurse practitioner’s scope of practice and/or expertise.
12. Initiates and collaborates for consultation and/or referral.
13. Assesses and intervenes to assist the patient in complex, urgent, or emergency situations.
14. Assesses rapidly the patient’s unstable and complex health care problems through synthesis and prioritization of historical and immediately derived data.
15. Diagnoses unstable and complex health care problems utilizing collaboration and consultation with the multidisciplinary health care team as indicated by setting, specialty, and individual knowledge and experience, such as patient and family risk for violence, abuse, and addictive behaviors.
17. Plans and implements diagnostic strategies and therapeutic interventions to help patients with unstable and complex health care problems regain stability and restore health in collaboration with the patient and health care team.
18. Plans and implements diagnostic strategies and therapeutic interventions to help patients with unstable and complex health care problems regain stability and restore health.
19. Rapidly and continuously evaluates the patient’s changing condition and response to therapeutic interventions, and modifies the plan of care for optimal patient outcomes.

Appropriate to Both Subdomains (A&B)

1. Demonstrates critical thinking and diagnostic reasoning skills in clinical decision-making.
2. Obtains a comprehensive and problem-focused health history from the patient.
3. Performs a comprehensive and problem-focused physical examination.
4. Analyzes the data collected to determine health status.
5. Demonstrates diagnostic strategies to deal with ambiguous or incomplete data in developing differential diagnosis for patients that present in healthy states and those with complex presentations, co-morbid conditions, and potential multiple diagnoses.
6. Formulates a problem list.
7. Assesses, diagnoses, monitors, coordinates, and manages the health/illness status of patients over time and supports the patient through the dying process.
8. Demonstrates knowledge of the pathophysiology of acute and chronic diseases or conditions commonly seen in practice.
9. Integrates knowledge of the pathophysiology of acute and chronic illness and comorbid conditions.
10. Communicates the patient’s health status using appropriate terminology, format, and technology.
11. Applies principles of epidemiology and demography in clinical practice by recognizing populations at risk, patterns of disease, and effectiveness of prevention and intervention.
12. Uses community/public health assessment information in evaluating patient needs, initiating referrals, coordinating care, and program planning.
13. Applies theories to guide practice.
14. Applies/conducts research studies pertinent to area of practice.
15. Prescribes medications based on efficacy, safety, and cost as legally authorized and counsels concerning drug regimens, drug side effects, and interactions with food supplements and other drugs.
16. Integrates knowledge or pharmacokinetic processes of absorption, distribution, metabolism, and excretion, and factors that alter pharmacokinetics in drug dosage and route selection.
17. Selects/prescribes correct dosages, routes, and frequencies of medications based on relevant individual patient characteristics, e.g., illness, age, culture, and gender.
18. Detects and minimizes adverse drug reactions with knowledge of pharmacokinetics and dynamics with special attention to vulnerable populations such as infants, children, pregnant and lactating women, and older adults.
19. Evaluates and counsels the patient on the use of complementary/alternative therapies for safety and potential interactions.
20. Integrates appropriate nonpharmacologic treatment modalities into a plan of management.
21. Orders, may perform, and interprets common screening and diagnostic tests.
22. Orders, may perform, and interprets relevant, complex, diagnostic tests across care settings.
23. Demonstrates ability to perform procedures frequently required across care settings and specialties.
24. Collaborates with other health professionals and agencies as appropriate.
25. Consults and collaborates with other health professionals and agencies as appropriate.
26. Schedules follow-up visits to appropriately monitor patients and evaluate health/illness care.
27. Integrates knowledge of ethical decision making to support the diagnostic and management decisions of care.
28. Identifies population groups most at risk for adverse health outcomes due to historic, environmental, and current social and public policies.
29. Organizes, arranges, and monitors effective delivery of health care services when patients are at risk or have chronic illness and/or comorbid conditions.
30. Assumes responsibility for maintaining continuity of care and seamless flow of information when the focus of care shifts between office, hospital, home, chronic care facility, or community settings by maintaining accurate records and communicating effectively with members of the health care team.

C. Environmental and Occupational Health

a. Uses principles of epidemiology, toxicology, and biostatistics to determine when an illness is caused by health hazards in the work environment.

b. Applies principles of epidemiology to determine the risk of an identified problem to the community.
c. Assesses impairment and disability.
d. Applies appropriate regulatory and legal standards to care across settings.

D. End of Life

1. Introduces and guides the process of advance care planning through discussion with patient, family and members of the health care team.
2. Assists patients in establishing goals of end of life care by facilitating their understanding of their diagnoses and prognosis, clarifying priorities, promoting informed choices and providing an opportunity for the patient and significant others to participate in the plan of care.
3. Understands the complexity of the ethical, legal, financial and reimbursement issues when managing end of life care.
4. Prescribes palliative care.
5. Initiates appropriate administrative and legal arrangements when a patient dies.

DOMAIN 2. The Nurse Practitioner-Patient Relationship

Through master’s preparation, the APN has already demonstrated competence in the Nurse-Patient Relationship as defined by NONPF Competencies for Nurse Practitioner Practice (2000). In addition, a doctor of nursing practice demonstrates competence in the Nurse-Patient Relationship for patients with chronic and comorbid conditions in all health settings when s/he:

1. Creates a climate of mutual trust and establishes a partnership with patients.
2. Validates and verifies findings with patients.
3. Creates a relationship with patients that acknowledges their strengths and assists patients in addressing their needs.
4. Communicates a sense of “being present” with the patient and provides comfort and emotional support.
5. Evaluates the impact of life transitions on the health/illness status of patients and the impact of health and illness on patients (individuals, families, and communities).
6. Applies principles of self-efficacy.empowerment in promoting behavior change.
7. Preserves the patient’s control over decision making, assesses the patient’s commitment to the jointly determined, mutually acceptable plan of care, and fosters the patient’s personal responsibility for health.
8. Maintains confidentiality while communicating data, plans, and results in a manner that preserves the dignity and privacy of the patient and provides a legal record of care.
9. Monitors and reflects on own emotional response to interaction with patients and uses this knowledge to further therapeutic interaction.
10. Considers the patient’s needs when termination of the nurse practitioner-patient relationship is necessary and provides for a self transition to another care provider.
11. Evaluates patient’s and/or caregiver’s support systems.
12. Assists the patient and/or caregiver to access the resources necessary for care.
13. Preserves the patient’s control over decision making, accesses the patient’s commitment to the jointly determined, mutually acceptable plan of care of the discontinuation of interventions, and fosters patient’s personal responsibility for health.
14. Establishes treatment goals and strategies for achieving and/or modifying these goals.
DOMAIN 3. The Teaching-Coaching Function

A doctor of nursing practice demonstrates competence in the domain of Teaching and Counseling for patients with chronic and comorbid conditions in all health settings when s/he demonstrates the nurse practitioner behaviors as well as doctor of nursing practice behaviors.

Timing

1. Assesses the patient’s on-going and changing needs for teaching based on a) needs for anticipatory guidance associated with growth and developmental stage, b) care management that requires specific information or skills, and c) patient’s understanding of his/her health condition.
2. Assesses patient’s motivation for learning and maintenance of health related activities using principles of change and stages of behavior change.
3. Creates an environment in which effective learning can take place.
4. Utilizes principles of health promotion, knowledge of health maintenance, and management of complex and comorbid conditions to develop and implement tailored teaching programs.

Eliciting

1. Elicits information about the patient’s interpretation of health conditions as a part of the routine health assessment.
2. Elicits information about the patient’s perceived barriers and supports to learning when preparing for patient’s education.
3. Elicits from the patient the characteristics of his/her learning style from which to plan and implement the teaching.
4. Elicits information about cultural influences that may affect the patient’s learning experience.

Assisting

1. Incorporates psycho-social principles into teaching that reflect a sensitivity to the effort and emotions associated with learning about how to care for one’s health conditions.
2. Assists patients in learning specific information or skills by designing a learning plan that is comprised of sequential, cumulative steps and that acknowledges relapse and the need for practice, reinforcement, support, and re-teaching when necessary.
3. Assists patients to use community resources when needed.
4. Assists patients to utilize environment appropriate resources to facilitate health outcomes.
5. Educates patients about self-management of acute/chronic illness with sensitivity to the patient’s learning ability and cultural/ethnic background.

Providing

1. Communicates health advice, instruction and counseling appropriately using evidence-based rationale.
Negotiating

1. Negotiates a mutually acceptable plan of care based on continual assessment of the patient’s readiness and motivation, resetting of goals, and optimal outcomes.
2. Monitors the patient’s behavior and specific outcomes as a useful guide to evaluating the effectiveness and need to change or maintain teaching strategies, such as weight-loss, smoking cessations, and alcohol consumption.
3. Assesses health and illness related outcomes to evaluate the effectiveness of behavior change teaching strategies.

Coaching

1. Coaches the patient throughout the teaching processes by reminding, supporting, encouraging, and the use of empathy.

DOMAIN 4. Professional Role

An APN has already demonstrated competence in the domain of the Professional Role as defined by NONPF Competencies for Nurse Practitioner Practice (2000). In addition, a doctor of nursing practice demonstrates competence in the Professional Role when s/he:

Develops and Implements Role

1. Uses scientific theories and research to implement the nurse practitioner role.
2. Functions in a variety of role dimensions: health care provider, coordinator, consultant, educator, coach, advocate, administrator, researcher, and leader.
3. Interprets and markets the nurse practitioner role to the public, legislators, policy-makers, and other health care professions.
4. Articulates and interprets a doctor of nursing practice role in the health care community.
5. Advocates for the role of the advanced practice nurse in the health care system.

Directs Care

1. Prioritizes, coordinates, and meets multiple needs and requests of culturally diverse patients.
2. Provides culturally competent care to meet the needs of patients with chronic and co-morbid conditions at all levels of acuity in the most appropriate setting.
3. Uses sound judgement in assessing conflicting priorities and needs.
4. Builds and maintains a therapeutic team to provide optimum therapy.
5. Assumes primary responsibility for building and maintaining a therapeutic team to provide optimum therapy.
6. Obtains specialist and referral care for patients while remaining the primary care provider.
7. Establishes and manages a collaborative network of specialists while maintaining primary responsibility for patient care referrals.
8. Advocates for the patient to ensure health needs are met.
9. Consults with other health care providers and private/public agencies.
10. Incorporates current technology appropriately in care delivery.
11. Uses information systems to support decision-making and to improve care.

Provides Leadership

1. Recognizes the importance of participating in professional organizations.
2. Evaluates implications of contemporary health policy on health care providers and consumers.
3. Participates in legislative and policy-making activities that influence advanced nursing practice and the health of communities.
4. Advocates for access to quality, cost-effective health care.
5. Evaluates the relationship between community public health issues and social problems (poverty, literacy, violence, etc.) as they impact the health care of patients.

DOMAIN 5. Managing and Negotiating Health Care Delivery Systems

An APN has already demonstrated competence in Managing and Negotiating Health Care Delivery Systems as defined by NONPF Competencies for Nurse Practitioner Practice (2000). In addition, a doctor of nursing practice demonstrates competence in Managing and Negotiating Health Care Delivery Systems for patients in healthy states and those with chronic and co-morbid conditions in acute, home, and community settings when s/he demonstrates the behaviors identified:

Managing

1. Demonstrates knowledge about the role of the nurse practitioner in case management.
2. Utilizes principles of case management when enacting the role of a doctor of nursing practice.
3. Provides care for individuals, families, and communities within integrated health care services.
4. Considers access, cost, efficacy, and quality when making care decisions.
5. Integrates access, cost, efficacy, and quality when making care decisions.
6. Maintains current knowledge of the organization and financing of the health care system as it affects delivery of care.
7. Maintains and applies current knowledge of the organization and financing of the health care system as it affects delivery of health care.
8. Participates in organizational decision making, interprets variations in outcomes, and uses data from information systems to improve practice.
9. Manages organizational functions and resources within the scope of responsibilities as defined in a position description.
10. Uses business and management strategies for the provision of quality care and efficient use of resources.
11. Demonstrates knowledge of business principles that affect long-term financial viability of a practice, the efficient use of resources, and quality of care.
12. Demonstrates knowledge of relevant legal regulations for nurse practitioner practice including reimbursement of services.

Negotiating
1. Collaboratively assesses, plans, implements, and evaluates primary care with other health care professionals using approaches that recognize each one’s expertise to meet the comprehensive needs of patients.
2. Participates as a key member of an interdisciplinary team through the development of collaborative and innovative practices.
3. Leads the interdisciplinary team through the development of collaborative and innovative practices.
4. Participates in the planning, development, and implementation of public and community health programs.
5. Participates in legislative and policy-making activities that influence health services/practice.
6. Advocates for policies that reduce environmental health risks.
7. Advocates for policies that are culturally sensitive.
8. Advocates for increasing access to health care for all.

DOMAIN 6. Monitoring and Ensuring the Quality of Health Care Practice

An APN has already demonstrated competence in Monitoring and Ensuring the Quality of Health Care Practice as defined by NONPF Competencies for Nurse Practitioner Practice (2000). In addition, a doctor of nursing practice demonstrates competence in Monitoring and Ensuring the Quality of Health Care Practice for patients in healthy states and those with chronic and comorbid conditions in acute, home, and community settings when s/he demonstrates the behaviors identified:

Ensuring Quality

1. Interprets own professional strengths, role, and scope of ability to peers, patients, and colleagues.
2. Incorporates professional/legal standards into practice.
3. Acts ethically to meet the needs of patients.
4. Assumes accountability for practice and strives to attain the highest standards of practice.
5. Engages in self-evaluation concerning practice and uses evaluative information, including peer review, to improve care and practice.
6. Collaborates and/or consults with members of the health care team about variations in health outcomes.
7. Identifies variation in expected health outcomes and initiates a corrective action plan.
8. Uses an evidence-based approach to patients management that critically evaluates and applies research finding pertinent to patient care management and outcomes.
9. Evaluates the patient’s response to the health care provided and the effectiveness of the care.
10. Uses the outcomes of care to revise care delivery strategies and improve the quality of care.
11. Accepts personal responsibility for professional development and the maintenance of professional competence and credentials.
12. Considers ethical implications of scientific advances and practices accordingly.
13. Assesses patient decision making capacity.
14. Understands the rationale and is able to guide the process of selecting an appropriate surrogate to make decisions for patients who lack capacity.
Monitoring Quality

1. Monitors quality of own practice and participates in continuous quality improvement based on professional practice standards and relevant statutes and regulations.
2. Evaluates patient follow-up and outcomes including consultation and referral.
3. Monitors research in order to improve quality care.

DOMAIN 7. Cultural Competence

A doctor of nursing practice demonstrates Cultural Competence when s/he:

1. Shows respect for the inherent dignity of every human being, whatever their age, gender, religion, socioeconomic class, sexual orientation, or ethnicity.
2. Accepts the rights of individuals to choose their care provider, participate in care, and refuse care.
3. Acknowledges personal biases and prevents these from interfering with the delivery of quality care to persons of differing beliefs and lifestyles.
4. Recognizes cultural issues and interacts with patients from other cultures in culturally sensitive ways.
5. Incorporates cultural preferences, health beliefs and behaviors, and traditional practices into the management plan.
6. Develops patient-appropriate educational materials that address the language and cultural beliefs of the patient.
7. Assesses culturally appropriate resources to deliver care to patients from other cultures.
8. Assists patients to access quality care within a dominant culture.
9. Develops and applies a process for assessing differing beliefs and preferences and takes this diversity into account when planning and delivering care.

Spiritual Competencies

1. Respects the inherent worth and dignity of each person and the right to express spiritual beliefs as part of his/her humanity.
2. Assists patients and families to meet their spiritual needs in the context of health and illness experiences, including referral for pastoral services.
3. Assesses the influence of patient’s spirituality on his/her health care behaviors and practices.
4. Incorporates patient’s spiritual beliefs in the plan of care appropriately.
5. Provides appropriate information and opportunity for patients and families to discuss their wishes for end of life decision-making and care.
6. Respects wishes of patients and families regarding expression of spiritual beliefs.

DOMAIN 8. Utilization and Synthesis of Evidence for Optimal Outcomes

A doctor of nursing practice will demonstrate competency in the provision of care to patients in healthy states and those with complex, chronic and/or comorbid conditions by utilizing, synthesizing and individualizing evidence-based guidelines to meet individual patient needs and provide optimal patient outcomes when s/he:
1. Collaborates with doctorally prepared nurse researchers to develop, implement, and evaluate the role of doctor of nursing practice.
2. Selects and uses appropriate research and patient databases to meet patient needs.
3. Interprets variations in practice outcomes and analyzes data from information systems to improve practice.
4. Critically analyzes data, information, and knowledge for use in cross-site, evidence-based practice.
5. Generates evidence from practice through analysis of clinical data.
7. Applies population level data to inform clinical decision making.
8. Measures patient outcomes and satisfaction in one’s practice.

DOMAIN 9. Professional Accountability

A doctor of nursing practice will demonstrate competency in the provision of care to patients in healthy states and those with complex, chronic and/or comorbid conditions. A doctor of nursing practice is fully accountable for expanded scope care that is provided in acute, home and community settings. A doctor of nursing practice demonstrates competence in the domain of Professional Autonomy when s/he performs the following behaviors:

1. Demonstrates full accountability for comprehensive care across settings over time.
2. Demonstrates ability to guide and manage the care of a panel of patients in healthy states and those with complex, chronic and/or co-morbid conditions at the most independent level of advanced practice nursing.
3. Integrates information from multiple sources and disciplines to maximize the quality of care provided.
4. Uses principles of ethical decision making to identify and analyze dilemmas that arise during professional interactions.
5. Uses the principles of ethical decision making to identify and analyze dilemmas that arise in patient care, research, and practice management.

Throughout these competencies, the patient is defined as an individual in the context of family, community, work settings and residential environments. A doctor of nursing practice demonstrates competency providing, coordinating, directing and supervising care to a panel of patients including those who present in healthy states and those who present with complex, chronic and/or comorbid conditions. A Doctor of Nursing Practice (DNP) graduate is fully accountable for expanded scope care that is provided in acute, home, and community settings.
Clinical Scholarship Portfolio

The Clinical Scholarship Portfolio is a collection of required scholarly components that demonstrates a student's scholarship as a clinical expert practicing at the highest level of advanced practice nursing. The Portfolio is evidence of competency in all domains of doctoral level practice. Submission of an acceptable Portfolio is a requirement for completion of the Doctor of Nursing Practice Program and graduation. Students will be encouraged to maintain their e-portfolios from the very first class using the secure hosting on MySpace at UTEP. Files maintained on MySpace will be made accessible to the student's faculty advisor for review and comment. No identifiable patient data will be maintained on MySpace.

Placement in Program

Upon successful completion of the foundational courses, the student will be assigned to a faculty advisor for portfolio development by the Coordinator of the DNP program with recommendations from the Doctor of Nursing Practice Council (DNP Council). The portfolio advisor will be selected based on congruence of the faculty member’s clinical practice expertise with the student's area of clinical interest.

Advisement Process

The portfolio development advisor and student will meet to discuss strategies and a timeline for developing portfolio components. Other faculty or clinical preceptors may be included to assist in mentoring the student for select components of the portfolio. Guidelines for the various Portfolio components will be reviewed. A written plan will be developed to serve as a guide. The student and portfolio advisor will meet periodically to review progress and quality of the portfolio.

Portfolio Components

The portfolio components include the following:

- Table of contents;
- Statement of goals;
- Paper or project from each course (except clinical & capstone courses);
- Comprehensive log of patient encounters from all clinical & capstone courses;
- Ten (10) case studies from capstone practicum experiences;
- Evidence-based clinical practice project;
- Continuous quality improvement project;
- Minimum of one manuscript accepted for publication;
- Reflective summary on progress over the program;
- Curriculum vitae;
- Five year career plan.

Statement of Goals: A personal statement of goals is a requirement for admission to the program; this will be included in the portfolio. Students will be asked to reflect upon and revise their goals as several points in their progress through the curriculum. These reflections and revisions will also be incorporated into this section of the portfolio.

Comprehensive Clinical Log of Patient Encounters: The comprehensive clinical log will include patients seen in all clinical and capstone courses with a focus on patient-centered care. Data will include age, diagnosis, plan, treatment, and outcomes. Data entry and storage will conform to HIPAA guidelines for the protection of privacy and security of health records.
Evidence-based Practice (EBP) Project: The EBP project is clinically focused on practice scholarship that demonstrates a student’s ability to integrate clinical evidence into the care of patients. Using EBP methodology the student will describe the clinical problem, review the literature, evaluate the strength of the evidence, determine the application to the clinical problem, implement change, and evaluate outcomes.

Continuous Quality Improvement Project: The quality improvement project is designed to demonstrate the ability to utilize databases and clinical data, benchmarking data, and quality improvement methodologies to provide for a continuous quality improvement program. The student may choose nurse sensitive indicators, patient safety indicators, or other quality indicators as a focus. A comprehensive intervention and evaluation plan at the unit, service, and system level will demonstrate ability as a transformational leader and change agent.

Ten (10) Case Studies: The case studies are designed for the student to demonstrate the breadth and depth of comprehensive management of patients by the DNP student including EBP, treatment plan with rationale, use of appropriate consultations, patient education, coordination across the continuum of care, and follow-up. See sample cases from Case Studies-The Doctor of Nursing Practice DrNP: Setting a New Standard in Health Care (2005).

Manuscript Publication/Acceptance: At least one first author manuscript in a peer-review journal recognized as a scholarly health care journal is required. A copy of the published article or a letter of unconditional acceptance and a copy of the manuscript constitute evidence of meeting the publication requirements. The focus of the manuscript must be related to clinical practice and may include a systematic review of the literature, case studies, evidence-based practice initiatives, change in model of practice or care, and other related topics.

Reflective Summary: Reflective summaries include personal observations about significant learning milestones and what they mean for the learner. Reflective summaries from each course will prepare the student for the comprehensive examination. A final reflective summary of significant learning over the course of the program will assist the student in the development of a 5-year career plan.

Curriculum Vitae: A current curriculum vitae is included.

Five Year Career Plan: A five year career plan is presented that identifies ultimate goal and outlines short-term goals and related activities on a yearly basis.

Approval of Clinical Scholarship Portfolio

An acceptable Clinical Scholarship Portfolio is a requirement for completion of the DNP program and graduation. Once the portfolio advisor approves forwarding the portfolio to the DNP Council, a panel will be assigned by the Coordinator of the DNP program with approval of the DNP Council. The review panel will consist of two faculty members with appropriate clinical expertise who will review the Portfolio for scholarship. The panel will recommend approval, need for revision, or rejection to the DNP Council. The DNP Council will make the final decision regarding the Portfolio.

Reference:

APPENDIX D
PERFORMANCE EVALUATION PLAN
### THE UNIVERSITY OF TEXAS AT EL PASO
### COLLEGE OF HEALTH SCIENCES, SCHOOL OF NURSING (SON)
### TOTAL PROGRAM EVALUATION PLAN

<table>
<thead>
<tr>
<th>Criteria/Component to be Evaluated</th>
<th>Data Collection Method/Tool</th>
<th>Individual or Group Responsible</th>
<th>Frequency of Data Collection</th>
<th>Indicators of Achievement</th>
<th>Findings (Aggregate Data)</th>
<th>Changes to be based on data</th>
</tr>
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<tbody>
<tr>
<td>1. Organization and Administration of Program</td>
<td>Organizational chart&lt;br&gt;SON policies and procedures manual&lt;br&gt;Evaluation survey of organizational structure of the SON&lt;br&gt;Evaluation tool for evaluating Administrators</td>
<td>Faculty Senate</td>
<td>Every 2 years; will start in spring 06 upon completion of survey tool</td>
<td>90 % of faculty are satisfied with SON policies, practices, and SON organizational structure</td>
<td>Pending results&lt;br&gt;Completion of evaluation survey tool before end of spring 06</td>
<td>Re-evaluation of existing organizational structure based on data;</td>
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<tr>
<td>Organization</td>
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<td>Administration of Program</td>
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Pending administration of this survey from the Center for Institutional Evaluation Research & Planning (CIERP)
### Criteria/Component to be Evaluated

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<tr>
<td>2. Philosophy and Outcomes</td>
<td>UTEP SON Website Undergraduate Student Handbook Undergraduate &amp; Graduate Catalog Evaluation Checklist</td>
<td>Undergraduate Curriculum Committee (UGCC) and Graduate Curriculum Committee (GCC)</td>
<td>Every 3 years; Will implement in spring 06 upon completion of the evaluation checklist</td>
<td>Course Syllabi: Mission, Philosophy and goals/objectives of the program are congruent with those of the parent institution and consistent with professional nursing standards and guidelines for the preparation of nursing professionals Completion of evaluation checklist before end of spring 06</td>
<td>CCNE, BNE Self-study reports document consistency</td>
<td>No change needed</td>
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<tr>
<td>Mission and Program Objectives</td>
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<tr>
<td><strong>3. Program of Study. Curriculum and Instructional Techniques</strong></td>
<td><strong>Nursing Courses</strong></td>
<td>A. Checklist for review by UG and GCC Curriculum committee for consistency of course objectives with philosophy, goals, organizing framework, needs of community and society, mission of university and BNE criteria</td>
<td>UGCC and GCC</td>
<td>Every 3 years; will start in spring 06 upon completion of check list</td>
<td>100 % of course objectives in the nursing program will be consistent with the philosophy, goals, organizing framework, needs of community and society, mission of the university and BNE criteria. Completion of checklist before end of spring 06</td>
<td>Checklist has not yet been developed</td>
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<tr>
<td>3. Program of Study, Curriculum and Instructional Techniques Evaluations</td>
<td>B. Review of results of course evaluations by faculty and students.</td>
<td>SON Director Nursing Program Evaluation Committee UGCC</td>
<td>Every Semester</td>
<td>90% of faculty Course Evaluation summary reports reflect evaluations greater than a 3.5.</td>
<td>2 courses in the UG program and 2 in the Graduate program found to fall below 3.5 during 2004-2005 academic year.</td>
<td>Courses with evaluations below 3.5 were reviewed by the Nursing Program Evaluation committee, and then forwarded for review by UGCC/GCC committees to determine reasons for low scores.</td>
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<td>a) If reason for low scores was due to a curriculum issue in an individual course, UGCC or GCC made recommendations for revision of problem areas in the individual course.</td>
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<tr>
<td>3. Program of Study, Curriculum and Instructional Techniques (cont’d)</td>
<td>Graduating Senior Survey</td>
<td>Nursing Program Evaluation Committee, CIERP</td>
<td>Every Semester</td>
<td>90% satisfaction of students with nursing program quality of instruction</td>
<td>92.1% of students rated the quality of instruction as acceptable to excellent</td>
<td>None needed</td>
</tr>
<tr>
<td>Program Outcomes</td>
<td>Alumni Survey of BSN and MSN students</td>
<td>Nursing Program Evaluation Committee</td>
<td>Full Survey every 3 years, Fall</td>
<td>If 80% of students respond with Mostly and Completely Successful to: a) Provide professional nursing care to individuals, families, groups and communities in various developmental stages and from</td>
<td>78.41% of students responded with Mostly or Completely Successful</td>
<td>Evaluation of why the 80% standard was not met</td>
</tr>
</tbody>
</table>

b) If UGCC or GCC found that low scores on the tabulated course evaluations are due to faculty issues in an individual course, Committee will refer to either Graduate Program or UG Program director.
## TOTAL PROGRAM EVALUATION PLAN

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<tr>
<td><strong>3. Program of Study, Curriculum and Instructional Techniques (cont’d)</strong></td>
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<td>Program Outcomes</td>
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<tr>
<td>Alumni Survey (cont’d)</td>
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<td>different socio-cultural backgrounds</td>
<td>b) Use critical thinking and apply theories, principles and concepts in making clinical judgments about the healthcare needs of individuals, families and communities</td>
<td>85.1% of students responded with Mostly or Completely Successful</td>
</tr>
<tr>
<td><strong>4. Educational Facilities, Resources and Services</strong></td>
<td>A. Survey to determine faculty/student needs for new resources</td>
<td>Nursing Educational Resources Committee</td>
<td>Each semester</td>
<td>100% of budget allocated for library resources is utilized to meet faculty/student needs of the program</td>
<td>100% of budget allocated for library resources was spent to purchase requested items by faculty during 2004-2005</td>
<td>None needed at this time</td>
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<tr>
<td>4. Educational Facilities, Resources and Services (cont’d) Library (cont’d)</td>
<td>B. Identification of program needs for resources by the University collection development process.</td>
<td>Library subject specialist</td>
<td>Each semester</td>
<td>90% of periodicals and books available, are applicable to UG, graduate and specialty, primary health care and collaborative roles.</td>
<td>No data available at this time.</td>
<td>Increase of resources based on results of University collection development process.</td>
</tr>
<tr>
<td>Independent Learning Resource Center Hours of Operation</td>
<td>Hours of ILC are posted on ILC door</td>
<td>ILC Director</td>
<td>Every semester</td>
<td>ILC schedule reflects evening and weekend hours that accommodate student needs</td>
<td>ILC is open 8 am -8 pm Monday- Friday and 8 am- 12 pm on Saturday and Sundays</td>
<td>No change needed at this time</td>
</tr>
<tr>
<td></td>
<td>Evaluation tool for student/faculty input</td>
<td>ILC Director</td>
<td>Every semester</td>
<td>90% of faculty and students reflect satisfaction with ILC availability</td>
<td>Evaluation tool –not yet developed</td>
<td>Changes may need to be made to ILC schedule depending on results of evaluation. Set deadline for completion of evaluation tool before end of spring 06</td>
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<tr>
<td>Computer Resources</td>
<td>PC Replacement schedule</td>
<td>ILC Director</td>
<td>Every semester</td>
<td>100% of SON computers are newer than 1999 in age</td>
<td>100% of SON computers are newer than 1999 in age</td>
<td>If SON computers are found to be older than 1999, they are replaced with new computers as per PC replacement schedule</td>
</tr>
<tr>
<td>Media Resources</td>
<td>Evaluation tool to determine adequacy of media resources by faculty and students</td>
<td>ILC Director</td>
<td>Every semester</td>
<td>90% of Media resources are relevant and sufficient for student and faculty needs.</td>
<td>Not enough computers are available for the use of the ILC by faculty with classes, such as for the administration of ERI exams to students in ILC.</td>
<td>Purchase of 30 laptops by SON in response to this problem, but computers still not fully operational.</td>
</tr>
<tr>
<td>Computer Services (External to CHS)</td>
<td>Student/Instructor evaluations</td>
<td>Center for Institutional Evaluation and Research (CIERP)</td>
<td>Each semester</td>
<td>Reports of tabulated faculty/student evaluations should be received in a timely manner by the Office of the SON director</td>
<td>Results of tabulated faculty/student evaluations are received in a timely manner and are on file in the Office of the SON director.</td>
<td>No change needed</td>
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<tr>
<td>4. Educational Facilities, Resources, and Services (cont’d)</td>
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<td>Changes need to be made to the process of tabulation and reporting of SON survey evaluations by CIERP</td>
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<tr>
<td>Independent Learning Resource Center (cont’d)</td>
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<td>Changes pending use of checklist</td>
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<tr>
<td>Computer Services (External to CHS) (cont’d)</td>
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<tr>
<td>Instructional Support Services</td>
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<tr>
<td>Graduating Senior Surveys; SON Alumni and Employer Surveys</td>
<td>Graduating Senior Surveys; SON Alumni and Employer Surveys</td>
<td>CIERP</td>
<td>Every 3 years</td>
<td>Reports of tabulated Graduating Senior Surveys, Alumni Surveys and employer Surveys should be received in a timely manner by the Office of the Associate Dean</td>
<td>Results of graduating Senior Surveys, Alumni Surveys and employer surveys are not being received in a timely manner</td>
<td></td>
</tr>
<tr>
<td>Checklist to evaluate Instructional Support Services</td>
<td>Checklist to evaluate Instructional Support Services</td>
<td>Son Director UTEP Instructional Support Center</td>
<td>Ongoing</td>
<td>Ongoing faculty support in computer-enhanced teaching and learning. Web-CT support</td>
<td>Checklist has not been implemented</td>
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<td></td>
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<td></td>
<td>90% of faculty are satisfied with support in computer enhanced teaching and Web-CT</td>
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<tr>
<td>Simulation Laboratory</td>
<td>A. Review of tool to determine faculty member’s and student requests for needed equipment</td>
<td>CHS Educational Resources Committee and Simulation Lab Director</td>
<td>Ongoing</td>
<td>100% of budget for purchase of faculty/student requests for needed equipment is utilized annually</td>
<td>100% of allocated budget for purchase of needed requests by faculty was utilized</td>
<td>No change needed at this time</td>
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<tr>
<td></td>
<td>B. Consultant report from Laerdal for recommended equipment needed by SON</td>
<td>Sim Lab Director Consultant</td>
<td>Annually</td>
<td>Purchase of needed Equipment recommended by consultant</td>
<td>Simulation Laboratory has purchased $234,000 of new equipment and supplies in the last 5 years.</td>
<td>CHS advisory group will assist in $12,000 fund raising campaign, whose priority goal is to buy equipment for Simulation Laboratory. Approval granted for an UG nursing major fee of $12 per student per semester for use in Sim Lab equipment</td>
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<td>4. Educational Facilities, Resources, and Services (cont’d)</td>
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<tr>
<td>Classrooms/Conference Rooms</td>
<td>Evaluation tool for obtaining Faculty and student input of adequacy of classroom facilities</td>
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<tr>
<td>Student Learning And Recreation Facilities</td>
<td>Student lounge is located in basement and patios of CHS</td>
<td>CHS Dean</td>
<td>Ongoing</td>
<td>Student Activities Lounge is available. Study spaces available for group work</td>
<td>Student Lounge is not adequate for student needs. No designated study areas for student group work available.</td>
<td>Plans for new CHS building to use more adequate student lounge/study spaces.</td>
</tr>
<tr>
<td>Faculty Offices</td>
<td>Roster of faculty and offices assigned</td>
<td>SON director</td>
<td>Every semester</td>
<td>Private offices are available for all full time faculty members</td>
<td>Every full time faculty member is assigned to a private office at CHS</td>
<td>No change needed</td>
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<tr>
<td>Handicapped Access</td>
<td>Checklist for adequacy of handicapped access to CHS</td>
<td>Dean CHS</td>
<td>Every semester</td>
<td>Designated handicap parking and building access is present</td>
<td>There are clearly marked handicap parking areas and building access to the CHS</td>
<td>No change needed</td>
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<tr>
<td>5. Affiliating Agencies and Clinical Learning Activities</td>
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<tr>
<td>Clinical Facilities</td>
<td>A. List of clinical agencies/facilities utilized by the SON courses and affiliation agreements on file</td>
<td>Course Faculty</td>
<td>Ongoing every semester</td>
<td>90% of clinical facilities utilized by SON courses are adequate for clinical experiences of students and have an affiliation agreement on file.</td>
<td>Student evaluations 100% of clinical facilities are adequate and have current affiliation agreements</td>
<td>No change needed.</td>
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<td>B. Student Evaluation Tool of clinical agencies</td>
<td>CHS Affiliation Agreement coordinator</td>
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<td>University Catalog</td>
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<td>University schedule of classes</td>
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<td>Class/ clinical credit hour allocation</td>
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<td>UGCC and GCC committees</td>
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consistent across the curriculum. hour allocation. administration.

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<tr>
<td>5. Affiliating Agencies and Clinical Learning Activities (cont’d)</td>
<td>Nursing courses, clinical objectives and evaluation tools</td>
<td>Course Manager</td>
<td>Every semester</td>
<td>90% of clinical evaluation tools reflect BNE entry level competencies of Texas Graduates of Baccalaureate degree programs</td>
<td>100% of clinical evaluation tools reflect BNE entry level competencies of Texas Graduates of baccalaureate degree programs during 2004-05.</td>
<td>No change needed</td>
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<td>6. Student Achievement</td>
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<td>Course/Program Completion</td>
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<tr>
<td>A. Cap Exams</td>
<td>Educational Resources, Inc. (ERI) cap exams</td>
<td>Course Managers</td>
<td>Every semester</td>
<td>National average score achieved by 90% of students on ERI exams, 50-75% of students in each course achieved the national average score on first attempt of ERI cap exams; the rest were successful on 2nd or more than 3 attempts</td>
<td>In AY 2004-2005, 50-75% of students in each course achieved the national average score on first attempt of ERI cap exams; the rest were successful on 2nd or more than 3 attempts</td>
<td>Increased availability of tutors to help increase student pass rate on ERI exams to 100% on first and second attempts</td>
</tr>
<tr>
<td>B. Theory Course Evaluation</td>
<td>Course Requirements: Exams, Quizzes, Papers</td>
<td>Course Manager</td>
<td>Every semester</td>
<td>90% of students will earn 75% or higher course grades</td>
<td>An average of 90% of students achieved 75% or higher in each course</td>
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<td>7. Graduate Outcomes</td>
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<tr>
<td>NCLEX-RN Performance</td>
<td>NCLEX-RN annual results</td>
<td>UG Program Asst. Director</td>
<td>Annually</td>
<td>95 % pass rate or better</td>
<td>82.71 % Pass rate for 2004-2005</td>
<td>Strengthen further student preparation for NCLEX; continuing review of student performance in ERI cap exams, ERI-RN Assessment, NCLEX elective review course, NCLEX tutoring; initiate mentoring program for at risk students</td>
</tr>
<tr>
<td>Performance of MSN graduates in National Certification Exams</td>
<td>National Certification Exam results in FNP; WHC; Nurse-Midwifery</td>
<td>Grad. Program Asst. Director</td>
<td>Annually</td>
<td>95 % or better</td>
<td>100 % pass rates in 2003 and 2004</td>
<td>No change needed</td>
</tr>
<tr>
<td>Employer survey</td>
<td>BSN and MSN Employer Survey</td>
<td>CIERP Nursing Program Evaluation Committee and CIERP</td>
<td>Every 3 years, due - Fall 05</td>
<td>If 90% of employers rated UTEP SON graduates as superior to or equal to others</td>
<td>2002 results reveal that 95.8% of employers rated UTEP SON graduates as superior to or equal to others</td>
<td>No change needed; need to prepare and distribute fall 05 survey</td>
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<td>8. Students</td>
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</table>
| Recruitment                      | Student recruitment strategy plans and materials (brochures, ads, etc.) for:  
  a. Regular generic BSN;  
  b. Fast track;  
  c. RN-BSN  
  d. MSN | UG Program Asst. Director; Fast Track and RN-Program Directors; Grad. Program Asst. Director | Ongoing                      | Maintaining between 300 and 400 students enrolled in pre-nursing courses every semester for all types of BSN programs  
  Maintaining between 100 and 125 students in the MSN program every semester; having adequate and competitive applicant pool for each type of program during admission periods  
  100% compliance with admission criteria in selecting students for admission | Number met every semester | No change needed |
| Admission                         | Nursing Entrance Test (NET) results, and Science GPA; Review of student GPA | Admission, Progression & Graduation (APG) Committee | Every semester               |                           | Number met every semester | No change needed |

- a. 80 qualified students were admitted into the nursing program every semester since fall 04;  
- b. 15 qualified students admitted in summer 05 in the FT BSN program;
<table>
<thead>
<tr>
<th>Criteria/Component to be Evaluated</th>
<th>Data Collection Method/Tool</th>
<th>Individual or Group Responsible</th>
<th>Frequency of Data Collection</th>
<th>Indicators of Achievement</th>
<th>Findings (Aggregate Data)</th>
<th>Changes to be made based on data</th>
</tr>
</thead>
<tbody>
<tr>
<td>8. Students (cont’d) Admission (cont’d)</td>
<td>Retention Action Plan (RAP) sheets and schedule/ Utilization of Academic Coaching Services (Tutoring)</td>
<td>a) Course Managers b) Academic Coaching Services Chair</td>
<td>Every semester</td>
<td>100% of students in compliance with RAP policies, including participation/ utilization of tutoring services</td>
<td>c. 49 RN-BSN students admitted in Fall 05); d. 72 MSN students admitted in AY 2004-2005 in various programs (FNP, WHC, Nursing Admin; Nursing Clinician Ed.)</td>
<td>No change needed</td>
</tr>
<tr>
<td>Retention</td>
<td>Data on graduation rate</td>
<td>Office of CHS Asst. Dean for Student Affairs</td>
<td>Every semester</td>
<td>Graduation rate increased to 80% by end of AY 2005-06</td>
<td>Data – still being collected</td>
<td>Pending results</td>
</tr>
<tr>
<td>Graduation Rate</td>
<td></td>
<td></td>
<td></td>
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</tbody>
</table>

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<table>
<thead>
<tr>
<th>Criteria/Component to be Evaluated</th>
<th>Data Collection Method/Tool</th>
<th>Individual or Group Responsible</th>
<th>Frequency of Data Collection</th>
<th>Indicators of Achievement</th>
<th>Findings (Aggregate Data)</th>
<th>Changes to be made based on data</th>
</tr>
</thead>
</table>
| 9. Faculty                       | a) Ads in professional journals  
                                 | b) Campus visits conducted as indicated | Nursing Search and Recruitment Committee | Ongoing | Faculty vacancies filled in a timely manner | 90% of FT and PT faculty vacancies filled for 2004-2005 for UG teaching | No change needed |
| Recruitment                      |                             | Administration, faculty and search committee | Ongoing | Faculty appointed to SON meet required rules as set by Regents rules and SON considerations | 100% of SON faculty meet Regents Rules and SON considerations for appointment | No change needed |
| Appointment                      | Use of checklist to review credentials to determine appointment criteria as set by Regents Rules and SON considerations:  
A. Master’s degree  
B. Specialty faculty are certified in their discipline  
C. Preferred: 1) clinical expertise 2) doctorate 3) experience in teaching  
D. Research Activity  
E. Publications |                             |                             |                             |                                     |                             |
<p>| | | | | | | |
|                                  |                             |                             |                             |                             |                                     |                             |</p>
<table>
<thead>
<tr>
<th>Criteria/Component to be Evaluated</th>
<th>Data Collection Method/Tool</th>
<th>Individual or Group Responsible</th>
<th>Frequency of Data Collection</th>
<th>Indicators of Achievement</th>
<th>Findings (Aggregate Data)</th>
<th>Changes to be made based on data</th>
</tr>
</thead>
<tbody>
<tr>
<td>9. Faculty (cont’d)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Annual Review of Faculty</td>
<td>Administrative evaluations of faculty</td>
<td>Administration</td>
<td>Annually-Spring</td>
<td>100% of faculty who have been at the CHS for over 1 year will be evaluated annually</td>
<td>100% of faculty who have been with the CHS one year or longer are evaluated annually</td>
<td>No change needed</td>
</tr>
<tr>
<td>Teaching Effectiveness/Use of Teaching Strategies</td>
<td>Student evaluations of faculty</td>
<td>Students</td>
<td>Every semester</td>
<td>100% of faculty will be evaluated by students for each course they teach.</td>
<td>100% of faculty are evaluated by students in each course they teach every semester</td>
<td>No changes needed</td>
</tr>
<tr>
<td></td>
<td>Evaluation of PT faculty</td>
<td>Course Managers &amp; Semester Coordinators</td>
<td>Ongoing</td>
<td>100 % of PT faculty will be evaluated using appropriate tool; all are expected to perform satisfactorily</td>
<td>100 % of PT faculty were evaluated in AY 2004-2005; all performed satisfactorily; In fall 05, 95 % met satisfactory level of performance</td>
<td>PT faculty not performing satisfactorily will not be re-hired in succeeding semester</td>
</tr>
<tr>
<td>Criteria/Component to be Evaluated</td>
<td>Data Collection Method/Tool</td>
<td>Individual or Group Responsible</td>
<td>Frequency of Data Collection</td>
<td>Indicators of Achievement</td>
<td>Findings (Aggregate Data)</td>
<td>Changes to be made based on data</td>
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</tr>
<tr>
<td>9. Faculty (cont’d) Professional Competence</td>
<td>Checklist for review of faculty licensure in discipline, participation in professional organizations and Local/National/International recognition, participation in professional development/CE</td>
<td>Administration</td>
<td>Annually</td>
<td>1. 100% of faculty will have evidence of licensure and certification in specialty discipline; 2. 90-100% will have membership and participation in at least one professional organization; 3. 80% will have local/national/international recognition; 4. 100% will meet minimum CE credits as mandated by BNE</td>
<td>1. 100% of faculty show evidence of licensure and 90% are certified in specialty discipline. Items 2, 3, 4 – data is still being collected</td>
<td>No change needed</td>
</tr>
<tr>
<td>Criteria/Component to be Evaluated</td>
<td>Data Collection Method/Tool</td>
<td>Individual or Group Responsible</td>
<td>Frequency of Data Collection</td>
<td>Indicators of Achievement</td>
<td>Findings (Aggregate Data)</td>
<td>Changes to be made based on data</td>
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</tr>
<tr>
<td>9. Faculty (cont’d) Leadership and Service to the University, College Nursing program and Community</td>
<td>Checklist for review of faculty self-evaluations for: offices held, membership on University, college and nursing committees Review of involvement with community agencies/organizations</td>
<td>Administration</td>
<td>Annually/Spring</td>
<td>All SON faculty demonstrate evidence of membership on university, college and nursing committees</td>
<td>100% of SON faculty demonstrate proof of membership on nursing committees Percent of faculty membership on college committees not available at this time</td>
<td>No changes needed</td>
</tr>
<tr>
<td>Scholarly Endeavors</td>
<td>Summary report of faculty publications, presentations of papers, use of research process and writing and submission of grant proposals</td>
<td>Associate Dean SON</td>
<td>Annually</td>
<td>90% of faculty have evidence of publications, presentations of paper and use of the research process and writing and submission of grants. 4. Publication in refereed journals</td>
<td>90% of tenured and tenure-track faculty demonstrated evidence of publications, presentations or grant proposals during 2004-2005</td>
<td>Increase in membership of faculty on college committees will be recommended depending on data obtained.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Associate Dean encouraged tenured and tenure-track faculty to increase participation in publications/presentations or research grants, which is included as part of strategic plan. Goals for AY 2005-2006: a. increase faculty publications by 15%; b. Submit 2 research grants to NIH</td>
</tr>
</tbody>
</table>
# TOTAL PROGRAM EVALUATION PLAN

<table>
<thead>
<tr>
<th>Criteria/Component to be Evaluated</th>
<th>Data Collection Method/Tool</th>
<th>Individual or Group Responsible</th>
<th>Frequency of Data Collection</th>
<th>Indicators of Achievement</th>
<th>Findings (Aggregate Data)</th>
<th>Changes to be made based on data</th>
</tr>
</thead>
<tbody>
<tr>
<td>9. Faculty (cont’d) Retention and/or Merit</td>
<td>1. Faculty Self-Evaluation 2. Faculty Evaluation committee peer review 3. Administrative evaluations 4. Credentials review</td>
<td>Administration/Faculty Peers Faculty</td>
<td>Annually/Spring</td>
<td>100% of SON faculty who have been employed at the SON for one year or longer will complete the evaluation process annually.</td>
<td>100% of SON faculty who have been employed for one year or longer, were evaluated during 2004-2005.</td>
<td>b. Submit 2 program grants to HRSA</td>
</tr>
<tr>
<td>Promotion and Tenure</td>
<td>Review of faculty annual evaluations using Regents criteria for promotion and tenure</td>
<td>Administration</td>
<td>Annually and at 5 years</td>
<td>100% of tenure-track faculty teaching in UG program will be evaluated for promotion and tenure annually and at 5 years of employment</td>
<td>Not done in AY 2004-2005; not yet due for 3 new tenured/tenure-track faculty hired in fall 03, fall 04 and spring 05.</td>
<td>No changes needed at this time</td>
</tr>
</tbody>
</table>

No change needed
<table>
<thead>
<tr>
<th>Criteria/Component to be Evaluated</th>
<th>Data Collection Method/Tool</th>
<th>Individual or Group Responsible</th>
<th>Frequency of Data Collection</th>
<th>Indicators of Achievement</th>
<th>Findings (Aggregate Data)</th>
<th>Changes to be made based on data</th>
</tr>
</thead>
<tbody>
<tr>
<td>10. Extension Program</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fast-Track Program</td>
<td>Same as regular BSN program</td>
<td>Administration Faculty</td>
<td>Same as regular BSN Program</td>
<td>Students complete the program successfully in an accelerated time frame, and pass the NCLEX exam</td>
<td>No data available. First class in progress</td>
<td>Non needed at this time.</td>
</tr>
<tr>
<td>10. Extension Program (cont’d)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>RN/BSN Program</td>
<td>Administration Faculty</td>
<td>Every Semester</td>
<td>Successful completion of university core courses and online RN/BSN courses within 3 years.</td>
<td>No data available. Program implemented Fall 2004</td>
<td>No changes needed at this time</td>
<td></td>
</tr>
<tr>
<td>Criteria/Component to be Evaluated</td>
<td>Data Collection Method/Tool</td>
<td>Individual or Group Responsible</td>
<td>Frequency of Data Collection</td>
<td>Indicators of Achievement</td>
<td>Findings (Aggregate Data)</td>
<td>Changes to be made based on data</td>
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<td>---------------------------------</td>
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<td>---------------------------</td>
<td>--------------------------</td>
<td>--------------------------------</td>
</tr>
<tr>
<td>11. Total Evaluation Plan, Methods, Instruments</td>
<td>All evaluation tools for evaluating Nursing program</td>
<td>Nursing Program Evaluation Committee and Undergraduate Assistant Director</td>
<td>Every 3 years</td>
<td>100% of tools used for evaluating program are reviewed for appropriateness every 3 years</td>
<td>In process</td>
<td></td>
</tr>
</tbody>
</table>

Revised: November 2005, G. McKee, M. Martinez, W. Oderkirk
APPENDIX E
RECRUITMENT PLAN
The director of the DNP Program, Dr. Maria Amaya, will work closely with Student Services to recruit students once the DNP Program is approved. Information about the program will be provided in both written and electronic (website) forms. Recruitment will target master’s level nurse practitioners in the El Paso-West Texas border region, in order to meet the critical need for skilled primary care in this area. Judging by the enthusiastic interest expressed through telephone calls, e-mails, personal contacts and completion of a needs assessment survey, the program will have numerous qualified applicants to fill classes for many years. As part of the admissions and recruitment process, careful interviews will be conducted with candidates to insure that personal career goals are consistent with the purposes and goals of the DNP Program.
Survey of Demand for Doctor of Nursing Practice (DNP) Degree
Dr. Maria Amaya, September 20, 2006
Summary of Results

Number of Respondents 40
(Numbers may not sum to # of respondents because of missing or double answers)

1. Would you be interested in pursuing a Doctor of Nursing practice (DNP) degree?

<table>
<thead>
<tr>
<th>Response</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>YES (please answer the following questions)</td>
<td>35</td>
</tr>
<tr>
<td>NO (please skip the questions and submit the survey)</td>
<td>4</td>
</tr>
</tbody>
</table>

Total Respondents 39
(skipped this question) 1

2. When would you most likely be interested in pursuing a Doctor of Nursing Practice Degree?

<table>
<thead>
<tr>
<th>Response</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>WITHIN THE NEXT YEAR</td>
<td>11</td>
</tr>
<tr>
<td>WITHIN THE NEXT 3 YEARS</td>
<td>14</td>
</tr>
<tr>
<td>WITHIN THE NEXT 5 YEARS</td>
<td>11</td>
</tr>
<tr>
<td>WITHIN THE NEXT 10 YEARS</td>
<td>1</td>
</tr>
</tbody>
</table>

Total Respondents 35
(skipped this question) 5

3. What time of day would you prefer to attend classes?

<table>
<thead>
<tr>
<th>Response</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>BETWEEN 8 AM AND 10 AM (EARLY MORNING)</td>
<td>5</td>
</tr>
<tr>
<td>BETWEEN 10 AM AND 2 PM (MIDDAY)</td>
<td>2</td>
</tr>
<tr>
<td>BETWEEN 2 PM AND 6 PM (AFTERNOON)</td>
<td>5</td>
</tr>
<tr>
<td>AFTER 6 PM (EVENING)</td>
<td>24</td>
</tr>
<tr>
<td>CONCENTRATED PERIODS SUCH AS ALL DAY SESSIONS</td>
<td>16</td>
</tr>
</tbody>
</table>

Total Respondents 34
(skipped this question) 6

4. What days would you prefer to attend classes?

<table>
<thead>
<tr>
<th>Response</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>WEEKDAYS (MONDAY THRU FRIDAY)</td>
<td>5</td>
</tr>
<tr>
<td>WEEK EVENINGS (MONDAY THRU FRIDAY)</td>
<td>21</td>
</tr>
<tr>
<td>WEEKENDS (SATURDAY AND/OR SUNDAY)</td>
<td>20</td>
</tr>
<tr>
<td>Other (please specify)</td>
<td>2</td>
</tr>
</tbody>
</table>

Total Respondents 34
(skipped this question) 6
5. How often would you be able to attend classes?

<table>
<thead>
<tr>
<th>Response</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>ONCE PER WEEK</td>
<td>14</td>
</tr>
<tr>
<td>TWICE PER WEEK</td>
<td>20</td>
</tr>
<tr>
<td>THREE TIMES PER WEEK</td>
<td>3</td>
</tr>
<tr>
<td>ONE FULL WEEK</td>
<td>1</td>
</tr>
<tr>
<td>ONCE PER SEMESTER</td>
<td>2</td>
</tr>
<tr>
<td>THREE DAYS PER SEMESTER</td>
<td>7</td>
</tr>
<tr>
<td>Other (please specify)</td>
<td>2</td>
</tr>
</tbody>
</table>

Total Respondents: 35
(Skipped this question: 5)

6. Can you arrange flexible schedules at your place of employment to attend classes?

<table>
<thead>
<tr>
<th>Response</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>YES</td>
<td>18</td>
</tr>
<tr>
<td>NO</td>
<td>6</td>
</tr>
<tr>
<td>DON'T KNOW</td>
<td>10</td>
</tr>
</tbody>
</table>

Total Respondents: 34
(Skipped this question: 6)

7. Where are you currently working?

<table>
<thead>
<tr>
<th>Response</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACUTE CARE</td>
<td>7</td>
</tr>
<tr>
<td>AMBULATORY CARE</td>
<td>14</td>
</tr>
<tr>
<td>LONG TERM CARE</td>
<td>0</td>
</tr>
<tr>
<td>REHABILITATION</td>
<td>1</td>
</tr>
<tr>
<td>EDUCATION (Associate Degree Program)</td>
<td>2</td>
</tr>
<tr>
<td>EDUCATION (Baccalaureate/Graduate Program)</td>
<td>5</td>
</tr>
<tr>
<td>EDUCATION (Hospital Education)</td>
<td>0</td>
</tr>
<tr>
<td>NURSING ADMINISTRATION (Hospital Admin)</td>
<td>0</td>
</tr>
<tr>
<td>NURSING ADMINISTRATION (Ambulatory Care Admin)</td>
<td>0</td>
</tr>
<tr>
<td>NURSING ADMINISTRATION (Long Term Care Admin)</td>
<td>0</td>
</tr>
<tr>
<td>NURSING ADMINISTRATION (Rehabilitation Admin)</td>
<td>0</td>
</tr>
<tr>
<td>OTHER (please specify)</td>
<td>8</td>
</tr>
</tbody>
</table>

Total Respondents: 37
(Skipped this question: 3)

8. The following may prevent me from attending classes regardless of location or convenience. (Select all that apply)

<table>
<thead>
<tr>
<th>Response</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>CHILD CARE CONSTRAINTS</td>
<td>4</td>
</tr>
<tr>
<td>DEMANDS ON MY TIME</td>
<td>21</td>
</tr>
<tr>
<td>PERSONAL BUDGET</td>
<td>18</td>
</tr>
</tbody>
</table>
TRANSPORTATION TO AND FROM CLASSES 3
Other (please specify) 6

Total Respondents 30
(skipped this question) 10

9. Will you be able to commit to a block of time (8 hr days) to engage in a practice residency?

Response Total
NO 0
YES (1-2 DAYS/WK) 17
YES (5 DAYS/WK FOR 3 MONTHS) 1
YES (3 DAYS/WK FOR 6 MONTHS) 1
YES (2 DAYS/WK FOR 9 MONTHS) 4
PREFER 1-2 DAYS/WK UNTIL RESIDENCY COMPLETED (STRETCH IT OUT) 19
PREFER 5 DAYS/WK UNTIL RESIDENCY COMPLETED (GET IT OVER WITH) 1

Total Respondents 35
(skipped this question) 5

10. What type of advanced practice nurse are you? (Select all that apply)
Response Total
CLINICAL NURSE SPECIALIST 3
NURSE ANESTHETIST 0
NURSE MIDWIFE 0
NURSE PRACTITIONER 25
OTHER (please specify) 9

Total Respondents 33
(skipped this question) 7

11. How many years have you practiced as an advanced practice nurse?
Total Respondents 32
(skipped this question) 8

12. What is your specialty (certification) at the master's level? (Select all that apply)

Response Total
ACUTE CARE 3
ADULT HEALTH 2
EMERGENCY CARE 2
FAMILY NURSE PRACTITIONER 23
GERONTOLOGY 1
NEONATAL 0
NURSE ANESTHESIA 0
13. What is your gender?

Response Total
FEMALE 30
MALE 4

Total Respondents 34
(skipped this question) 6

14. What is your age?

Response Total
LESS THAN 25 YEARS OF AGE 0
25 TO 40 YEARS OF AGE 16
41 TO 55 YEARS OF AGE 16
56 TO 70 YEARS OF AGE 2
OVER 70 YEARS OF AGE 0

Total Respondents 34
(skipped this question) 6

COMMENTS (verbatim)
Please use the space below for any comments you would like to add.

1. “CURRENTLY IN FNP PROGRAM. WOULD LIKE TO CONTINUE MY EDUCATION FURTHER.”
2. “I am excited about UTEP possibly offering the DNP degree. I was considering that I might have to go to another state, such as Colorado or Arizona. If offered at UTEP, I would definitely attend and would apply for admission for the first class in 2007”
3. “Residency preferable on a weekend Classes after 6pm weekdays. I work from 8-5 everyday and am not able to make exceptions”
4. “Why do we need a doctorate? Will practice be improved? Will insurance company see us as doctors instead of nurses? what will be the benefits...no one has answered this question”
5. “UTEPI NEEDS TO START OFFERING EVENING AND WEEKEND NURSING CLASSES AND BE LESS RIGID ADMITTING NURSING STUDENTS. CURRENTLY, ONLY PRIVILEGED AND NON-WORKING STUDENTS CAN ATTEND CLASSES AT
UTEP. IF A WORKING RN NURSE WANTS TO OBTAIN A BSN FROM UTEP, IT WILL...

6. “I think the start of a DNP would be great for UTEP. I do hope if it is made available, it would have more flexibility than the PhD program and have more planning prior to enrolling the first class.”

7. “I am interested in a clinical (hands-on) curriculum”

8. “I'm currently a graduate student in the FNP program and would be interested in the DNP degree.”

9. “I would also be interested in knowing if any grant monies would be available for FNP returning to school at the DNP level. Mailing address: 5568 Fernwood Circle, 79932”

10. “I am very interested in this program and plan to attend once the program is initiated “

11. “For distance students and students who work full time on line classes would be most beneficial “

12. “What are the requirements and the cost?”

13. “PLEASE DO COME THROUGH WITH THIS ENDEAVOR. ALL NURSE PRACTITIONERS NEED TO BE DOCTORALLY PREPARED. ALSO, PLEASE ADMIT NEW NP GRADS INTO THIS GREAT TO BE PROGRAM. JOSE ROSALES, SENIOR NP STUDENT”

Total Respondents 13
(skipped this question) 27
APPENDIX H
TOTAL LIBRARY HOLDINGS SUPPORTING DOCTOR OF NURSING PRACTICE
# Total Library Holdings Supporting Doctor of Nursing Practice

<table>
<thead>
<tr>
<th>LC Call Number</th>
<th>Topic</th>
<th>Titles Held</th>
</tr>
</thead>
<tbody>
<tr>
<td>R</td>
<td>Medicine--General</td>
<td>2,986</td>
</tr>
<tr>
<td>RA</td>
<td>Public Aspects of Medicine</td>
<td>7,568</td>
</tr>
<tr>
<td>RB</td>
<td>Pathology</td>
<td>935</td>
</tr>
<tr>
<td>RC</td>
<td>Internal Medicine</td>
<td>11,026</td>
</tr>
<tr>
<td>RD</td>
<td>Surgery</td>
<td>1,353</td>
</tr>
<tr>
<td>RG</td>
<td>Gynecology and Obstetrics</td>
<td>1,173</td>
</tr>
<tr>
<td>RJ</td>
<td>Pediatrics</td>
<td>2,509</td>
</tr>
<tr>
<td>RL</td>
<td>Dermatology</td>
<td>86</td>
</tr>
<tr>
<td>RM</td>
<td>Therapeutics/Pharmacology</td>
<td>2,595</td>
</tr>
<tr>
<td>RS</td>
<td>Pharmacy and Materia Medica</td>
<td>362</td>
</tr>
<tr>
<td>RT</td>
<td>Nursing</td>
<td>7,370</td>
</tr>
<tr>
<td></td>
<td>Total Volumes</td>
<td>37,963</td>
</tr>
<tr>
<td></td>
<td>Volumes Added 2003-2005</td>
<td>2,156</td>
</tr>
<tr>
<td></td>
<td>Annual Growth Rate</td>
<td>6%</td>
</tr>
<tr>
<td>Print Journals</td>
<td>Nursing</td>
<td>56</td>
</tr>
<tr>
<td></td>
<td>Health Promotions</td>
<td>22</td>
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<tr>
<td>Electronic Journals</td>
<td>Nursing</td>
<td>203</td>
</tr>
<tr>
<td></td>
<td>Medicine</td>
<td>2,027</td>
</tr>
<tr>
<td></td>
<td>Diet and Clinical Nutrition</td>
<td>104</td>
</tr>
<tr>
<td></td>
<td>Human Anatomy and Physiology</td>
<td>278</td>
</tr>
<tr>
<td></td>
<td>Pharmacy</td>
<td>243</td>
</tr>
<tr>
<td></td>
<td>Public Health</td>
<td>463</td>
</tr>
<tr>
<td></td>
<td>Psychiatry</td>
<td>148</td>
</tr>
<tr>
<td></td>
<td>Surgery and Anesthesiology</td>
<td>18</td>
</tr>
</tbody>
</table>
APPENDIX I
COST TO THE INSTITUTION OF THE DNP PROGRAM
## COSTS TO THE INSTITUTION OF THE PROGRAM/ADMINISTRATIVE CHANGE

*Note:* Use this chart to indicate the dollar costs to the institution that are anticipated from the change requested.

<table>
<thead>
<tr>
<th>Cost Category</th>
<th>Cost Sub-Category</th>
<th>Before Approval Year</th>
<th>1&lt;sup&gt;st&lt;/sup&gt; Year</th>
<th>2&lt;sup&gt;nd&lt;/sup&gt; Year</th>
<th>3&lt;sup&gt;rd&lt;/sup&gt; Year</th>
<th>4&lt;sup&gt;th&lt;/sup&gt; Year</th>
<th>5&lt;sup&gt;th&lt;/sup&gt; Year</th>
<th>TOTALS</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Faculty Salaries</strong></td>
<td>(New)</td>
<td></td>
<td>70,000</td>
<td>72,100</td>
<td>74,263</td>
<td>76,490</td>
<td>78,785</td>
<td>371,638</td>
</tr>
<tr>
<td></td>
<td>(Reallocated)</td>
<td></td>
<td>35,000</td>
<td>36,750</td>
<td>37,852</td>
<td>38,988</td>
<td>40,158</td>
<td>188,748</td>
</tr>
<tr>
<td><strong>Program Administration</strong></td>
<td>(New)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>(Reassignment s)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Graduate Assistants</strong></td>
<td>(New)</td>
<td></td>
<td>18,000</td>
<td>18,540</td>
<td>19,096</td>
<td>19,669</td>
<td>20,259</td>
<td>95,564</td>
</tr>
<tr>
<td></td>
<td>(Reallocated)</td>
<td></td>
<td>15,000</td>
<td>15,450</td>
<td>15,913</td>
<td>16,391</td>
<td>16,882</td>
<td>79,636</td>
</tr>
<tr>
<td><strong>Clerical/Staff</strong></td>
<td>(New)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>(Reallocated)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Supplies &amp; Materials</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td><strong>Library &amp; IT Resources</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td><strong>Equipment</strong></td>
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<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td><strong>Facilities</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Other (Identify)</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
**Cost Explanation**

**Faculty Salaries:**
A Ph D prepared family nurse practitioner will be reallocated from the Women’s Health MSN major to provide support for students in this program. It is expected that he/she will spend about 50% of their time working with the doctoral program. We anticipate hiring a faculty member with a Doctor of Nursing Practice degree to start in Fall 2007. The faculty member will spend approximately 50% of his/her time working in the doctoral program. The other 50% FTE need will be allocated from existing graduate faculty.

**Program Administration:**
No additional costs except for coordinator listed below.

**Clerical/Staff**
One 50% time coordinator years 1-5

**Graduate Assistants**
One (1) position in years 1-5 at an academic rate of $18,000 with a 3% increase anticipated each year.

**Supplies and Materials:**
None budgeted

**Library and IT Resources:**
$20,000 per year in new journal subscriptions and additions to the book budget.

**Equipment:**
The purchase of three clinical simulation models are anticipated over the first five (5) years. It is anticipated that most
of the acquisition will be funded through PUF as well as external sources.

Facilities:
None

Other:
$8,000 per year to support a doctoral program research and professional development seminar.
### ANTICIPATED SOURCES OF FUNDING

*Note: Use this chart to indicate the dollar amounts anticipated from various sources. Use the reverse side of this form to specify as completely as possible each non-formula funding source.*

<table>
<thead>
<tr>
<th>Funding Category</th>
<th>1&lt;sup&gt;st&lt;/sup&gt; Year</th>
<th>2&lt;sup&gt;nd&lt;/sup&gt; Year</th>
<th>3&lt;sup&gt;rd&lt;/sup&gt; Year</th>
<th>4&lt;sup&gt;th&lt;/sup&gt; Year</th>
<th>5&lt;sup&gt;th&lt;/sup&gt; Year</th>
<th>TOTALS</th>
</tr>
</thead>
<tbody>
<tr>
<td>I. Formula Income*</td>
<td>108,815</td>
<td>217,630</td>
<td></td>
<td></td>
<td></td>
<td>326,445</td>
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<tr>
<td>II. Other State Funding*</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>III. Reallocation of Existing Resources*</td>
<td>53,000</td>
<td>55,290</td>
<td>56,948</td>
<td>58,657</td>
<td>60,417</td>
<td>284,312</td>
</tr>
<tr>
<td>IV. Federal Funding*</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(In-hand only)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>V. Other Funding*</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>TOTALS</td>
<td>161,815</td>
<td>272,920</td>
<td>383,393</td>
<td>385,102</td>
<td>386,862</td>
<td>1,590,092</td>
</tr>
</tbody>
</table>
of $755.66 ($55.72 x weigh factor of 13.49).
NON-FORMULA SOURCES OF FUNDING

*Note: Use this form to specify as completely as possible each of the non-formula funding sources for the dollar amounts listed on the reverse side of this form.

<table>
<thead>
<tr>
<th>Funding Category</th>
<th>Non-Formula Funding Sources</th>
</tr>
</thead>
<tbody>
<tr>
<td>II. Other State Funding*</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>III. Reallocation of Existing Resources*</td>
<td>#1 The University will utilize formula driven Excellence funds based on external funding performance and doctoral and master’s graduation.</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>#2 Reallocation of funds within the School of Nursing will be used to generate partial funding for faculty needed to teach in the program.</td>
</tr>
<tr>
<td>IV. Federal Funding*</td>
<td>#1</td>
</tr>
<tr>
<td></td>
<td>#2</td>
</tr>
<tr>
<td>V. Other Funding*</td>
<td>#1</td>
</tr>
<tr>
<td></td>
<td>#2</td>
</tr>
</tbody>
</table>

*For more information, please refer to the accompanying Anticipated Sources of Funding: Explanatory Notes and Examples.
APPENDIX J
FACULTY BIOSKETCHES
Carolyn E. Adams
MSN, EdD, RN, CNA,BC, Professor, Robert Hoy III Distinguished Professor in Nursing, Board Certified Nursing Administration Advanced.

E-mail: ceadams@utep.edu
Telephone: (915) 747-8263
1101 N. Campbell Room: 301

Education
University of San Francisco  EdD (Organization & Leadership)
University of Delaware   MSN (Nursing)
Villanova University   MSN (Psychology)
Franklin & Marschall College  BA (Psychology)

Experience
Dr. Adams maintains board certification from the American Nurse Credentialing Center as a Certified Nurse Administrator Advanced (initial certification obtained in 1992). She consults in nursing service and nursing education administration.

Research Interests
- Access and utilization of hospice services by Mexican Americans
- Relationship between home health resource utilization and outcomes
- Variables that influence patient outcomes
- Interdisciplinary models of care

Grants


Courses Taught
Fall 2004
N4611-Promoting Health Along the Border

Spring 2005
N5365-Managing Health care outcomes

Publications


Presentations
BIOGRAPHICAL SKETCH

Provide the following information for the key personnel and other significant contributors in the order listed on Form Page 2.

NAME
Maria Alvarez Amaya

eRA COMMONS USER NAME
MARIA1AM

EDUCATION/TRAINING (Begin with baccalaureate or other initial professional education, such as nursing, and include postdoctoral training.)

<table>
<thead>
<tr>
<th>INSTITUTION AND LOCATION</th>
<th>DEGREE (if applicable)</th>
<th>YEAR(s)</th>
<th>FIELD OF STUDY</th>
</tr>
</thead>
<tbody>
<tr>
<td>University of Texas at El Paso</td>
<td>BSN</td>
<td>1976</td>
<td>Nursing</td>
</tr>
<tr>
<td>Texas Woman’s University</td>
<td>MSN</td>
<td>1978</td>
<td>Maternal-Child Health Nursing</td>
</tr>
<tr>
<td>New Mexico State University</td>
<td>PhD</td>
<td>1986</td>
<td>Educ. Mgmt. &amp; Dev</td>
</tr>
<tr>
<td>U.T. Southwestern Medical Center</td>
<td>Certificate</td>
<td>1993</td>
<td>Advanced Nurse Pract. Practitioner</td>
</tr>
<tr>
<td>U.T. Southwestern Medical Center</td>
<td>Certificate</td>
<td>2004</td>
<td>Colposcopy</td>
</tr>
</tbody>
</table>

A. Positions and Honors. List in chronological order previous positions, concluding with your present position. List any honors. Include present membership on any Federal Government public advisory committee.

Positions and Employment

2005- Doctoral Faculty, Interdisciplinary Health Sciences Program
1996- Program Coordinator, Women’s Health Nurse Practitioner Program, University of Texas at El Paso.
1999-2002 Director, Post-Master’s Adult Health Nurse Practitioner Option
1999-2002 Medical Staff, Southwestern General Hospital, El Paso, TX
1999- Professor of Nursing, University of Texas at El Paso
1999- Doctoral Faculty, Cooperative D.Sc. Nursing, UTEP/UT Houston Health Sciences Center
1999- Clinical Faculty, Texas Tech University Health Sciences Center, El Paso
1996- Doctoral Faculty, Environmental Science Engineering, University of Texas at El Paso.
1996-1999 Program Coordinator, Parent-Child Nursing Program, University of Texas at El Paso.
1995- Nurse Practitioner, Kellogg Community Partnerships Clinics, El Paso County
1995. Nurse Practitioner, El Paso City County Health & Environmental District.
1994-1995 Nurse Practitioner, Centro Medico del Valle, El Paso, TX
1992-1999 Associate Professor w/tenure, University of Texas at El Paso
1992-1993 Staff Nurse, Newborn Nursery, Vista Hills Medical Center, El Paso, TX
1979-1987 Staff Nurse, Labor & Delivery/NICU, Thomason Hospital, El Paso, TX
1986-1992 Assistant Professor, University of Texas at El Paso
1979-1984 Instructor, University of Texas at El Paso
1976-1977 Staff Nurse, Pediatrics, Hotel Dieu Medical Center. El Paso, TX

Other Experience, Professional Memberships, Awards/Honors
Other Experience

2005- Member, NIH Community-Level Health Promotion Study Section
2002- Reviewer, NIH, CSR Special Emphasis Panels

Professional Memberships & Committees

National Organization of Nurse Practitioners in Women’s Health
American Society for Colposcopy and Cervical Pathology (ASCCP)
Children’s Environmental Health Network
National Advisory Committee, Faculty Development in Environmental Health, University of Maryland-Kellogg Foundation
Sigma Theta Tau, International Honor Society of Nursing

Awards/Honors

Nurse Researcher of the Year, 2006. Philippine Nurses Association
C.W. “Wake” and Betty Ruth Wakefield Endowed Professorship in the Health Sciences NIH Center for Scientific Review Director’s Award, 2005
University of Maryland, School of Nursing Environmental Health Award, 2001
Research Fellow, Hispanic Association of Colleges & Universities, 2000
Best Poster Award, “Diet as a Source of Toxic Metals in a Border Community.” Modulation of Chemical Toxicity & Risk Assessment, NIEHS, Tucson, AZ June 9-12, 1996 (team award)
Fellow, Advanced Quantitative Methodology Institute, National Institute for Nursing Research, NIH, 1992
Sigma Theta Tau International Honor Society of Nursing, Delta Kappa Chapter, inducted 1988
Mary Gibbs Jones Scholar, Texas Woman’s University, 1977-78

B. Selected publications


C. Research Support. List selected ongoing or completed (during the last three years) research projects (federal and non-federal support). Begin with the projects that are most relevant to the research proposed in this application. Briefly indicate the overall goals of the projects and your role (e.g. PI, Co-Investigator, Consultant) in the research project. Do not list award amounts or percent effort in projects.

Ongoing Research Support

Amaya (role: PI) (2001-2006)
NIH, NIEHS. 1 R01 ES011367 $1,750,000
Community-Based Participatory Research in Environmental Health

The major goal of this binational project is to study environmental lead exposure in children.

Pingitore (role: Co-Investigator; PI Core Project) $5,117,244 (2005-2010)
NIH, NIEHS (1-S11 ESO13339-01A1). UTEP-UNM HSC ARCH Program on Border Asthma

The goal is to build research capacity. The core project “Childhood Asthma & Respiratory Health in Latino Children in the El Paso Airshed” will examine the association between air/soil pollution and asthma prevalence and severity.

Pingitore (role: Co-Investigator) (2006-2007)
DOE, SSRL Lab facilities, Travel costs
Speciation by XAS of Toxic Elements in Airborne Particulate Matter from the El Paso, Texas, Airshed
The purpose is to use XAS to speciate toxic elements (e.g., lead, arsenic, copper, zinc) in airborne particulate matter (PM) on filters collected in the El Paso, TX, Airshed, and in related soil and household dust wipes.

**Completed Research Support**

Anders (role: Co-Investigator; PI: pilot project)  **$1,238,474**  (2006-2008)
NCMHHD, NIH (T37 MD001376-01)
Minority Health & Minority Health Disparities International Research Training Program (MHIRT)
Title: Public Education for Prevention of Childhood Lead Exposure in Juarez, Mexico.

A U.S.-Mexico interdisciplinary research training program. “Public Education for Prevention of Childhood Lead Exposure in Juarez, Mexico” will develop and prioritize public information needs in Juarez, Mexico.

Anders (role: Co-Investigator)  **$4,800,000**  (2003-2008)
NIH, NCMHD. 1P20MD000548-01, Hispanic Health Disparities Research Center

The major goal is to address health disparities on the US-Mexico border. Role is Co-investigator, Research Outreach and Dissemination Core.

Amaya (PI)  (2000-2001)
University Tobacco Fund.  **$30,000**
Epidemiological Study of Childhood Lead Exposure on the U.S.-Mexico Border.

The purpose of this pilot study was to develop methodology for a 5-year epidemiologic study.

Amaya (PI)  (2000-2001)
EPA, SCERP  **$25,000**
The Border Basket II-Reaching the Consumer

The purpose of this follow-up project was to develop PSA’s to communicate risk to consumers.

Amaya (PI)  (1997-1999)
EPA/SCERP  **$85,192**
Prevention of Childhood Toxic Lead Exposure in a U.S.-Mexico Border Community

The purpose was to develop environmental health education materials for Latinos.

Amaya (Co-Investigator)  (1996-1997)
EPA/SCERP  **$128,211**
The Border Basket I- Part II: Analysis of Toxic Metals in Retail Foods, El Paso-Juarez

The purpose was to expand our research to include consumer products.

Amaya (Co-Investigator)  (1995-1996)
EPA/SCERP  **$159,624**
The Border Basket I- Part I: Analysis of Toxic Metals in Retail Foods, El Paso-Juarez

The purpose was to investigate lead contamination of food & candy.

Amaya (PI) (1993-1995)  
EPA/SCERP  $33,000  
Lead and Folic Acid Levels Among Pregnant Women in Ciudad Juarez, Mexico

This binational project measured folic acid & lead in a cohort in Mexico.

Amaya (PI) (1992-1995)  
EPA/SCERP  $120,000  
Analysis of Lead Exposure During the Perinatal Period Among Indigent Hispanic Women

The purpose was to measure maternal & cord blood lead levels using ICP-MS in a cohort.

Amaya (PI) (1997-1999)  
Thomason County Hospital $5,000  
Promoción de Salud: Postmenopausal Pap Screening in Mexican American Women on the U.S.-Mexico Border

The purpose was to develop a methodology for participation of very elderly Hispanic women in research.
BIOGRAPHICAL SKETCH

Provide the following information for the key personnel and other significant contributors in the order listed on Form Page 2.

NAME
Anaya, Jaime Ponce

eRA COMMONS USER NAME

POSITION TITLE
Clinical Assistant Professor - Pharmacy

EDUCATION/TRAINING  (Begin with baccalaureate or other initial professional education, such as nursing, and include postdoctoral training.)

<table>
<thead>
<tr>
<th>INSTITUTION AND LOCATION</th>
<th>DEGREE (if applicable)</th>
<th>YEAR(s)</th>
<th>FIELD OF STUDY</th>
</tr>
</thead>
<tbody>
<tr>
<td>University of New Mexico, Albuquerque, New Mexico</td>
<td>B.S.</td>
<td>1999</td>
<td>Pharmacy</td>
</tr>
<tr>
<td>University of New Mexico, Albuquerque, New Mexico</td>
<td>Pharm.D.</td>
<td>1999</td>
<td>Pharmacy</td>
</tr>
<tr>
<td>University of Texas El Paso/Austin and R.E. Thomason Hospital</td>
<td>Residency</td>
<td>1999-2000</td>
<td>Pharmacy</td>
</tr>
<tr>
<td>Certified Diabetes Educator (CDE)</td>
<td>CDE</td>
<td>2002</td>
<td>Diabetes</td>
</tr>
</tbody>
</table>

Positions and Employment

1996 (Spring)  Teaching Assistant (Pharmacy 248L: Pharmacy Formulation Lab) University of New Mexico
1988-1997  Grocery Night Manager, Smith Management Corporation, Albuquerque, NM
1994-1999  Pharmacy Intern/Extern, Buckland Pharmacy, Belen, NM
1999-2000  General practice residency, UTEP/Thomason Medical Center, El Paso, Texas
1999-    PRN-Outpatient Pharmacist, Thomason Medical Center, El Paso, Texas
2000-    Consultant Pharmacist, La Fe Community Advocacy Resource and Education (CARE) Center
2000-    Clinical Assistant Professor of Pharmacy, University of Texas at El Paso and Austin-Cooperative Pharmacy Program
2004-    Pharmacist in Charge (PIC) of Class D pharmacy La Fe Community Advocacy Resource and Education (CARE) Center
2005-    Director, Community Pharmacy Residency Program; Cooperative Pharmacy Program

Other Experience and Professional Memberships

Clinical Practice Experience
Spring 1997  Member-Interdisciplinary Training Program, University of New Mexico Medical School
Summer 1997  Member-Interdisciplinary Team in Rural Setting, Eastern New Mexico Medical Center, Roswell, NM
Spring 1998  Instruction and certification of Physical Assessment - University of New Mexico College of Pharmacy
May 2000  **IV External Certification** (Texas)-Pharmacy Sterile Products/Pharmacists - Owen Healthcare, Inc

2001  **Instruction and certification in Physical Assessment** – Physical Assessment in Patient Care Management, Nova Southeastern University, College of Pharmacy


2000-present  **Certification in Disease State Management (DSM)** - National Institute for Standards in Pharmacist Credentialing (NISPC)-Manage and educate patients with dyslipidemia, asthma, anticoagulation, and diabetes (2001)

2000-present  **Collaborative Drug Therapy Agreement (CDTA)** – management of patients with diabetes, asthma, hypertension, dyslipidemia, and hepatitis C via protocols under physician supervision at R.E. Thomason Cares at Ysleta Clinic.

2000-present  **Certified Diabetes Educator (CDE)** – National Certification Board for Diabetes Educators (NCBDE)

2000-present  **Collaborative Drug Therapy Agreement (CDTA)** – management of patients with HIV/AIDS via protocols under physician supervision at La Fe CARE clinic

**Teaching experience**

2000-present  **Instructor:** UTEP/UT Austin Cooperative Pharmacy Program
Lecturer for undergraduate and graduate level health professional students
Precept Doctor of Pharmacy students in final year of professional curriculum
In-service lectures for HIV, asthma, and diabetes clinics for staff and patients

2001-present  **Local coordinator.** Nonprescription Drug Products (PHR386D)
Coordination of local class telecast
Site contact for students

2002-present  **Local Coordinator.** Patient Assessment (PHR392S)
Coordinate local class telecast
Coordinate and teach local lab, including set up
Assist in teaching/demonstrating techniques

8/2003  “HIV/AIDS” presentation to 100-150 attendees at local venue, with question/answer session following - Alleviane group sponsor.


7/18/04  “Medications/Management of HIV” presented – First Annual Basics of HIV Conference for health care providers: Spotlight on a growing epidemic affecting Latinos. Texas/Oklahoma Aids Education and Training Center (AETC) and La Fe CARE Center. 150-200 attendees.

10/15/04  2004 CARE HIV Clinic Border Health Care Summit. “Complimentary and Alternative Therapy” presented @ Camino Real Hotel, El Paso, Texas. 25-50 attendees.


5/21/05 “HIV Post-Exposure Prophylaxis (PEP)” presented – Second Annual Basics of HIV Conference for health care providers: Texas/Oklahoma Aids Education and Training Center (AETC) and La Fe CARE Center. El Paso, Texas. 100-150 attendees.

10/15/05 2005 CARE HIV Clinical Update Border Health Care Summit. “Medication/Management of HIV” presented @ Hilton El Paso Airport, El Paso, Texas. Pharmacy CE Offered: ACPE #183-999-05-009-L04


“Medication 8/30/06 Non-Adherence, A barrier to quality care” presented @ Centro de Salud Familiar La Fe Cultural & Technology Center. 2006 Trabajando Juntos ELIMINATING BARRIERS TO HIV Care Conference. Sponsors: Region 19 Education Service Center, Texas Department of State Health Services and Centro de Salud Familiar La Fe, Inc. El Paso, Texas 100-125 attendees.

10/13/06 2006 CARE HIV Clinical Update Border Health Care Summit. “Medication/Management of HIV” presented @ Hilton El Paso Airport, El Paso, Texas. 100-125 attendees. Pharmacy CE Offered: ACPE #183-999-06-008-L04

Research Experience


Anaya JP, Rodriguez JC, Rivera JO, Meza AD. “C.A.M. use of HIV/AIDS patients in the largest Mexican American border region.”

2003

Hong M, Anaya JP. “Effects of Kaletra on lipids in a predominately Hispanic population.”

1/1-12/21/2004

Paso Del Norte Health Foundation (PDNHF) Health Oriented Topics Grant

4/05

Poster Presentation – Celebrating Research Achievements Inaugural Annual Meeting – UT Austin - “Evaluation of Antiretroviral (ARV) Therapy Combinations Used for Predominately Hispanic HIV Positive Patients in El Paso, TX”. Authors: Chavez A, Pharm.D. Candidate, Anaya JP, Pharm.D. Location: La Fe CARE Center HIV Clinic; El Paso, Texas


El Paso Diabetes Association (EPDA) & UTEP SVL Project

10/1/2005-9/30/2006

Hispanic Health Disparities Research Center (HHDRC) Grant
“HIV/AIDS Medication Adherence in Hispanics on the US/Mexico Border”. Grant awarded $10,000.


Poster Presentation – 2006 UT Austin 2nd Annual Celebrating Research Achievements.
Faculty Advisor: Huey L, Anaya J. “HIV Related Lipoatrophy”.

8/06

Poster Presentation – XVI International AIDS Conference (Canada) - “Quality of HIV Care Along the US-Mexico Border: CQI Results from a Community Clinic in El Paso, Texas” Authors: Meza A., Fleming R., Anaya J., Jones A., Ellis V., Maillet M., Torres Y., Danciger A., Khalsa A. Location: La Fe CARE Center HIV Clinic; El Paso, Texas

9/28/2006


Clinical Trials (Jaime Anaya, Co-Investigator):

Secured:

A Phase IIIB, Randomized, Open-Label, Multicenter, Parallel-Arm Study to Evaluate the Short-Term Safety and Tolerability of the Abacavir/Lamivudine Fixed-Dose Combination Tablet Administered Once-Daily or the Separate Abacavir and Lamivudine Tablets Administered Twice-Daily, As Part of a Three or Four Drug Regimen, in Antiretroviral-Naive HIV-1 Infected Subjects* PI: Jaime Anaya, BS, PharmD, CDE, Clinical Assistant Professor of Pharmacy (GlaxoSmithKlienGroup - sponsor). Amount Total ~ $16,000 (2005)

Applied:


Combination of Efavirenz and Truvada™ (The COMET Study): A Phase 4 Evaluation of Switching from Twice Daily Zidovudine and Lamivudine (Combivir™) to a Simplified,

PAPERS


BIOGRAPHICAL SKETCH

Provide the following information for the key personnel and other significant contributors in the order listed on Form Page 2.

<table>
<thead>
<tr>
<th>NAME</th>
<th>POSITION TITLE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Robert L. Anders</td>
<td>Associate Dean, College of Health Science</td>
</tr>
<tr>
<td></td>
<td>Professor and Director of School of Nursing</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>eRA COMMONS USER NAME</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Bob Anders</td>
<td></td>
</tr>
</tbody>
</table>

EDUCATION/TRAINING (Begin with baccalaureate or other initial professional education, such as nursing, and include postdoctoral training.)

<table>
<thead>
<tr>
<th>INSTITUTION AND LOCATION</th>
<th>DEGREE (if applicable)</th>
<th>YEAR(S)</th>
<th>FIELD OF STUDY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Union College, Lincoln, NE</td>
<td>BS</td>
<td>1970</td>
<td>Nursing</td>
</tr>
<tr>
<td>University of Hawaii, Honolulu, HI</td>
<td>MS</td>
<td>1975</td>
<td>Psych Nursing</td>
</tr>
<tr>
<td>University of Hawaii, Honolulu, HI</td>
<td>Dr Ph</td>
<td>1990</td>
<td>Public Health (Health Service Administration)</td>
</tr>
</tbody>
</table>

A. Positions and Honors

1968-1980 United States Army Nurse Corp Psychiatric Staff Nurse/Clinician/CNS/Instructor/CNS/Head Nurse, Letterman Army Medical Center, San Francisco, CA
1978-1980 Assistant Professor, Webster University (El Paso Branch) El Paso, TX
1979-1980 Lecturer Graduate Program, College of Nursing, U of Texas at El Paso El Paso, TX
1980-1987 President, Hale Nui, Inc, Denver, CO (Consulting)
1980-1987 Adjunct Professor, Webster University (Denver Branch) Denver, CO
1987-1991 Instructor/Dir. Learning Center/Assistant Professor, School of Nursing University of Hawaii, Honolulu, HI
1990-1993 Joint Appointment Assistant Professor and Chief, Dept of Nursing U of Hawaii, School of Nursing and Hawaii State Hospital, Honolulu, HI
1994-1996 Associate Professor, Director of Research, University of Hawaii School of Nursing, Honolulu, HI
1996-1997 Chair, Department of Nursing, Associate Professor, University of Hawaii, School of Nursing, Honolulu, HI
1997-1999 Director of International Affairs, Associate Professor, University of Hawaii, School of Nursing, Honolulu, HI
1999-2000 Director of International Affairs, Professor, University of Hawaii, School of Nursing, Honolulu, HI
2001-2002 Interim Associate Dean, University of Hawaii, School of Nursing Honolulu, HI
2002-2003 Director of International Affairs, Professor, University of Hawaii, School of Nursing, Honolulu, HI
2003-2006 Associate Dean, College of Health Science, Professor and Director of School of Nursing, University of Texas at El Paso, TX
2006-Present Dean, School of Nursing, University of Texas at El Paso, TX
B. Selected Peer-Reviewed Publications (in chronological order)  
(Publications selected from 61 peer-reviewed publications)


C. Research Support

**Ongoing Research Support**

<table>
<thead>
<tr>
<th>Grant ID</th>
<th>Percentage</th>
<th>Start Date – End Date</th>
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<tr>
<td>T37 MD001376-01</td>
<td>5%</td>
<td>7/1/2005 – 6/30/2008</td>
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<tr>
<td>NCHMHD-NIH</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Role: PI</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Project: Minority Health and Minority Health Disparities International Research Training</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Purpose: The purpose of the MHIRT grant application is to enable the University of Texas at El Paso (UTEP) to offer short-term international health disparities research educational opportunities for Hispanic undergraduate and graduate students enrolled in the College of Health Sciences, Biology, Psychology, or Pre medicine/dental</td>
<td></td>
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</table>

<table>
<thead>
<tr>
<th>Grant ID</th>
<th>Percentage</th>
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<tr>
<td>1 P20 MD00548-01</td>
<td>20%</td>
<td>9/01/2003 – 8/31/2008</td>
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<tr>
<td>NCHMHD-NIH</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Role: Co-Director Administrative Core</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Project Title: Hispanic Health Disparities Research Center</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Purpose: The purpose of this grant is to develop a Hispanic Health Disparities Research (Center) whose vision is to participate in, and provide leadership to, research-based innovations that will reduce health disparities among, and within, Hispanics by developing a partnership between The University of Texas at El Paso, College of Health Sciences (UTEP) and the University of Texas Health Science Center at Houston, School of Public Health (UTHSCH-SPH).</td>
<td></td>
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</tr>
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</table>

<table>
<thead>
<tr>
<th>Grant ID</th>
<th>Percentage</th>
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<tbody>
<tr>
<td>1 R24 MD001785-01</td>
<td>0%</td>
<td>09/30/2005 – 09/302008</td>
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<tr>
<td>NCMHD Community</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Role: Co-Investigator</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Purpose: The project proposes to develop a plan that employs a community health worker (Promotoras) approach to effectively promote cardiovascular health among Hispanics in order to brake the cycle of behaviors that place individuals and their families at risk for cardiovascular disease.</td>
<td></td>
<td></td>
</tr>
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</table>

**Completed Research Support**
Role: Project Leader
Project Title: Assessment of Mental Health Outcomes: Is There a Difference Between Ethnic Groups.
Purpose: To assess the acutely mentally ill inpatient outcomes to determine if there are differences between Asian, Pacific Islanders, and Caucasian ethnic groups. This is a part of the Hawaii Minority Research Infrastructure Support Program grant.

WHO Number 2000 (Kunavitikul, PI)  11/01/1998 - 11/01/2003
World Health Organization
Project Title: Quality of Nursing Care in Thailand.
Role: Co-Investigator
Purpose: Develop a definition of quality and then determine which nursing indicators can be used to measure quality.

Japan Society for Promotion of Science  03/01/1996-3/31/2000
Forgerty Institute, Masagawa Hospital/ University of Hawaii
Queens Medical Center/ Kyorin University, Tokyo, Japan.
Role: PI
Project Title: Assessment of Mental Health Outcomes: Is There a Difference Between Japan and Hawaii?
Purpose: To examine mental health outcomes for hospitalized individuals living in Honolulu, Hawaii, and Tokyo, Japan. Using a validated standard of care, the study explored the differences in health care outcomes between these two settings. The findings assisted providers in learning about cultural differences as well as how to improve patient outcomes.

WHO Number 2001 (Thapitina, PI)  03/01/1998-3/31/2000
World Health Organization
Project Title: Assessment of Health Outcomes for Hospitalized Psychiatric Patients in Thailand.
Role: PI
Purpose: To assess the inpatient psychiatric care for patients in Northern Thailand, using a validated standard of care to assess outcomes, assessments of mental and physical health, and of patient satisfaction. These findings were used to develop performance improvement project to improve the quality of care.

Pending
NONE

Overlap
NONE
BIOGRAPHICAL SKETCH

Rae Barker, RN, DSN, FNP-C

POSITION TITLE
Assistant Professor of Nursing

ON/TRAINING (Begin with baccalaureate or other initial professional education, such as nursing, and include postdoctoral training.)

<table>
<thead>
<tr>
<th>INSTITUTION AND LOCATION</th>
<th>DEGREE (if applicable)</th>
<th>YEAR(s)</th>
<th>FIELD OF STUDY</th>
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<tbody>
<tr>
<td>School of Nursing, Texas</td>
<td>Diploma</td>
<td>1971</td>
<td>Nursing</td>
</tr>
<tr>
<td>University of Texas at El Paso</td>
<td>BSN</td>
<td>1994</td>
<td>Nursing</td>
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<tr>
<td>University of Texas at El Paso</td>
<td>MSN</td>
<td>1997</td>
<td>Nursing</td>
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<tr>
<td>University of Texas Health Science Center at Houston</td>
<td>DSN</td>
<td>2004</td>
<td>Nursing</td>
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</table>

A. POSITIONS AND HONORS

Positions and Employment

2004-present  Assistant Professor, Nursing, University of Texas at El Paso
2001-2004  FNP Lecturer, Nursing, University of Texas at El Paso
1998-present  Family Nurse Practitioner (FNP), Diabetes Educator, Physicians Healthcare Associates, El Paso, Texas
1997-1998  FNP, Dr. Rafael Amendariz’ Private Practice, El Paso, Texas
1991-1997  RN Case Manager/Infection Control, El Paso Nurses Unlimited, El Paso, Texas
1990-1991  RN, Diabetes Educator, Dr. Dwayne Aboud’s Private Practice, El Paso, Texas
1986-1990  Nurse Manager ICU/CCU/Telemetry; Assistant Director of Nursing; Quality Assurance Coordinator for Nursing; Humana Hospital, College Station, Texas
1978-1986  RN, ICU, Sierra Medical Hospital, El Paso, Texas
1977-1978  RN, ICU, Holy Cross Hospital, Austin, Texas
1976-1977  RN, Emergency Department, Llano Estacado Medical Center, Hobbs, New Mexico
1975-1976  RN, ICU, Scott & White, Temple, Texas
1972-1975  RN, ICU, Night Supervisor, Holy Cross Hospital, Austin, Texas
1971-1972  RN, ICU/CCU, Hotel Dieu Hospital, El Paso, Texas

Other Experience, Professional Memberships, Honors

Certifications:
1998-present  Board Certified through the American Academy of Nurse Practitioners as a Family Nurse Practitioner
1988-1998  Certified Critical Care RN through the American Association of Critical Care Nurses
Professional Memberships:
1988-1998  American Association of Critical Care Nurses
1994-present American Association of Nurses
1994-present Texas Nurses Association
1997-present American Academy of Nurse Practitioners
2002-present Society for Applied Anthropology
2002-present Council on Nursing and Anthropology
2002-present Sigma Theta Tau

A. PEER-REVIEWED PUBLICATIONS

B. RESEARCH SUPPORT

Self-Empowering and Support Network Enhancement Program (SESNEP): Effects on Elderly Mexican Americans with Depressive Symptoms (Center for Border Health Research - $75,000)  2007-2008
Role: Co-Investigator

Breastfeeding Attitudes and Behaviors Among Mexican American Women Receiving WIC in El Paso, Texas (USDA - $231,000; not funded)

A Pilot Study to Explore Local Healthcare System Practices that Impact Intention and Retention Rates of Breastfeeding Among Mexican American Women (HHDRC - $14,861.00 – not funded).

Diabetes Prevention Demonstration Project Among Middle School Children in El Paso County
This study investigates the impact of healthy lifestyle choices on the prevention of diabetes among middle school children who have been screened positive for elevated BMI and Acanthosis Nigricans and who are at risk for type 2 diabetes   ($150,000)
Role: Co-PI  2004-2005
Role: Consultant  2005-present

Cognitive Constructions of Type 2 Diabetes among Mexican American Women Residing in El Paso County
The purpose of this research was to explore barriers and enhancers to self-care among Mexican American women who had been diagnosed with type 2 diabetes for at least one year. ($5000)
Dissertation Research  2002-2004
Role: PI
# BIOGRAPHICAL SKETCH

## NAME
Velma McInnis Edmonds

## POSITION TITLE
Assistant Professor

## EDUCATION/TRAINING

<table>
<thead>
<tr>
<th>INSTITUTION AND LOCATION</th>
<th>DEGREE (if applicable)</th>
<th>YEAR(s)</th>
<th>FIELD OF STUDY</th>
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<tbody>
<tr>
<td>Charity Hospital School of Nursing at New Medical College of Georgia</td>
<td>Diploma</td>
<td>1961</td>
<td>Nursing</td>
</tr>
<tr>
<td>University of Alabama at Birmingham</td>
<td>BSN</td>
<td>1968</td>
<td>Nursing</td>
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<tr>
<td>Birmingham, AL</td>
<td>MSN</td>
<td>1980</td>
<td>Adult Health/Clinical Specialty</td>
</tr>
<tr>
<td>Tulane School of Public Health and Tropical Medicine-New Orleans, LA</td>
<td></td>
<td>1996-1998</td>
<td>International Health support courses for doctoral degree</td>
</tr>
<tr>
<td>Louisiana State University Health Sciences at New Orleans</td>
<td>DNS</td>
<td>2001</td>
<td>Doctor of Nursing Science/Adult Health Consultation</td>
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## A. Positions and Honors

### Positions and Employment:

<table>
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<tr>
<th>Positions</th>
<th>Institution</th>
<th>Staff nurse:</th>
<th>Details</th>
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<tbody>
<tr>
<td>1962</td>
<td>Ochsner Foundation Hospital, New Orleans</td>
<td>ER and PEDS</td>
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<tr>
<td>1962-1965</td>
<td>Suburban Hospital, Bethesda, MD</td>
<td>Med-Surg</td>
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<tr>
<td>1967-1970</td>
<td>Providence Hospital, Mobile, AL</td>
<td>Assistant Director of Nursing/ Director of Staff Development</td>
<td></td>
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<tr>
<td>1980-1982</td>
<td>University of South Alabama Medical Center</td>
<td>ICU</td>
<td></td>
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<tr>
<td>1982-1984</td>
<td>University of South Alabama Medical Center</td>
<td>Nutrition Support</td>
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<tr>
<td>1984-1986</td>
<td>Northwestern State University</td>
<td>Instructor/Coordinator of BSN Completion Program, Pineville, LA campus</td>
<td></td>
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<tr>
<td>1987-2002</td>
<td>Ochsner Foundation Hospital, New Orleans</td>
<td>Clinical Educator and ICU staff nurse</td>
<td></td>
</tr>
<tr>
<td>Year</td>
<td>Position/Role</td>
<td>Institution/Location</td>
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<tr>
<td>------------</td>
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<td>------------------------------------------</td>
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<tr>
<td>1991-present</td>
<td>Staff nurse: Psychiatry (Part-time)</td>
<td>Self</td>
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<tr>
<td></td>
<td>Consultant: Legal (Evaluation and Expert Witness) and International Health Education</td>
<td></td>
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<tr>
<td>1994-1995</td>
<td>Administrative/Clinical Coordinator (weekends)</td>
<td>Transitional Hospital Corporation</td>
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<tr>
<td></td>
<td>New Orleans</td>
<td></td>
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<tr>
<td>2002-2003</td>
<td>Visiting Associate Professor/Consultant</td>
<td>University of Guam College of Nursing</td>
<td></td>
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<tr>
<td></td>
<td>Assistant Professor</td>
<td>Mangilao, Guam</td>
<td></td>
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<tr>
<td>2003-present</td>
<td>Assistant Professor</td>
<td>University of Texas at El Paso College of Health Sciences</td>
<td></td>
</tr>
<tr>
<td></td>
<td>School of Nursing</td>
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</tbody>
</table>

**Honors**

- **1961**: Certificate of Merit from the Tuberculosis Association of Greater New Orleans for work to eradicate tuberculosis from the region
- **1966**: Awarded Nursing Traineeship-USPHS
- **1984**: “Excellence in Nursing” award received at Ochsner Foundation Hospital
- **1989-1998**: Governor Appointee to the Louisiana State Board of Examiners for Dietitians and Nutritionists Secretary-Treasurer, 1995-1996
- **1996-2002**: Member and representative of the Honorary Ambassador Program between New Orleans and La Ceiba, Honduras
- **1998-2002**: Mayor’s appointment to the Hispanic Advisory Committee for the city of New Orleans
- **2000**: Awarded partial funding for dissertation research from the Louisiana Governor’s Office of Urban Affairs
- **2001**: Nominated by the American Nurses Association to serve one of three advisory boards: USAID, NIH, or Department of Agriculture
- **2001**: Graduated cum laude, Louisiana State University Health Sciences Center, New Orleans
- **2001**: P. K. Sherle Entrepreneur Award, Louisiana State University Health Sciences Center School of Nursing
- **2002-2003**: Consultant/Visiting Associate Professor to University of Guam College of Nursing
B. Selected peer-reviewed publications (in chronological order)


C. Research Support

Completed Research Support

Completed dissertation research
Project Title: The Nutritional Patterns, Health Beliefs and Behaviors, and Illness Beliefs and Behaviors of Recently Immigrated Honduran Women.
Purpose: To explore the nutritional patterns, health beliefs and behaviors, and illness beliefs and behaviors of recently immigrated Honduran women in an effort to discover health and illness related practices that may have potential negative, or positive, health outcomes.

5P20MD00548-02 9/30/04-9/29/06
NCMHHD-NIH Pilot
Role: PI
Project Title: The Nutritional Patterns, Health Beliefs and Behaviors, and Illness Beliefs and Behaviors of Recently Immigrated Mexican Women
Purpose: To explore the nutritional patterns, health beliefs and behaviors, and illness beliefs and behaviors of recently immigrated Mexican women in an effort to discover health and illness related practices that may have potential negative, or positive, health outcomes.
USDA Pilot Grant
Submitted for funding
Role: Co-PI
Project Title: Understanding and Usage of Nutrition Education Tools by Adult WIC Participants
Purpose: To measure the use of food labels and the Food Guide Pyramid by low-income, low-acculturated women of Mexican origin and to measure the understanding of food labels and the Food Guide Pyramid by-income, low-acculturated women of Mexican origin
## BIOGRAPHICAL SKETCH

### NAME
Marjaneh M. Fooladi

### POSITION TITLE
Associate Professor of Clinical Nursing
Specialty Advisor Women’s Health Nurse Practitioner Program

### EDUCATION/TRAINING
*(Begin with baccalaureate or other initial professional education, such as)*

<table>
<thead>
<tr>
<th>INSTITUTION AND LOCATION</th>
<th>DEGREE (if applicable)</th>
<th>YEAR(s)</th>
<th>FIELD OF STUDY</th>
</tr>
</thead>
<tbody>
<tr>
<td>The University of Isfahan, College of Nursing, Isfahan, Iran</td>
<td>BSN</td>
<td>1973</td>
<td>Nursing</td>
</tr>
<tr>
<td>The University of Texas, El Paso</td>
<td>MSN (WHNP)</td>
<td>1994</td>
<td>Nursing</td>
</tr>
<tr>
<td>Texas-Tech University Health Sciences Center, Lubbock, TX</td>
<td>Post MSN (FNP)</td>
<td>1995</td>
<td>Nursing</td>
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<tr>
<td>The University of Southern Mississippi, Hattiesburg, MS</td>
<td>Ph.D.</td>
<td>2000</td>
<td>Higher Education</td>
</tr>
</tbody>
</table>

### Positions and Honors
List in chronological order previous positions, concluding with your present position. List any honors. Include present membership on any Federal Government public advisory committee.

- Family and Women’s Health Nurse Practitioner, Beaumont Medical Clinic, Beaumont, MS; 1999–2000
- Family and Women’s Health Nurse Practitioner, Forrest General Hospital, Hattiesburg, MS Educator, Childbirth and Breastfeeding classes, 2000-2001
- Family Nurse Practitioner, Pine Grove Recovery Center affiliated with Forrest General Hospital, Hattiesburg, MS; 2001-2002
- Family Nurse Practitioner, Southeast Rural Health Initiative, Hattiesburg, MS; 2002
- Assistant Professor of Nursing, The University of Southern Mississippi College of Nursing, Hattiesburg, MS, 1995–2002
- Associate Clinical Professor, Capstone College of Nursing at the University of Alabama, Tuscaloosa, 2002–2003
- Senior Nursing Consultant to develop the advanced practice program at the Aga Khan University School of Nursing, Karachi, Pakistan, 2004
- Associate Professor of Clinical Nursing, Specialty Advisor Women’s Health Nurse Practitioner Program, UTEP School of Nursing, 2005
Honors

- Awarded for exceptional contributions to U. S. health care system by Pfizer pharmaceutical company, one of six nurse practitioner clinicians in the nation, 1997
- Awarded as the State of Mississippi Women’s Health Nurse Practitioner of the Year by the American Nursing Association, 1997
- The academic scholarship award by the Transcultural Nursing Society, 1997
- Awarded for clinical excellence by Sigma Theta Tau International Honor Society, 1998

Selected peer-reviewed publications (in chronological order). Do not include publications submitted or in preparation.


C. Research Support.

- An educational external grant by Pfizer to produce a videotape of nurse practitioner's role in current health care system, 1998
- Educational internal grant for instruction “the world within”, USM, 1998
- Academic external grant by AANP to attend National/International conferences, 1998 & 1999 Scholarship and academic, external grant by Transcultural Nursing Society, 1998
- Educational internal grant for innovative teaching and instruction, USM, 2002-03
- Summer research grant for development of a smoking cessation program for college students, USM, 2002-03
• Research grant for development of a smoking cessation program for college students, GalaxoSmithKline Pharmaceutical Company producer of ZYBAN, 2002-03
• NIH/NINR Post-Doctoral research appointment, University of Michigan, 2004
• Center for Border Health Research—Funded study to examine periodontal disease in pregnancy, 2006
• Center for Hispanic Health Disparity—Funded study to explore the effects of gum disease on preeclampsia, 2006
NAME
Ibarra Jorge M

POSITION TITLE
Research Professor, College of Health Sciences, University of Texas at El Paso

EDUCATION/TRAINING (Begin with baccalaureate or other initial professional education, such as nursing, and include postdoctoral training.)

<table>
<thead>
<tr>
<th>INSTITUTION AND LOCATION</th>
<th>DEGREE (if applicable)</th>
<th>YEAR(s)</th>
<th>FIELD OF STUDY</th>
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<tbody>
<tr>
<td>National University of Mexico, Mexico City</td>
<td>MD</td>
<td>1978</td>
<td>Medicine</td>
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<tr>
<td>University of Arizona, Tucson</td>
<td>MPH</td>
<td>1994</td>
<td>Master in public health / epidemiology</td>
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</table>

RESEARCH AND PROFESSIONAL EXPERIENCE:

2005-current Research Professor, College of Health Sciences, University of Texas, El Paso. Research in the area of epidemiology of chronic, infectious diseases, and health disparities.

Co-director and Consultant, Mesa Public Health Associates, LLC Tucson, AZ June 2001 to date

Epidemiologist, Pima County Health Department, Tucson, Arizona, November 2000 to September 2005


Consultant, Epidemiologist Trend Analysis: Chronic Diseases in Major World Markets. Decision Resources Inc. Waltham, MA, 1997

Research Assistant, Black Women's Health Study Boston University, Slone Epidemiology Unit, Brookline, MA, 1996

Academic Supervisor, Epidemiology and Social Medicine Programs Social Medicine and Epidemiology Unit, National University of Mexico, School of Medicine Mexico City, Mexico, 1983 - 1986

Instructor and Supervisor, Introductory Epidemiology Course Work Department of Epidemiology National Preventive Medicine Program School of Public Health Mexico City, Mexico, 1980- 1981

Director / Region Supervisor Urban and Rural Health Services Department of Preventive Medicine and Epidemiology Guanajuato State Health Office Leon, Guanajuato. Mexico, 1978 - 1980

SELECTED PUBLICATIONS


BOARDS AND MEMBERSHIPS

American College of Epidemiology Invited member 1998 to date. Board of Directors member elected 2005-2008. Minority Affairs Sub-Committee Member 2002 to date; Chair Minority Affairs Committee, appointed 2005-2008.

Pima County Wellness Council Member 2001 to September 2005

American Public Health Association Member 1989 to date
Society for Epidemiologic Research 1995 to date
United States – Mexico Border Health Association 1994 to date
Massachusetts Public Health Association 1995-1999
A. Positions and Honors

Positions and Employment

<table>
<thead>
<tr>
<th>Year(s)</th>
<th>Position and Employment</th>
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<tbody>
<tr>
<td>1963-64</td>
<td>Staff Nurse, Surgical Units, Philippines General Hospital</td>
</tr>
<tr>
<td>1964-1985</td>
<td>Faculty member, College of Nursing, University of the Philippines (U.P.): Instructor (1964-74); Assistant Professor (1974-80); Associate Professor (1980-85)</td>
</tr>
<tr>
<td>1981-82</td>
<td>Professorial Lecturer, College of Arts &amp; Sciences, U.P.</td>
</tr>
<tr>
<td>1985-86</td>
<td>Professor, University of the Philippines College of Nursing</td>
</tr>
<tr>
<td>1986-2001</td>
<td>Associate Professor, School of Nursing, University of Texas at El Paso (UTEP)</td>
</tr>
<tr>
<td>1999-2001</td>
<td>Clinical Associate Professor (Adjunct), School of Nursing, The University of Texas at Houston Health Sciences Center</td>
</tr>
<tr>
<td>2001-2003</td>
<td>Research &amp; Mental Health Consultant, LSML Professional Consulting Services, El Paso, TX</td>
</tr>
<tr>
<td>1999-present</td>
<td>Associate Professor (Adjunct), School of Public Health, The University of Texas at Houston Health Sciences Center</td>
</tr>
<tr>
<td>Sept.,2003-present</td>
<td>Associate Professor Emeritus and Assistant Director, Undergraduate Nursing Affairs, School of Nursing, UTEP</td>
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</table>
Other Experience and Professional Memberships

1981-82  Vice-Chair, Research Committee, Philippine Nurses Association
1981-85  Head, Research Program, U.P. College of Nursing
1982-93  American Psychological Association
1984-86  Research Consultant, Impact of Mobile Nursing Clinic (IDRC-funded)
1986-1999 Consulting Reviewer, Scholarly Inquiry for Nursing Practice: An International Journal
1987-present American Nurses Association; Texas Nurses Association
1989-1997 Chair, Research Awards Committee, Sigma Theta Tau Delta Kappa Chapter
1990-present Reviewer, Issues in Mental Health Nursing
1990-93  Project Evaluator: Kellogg-School-Based Health Education & Service to Underserved Rural Communities
1993-98  Chair, Cultural Diversity Committee, Society for Education and Research in Psychiatric Nursing (SERPN)
1994-95  Member, Advisory Committee, WICHE Conference on Hispanic Mental Health Workforce
1998-2001 Director, UTEP School of Nursing
1998-2001 Member, Institutional Review Board, Sierra Medical Center, El Paso, TX
1999-2001 Member, Evaluation Team, Kellogg-Community Voices Project on Health Care for the Underserved
1999-present Member, International Society of Psychiatric Nurses (ISPN)
2000     Grant Reviewer, Comprehensive Community Treatment Programs, US-DHHS-PHS-SAMHSA June 24-27, Bethesda, MD
2000-present Member, Advisory Council on Behavioral Health, Community Voices, El Paso, TX
2001     Grant Reviewer, Research Development Grants, NIH-NIMH, April 26, Philadelphia, PA
2002     Grant Reviewer, Nursing Partnerships Centers on Health Disparities, July 29, Bethesda, MD

Honors/Awards

1981      Member, Pi Gamma Mu International Honor Society
1984-86    Diamond Jubilee Professorial Chair in Nursing, U.P.
1985      Distinguished Alumna, Awarded by the U.P. College of Nursing Alumni Association
1986      Distinguished Professional Awardee in Nursing, Awarded by the U.P. Alumni Association
1987, 1990 Listed in Sigma Theta Tau Directory of Nurse Researchers
1988      Listed in Who’s Who in American Nursing
2000      “Nurse of the Year”, awarded by Texas Nurses Association (TNA), El Paso District
2000      “JV Sotejo Nursing Achievement Medallion of Honor”, awarded by the U.P. Nursing Alumni Association International (UPNAAI)
B. Selected peer reviewed publications (in chronological order)


C. Completed Research Support

1 R03 MH59861-01 05/10-99 – 04/30/2001
NIH/NIMH
Integration of Mental Health Care in Primary Care Settings: Needs and Problems

Role: PI

URI Grant 11/92 – 11/93
UTEP
Perceptions of Mental Health Services in a Public Out-Patient Mental Health Facility Among Mexican-Americans in a US-Mexico Border City

Role: PI

URI Grant 11/90 – 11/91
UTEP
Health Needs and Problems in a Depressed US-Mexico Border Community

Role: PI
BIOGRAPHICAL SKETCH

Provide the following information for the key personnel and other significant contributors in the order listed on Form Page 2.

<table>
<thead>
<tr>
<th>NAME</th>
<th>POSITION TITLE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Karen C. Lyon</td>
<td>Clinical Associate Professor</td>
</tr>
<tr>
<td>eRA COMMONS USER NAME</td>
<td>Assistant Dean for Graduate Education</td>
</tr>
<tr>
<td></td>
<td>Director: BSN Fast Track Program</td>
</tr>
</tbody>
</table>

EDUCATION/TRAINING  
(Begin with baccalaureate or other initial professional education, such as nursing, and include postdoctoral training.)

<table>
<thead>
<tr>
<th>INSTITUTION AND LOCATION</th>
<th>DEGREE (if applicable)</th>
<th>YEAR(S)</th>
<th>FIELD OF STUDY</th>
</tr>
</thead>
<tbody>
<tr>
<td>University of Texas System School of Nursing</td>
<td>BSN</td>
<td>1974</td>
<td>Nursing</td>
</tr>
<tr>
<td>Univ. of Texas @ El Paso, El Paso, TX</td>
<td>MSN</td>
<td>1979</td>
<td>Medical-Surgical Nursing</td>
</tr>
<tr>
<td>New Mexico State University, Las Cruces, NM</td>
<td>PhD</td>
<td>1983</td>
<td>Curriculum &amp; Instruction</td>
</tr>
<tr>
<td>New Mexico State University, Las Cruces, NM</td>
<td>MBA</td>
<td>1991</td>
<td>Business Administration</td>
</tr>
</tbody>
</table>

A. Positions and Honors

1974-1975 Charge Nurse, Surgical Floor, Sun Towers Hospital, El Paso, TX
1975-1978 Head Nurse then Supervisor of Neonatal Services, Providence Memorial Hospital, El Paso, TX
1978-1979 Training Specialist, Simulation Laboratory, University of Texas @ El Paso College of Nursing, El Paso, TX
1979-1985 Instructor and Assistant Professor of Nursing, University of Texas @ El Paso College of Nursing, El Paso, TX
1988-1989 Manager of Education Services, Baxter Healthcare Corporation, El Paso, TX
1989-1990 Director of Nursing Services, Southwestern General Hospital, El Paso, TX
1990-1996 Principal: CatLyon & Company Healthcare Consultants, El Paso, TX
1991 YWCA REACH Award, Entrepreneur Category, El Paso, TX
1995 American Heart Association Distinguished Service Award, Texas Affiliate
1995 Texas Nurses Foundation Past Presidents Health Policy Fellow, Austin, TX
1996-Present Partner in private medical practice with Charles M. Lyon, MD, El Paso, TX
1996-2003 Faculty, Graduate Nursing Program, University of Phoenix, Santa Teresa, NM
2004-Present Clinical Associate Professor; Director of BSN Fast Track Program; Academic Advisor: Nursing
   Systems Management MSN – University of Texas @ El Paso College of Health Sciences,
   School of Nursing, El Paso, TX
B. Selected Peer-Reviewed Publications (in chronological order)


C. Research Support

Ongoing Research Support

1D11HP07348-01-00  25%  7/1/2006 –
6/30/2009

DHHS-HRSA
Role: Co-PI and Project Director
Project: Accelerated Baccalaureate of Science in Nursing (BSN) Option Project
Purpose: The purpose of the Accelerated BSN Option Project is to expand enrollment in baccalaureate nursing programs and increase the number of nurses who successfully complete the University of Texas at El Paso School of Nursing program. The Project focuses primarily on recruiting Hispanic men and women into the accelerated nursing program and insuring their graduation within 15 months rather than the traditional 30 month program. This is a second degree program focusing on increasing the number of under-represented Hispanic nurses in the United States workforce. It will add a minimum of 60 professionally-trained RNs to the workforce over a 3-year period.

Pending
NONE

Overlap
NONE
BIOGRAPHICAL SKETCH

Provide the following information for the key personnel and other significant contributors in the order listed on Form Page 2

NAME
Martinez, Nelda Christine

eRA COMMONS USER NAME
martinezn

POSITION TITLE
Associate Professor of Nursing

EDUCATION/TRAINING (Begin with baccalaureate or other initial professional education, such as nursing, and include postdoctoral training.)

<table>
<thead>
<tr>
<th>INSTITUTION AND LOCATION</th>
<th>DEGREE (if applicable)</th>
<th>YEAR(s)</th>
<th>FIELD OF STUDY</th>
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<tbody>
<tr>
<td>Wright State University, Dayton, Ohio</td>
<td>BSN</td>
<td>1978</td>
<td>Nursing</td>
</tr>
<tr>
<td>Wright State University, Dayton, Ohio</td>
<td>MS</td>
<td>1982</td>
<td>Nursing/Community Health</td>
</tr>
<tr>
<td>The Ohio State University, Columbus, Ohio</td>
<td>PhD</td>
<td>1992</td>
<td>Nursing/Cognitive Psych</td>
</tr>
<tr>
<td>University of Iowa College of Nursing, Iowa City, IA</td>
<td>Postdoctoral</td>
<td>2004</td>
<td>Clinical Genetics</td>
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<tr>
<td>University of Iowa College of Medicine, Iowa City, IA</td>
<td>Certificate</td>
<td>2004</td>
<td>Clinical Investigation</td>
</tr>
</tbody>
</table>

A. POSTIONS AND HONORS

Positions and Employment

1978-1979  Rehabilitation Nurse, St. Elizabeth Medical Center, Dayton, OH
1979-1982  Public Health Nurse II, Montgomery County Combined General Health District, Dayton, OH
1982-1984  Adjunct Clinical Faculty, School of Nursing, Wright State University, Dayton, OH
1982-1984  Endocrinology Clinical Nurse Specialist, Miami Valley Hospital, Dayton, OH
1985-1989  Health Educator/Assistant Clinical Professor, Dept. of Community Medicine, School of Medicine, Wright State University, Dayton, OH
1990-1991  Coordinator, Allied Health Institute, The David H. Ponitz Sinclair Center, Division of Corporate and Community Services, Sinclair Community College, Dayton, OH
1991-1992  Assistant Clinical Professor and Diabetes Nurse Educator, School of Nursing, The University of Texas Health Science Center at San Antonio and Audie Murphy VA Medical Center, San Antonio, TX
1992-1994  Instructor of Medicine and Research Nurse Coordinator, Diabetes Division, School of Medicine, The University of Texas Health Science Center at San Antonio, San Antonio, TX
1996-2000  Associated Community Health, Education and Research, San Antonio, TX
2000-2002  Assistant Professor, School of Nursing, Purdue University, West Lafayette, IN
2002-2004  Postdoctoral Fellow, Clinical Genetic Nursing Research, College of Nursing, The University of Iowa, and Clinical Research Trainee, Graduate Training Program in Clinical Investigation, College of Medicine, The University of Iowa, Iowa City, IA
2005 -  Associate Professor, School of Nursing, College of Health Sciences, The University of Texas at El Paso, El Paso, TX
2005 -  Senior Fellow, Hispanic Health Disparities Research Center, College of Health Sciences, The University of Texas at El Paso, El Paso, Texas

Honors and Awards

1987  Distinguished Service Recognition, National Board of Directors, American Association of Diabetes Educators, Chicago, IL
1987-1988  University Graduate Minority Fellowship, School of Graduate Studies, The Ohio State University, Columbus, OH
1989  National Distinguished Service Award, American Association of Diabetes Educators
1990  National Service Recognition Award, Diabetes Education and Research Foundation, American Association of Diabetes Educators, Chicago, IL
1990  National Service Recognition, Chair, 17th National Annual Meeting, American Association of Diabetes Educators, Chicago, IL
1991  Distinguished Service Recognition, Chair, Diabetes Education and Research Foundation, American Association of Diabetes Educators, Chicago, IL
1993  National Diabetes Education Research Award, American Association of Diabetes Educators, Chicago, IL
1996  Distinguished Diabetes Service Recognition, American Diabetes Association, Alexandria, VA
2000; 02; 04  Professional Nursing Service Recognition and Appreciation, Nursing Workforce Diversity Grant Program, Bureau of Health Professions, HRSA/DHHS
2001  Faculty Service Recognition, Minority Student Nurses Association, School of Nursing, Purdue University, West Lafayette, IN
2001; 02  Professional Nursing Service Recognition and Appreciation, Basic Nurse Education and Practice Grant Program, Bureau of Health Professions, HRSA/DHHS
2002  Faculty Advisor Outstanding Service Award, Latino Student Union, Purdue University, West Lafayette, IN
2002  Faculty Recognition Award, Latino Student Union, Purdue University, West Lafayette, IN
2006  Faculty Mentor Recognition, College Assistance Migrant Program (CAMP), University of Texas at El Paso, El Paso, Texas

Professional Membership
Sigma Theta Tau International Nursing Honor Society
American Association of Diabetes Educators
American Diabetes Association
National Association of Hispanic Nurses
International Society of Nurses in Genetics
AACN Research Leadership Network

Certification
2004  Certificate in Clinical Investigation, K30/National Institutes of Health, Graduate Training Program in Clinical Investigation, Roy J. and Lucille A. Carver College of Medicine, University of Iowa

Reviewer
Annals of Behavioral Medicine
Journal of the American Academy of Nurse Practitioners

B. PUBLICATIONS
Martinez, N.C., & Bader, J. O. Analysis of BRFSS Data to Assess the Health of Hispanic Americans with Diabetes In El Paso County, Texas. The Diabetes Educator (submitted, in review).

C. RESEARCH SUPPORT

Ongoing Research Support

1 R03 NR009059-01 2005-2007
NINR/NIH
Title: Adapting Instruments for Hispanic Diabetes Outcomes
Role: Principle Investigator
Purpose: to derive three reliable and valid Spanish diabetes knowledge instruments for use across Hispanic subpopulation groups using cross-cultural language adaptation methodology for English to Spanish translation. Psychometric testing of the final Spanish versions of the instruments will include Mexican American and Puerto Rican subjects with and without diabetes.

Paso del Norte Health Foundation and Center for Border Health 2006
Title: Analysis of BRFSS Data to Assess the Health of Hispanic Americans with Diabetes in El Paso County, Texas
Role: Principle Investigator
Purpose: utilizing BRFSS data specific to El Paso County along the U.S.-Mexico border, this study will compare the demographic characteristics of Hispanic Americans with diabetes versus those without as well as language communication barriers with healthcare providers, and healthcare access, utilization and outcomes.

Completed Research Support
T32 NR0711001 2002-2004
NINR/NIH
Hispanic Americans and Type 2 Diabetes: Coping with Chronic Illness.” Postdoctoral Fellowship, Clinical Genetics Research, College of Nursing, The University of Iowa, Iowa City, Iowa.

Pending
None

Overlap
None
BIOGRAPHICAL SKETCH

Provide the following information for the key personnel and other significant contributors in the order listed on Form Page 2.

NAME
Thomas C. Olson

POSITION TITLE
Professor of Nursing

eRA COMMONS USER NAME

EDUCATION/TRAINING (Begin with baccalaureate or other initial professional education, such as nursing, and include postdoctoral training.)

<table>
<thead>
<tr>
<th>INSTITUTION AND LOCATION</th>
<th>DEGREE (if applicable)</th>
<th>YEAR(s)</th>
<th>FIELD OF STUDY</th>
</tr>
</thead>
<tbody>
<tr>
<td>University of Minnesota, Duluth, MN</td>
<td>B.S.</td>
<td>1969-1973</td>
<td>Education (History)</td>
</tr>
<tr>
<td>Rochester Community College, Rochester, MN</td>
<td>A.D.</td>
<td>1974-1976</td>
<td>Nursing</td>
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<tr>
<td>University of Colorado, Colorado Spring</td>
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<td>Psychology</td>
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<tr>
<td>University of Minnesota, Minneapolis</td>
<td>M.S.</td>
<td>1977-1979</td>
<td>Psychiatric Nursing</td>
</tr>
<tr>
<td>University of Minnesota, Minneapolis</td>
<td>Ph.D</td>
<td>1986-1991</td>
<td>Nursing</td>
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</table>

A. Positions and Honors.

Positions and Employment
1976-1982 Staff & Charge Nurse, Metropolitan Medical Center, Minneapolis
1980-1982 Instructor, Normandale Community College, Bloomington, Minnesota
1979,
1982-1984 Clinical Nursing Specialist, Hennepin County Mental Health Center, Minneapolis, Minnesota
1984-1986 Assistant Professor, University of the Virgin Islands, USVI
1986-1989 Graduate Teaching Assistant, University of Minnesota, Minneapolis
1989-1993 Research Assistant, Minneapolis Medical Research Foundation
1993-1996 Assistant Professor, University of Hawaii at Manoa
1996-2005 Associate Professor, University of Hawaii at Manoa (professional leave 8/04-8/05)
2004-present Professor, University of Texas at El Paso
2005-present Assistant Director for Graduate Nursing Affairs, University of Texas at El Paso

Other Experience and Professional Memberships
1995 & 1997 Panel Member, National Licensure Exam (NCLEX-RN), National Council of State Boards of Nursing
2001 Founding Member, Hawaii Chapter of the American Psychiatric Nurses Association
2003 Consultant. Strengthening Mental Health Researchers Project, Khon Kaen, Thailand
2004- 2005 Chair, Research Core, Hispanic Health Disparities Research Center, University of Texas at El Paso
2006-present Chair, Dissemination Core, Hispanic Health Disparities Research Center, University of Texas at El Paso

**Honors**
1990 Council on Graduate Education for Administration in Nursing Scholar, American Nurses Foundation
1994 Lillian Sholtis Brunner Fellow, Center for the Study of the History of Nursing, University of Pennsylvania
2004 Lavinia L. Dock Award for Exemplary Historical Research and Writing, American Association for the History of Nursing

**B. Selected peer-reviewed publications (in chronological order).**


C. Research Support

**Ongoing Research Support**

<table>
<thead>
<tr>
<th>P20 MD00548-01</th>
<th>Natalicio (PI)</th>
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<tr>
<td>9/01/03 - 8/31/08</td>
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<tr>
<td>NIH/NCMHD</td>
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</table>
Hispanic Health Disparities Research Center (HHDRC)
The purpose of this grant is to develop an interdisciplinary Hispanic Health Disparities Research Center aimed at reducing health disparities among and within high-risk diverse Hispanic population groups. This center is a partnership program between the University of Texas at El Paso (UTEP) College of Health Sciences and the University of Texas Health Science Center at Houston, School of Public Health (UTSCH-SPH).
Role: Co-Director, Dissemination Core

Center for Border Health Research (CBHR)
1/1/05-6/1/05
The purpose of this grant is to assess the mental health status of El Paso and Dona Ana county Residents using the 2002 Paso del Norte Behavioral Risk Factor Surveillance Data. The CBHR is headquartered in El Paso, Texas.
Role: Principal Investigator

Hispanic Health Disparities Research Center (see above) 11/1/05-10/31/06
The purpose of this grant is to complete an epidemiological health survey of a colonia in the El Paso, Texas and Juarez, Chihuahua, Mexico Border Region. This grant is funded through the HHDRC (see above).
Role: Co-Investigator

1 P20 MD00548-01 Natalicio (PI)
NIH/NCMHD
10/1/06-9/31/08
Community Based Study of OCD and Health Disparities at the U.S.-Mexico Border
The purpose of this grant is investigate factors affecting obsessive compulsive disorder (OCD) and health disparities along the U.S.-Mexico Border among Mexican and Mexican-American persons who have not been previously been diagnosed with OCD.
Role: PI for Pilot Project

1R03NR009974-01 Olson (PI)
NIH/NINR
8/1/06-7/31/08
Factors Affecting OCD and Health Disparities at the U.S.-Mexico Border
The purpose of this grant is investigate factors affecting obsessive compulsive disorder (OCD) and health disparities along the U.S.-Mexico Border among Mexican and Mexican-American persons who have previously been diagnosed with OCD.
Role: PI

Completed Research Support

Intramural Research Support Olson (PI)
11/15/04-11/15/05
University of Texas at El Paso
Preliminary Study of Health Disparities, Quality of Life & OCD at the U.S.-Mexico Border,
This research is intended to provide the foundation for a larger project that will examine the
health concerns and quality of life issues of persons with OCD in a population at high risk for health disparities, the predominantly Hispanic population living in the U.S.-Mexico border region of El Paso, Texas and Ciudad Juarez, Mexico.

Role: PI

P20 NR08360  Olson (PI for OCD project)*
7/1/04-6/30/05
NIH/NINR
The Lived Experience of OCD in a Multicultural Community
This project was one of several supported by the Center for the Advancement of Health Disparities Research, one of eight centers across the United States funded by NINR with a commitment to collaboration, building a community of minority nurse researchers, and innovation in health disparities research. The aim of this research was to better explicate the health concerns and experiences of diverse persons with OCD in the multicultural setting of Hawaii.
Role: PI
*McCubbin & Berkowitz (Co-PIs for the Center for the Advancement of Health Disparities Research)

R24 HS11627-02*
9/30/01-8/31/04
AHRQ
Assessment of Mental Health Outcomes: Is There a Difference Between Ethnic Groups
This was one of three projects that was part of the Hawaii Minority Research Infrastructure Support Program. The purpose of this project was to investigate if differences in patient outcomes exist between Caucasians, Asians and Pacific Islanders who were hospitalized for an acute mental illness.
Role: PI (project initiated by R. Anders)
*Cadman (PI for the Hawaii Minority Research Infrastructure Support Program)
BIOGRAPHICAL SKETCH

NAME: Pierson, Charon A.

POSITION TITLE: Clinical Associate Professor

Director, Center for Aging

EDUCATION:

<table>
<thead>
<tr>
<th>Institution and Location</th>
<th>Degree</th>
<th>Year Conferred</th>
<th>Field of Study</th>
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<tbody>
<tr>
<td>New England Deaconess Hospital, Boston, MA</td>
<td>Diploma</td>
<td>1965</td>
<td>Nursing</td>
</tr>
<tr>
<td>Central Connecticut State University, New Britain, CT</td>
<td>B.A.</td>
<td>1975</td>
<td>Psychology</td>
</tr>
<tr>
<td>Harbor-UCLA Medical Center, Carson, CA</td>
<td>Certificate</td>
<td>1976</td>
<td>OB/Gyn Nurse Practitioner</td>
</tr>
<tr>
<td>California State University, Long Beach, CA</td>
<td>M.S.</td>
<td>1982</td>
<td>Nursing-Adult/ Geriatric Nurse Practitioner</td>
</tr>
<tr>
<td>University of Hawaii, Honolulu, HI</td>
<td>Ph.D.</td>
<td>1999</td>
<td>Sociology</td>
</tr>
<tr>
<td>University of California, San Francisco, CA</td>
<td>Post-doctoral</td>
<td>2001-2003</td>
<td>Geriatrics, Health Policy</td>
</tr>
</tbody>
</table>

A. Positions and Honors

Positions and Employment

Jan. 2006                                               University of Texas at El Paso     Clinical Associate Professor
Nursing College of Health Sciences                      Director, Center for Aging
2004-2006                                               University of Hawaii, John A. Burns Assistant Professor of
Geriatrics School of Medicine                            Geriatrics
1999-Present                                             *Journal of the American Academy of*
                                                          *Nurse Practitioners*       Editor-in-Chief
1999-2004                                               University of Hawaii, School of Nursing Assistant Professor of Nursing & Dental Hygiene
1990-2004                                               Kaiser Permanente LongTerm Care Team Geriatric Nurse Practitioner, call in

1990-1999 University of Hawaii at Manoa, Graduate Instructor
Program in Advanced Practice Nursing

1989-1997 *Nurse Practitioner Forum* Founding Editor, Editor-in-Chief
1986-1988 Private Practice, Manhattan Beach, CA OB/GYN & Adult Nurse Practitioner
1982-1986 California State Univ., Long Beach, CA Assistant Professor of Nursing
1975-1976 Planned Parenthood Clinics and University of CT Hospital Clinic
1970-1975 Family Planning Clinics, Hartford, CT and New Britain, CT
1967-1969 Santa Tecla Hospital, El Salvador, Volunteer, Inservice Ed., Peace Corp
1965-1967 Surgical ICU and PAR Room, New England Deaconess Hospital, Boston, MA

Other Experience and Professional Memberships

2004 Member statewide Caregiver Training Committee, Dept. of Health
2004 Member statewide Transfer Trauma Committee, Dept. of Health
2000-2004 Member Community Advisory Board, PACE Hawaii
1999-2001 Member Committee on Human Subjects, University of Hawaii
1992 Member National Conference of Gerontological Nurse Practitioners
1988 Member American Academy of Nurse Practitioners
1985 Member Sigma Theta Tau International

Honors

Reynolds Faculty Scholar, 2005-2006
Hawaii Nurses’ Association Nurse Educator of the Year, 2002
Inducted as a Charter Fellow in the American Academy of Nurse Practitioners, 1998
AANP Nurse Practitioner of the Year for State of Hawaii, 1994-1995
Sigma Theta Tau Media Award for Excellence in Nursing Journalism, 1991
California Coalition of Nurse Practitioners, Nurse Practitioner of Distinction Award, 1990-1991

B. Selected Peer-Reviewed Publications


Pierson, CA. *The work of producing multidisciplinary collaborative rounds*. University of Hawaii Graduate Division and the Department of Sociology, 1999.


C. Research Support

Completed Research Support

State of Hawaii, Executive Office on Aging 05/01/04-12/31-04
Evaluation of statewide Kupuna Care Services
To survey county area agencies on aging and the providers of Kupuna Care Services to examine service delivery, satisfaction, and problems related to community-based care
Role: PI

American Academy of Nursing 07/01/01-06/30/03
John A. Hartford Foundation Building Academic Geriatric Nursing Capacity Program
To examine the factors that predict the need for and use of long-term care services in a population of Japanese-American males in Hawaii
Role: PI

NR08360-01 (McCubbin) 10/01/02-12/31/03
P20 Nursing Partnership Centers for Health Disparities Research
National Institute for Nursing Research
To describe, through interviews with key health personnel and focus groups of elderly throughout the state, the need for, access to, and utilization of long-term care services among elderly
Role: PI

Additional Federal Funding

D62HPO1857 09/01/03-06/30/06
Development of Clinical Nursing Leaders in Geriatrics
HRSA-BHP
To provide geriatric education and leadership seminars to nurses practicing in long-term care
Role: PI (30%)

KO7GMO72884 (Harrigan) 09/01/04-06/30/09
PhD in Clinical Research
NIH
To develop and implement a PhD curriculum in clinical research
Role: Collaborator (30%)
BIOGRAPHICAL SKETCH

Provide the following information for the key personnel and other significant contributors in the order listed on Form Page 2

<table>
<thead>
<tr>
<th>NAME</th>
<th>POSITION TITLE</th>
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</thead>
<tbody>
<tr>
<td>Jane E. Poss</td>
<td>Professor, School of Nursing</td>
</tr>
</tbody>
</table>

EDUCATION/TRAINING (Begin with baccalaureate or other initial professional education, such as nursing, and include postdoctoral training.)

<table>
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<tr>
<th>INSTITUTION AND LOCATION</th>
<th>DEGREE (if applicable)</th>
<th>YEAR(s)</th>
<th>FIELD OF STUDY</th>
</tr>
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<tbody>
<tr>
<td>University of Wisconsin – Madison</td>
<td>BA</td>
<td>1970</td>
<td>Latin American Studies</td>
</tr>
<tr>
<td>University of Wisconsin – Milwaukee</td>
<td>MA</td>
<td>1973</td>
<td>Sociology</td>
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<tr>
<td>Saint Louis University</td>
<td>BSN</td>
<td>1976</td>
<td>Nursing</td>
</tr>
<tr>
<td>University of Pittsburgh</td>
<td>MSN</td>
<td>1982</td>
<td>Nursing</td>
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<tr>
<td>SUNY at Buffalo</td>
<td>DNSc</td>
<td>1998</td>
<td>Nursing</td>
</tr>
</tbody>
</table>

Foreign Language: Fluent in Spanish

A. Positions and Honors

Positions
1978-1981 Assistant Professor Nursing, Allegheny Community College, Pittsburgh, PA
1980-1982 Staff Nurse, ICU/Telemetry, St. Margaret Hospital, Pittsburgh, PA
1983-1985 Nurse Practitioner, Medical Clinic, Western Psychiatric Institute, Pittsburgh, PA
1985-1994 Clinical Assistant Professor, Family Nurse Practitioner Program, SUNY at Buffalo (seasonal)
1991-1994 Nurse Practitioner, Niagara County Migrant Clinic, Lockport, NY (seasonal)
1994-1998 Nurse Practitioner, Oak Orchard Migrant/Community Health Center (seasonal)
1995-1998 Associate Professor and Director, ANP Program, Daemen College, Amherst, NY
1998-2001 Associate Professor and Director, FNP Program, University of Texas at El Paso
2001-2004 Professor and Director, FNP Program, School of Nursing, University of Texas at El Paso
2004-present Professor, School of Nursing, University of Texas at El Paso

Honors
1991 United States Navy Achievement Medal
1994 Nurse Practitioner of the Year, Nurse Practitioner Association of Western
New York  
1997 Petsan Scholarship, University at Buffalo, School of Nursing, DNSc Program  
1998 Ruth Gale Elder Award for Excellence in Nursing Research, University at Buffalo  
2004 Certificate of Merit, El Paso City County Health and Environmental District.

B. Selected peer-reviewed publications  


Translations


Monographs


C. Research Support
(No ID#) Poss (PI) 2005-2006
Hispanic Health Disparities Research Center.
Removing a barrier to exercise: Testing an intervention to control free-roaming dogs in Sparks, Texas.
The purpose of this study is to quantify the phenomenon of free-roaming dogs in a colonia on the outskirts of El Paso, Texas, determine the impact of the dogs on residents’ ability to exercise, and to test an intervention designed to reduce free-roaming dogs. Dogs will be enumerated by observational methodology. Their impact on the population’s ability to exercise will be assessed by a randomized telephone survey. An intervention designed to decrease the number of free-roaming dogs will be instituted through three means: (1) an intensive spay/neuter program provided to the community
free of charge, (2) an educational program for residents, and (3) a targeted response to remove strays from the neighborhood.
Role: PI

(No ID#) Poss (PI) 2004-2005
Hispanic Health Disparities Research Center.
Mindfulness Based Stress Reduction for Mexican American Women in El Paso, Texas.
The purpose of this study was to evaluate the effect of an eight-week Mindfulness Based Stress Reduction program on quality of life indicators and physical and psychological symptomatology in women of Mexican origin residing in two colonias of El Paso.
Project not completed due to loss of research sites.
Role: PI

1-D09 HP00145-01 Poss (PI) 2000 - 2003
HRSA, Bureau of Health Professions, Advanced Education Nursing Program.
Preparation of Culturally Competent Family Nurse Practitioners.
The major goal of this training grant is to prepare nurse practitioners who are culturally and linguistically competent to provide primary health care services to families and communities along the US/Mexico border.
Role: PI

D1A RH 00007 Conway (PI) 2001-2002
HRSA, Office of Rural Health Policy Special Projects: Migrant Border Health Initiative.
The major goals of this research were to identify and address the health concerns of migrant and seasonal farm workers.
Role: Project Director

1DIA RH 00007-01 Hand (PI) 2000 – 2001
HRSA, Office of Rural Health Policy Special Projects: Migrant Border Health Initiative.
The goal of this project was to establish a regional (West Texas/Southern New Mexico) database about migrant farmworkers’ demographic and health characteristics.
Role: Co-PI

(No ID #) Poss (PI) 1999-2001
Center for Border Health Research.
An Exploratory Study of the Meanings of Type 2 Diabetes for Mexican Americans living in El Paso County, Texas.
The goal of this project was to develop an explanatory model of type 2 diabetes for Mexican American residents living in colonias along the US/Mexico border.
Role: PI

Texas Department of Health / Texas Diabetes Program/Council.
Texas Diabetes Prevention and Control Initiative
The goal of this project was to provide a diabetes education, screening and referral program for El Paso residents who are at risk for developing Type 2 diabetes or who already have undiagnosed diabetes.
Role: Faculty Advisor / UTEP Liaison

(No ID#) Poss (PI) 1999-2000
National Organization of Nurse Practitioner Faculties & Helene Fuld Health Trust.
Faculty-to-Faculty Mentoring Program in Community Health.
The goal of this project was to mentor faculty members in the development of community health curricula and programs in Nurse Practitioner Programs around the US. One project resulted in the development of a migrant farmworker outreach program as part of a nurse practitioner program in Alabama.
Role: PI
BIOGRAPHICAL SKETCH

Provide the following information for the key personnel and other significant contributors in the order listed on Form Page 2.

NAME
José O. Rivera

eRA COMMONS USER NAME

POSITION TITLE
Clinical Associate Professor
Assistant Dean

EDUCATION/TRAINING (Begin with baccalaureate or other initial professional education, such as nursing, and include postdoctoral training.)

<table>
<thead>
<tr>
<th>INSTITUTION AND LOCATION</th>
<th>DEGREE (if applicable)</th>
<th>YEAR(s)</th>
<th>FIELD OF STUDY</th>
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<tr>
<td>Universidad de Puerto Rico</td>
<td>BS</td>
<td>1971-1976</td>
<td>Pharmacy</td>
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<tr>
<td>University of Kentucky</td>
<td>Pharm.D.</td>
<td>1976-1979</td>
<td>Pharmacy</td>
</tr>
<tr>
<td>University of Kentucky Medical Center</td>
<td>Residency</td>
<td>1979-1980</td>
<td>Clinical Pharmacy</td>
</tr>
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</table>

A. Positions and Honors. List in chronological order previous positions, concluding with your present position. List any honors. Include present membership on any Federal Government public advisory committee.

Academic Positions
July 1979-June 1980   Instructor of Clinical Pharmacy  
University of Puerto Rico College of Pharmacy  
Rio Piedras, Puerto Rico

July 1980-April 1988  Assistant Professor of Clinical Pharmacy  
University of Cincinnati College of Pharmacy  
Cincinnati, Ohio

Oct. 1992-June 1995  Assistant Clinical Professor  
University of New Mexico College of Pharmacy  
Albuquerque, New Mexico

University of Texas College of Pharmacy  
Austin, Texas  
Coordinator of Hospital Pharmacy Internships

Nov. 1998-Present  Clinical Associate Professor  
UTEP/UT -Austin Cooperative Pharmacy Program  
El Paso, Texas

Jan. 2001-Present  Director, UTEP/UT-Austin Cooperative Pharmacy Program  
El Paso, Texas  
Assistant Dean, UT Austin College of Pharmacy  
Austin, Texas

March 2003-Present  Adjunct Clinical Asst. Professor  
Department of Surgery  
Texas Tech Medical Center/El Paso Campus
Employment and related experience

Jan. 2001-Present Administrator, ACPE
Cooperative Pharmacy Program Pharmaceutical Continuing Education
Nov. 1999-2003 Director Pharmacy Practice Residency
R.E. Thomason General Hospital, El Paso, TX
March 1999-Present Critical Care Pharmacist
R.E. Thomason General Hospital & Kellogg Clinics
El Paso, Texas
June 1995-Oct. 1998 Director of Pharmacy Services
Sierra Medical Center Pharmacy Department
1625 Medical Center Drive
El Paso, Texas 79902
July 1992-May 1995 Director of Pharmacy Services
Presbyterian Family Healthcare Rio Rancho
4100 High Resort Boulevard
Rio Rancho, New Mexico 87124
Albuquerque, New Mexico 87110
May 1988-Sept. 1991 Consultant Pharmacist
Estocolmo #619 Caparra Heights
Rio Piedras, Puerto Rico 00920
July 1985-May 1988 Associate Director for Clinical Programs
University of Cincinnati Hospital
234 Goodman Street
Cincinnati, Ohio 45267
Feb. 1984-July 1985 Acting Director Department of Pharmacy
University of Cincinnati Hospital
Jan. 1984-April 1988 Director, Pharmacy Residencies
University of Cincinnati
Jan. 1981-April 1988 Member Surgical Infectious Diseases Division
Department of Surgery
University of Cincinnati
Aug. 1980-Feb. 1984 Clinical Pharmacy Supervisor
(Responsible for the Clinical Pharmacy Services Division)
Coordinator of the Aminoglycoside Dosing Service
University of Cincinnati
July 1979-June 1980 Clinical Pharmacist-Medical Services
San Juan Community Hospital
Rio Piedras, Puerto Rico

B. Selected peer-reviewed publications (in chronological order). Do not include publications submitted or in preparation.
C. Research Support. List selected ongoing or completed (during the last three years) research projects (federal and non-federal support). Begin with the projects that are most relevant to the research proposed in this application. Briefly indicate the overall goals of the projects and responsibilities of principal investigator identified above.

Protocol #1506 Rivera (PI) 11/1/99-4/1/01

IRB #E01016 Hughes (PI) 11/1/00-6/1/02
“Management of Severe Asthmatic patients in the El Paso Border Region.” (Funded by Center for Border Health Research (Co-Principal Investigator. Goal: Document and compare to national guidelines the current treatment of asthma in our region.

Protocol #037-00 Tyroch (PI) 9/14/01-8/31/03

#26811159 Rivera (PI) 8/31/01-9/30/04
“Herbal Products Use Initiative.” (Funded by Paso del Norte Health Foundation) Principal Investigator. Goals: Research goal. Extensive bi-national evaluation of the use of herbal products in the general population, surgical patients and herbal products providers. Education goal: Develop educational programs on herbal products for healthcare providers and the general population.

Protocol #1574 Rivera (PI) 12/12/02-12/31/06
“Comparison of the Bacterial Resistant Patterns between El Paso, Ciudad Juarez, and National Trends: A Pilot Study.” (Funded by Center for Border Health) Principal Investigator. Goal: Determine if the over-the-counter availability of antibiotics in Ciudad Juarez has an impact on bacterial resistance in our region.

Protocol #2133 Rivera (PI) 12/1/04-11/30/05
**BIOGRAPHICAL SKETCH**

Provide the following information for the key personnel and other significant contributors in the order listed on Form Page 2

<table>
<thead>
<tr>
<th>Name</th>
<th>Position Title</th>
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</thead>
<tbody>
<tr>
<td>Robinson, Kristynia M</td>
<td>Clinical Associate Professor of Nursing</td>
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</table>

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<thead>
<tr>
<th>Name</th>
<th>eRA Commons User Name</th>
<th>Position Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>Robinsonk</td>
<td>Robinsonk</td>
<td>Clinical Associate Professor of Nursing</td>
</tr>
</tbody>
</table>

<table>
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<th>Institution and Location</th>
<th>Degree (if applicable)</th>
<th>Year(s)</th>
<th>Field of Study</th>
</tr>
</thead>
<tbody>
<tr>
<td>South Dakota State University, Brookings, SD</td>
<td>BSN</td>
<td>1981</td>
<td>Nursing</td>
</tr>
<tr>
<td>University of Utah, Salt Lake City, Utah</td>
<td>MSN</td>
<td>1984</td>
<td>Nursing</td>
</tr>
<tr>
<td>University of Utah, Salt Lake City, Utah</td>
<td>PhD</td>
<td>1995</td>
<td>Nursing</td>
</tr>
</tbody>
</table>

**C. Positions**

1981-1996 LDS Hospital, Salt Lake City (SLC), UT Staff Nurse Labor & Delivery and Post-partum/Gyn
   1984-1990 Coordinator Childbirth Education
   1987-1989 Coordinator PMS Support Program Care
1984-1999 Planned Parenthood of Utah, SLC, UT Family Nurse Practitioner
   1986-1988 Primary Clinician at West Jordan Clinic
1985-1997 University of Utah, SLC, UT Auxiliary Faculty Member College of Nursing
   1984-1986 Family Nurse Practitioner, Dept. of Infectious Disease
1988-1997 Westminster College, SLC, UT Associate Professor
   1995-1996 Acting Director FNP Program (new graduate program)
1996-2003 Idaho State University (ISU), Pocatello, ID Professor
   1997-1999 Coordinator, Family Nurse Practitioner (FNP) Option
   2000-2001 Interim Associate Chair of Graduate Studies
   2002 Tenure
1997-2003 Southeast District of Public Health, Pocatello, ID Family Nurse Practitioner
1999-2001 ISU Faculty Practice at Old Town Community Clinic, Pocatello, ID Family Nurse Practitioner
2003-2004 Planned Parenthood West Texas 2003-2004 Vice President of Medical Affairs/Clinician
2005- University of Texas at El Paso, Clinical Associate Professor
2005- Hand & Microsurgery of El Paso, Family Nurse Practitioner (pain practice)

**Other Experience**

1990-1996 Intermountain Heath Care, LDS Hospital, Salt Lake City (SLC), UT
   Consultant /author educational materials on women’s health for
1997-2002 Idaho State Board of Nursing Consultant for educational standards & prescriptive practice
   Task Force Member on Advanced Nursing Practice
1998-1999 Consultant & evaluator HRSA Expansion Grant (Expanding FNP Program via Distance
   Learning to 2 Satellite Sites) issued to Sonoma State College Dept. of Nursing
1998-2002 March of Dimes (MOD), Consultant Genetic Education for Health Care Professionals:
   Planning Committee Member for Genetics Education Grant (Idaho Chapter)
1998-2002 AANP Health Policy Leadership Fellow
1998-2003 Pocatello, ID Consultant PTSD, Chronic Health Disease
2000 -2002 Aventis Pharmaceuticals Allied Health Advisory Board Member
2001-  Collegiate Center for Nursing Education (CCNE) On-site Evaluator
2002  HRSA grant reviewer
2002  University of Utah, Consultant for Family Nurse Practitioner Program

Licensure
APN Texas

National Certification
1985 – present Family Nurse Practitioner, American Nurses Credentialing Center (ANCC)

Professional Memberships
1980-present Sigma Theta Tau (invited)
1978-2003 American Nurse Association (ANA)
1981-2003 Utah Nurse Association, multiple positions
1989-2000 Society for Menstrual Cycle Research (SMCR)
1993-2003 National Organization of Nurse Practitioner Faculties (NONPF), multiple positions
1997-present American Academy of Nurse Practitioners (AANP), multiple positions including elected
   Board of Directors and Idaho State Representative
1997-2003 Idaho Nurse Association
1999-2002 National Academies of Practice (NAP) (invited membership)
2003-present Texas Nurse Practitioners

Honors
1999 Distinguished Practitioner Award, National Academies of Practice
1991-1993 Annual Certificate of Appreciation for contribution promoting nursing research activities of
   VAMC nurses, SLC, UT

D. Selected peer-reviewed publications (in chronological order).


E. Research Support. Received federal traineeship that supported doctoral dissertation. Past history of funding for development of two educational programs from HRSA, Division of Nursing (author and project director).

   2005-2006 $10,000 Hispanic Health Disparities Research Center for Acculturation, Somatization of Depression, and Function in Individuals Seeking Pain Management in a Southwestern Border Community: A Pilot Study (PI)

F. Current Research:

   a. Psychological Distress, Physical Functioning, & Treatment Outcome in Individuals with Chronic Pain: An Archival Research Project (PI)
   b. Acculturation, Somatization of Depression, and Function in Individuals Seeking Pain Management in a Southwestern Border Community: A Pilot Study (PI)
   c. Relationship of Acculturation, SES, and other Demographic Variables to Functional Health in a Border Community: An Epidemiologic Study (Co-PI)