VCU

VIRGINIA COMMONWEALTH UNIVERSITY
BOARD OF VISITORS
ACADEMIC AND HEALTH AFFAIRS COMMITTEE
9:20 A.M.**
September 13, 2019
JAMES BRANCH CABELL LIBRARY
901 PARK AVENUE – ROOM 303
RICHMOND, VIRGINIA

DRAFT

AGENDA

1. **CALL TO ORDER** — Edward McCoy, *Chair*

2. **APPROVAL OF AGENDA** — Edward McCoy, *Chair*

3. **APPROVAL OF MINUTES** — Edward McCoy, *Chair*
(May 10, 2019)

4. **ACTION ITEMS:** — Edward McCoy, *Chair*

   a. Proposal for substantial modification to the current Nursing M.S. degree program

5. **REPORT FROM PROVOST** — Dr. Gail Hackett, *Provost and Senior Vice President for Academic Affairs*

6. **REPORT FROM THE SENIOR VICE PRESIDENT FOR HEALTH SCIENCES/CEO VCU HEALTH** — Dr. Marsha Rappley, *Senior Vice President for Health Sciences/CEO VCU Health*

7. **PRIORITIES AND INITIATIVES**

   a. Student Engagement: Health & Wellness — Dr. Charles Klink, *Senior Vice Provost for Student Affairs*

   b. Accreditation: SACSCOC — Dr. Deborah Noble-Triplett, *Senior Vice Provost for Academic Affairs*

8. CONSTITUENT REPORTS

a.   Student Representatives

Michael Berger,
Graduate Student Representative

Samantha Lee, U*ndergraduate Student Representative*

b.   Faculty Representatives

Dr. Scott Street, *Faculty Senate Board of Visitors Representative*

Dr. Nancy Jallo, *alternate and president, VCU Faculty Senate*

c.   Staff Representatives

Saher Randhawa, *Staff Senate Board of Visitors Representative, VCU Staff Senate*

Ashley Staton, *alternate, Staff Senate*

9. MISCELLANEOUS REPORTS
For informational purposes only

Edward McCoy, *Chair*

- AHAC Dashboard
- AHAC Charter

10. OTHER BUSINESS

Edward McCoy, *Chair*

11. ADJOURNMENT

Edward McCoy, *Chair*

**The start time for the Board of Visitors meeting is approximate only. The meeting may begin either before or after the listed approximate start time as Board members are ready to proceed.

The members of the Academic and Health Affairs Committee are: Edward McCoy, *chair*, Shantaram Talegaonkar, M.D., *vice chair,* Carolina Espinal, Robert Holsworth, Ph.D., Tyrone Nelson, and Coleen Santa Anna.

BOARD OF VISITORS
ACADEMIC AND HEALTH AFFAIRS COMMITTEE
9:20 A.M.
May 10, 2019
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901 PARK AVENUE, ROOM 303, RICHMOND, VIRGINIA

DRAFT

COMMITTEE MEMBERS PRESENT
Dr. Carol S. Shapiro, Chair
Dr. Robert D. Holsworth, vice chair
Mr. H. Benson Dendy III
Dr. Shantaram Talegaonkar
Mr. Stuart Siegel

COMMITTEE MEMBERS NOT PRESENT
Dr. Gopinath Jadhav
Mr. Ed McCoy
Mr. Tyrone Nelson
Mr. G. Richard Wagoner, Jr.

OTHERS PRESENT
Dr. Michael Rao, President
Dr. Gail Hackett, Provost and Senior Vice President for Academic Affairs
Dr. Marsha Rappley, Senior Vice President for Health Sciences
Dr. Aashir Nasim, Vice President for Inclusive Excellence
Dr. Srirama Rao, Vice President for Research and Innovation
Ms. Holly Price Alford, Faculty Representative
Dr. W. Scott Street IV, Faculty Representative
Mr. Nicholas B. Fetzer, Staff Representative
Mr. Jacob Parcell, Student Representative
Mr. Dhruv Sethi, Student Representative
Ms. Elizabeth L. Brooks, Associate University Counsel
Ms. Jamie Stillman, Director of Strategic Communications, Office of the Provost
Justin Mattingly, Richmond Times-Dispatch
Staff and students from VCU and VCUHS

CALL TO ORDER
Dr. Carol Shapiro, Chair of Academic and Health Affairs Committee, called the meeting to order at 9:25 a.m.

APPROVAL OF MINUTES
On motion made and seconded, the Academic and Health Affairs Committee approved the Minutes of the meeting held **March 22, 2019**. A copy of the minutes can be found on the VCU website at the following webpage http://www.president.vcu.edu/board/committeeminutes.html.

ACTION ITEMS:
Academic Program Propsals:
On motion made and seconded, the Academic and Health Affairs Committee approved a motion

to recommend to the Board of Visitor approval of the following academic proposals: 1). Department of Oral Health and Community Outreach to Department of Dental Public Health and Policy (rename); and 2) Bachelor of Science in Health Services (create a new).

REPORTS
Dr. Gail Hackett provided updates on several reports that the committee had requested regarding approved academic programs and metrics for career planning strategies and online enrollment. She added that a new executive director for Global Education will soon be named and that a search for a new dean of the College of Humanities and Sciences will be launched.

Dr. Marsha Rappley provided an update on the Health Equity Initiative, which involves working with community partners to screen and refer people with complex medical issues to VCU Health System medical units. This is an important opportunity for our students to have a real-world experience in their fields. In addition, The VCU Health Hub @25th has opened and a new dean has been appointed in the College of Health Professions – Susan Parrish will begin on July 1.

Dr. Srirama Rao provided a clear overview of the current landscape of the research and innovation enterprise at VCU. He also provided a preview of some aspirational goals that he and the president are considering. These goals center around five key themes – Human Health, Social Justice and Equity, Human Life, Sustainable Ecosystem and Societal Transformation. A copy of his presentation is attached hereto as *Attachment A* and is made a part hereof.   It was noted that a VCU Research presentation by Dr. Srirama Rao is being planned for the full board this fall.

The student representatives, Jacob Parcell and Dhruv Sethi, provided their last report to the committee and introduced their successors for next year, Samantha Lee and Michael Berger.

Holly Alford finished her four years of service as the faculty representative to the board as well. She reported that the Faculty Senate is sponsoring a symposium for faculty this fall that will help faculty effectively handling, integrating diversity and inclusion in all curriculums and classrooms, as well as faculty mentoring as a strategy for faculty success across the career continuum. Scott Street will be the faculty representative next year and Nancy Jallo will be the alternate.

Nick Fetzer reported that the Staff Senate is in the process of transitioning into an elected body. In addition, the Staff Senate is planning its fourth annual employee appreciation Week next spring. Next year's staff representatives to the board will be named this summer.

OTHER INORMATION
The committee requested future reports on the steps needed to ensure that the Massey Cancer Center achieves NCI Comprehensive status and on the current and future relationship of VCU and the BioTech Center.

ADJOURNMENT
There being no further business, Dr. Carol Shapiro, Chair, adjourned the meeting at 11:00.

Board of Visitors
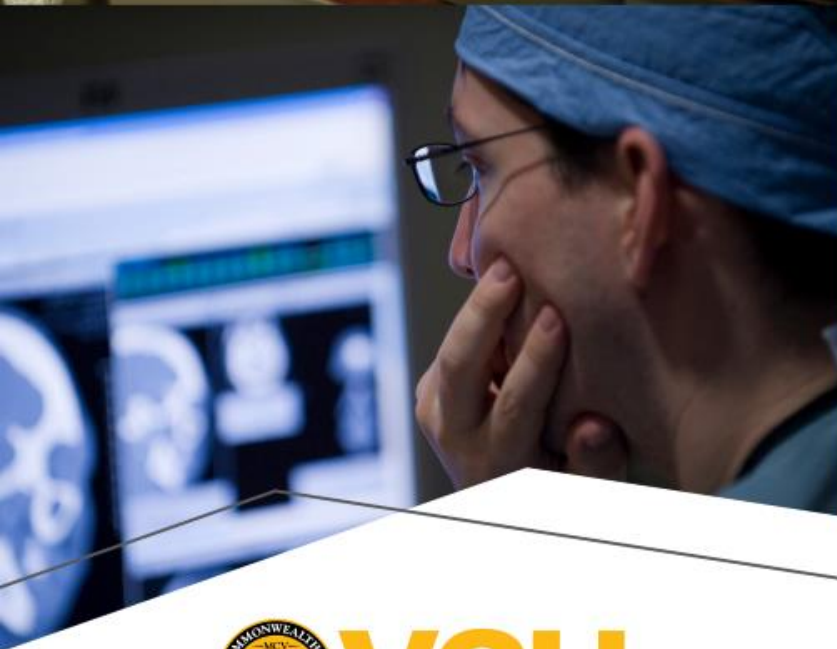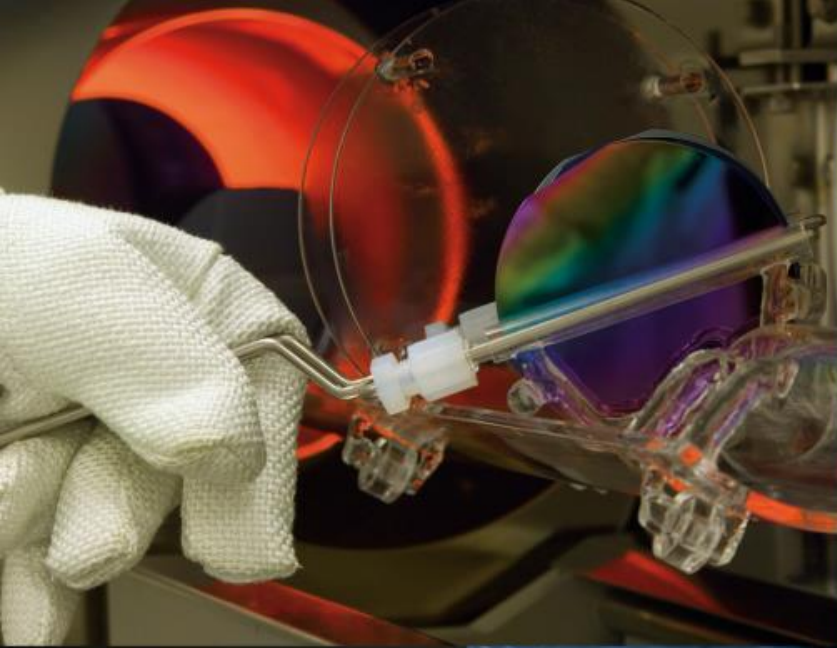# Academic and Health Affairs Committee
May 10, 2019

Research and innovation update
Srirama Rao, Ph.D., vice president for research and innovation

VCU Office of Research and Innovation

Perspectives of the new vice president for research and innovation …

… seeking input and feedback

Premier urban, public research university and academic health center committed to:

- Inclusion, access and excellence
- Innovative and transformative learning
- **Impactful research***
- Exceptional patient care
- Beneficial community impact

*QUEST 2025 Goal: National prominence

FY2018 VCU Sponsored Program Awards
by source and units

FY 2018:
$271,022,724

Funding by Unit

- Arts (including VCUQ) $39,998,751
- Humanities and Sciences $16,267,154
- Education $25,967,848
- Engineering $18,158,987
- Pharmacy $6,826,616
- Dentistry $6,313,187
- Health Professions $2,657,406
- Nursing $3,007,637
- Social Work $835,076
- Business $30,250
- Medicine $138,612,106
- Other $513,809,940
- Wilder School $537,968

Funding by Purpose

- Clinical Research 4.9%
- Clinical Trial 11.0%
- Training 11.4%
- Research 47.9%
- Other 23.5%
- Equipment 0.1%
- Fellowship 0.7%
- Outreach 0.4%

VCU

National rankings (selected)

- NSF Ranking, total R&D expenditures - **67***

- NSF Ranking Federal R&D expenditures, 2017 - **54** *

- Blue Ridge Ranking (NIH Funding), Schools of:
  Pharmacy -**24,** Dentistry -**26** and Medicine - **60****

- Neuroscience NIH awards received -**33**, and
  addiction -**15**

*NSF ranking out of 400 public universities
**Blue Ridge Ranking, 2018:
Pharmacy, out of 92;
Dentistry, out of 50;
Medicine, out of 147

Of universities nationwide, VCU is:

- One of only **43** with NCI-designated cancer center and the Clinical and Translational Science Award

- One of only **54** designated as "Community Engaged" with "Very High Research Activity" (Carnegie Foundation)

- Top **50** ranked in multiple graduate programs

Technology and Commercialization:
licensing, patents, royalties, and startups

FY 2018:

134 Invention disclosures

155 Patents filed

30 Patents issued

$2.7M In licensing revenue

In the past 10 years:

$22M Licensing/royalty revenue

2 Selected as best university start-ups

$64M In equity funding

27 Products to market

Start-ups:

30 Start-ups in 10 years

4 Start-ups in 2016-17

4 Start-ups in 2017-18

12 Start-ups in 2018-19

Innovation Gateway: Conduit for proof-of-concept, product development and out licensing

VCU Ventures: New focus on start-ups in collaboration with HIC

VCU

Advance groundbreaking and transformative research to be **"locally relevant, nationally prominent and globally recognized."**

VCU

Quest 2025 VCU Research and National Prominence: Current and Future Priorities

- Neuroscience (pain and addiction)
- Cancer/cardiovascular and GI
- Drug discovery, development and delivery
- Microbiome, OMICS and data analytics
- New therapies and vaccines
- Children's and women's health

Understanding the basis of life disease and promoting well-being of people

Enriching the ecosystem via environment and data science

- Clean air and water
- Conservation biology
- Nanoscience
  - Ecology and evolution
    - Renewable energy
      - Environmental habitat (aquatic and terrestrial)
        - Data science

Nexus of arts, humanities, engineering and medicine
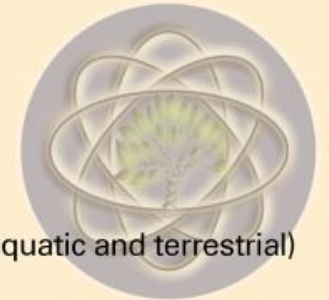
- Pharmaceutical, material, nanomedicine and biomedical engineering
- Cyber-science research
- Artificial intelligence and supercomputing
- Big data and informatics
- Nuclear engineering and physics
- Renewable energy
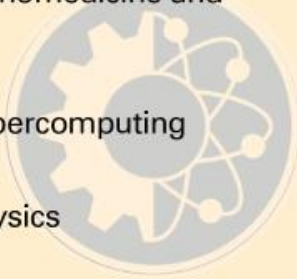
Enhancing human life through innovation in engineering, arts and social sciences

Addressing social disparities, justice and equity through humanities and the arts

- Equity, social justice and disparity
- Sustainability
- Policy and education
- Community engagement
- Early childhood and nutrition
- Virtual reality, arts, communication and design

Priority: Strategic implementation plan across VCU

Monroe Park Campus Research Initiative

- Community-engaged research, social, environmental and societal well-being

- Art and medicine, virtual reality and AI

- Pharmaceutical and biomedical engineering, renewable energy and cyber initiative

MCV Academic Health Sciences Research

- Massey cancer center – achieving comprehensive status

- Transdisciplinary, neuroscience initiative and building

- Basic and applied research that integrates the academic health center units

- Drug discovery, vaccines, diagnostics and therapeutic

One VCU

- Integrate VCU and VCU Health System to increase and advance clinical research and trials

Health Innovation Consortium

- $7 million funding opportunity (VCU-HS)

Prioritize resources and infrastructure that support:

- **Culture shift:** Focus on interdisciplinary collaboration and cross-functional teamwork

- **Financial resources:** Secure sufficient investments to fund strategic goals/aspirations (institutes, centers and cores

- **Faculty and student development:** Retain and recruit faculty and trainees who will pursue ground breaking and transformational research through team science

- **Large, multi-disciplinary, multiple PI grants:** Increase submission of large grants and invest in programmatic staff to assist colleges/schools

VCU
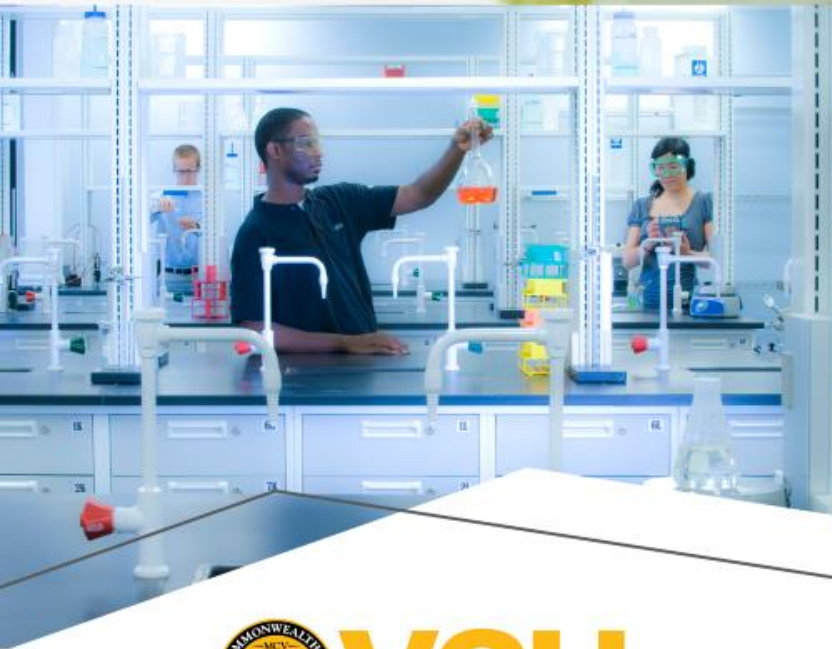
- **Innovation:** Accelerate VCU discoveries to the market place

- **Integration:** Brand ONE VCU and promote clinical partnership across all schools and colleges

- **National prominence and outreach:** Communicate research outcomes and impact to stakeholders, RVA, the Commonwealth and beyond…

VCU

VCU research – national prominence aspirational goals

Top 10 *urban-serving public research university (federal funding)	**Top 50** **public research university (federal funding)	**$300M** Total R&D funding
5-10% annual increase in FACR (overhead funds)	**10-20% increase** in licensing and royalty revenue	**Top 50** Increase in ranked research programs

5-10% annual increase of student engagement in R&D

* APLU public urban research univs (from total 40); ** NSF Herd ranking (from total of 400)

….VCU strategic research priorities/goals and implementation plan (2019 -)

Questions, comments and feedback

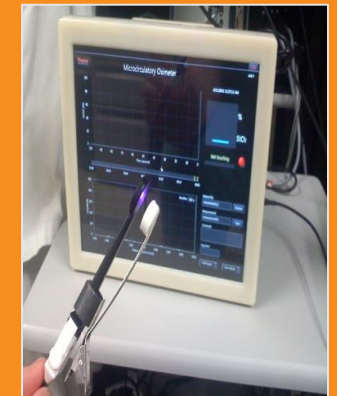# VCU-technology based products in market (selected)

Start-ups and licensing partners (selected)

Virginia Commonwealth University
Proposed Program Brief

Proposal to Modify
Nursing M.S.

Overview

Currently, there are five concentrations within VCU's Nursing M.S. program. Four prepare nursing professionals to provide direct, clinical care to patients and the fifth prepares nursing professionals to provide indirect care as nurse administrators:

Direct Care Concentrations
1. Adult-Gerontology Acute Care Nurse Practitioner (AGACNP)
2. Adult-Gerontology Primary Care Nurse Practitioner (AGPCNP)
3. Family Nurse Practitioner (FNP)
4. Psychiatric Mental Health Nurse Practitioner (PMHNP)

Indirect Care Concentration
5. Nursing Administration and Leadership (NAL)

VCU seeks modifications to the Nursing M.S. to:

1) reduce by 7 credits the current 51 credit hour program to create a 44 credit-hour Nursing M.S.
2) establish a 23 credit-hour core for the Nursing M.S.
3) include a concentration for Nurse Leadership and Organizational Science that
   a) shares only 12 credit-hours of the 23 credit-hour core for the M.S. in Nursing
   b) comprises 35 credits to degree

The Nursing M.S. degree program can be traced to March 20, 1967 when the State Council for Higher Education in Virginia granted the request for the Medical College of Virginia "to offer the program leading to the degree of Master of Science with a major in Nursing, effective September 1968."

The proposed modifications are in response to two factors. First, in 2017 an internal audit of the School of Nursing degree programs disclosed that the Nursing M.S. did not meet SCHEV policy requirements for 50% shared credits for master's degree programs. Second, external reviews and consultations in 2017 and 2018 stimulated the Nursing M.S. faculty to update and streamline the curriculum.

Method of Delivery
The four concentrations preparing nurses for clinical care can be completed in face-to-face or hybrid formats. The fifth concentration, which prepares nurses for administration and leadership is fully online.

Target Implementation Date
Fall 2020.

Demand and Workforce Development
A nursing workforce with advanced education as nurse practitioners will mitigate the effects of the shortage of physicians in the United States. Based on research commissioned by the American Association of Medical Colleges in 2017, "The latest projections continue to align with previous estimates, showing a projected

shortage of between 40,800 and 104,900 doctors."[1] Advanced Practice Nurses (APN), including Nurse Practitioners (NP) and nursing administrators, are key to meeting the anticipated need for healthcare providers.[2] For example, according to Pohl et al. (2018), "the trends for physicians and NPs have been striking in their contrasts…. not only are the numbers of nurse practitioners who are prepared as primary care providers surging, their numbers in practice, in both rural and non-rural settings, are increasing."[3] Further, Heath (2018) reports "Seventy-eight percent of nurse practitioners – 204,000 out of 262,000 – practice primary care, a far cry from the 33 percent of physicians to specialize in primary care."[4]

External Competition
Eleven universities in Virginia offer a Nursing M.S. degree.

George Mason University	George Washington University
Hampton University	James Madison University
Jefferson College of Health Sciences	Liberty University
Marymount University	Old Dominion University
Shenandoah University	University of Virginia

Of these, only George Washington University and VCU offer curriculum leading to certification in the same five distinct areas of advanced nursing.

Target Population
The target population for the Nursing M.S. degree program is nurses with a current R.N. license or authorization to practice as a nurse in the U.S.

Impact on Existing Programs/Policies
As this program is already well established, there will be no impact on other programs at VCU or any VCU policies.

Impact on Faculty
No new faculty hires are needed to implement and sustain the program.

Funding
The program will incur no additional expenses.

Benefit to the University
The Nursing M.S. will be able to continue meeting workforce needs for highly prepared nurses for advance clinical and administrative positions.

Next Steps

[1] Heiser, S. (2017, March 14). New research reaffirms physician shortage. Retrieved from https://news.aamc.org/press-releases/article/workforce_projections_03142017/

[2] American Association of Colleges of Nursing (AACN). (2017, April 26). *Nursing faculty shortage fact sheet.* Retrieved from http://www.aacnnursing.org/News-Information/Fact-Sheets/Nursing-Faculty-Shortage

[3] Pohl, J., Thomas, A., Bigley, M.B. & Kopanos, T. (2018, December 13). Primary Care Workforce Data and the need for Nurse Practitioner Full Practice Authority. Health Affairs Blog. Retrieved from https://www.healthaffairs.org/do/10.1377/hblog20181211.872778/full/

[4] Heath, S. (2018). *NPs, PAs could reduce primary care physician shortage nearly 70%.* Retrieved from https://patientengagementhit.com/news/nps-pas-could-reduce-primary-care-physician-shortage-nearly-70

	Approving Body	Date	Action
•	University Graduate Committee's Programs and Courses	3/26/2019	approved
•	University Graduate Committee	4/9/2019	approved
•	University Council Academic Affairs and University Policy	4/25/2019	approved
•	University Council	5/2/2019	approved
•	President's Cabinet	8/28/2019	approved
•	Board of Visitors	9/13/2019	

Full Proposal

- See attached.

Table of Contents

<u>Description of Proposed Modified Program</u>

Modification Background

Virginia Commonwealth University (VCU) requests approval for substantial modification of its current Nursing M.S. degree program. The proposed modified degree program resides in the School of Nursing. The target initiation date is fall 2020.

VCU seeks modifications to the Nursing M.S. to:

1) reduce by 7 credits the current 51 credit hour program to create a 44 credit-hour Nursing M.S.
2) establish a 23 credit-hour core for the Nursing M.S.
3) include a concentration for Nursing Administration and Leadership that
   a) shares 12 credit-hours of the 23 credit-hour core for the M.S. in Nursing
   b) comprises 35 credits to degree

The Nursing M.S. degree program can be traced to March 20, 1967 when the State Council for Higher Education in Virginia granted the request for the Medical College of Virginia "to offer the program leading to the degree of Master of Science with a major in Nursing, effective September 1968." The Nursing M.S. program first appears in the 1969-1971 bulletin, *Medical College of Virginia, Health Sciences Division of Virginia Commonwealth University* describing areas of emphasis that are the progenitors of the current degree program's five concentrations: "Programs of nursing are offered [at VCU] with emphasis on preparation for teaching or clinical specialization in medical-surgical, maternal-child, and psychiatric-mental health nursing. Preparation for supervision in public health nursing is offered."

Currently, there are five concentrations within VCU's Nursing M.S. program. Four prepare nursing professionals to provide direct, clinical care to patients and the fifth prepares nursing professionals to provide indirect care as nurse administrators:

> Direct Care Concentrations
> 1. Adult-Gerontology Acute Care Nurse Practitioner (AGACNP)
> 2. Adult-Gerontology Primary Care Nurse Practitioner (AGPCNP)
> 3. Family Nurse Practitioner (FNP)
> 4. Psychiatric Mental Health Nurse Practitioner (PMHNP)
>
> Indirect Care Concentration
> 5. Nursing Administration and Leadership (NAL)

The purpose of the proposed modified program is to create a 23-credit core curriculum to prepare nursing professionals pursuing one of four clinical, direct-care concentrations and a 29-credit core for nursing professionals pursuing an administration, indirect care concentration. The two cores will have 12 credits of coursework in common.

3.1.19

The proposed modifications are in response to two factors. First, in 2017 an internal audit of the School of Nursing degree programs disclosed that the Nursing M.S. did not meet SCHEV policy for a common core of courses of 50% of the total credit hours required for a master's degree programs. Second, external reviews and consultations regarding the Nursing M.S. program yielded the following: In 2017, Susie Adams, Ph.D., R.N., from Vanderbilt University, identified areas of strength as well as those in need of improvement that stimulated this work on program modifications. Also in 2017, Michael Bleich, Ph.D., R.N. President and CEO, from NursDynamics, LLC, consulted with the nursing faculty to develop a contemporary curriculum for nursing leaders. Finally, in 2018, Dean Laurie Clabo from Wayne State University met with the VCU nursing faculty and presented "Competency-Based Education: Implications for Nursing Curricula."

Graduates of VCU's Nursing M.S. program develop proficiency in nursing content and skills that will enable them to provide high quality and safe care. VCU graduates, with their technical skills, critical thinking and judgement, and competencies in verbal and written communication are prepared to meet healthcare employment demands for primary care, acute care and health care administration.

Admission

To be considered for admission to the School of Nursing, all applicants must:
- Meet the general admission requirements of the VCU Graduate School
- Submit all official college transcripts from each college attended, including concurrent college enrollment transcripts
- Be eligible for readmission or in good standing at the last college attended
- Be a baccalaureate (or higher) graduate of an accredited (ACEN, CCNE or CNEA) nursing program
- Have a current unrestricted R.N. license or authorization to practice as an R.N. in the U.S.
- Submit three (3) academic and/or professional references
- Write a personal statement
- Submit a resume/CV

International students must provide evidence of English language proficiency before admission and/or enrollment in the university. This can be satisfied with one of the following:
- A minimum TOEFL score of 550 (paper-based) or 80 (internet based)
- A minimum IELTS score of 6.5
- A PTE minimum score of 65

Modified Degree Program

The Nursing M.S. is being modified in three ways. First, reduce by 7 credits the current 51 credit hour program to create a 44 credit hour Nursing M.S. with four concentrations in direct, clinical care; second, create a 23 credit core curriculum; and third, offer a fifth concentration for nursing administration that shares only 12 of the 23 core credits and that comprises only 35 credits to degree.

3.1.19

The current and proposed curriculum for Nursing M.S. is divided into two tables. The first table presents the current and proposed curriculum for the four concentrations leading to clinical, direct care. The second table presents the current and proposed curriculum for the nursing administration, indirect care concentration.

Current and Proposed Curriculum

Nursing M.S. Current Curriculum for Direct Care Concentrations Modified Curriculum for Direct Care Concentrations				
Current Curriculum Core Courses for Direct Care Concentrations		**Proposed, Modified Core Courses for Direct Care Concentrations**		
NURS 501 Advanced Professionalism I	1	NURS 502 Advanced Pharmacology		3
NURS 502 Advanced Pharmacology	3	NURS 504 Advanced Pathophysiology		3
NURS 503 Ethics, Advanced Nursing Practice, and the Healthcare Environment	3	NURS 511 Advanced Health Assessment		3
NURS 504 Advanced Pathophysiology	3	NURS 512 Foundations for Evidence-Based Practice		3
NURS 507 Health Promotion and Disease Prevention Across the Lifespan	4	NURS 520 Professional Transitions for the Advanced Practice Nurse		2
NURS 508 Policy, Process & Systems for Advanced Nursing Practice	3	NURS 607 Epidemiology and Population Health		3
NURS 511 Health Assessment for Advanced Practice Nursing	3	NURS 638 Health Policy, Leadership and Advocacy		3
NURS 512 Evidence-Based Advanced Nursing Practice	3	NURS 640 Teamwork in Complex Clinical Situations		3
NURS 601 Advanced Professionalism II	1			
Total Core Credits	**24**	**Total Core Credits**		**23**
Direct Care Concentrations (choose one)		**Direct Care Concentrations (choose one)**		
Adult-Gerontology Acute Care Nurse Practitioner Concentration		**Adult-Gerontology Acute Care Nurse Practitioner Concentration**		
NURS 611 Primary Care Advanced Practice Procedures	1	NURS 580 Primary Care of the Adult-Gerontology Population		4
NURS 612 Acute Care Advanced Practice Procedures	1	NURS 581 Adult-Gerontology Acute Care Practicum I		2
NURS 618 Diagnosis and Management in Adult Gerontology Acute Care I	3	NURS 619 Acute and Complex Health Conditions of the Adult-Gerontology Population		3
NURS 619 Diagnosis and Management in Adult-Gerontology Acute Care II	3	NURS 662 Care of the Adult-Gerontology Population in the Critical Care Setting		4

NURS 620 Geropharmacology	1	NURS 669 Adult-Gerontology Acute Care Practicum II	4
NURS 662 Diagnosis and Management in Adult Gerontology Critical Care	4	NURS 689 Adult-Gerontology Acute Care Practicum III	4
NURS 669 Adult Gerontology Acute Care Practicum II	4		
NURS 678 Adult Gerontology Acute Care Practicum I	3		
NURS 679 Adult Gerontology Acute Care Practicum III	5		
Credits for Concentration	**25**	**Credits for Concentration**	**21**
Total Credits to Degree: Nursing M.S. - Adult-Gerontology Acute Care Nurse Practitioner Concentration	**49**	**Total Credits to Degree: Nursing M.S. - Adult-Gerontology Acute Care Nurse Practitioner Concentration**	**44**
Concentration: Adult-Gerontology Primary Care Nurse Practitioner		**Concentration: Adult-Gerontology Primary Care Nurse Practitioner**	
NURS 611 Primary Care Advanced Practice Procedures	1	NURS 580 Primary Care of the Adult-Gerontology Population	4
NURS 615 Diagnosis and Management in Adult Gerontology Primary Care I	3	NURS 596 Adult-Gerontology Primary Care Practicum I	2
NURS 616 Diagnosis and Management in Adult-Gerontology Primary Care II	3	NURS 617 Advanced Gerontology Primary Care Across the Care Continuum	4
NURS 617 Advanced Gerontology Primary Care Across the Care Continuum	4	NURS 619 Acute and Complex Health Conditions of the Adult-Gerontology Population	3
NURS 620 Geropharmacology	1	NURS 675 Adult-Gerontology Primary Care Practicum II	4
NURS 675 Adult Gerontology Primary Care Practicum II	3	NURS 688 Adult-Gerontology Primary Care Practicum III	4
NURS 676 Adult Gerontology Primary Care Practicum I	4		
NURS 677 Adult Gerontology Primary Care Practicum III	5		
Credits for Concentration	**24**	**Credits for Concentration**	**21**
Total Credits to Degree: Nursing M.S. - Adult-Gerontology Primary Care Nurse Practitioner Concentration	**48**	**Total Credits to Degree: Nursing M.S. - Adult-Gerontology Primary Care Nurse Practitioner Concentration**	**44**
Family Nurse Practitioner Concentration		**Family Nurse Practitioner Concentration**	
NURS 611 Primary Care Advanced Practice Procedures	1	NURS 580 Primary Care of the Adult-Gerontology Population	4
NURS 627 Foundational Perspectives of Family Centered Care	2	NURS 589 Maternal and Child Health in Primary Care	3

4

NURS 629 Diagnosis and Management in Family Primary Care I	4	NURS 590 Complex Problems in Family Primary Care	4
NURS 630 Diagnosis and Management in Family Primary Care II	4	NURS 595 Family Primary Care Practicum I	2
NURS 631 Primary Care of Select Populations	2	NURS 642 Family Primary Care Practicum II	4
NURS 643 Family Primary Care Practicum I	6	NURS 658 Family Primary Care Practicum III	4
NURS 644 Family Primary Care Seminar	1		
NURS 645 Family Primary Care Practicum II	6		
NURS 646 Family Primary Care Final Synthesis Seminar	1		
Credits for Concentration	**27**	**Credits for Concentration**	**21**
Total Credits to Degree: Nursing MS - Family Nurse Practitioner Concentration	**51**	**Total Credits to Degree: Nursing MS - Family Nurse Practitioner Concentration**	**44**
Concentration: Psychiatric-Mental Health Nurse Practitioner		**Concentration: Psychiatric-Mental Health Nurse Practitioner**	
NURS 635 Advanced Practice Psychiatric Mental Health Nursing Practicum I	6	NURS 521 Psychiatric Disorders Across the Lifespan	4
NURS 636 Advanced Practice Psychiatric Mental health Nursing Seminar	3	NURS 522 Psychopharmacology for Advanced Practice	3
NURS 637 Advanced Practice Psychiatric Mental Health Nursing Practicum II	6	NURS 597 Psychiatric Mental Health Practicum I	2
NURS 656 Diagnosis and Management of Psychiatric Disorders Across the Lifespan	4	NURS 598 Managing Psychiatric Disorders in Special and Vulnerable Populations	2
NURS 657 Advanced Practice Psychiatric Mental Health Nursing: Theory and Practice Across the Lifespan	4	NURS 602 Psychotherapy: Theory and Practice	2
		NURS 641 Psychiatric Mental Health Practicum II	4
		NURS 659 Psychiatric Mental Health Practicum III	4
Credits for Concentration	**23**	**Credits for Concentration**	**21**
Total Credits to Degree: Nursing M.S. - Psychiatric-Mental Health Nurse Practitioner Concentration	**47**	**Total Credits to Degree: Nursing M.S. - Psychiatric-Mental Health Nurse Practitioner Concentration**	**44**

5

Nursing M.S. Current Curriculum for Indirect Care Concentration		Nursing M.S. Proposed Modified Curriculum for Indirect Care Concentration	
Nursing M.S. - Nursing Administration and Leadership Concentration		**Nursing M.S. - Nursing Leadership and Organizational Science Concentration**	
Core Courses		**Core Courses**	
NURS 503 Ethics, Advanced Nursing Practice, and the Healthcare Environment	3	NURS 512 Foundations for Evidence-Based Practice[a]	3
NURS 505 Advanced Nursing Practice: Foundations in Health Care Finance	3	NURS 515 Holistic Leadership in Healthcare Delivery	3
NURS 508 Policy, Process & Systems for Advanced Nursing Practice	3	NURS 517 Organizational Science Implications for Human and Material Resource Management	3
NURS 512 Evidence-Based Advanced Nursing Practice	3	NURS 603 Improvement Science and Outcomes Management	3
NURS 609 Health Care Delivery and Reimbursement System for Nurse Leaders	3	NURS 604 Applied Budgeting and Finance	3
NURS 613 Organizational Behavior and Leadership for Nurse Leaders	3	NURS 607 Epidemiology and Population Health[a]	3
NURS 614 Organizational Systems and Leadership for Nurse Leaders	3	NURS 628 Practicum in Nursing Leadership and Organizational Science	5
NURS 639 Health Informatics for Nurse Leaders	3	NURS 638 Health Policy, Leadership and Advocacy[a]	3
NURS 651 Decision Analysis for Quality Outcomes Across Populations	3	NURS 640 Teamwork in Complex Clinical Situations[a]	3
NURS 652 Health Care Managerial Finance I: for Nurse Leaders	3	Electives	
NURS 653 Health Care Managerial Finance II: Economic Evaluation and Analysis	3	Students select 6 credits of restricted electives	6
NURS 666 Strategic and Change Management for Quality Outcomes for Nurse Leaders	3	[a]Nursing Leadership and Organizational Science core credit shared with Nursing M.S. direct-care concentrations	
NURS 668 Human Resource (HR) and Customer Relationship Management for Nurse Leaders	3		
NURS 695 Managing for Performance and Health Care Outcomes	3		
NURS 696 Practicum I, Comparative Health Care Delivery Systems for Nurse Leaders	2		

3.1.19

NURS 697 Practicum II: Comparative Interdisciplinary Health Care Leadership Roles	1		
NURS 698 Practicum III: Applied Integrative Health Care Delivery Leadership	3		
Total Core Nursing Administration and Leadership credits	**35**	**Total Core Nursing Leadership and Organizational Science credits**	**29**
Total restricted elective credits	**0**	**Total restricted elective credits**	**6**
Total Credits to Degree: Nursing M.S. - Nursing Administration and Leadership Program	**41**	**Total Credits to Degree: Nursing M.S. - Nursing Leadership and Organizational Science credits**	**35**

Curriculum

The Nursing M.S. degree program will require 44 credits for each of the four nurse practitioner concentrations and 35 credits in the nursing administration concentration. The curriculum is designed to align with the standards published by the American Association of Colleges of Nursing (AACN) in 2011 titled The Essentials of Master's Education. AACN acknowledges, "Some graduates will pursue direct care practice roles in a variety of settings (e.g., the Clinical Nurse Leader, nurse educator). Others may choose indirect care roles or areas of practice that focus on aggregate, systems, or have an organizational focus, (e.g. nursing or health program management, [nursing administration], informatics, public health, or clinical research coordinator)."[1]

The purpose of the nurse practitioner curriculum is to prepare nurses for novice level positions in advanced clinical practice. The core courses for nurse practitioners focus on foundational knowledge in pharmacology, health promotion, and evidenced based practices for delivering quality patient care to specific patient populations. Additionally, nurse practitioner core courses focus on skills in clinical decision making, assessment, and using patient-care technologies. Students select one of four concentrations in direct care: Adult-Gero Acute Care Nurse Practitioner, Adult-Gero Primary Care Nurse Practitioner, Family Nurse Practitioner, and Psychiatric Mental Health Nurse Practitioner. Concentration courses focus on the knowledge and skills for providing direct care to these patient populations.

The purpose of the nurse administration curriculum is to prepare nurses for leadership and management roles in a variety of healthcare settings. The courses for the nurse administration concentration focus on foundational knowledge in financial management, human resource management, performance improvement, and leadership at the unit or organizational level. The required nurse administrator courses focus on skills for creating safe, healthy environments that

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[1] American Association of Colleges of Nursing (AACN). 2011, March 21). *The essential of Master's Education in Nursing.* Retrieved from https://www.aacnnursing.org/Portals/42/Publications/MastersEssentials11.pdf

3.1.19

support the work of the health care team, contribute to patient engagement, improve the patient experience and improve patient outcomes.

New courses are denoted with asterisk (*).

Nursing M.S. Core Courses - 23 credits

NURS 512	Foundations for Evidence-Based Practice (3 credits)
NURS 607	Epidemiology and Population Health (3 credits)
NURS 638	Health Policy, Leadership and Advocacy (3 credits)
*NURS 640	Teamwork in Complex Clinical Situations (3 credits)
NURS 502	Advanced Pharmacology (3 credits)
NURS 504	Advanced Pathophysiology (3 credits)
NURS 511	Advanced Health Assessment (3 credits)
*NURS 520	Professional Transitions for the Advanced Practice Nurse (2 credits)

Concentration Courses for Nurse Practitioners - 21 credits

Adult-Gerontology Acute Care Nurse Practitioner Concentration – The purpose of the Adult-Gerontology Care concentration is to prepare students with the knowledge and skills for clinical practice to provide direct acute care to the entire spectrum of adults including young adults, adults and older adults. The focus of the courses is on the care of adult patients who are characterized as physiologically unstable, technologically dependent, and/or are highly vulnerable to complications.

*NURS 580 Primary Care of the Adult-Gerontology Population (4 credits)
*NURS 581 Adult-Gerontology Acute Care Practicum I (2 credits)
NURS 619 Acute and Complex Health Conditions of the Adult-Gerontology Population (3 credits)
NURS 662 Care of the Adult-Gerontology Population in the Critical Care Setting (4 credits)
NURS 669 Adult-Gerontology Acute Care Practicum II (4 credits)
*NURS 689 Adult-Gerontology Acute Care Practicum III (4 credits)

Adult-Gerontology Primary Care Nurse Practitioner Concentration – The purpose of the Adult-Gerontology Primary Care concentration is to prepare students with the knowledge and skill to provide primary care services including wellness/preventive, episodic and chronic care to adults across the lifespan. The focus of the courses is on episodic, comprehensive, chronic, and continuous care characterized by a long-term relationship between the patient and AG PCNP.

*NURS 580 Primary Care of the Adult-Gerontology Population (4 credits)
*NURS 596 Adult-Gerontology Primary Care Practicum I (2 credits)
NURS 617 Advanced Gerontology Primary Care Across the Care Continuum (4 credits)
NURS 619 Acute and Complex Health Conditions of the Adult-Gerontology Population (3 credits)
NURS 675 Adult-Gerontology Primary Care Practicum II (4 credits)
*NURS 688 Adult-Gerontology Primary Care Practicum III (4 credits)

3.1.19

Family Nurse Practitioner Concentration – The purpose of the Family Nurse Practitioner concentration is to prepare students with knowledge and skills to provide primary care services including wellness/preventive, episodic and chronic care to children, adolescents, adults, pregnant and postpartum women, and older adults. The focus of the courses is on episodic, comprehensive, chronic, and continuous care characterized by a long-term relationship between the patient and the FNP.

*NURS 580 Primary Care of the Adult-Gerontology Population (4 credits)
*NURS 589 Maternal and Child Health in Primary Care (3 credits)
*NURS 590 Complex Problems in Family Primary Care (4 credits)
*NURS 595 Family Primary Care Practicum I (2 credits)
*NURS 642 Family Primary Care Practicum II (4 credits)
*NURS 658 Family Primary Care Practicum III (4 credits)

Psychiatric-Mental Health Nurse Practitioner Concentration – The purpose of the Psychiatric-Mental Health Nurse Practitioner concentration is to prepare students with knowledge and skills to provide primary mental health care to individuals, families, or populations across the life span in a wide range of settings. The focus of the courses is assessment, diagnosis, and management of mental health problems including the promotion of optimal mental health, and prevention and treatment of psychiatric disorders.

*NURS 521 Psychiatric Disorders across the Lifespan (4 credits)
*NURS 522 Psychopharmacology For Advanced Practice   (3 credits)
*NURS 597 Psychiatric Mental Health Practicum I (2 credits)
*NURS 598 Managing Psychiatric Disorders in Special and Vulnerable Populations (2 credits)
*NURS 602 Psychotherapy: Theory and Practice (2 credits)
*NURS 641 Psychiatric-Mental Health Practicum II (4 credits)
*NURS 659 Psychiatric-Mental Health Practicum III (4 credits)

Nursing Leadership and Organizational Science Concentration (35 credits)

The purpose of the Nursing Leadership and Organizational Science concentration (NLOS) is to prepare nurses for leadership and management roles in healthcare settings. The courses for the NLOS concentration focus on financial management, human resource management, performance improvement, and leadership at the unit or organizational level. The required NLOS courses focus on skills for creating safe, healthy environments that support the work of the health care team, contribute to patient engagement, improve the patient experience and improve patient outcomes.

Core Courses (12 credits)
This concentration shares only 12 credits of core coursework with the other four concentrations.

NURS 512   Foundations for Evidence-Based Practice (3 credits)
NURS 607   Epidemiology and Population Health (3 credits)
NURS 638   Health Policy, Leadership and Advocacy (3 credits)
*NURS 640   Teamwork in Complex Clinical Situations (3 credits)

<u>Required Courses (17 credits)</u>
*NURS 515   Holistic Leadership in Healthcare Delivery (3 credits)
*NURS 517   Organizational Science Implications for Human and Material Resource Management (3 credits)
*NURS 603   Improvement Science And Outcomes Management (3 credits)
*NURS 604   Applied Budgeting and Finance (3 credits)
*NURS 628   Practicum in Nursing Leadership and Organizational Science (5 credits)

<u>Restricted Elective Courses</u> – 6 credits
Students work with their advisor to select from the restricted elective courses list to develop creative administrative and leadership skills. These courses focus on the skills for producing creative ideas, products and services in nursing.
INNO 502 Business Principles for Product Innovation (3 credits)
INNO 590 Da Vinci Project (3 credits)
INNO 600 Integrative Design Studio (3 credits)
INNO 691 Topics in Product Innovation (3 credits)

Course Delivery

<u>On Campus/Hybrid: Nurse Practitioner Concentrations</u>
All of the nurse practitioner concentrations are offered in an on campus, face-to-face format. Some courses are offered in a hybrid format with some on campus sessions and some online sessions. Blackboard is the course management system used for both online and hybrid courses.

<u>Online Delivery: Nursing Leadership and Organization Science Concentration</u>
The current NAL curriculum is delivered in a web-based format. The revised curriculum with the name change to Nursing Leadership and Organization Science will continue to be delivered online. The 4 courses (12 credits) that are shared with NP concentrations all have an online section as well as a face-to-face section. Blackboard is the management software used to deliver course content and for discussion. The university provides help desk service 24/7 for Blackboard and all online programs. VCU offers resources to students to include instructional and technological support. All faculty can receive assistance with developing courses and training in online teaching from Online@VCU (http://online.vcu.edu/). If students select to take electives offered by the da Vinci Center for Innovation, these courses are not offered online.

Student Assessment

Students who complete the Nursing M.S. program will possess knowledge and skills to function as nurse practitioners and nursing managers, administrators and health care leaders. Formative assessments, intended to provide students with immediate feedback on their learning, will be administered in each course by various means including but not limited to 1) homework

3.1.19

assignments, 2) online postings, 3) examinations, 4) term papers and 5) skills and clinical performance evaluations.

Summative assessment comprises a national certification examination in each of the four clinical and the one administration-leadership concentration.

<u>Learning Outcomes</u>

<u>Core Courses Learning Outcomes for Nursing M.S. (Clinical, Direct-Care Concentrations)</u>
1. Synthesize knowledge and theories from nursing and related sciences to improve health outcomes for individuals, populations, and systems.
2. Integrate prevention and population health concepts into models of care.
3. Demonstrate leadership to foster interprofessional collaboration that advances healthcare practices and influences health policies.
4. Integrate evidence and organizational science into practice to enhance outcomes.
5. Enhance patient care and safety using quality processes and improvement science.
6. Incorporate current and emerging healthcare technologies and informatics into practice.
7. Demonstrate core competencies in their advanced practice concentration.

<u>Adult-Gerontology Acute Care Concentration Learning Outcomes</u>
1. Perform assessment, diagnosis, and management of young adults, adults, and older adults who are physiologically unstable, technologically dependent, and/or are highly vulnerable to complications.
2. Synthesize knowledge from advanced practice nursing and related sciences to successfully complete a clinical practicum in an acute care setting with adult and gerontology patients.

<u>Adult-Gerontology Primary Care Concentration Learning Outcomes</u>
1. Perform primary care assessment, diagnosis, and management including wellness/preventive, episodic and chronic care of adolescents, young adults, adults, and older adults.
2. Synthesize knowledge from advanced practice nursing and related sciences to successfully complete a clinical practicum in a primary care setting with adult and gerontology patients.

<u>Family Nurse Practitioner Concentration Learning Outcomes</u>
1. Perform primary care assessment, diagnosis, and management including wellness/preventive, episodic and chronic care of children, adolescents, adults, pregnant and postpartum women, and older adults.
2. Synthesize knowledge from advanced practice nursing and related sciences to successfully complete a clinical practicum in primary care across the life span (children to gerontology patients and their families.)

<u>Psychiatric-Mental Health Nurse Practitioner Concentration Learning Outcomes</u>

11

1. Perform mental health assessment, diagnosis, and management of mental health problems and psychiatric disorders for individuals and families.
2. Synthesize knowledge and theories from advanced practice nursing and related sciences to complete a clinical practicum in psychiatric-mental health care with patients across the lifespan.

<u>Core Courses Learning Outcomes for Nursing Leadership and Organizational Science</u>
1. Integrate prevention and population health concepts into models of care.
2. Demonstrate leadership to foster interprofessional collaboration that advances healthcare practices and influences health policies.
3. Integrate evidence and organizational science into practice to enhance outcomes.
4. Enhance patient care and safety using quality processes and improvement science

<u>Nursing Leadership and Organizational Science Concentration Learning Outcomes</u>
1. Provide leadership, oversight and management of a unit, organization or health system to optimize operations and improve care and outcomes.
2. Demonstrate management of the human, material and financial resources of a unit, organization, or health systems to improve patient outcomes.
3. Work within a collaborative and interprofessional environment to influential improvement in the patient experience of care (including quality and satisfaction), improving the health of populations and reducing the per capita cost of health care.
4. Synthesize knowledge and theories from advanced nursing practice and related sciences to complete a leadership practicum focused on communication, management, health care environment; leadership; professionalism; business skills and principles.

<u>Assessment Map for the Proposed Modified Nursing M.S.</u>

Learning Outcomes Nursing M.S.	Courses	Assessment Methods (f)=formative assessment (s)=summative assessment
Synthesize knowledge and theories from nursing and related sciences to improve health outcomes for individuals, populations, and systems.	NURS 502 Advanced Pharmacology NURS 504 Advanced Pathophysiology NURS 511 Advanced Health Assessment NUR 512 Foundations for Evidence Based Practice NURS 520 Professional Transitions for the Advanced Practice Nurse NURS 607 Epidemiology and Population Health NURS 638 Health Policy Leadership and Advocacy NURS 640 Teamwork in Complex Clinical Situation	Homework assignments (f) Case study (f) Online postings (f) Examinations (f) Written papers (f) Skills assessment (f) National Certification Examination (s)

3.1.19

Integrate prevention and population health concepts into models of care.	NURS 607 Epidemiology and Population Health	Homework assignments (f) Online postings (f) Examination (f) Written paper (f) National Certification Examination (s)
Demonstrate leadership to foster interprofessional collaboration that advances healthcare practices and influences health policies.	NURS 638 Health Policy Leadership and Advocacy NURS 640 Teamwork in Complex Clinical Situation	Homework assignments (f) Online postings (f) Examinations (f) Skills assessment (f) Group Projects (f) National Certification Examination (s)
Integrate evidence and organizational science into practice to enhance outcomes.	NUR 512 Foundations for Evidence Based Practice NURS 640 Teamwork in Complex Clinical Situation	Homework assignments (f) Online postings (f) Skills assessment (f) Examinations (f) Written papers (f) National Certification Examination (s)
Enhance patient care and safety using quality processes and improvement science.	NURS 640 Teamwork in Complex Clinical Situation NURS 520 Professional Transitions for the Advanced Practice Nurse	Homework assignments (f) Case study (f) Skills assessment (f) Online postings (f) Examinations (f) National Certification Examination (s)
Incorporate current and emerging healthcare technologies and informatics into practice.	NURS 640 Teamwork in Complex Clinical Situation	Homework assignments (f) Case study (f) Online postings (f) Skills assessment (f) Clinical observation and evaluation (f) National Certification Examination (s)
Demonstrate core competencies in their advanced practice concentration.	NURS 640 Teamwork in Complex Clinical Situation	Skills assessment (f) Clinical observation and evaluation (f) National Certification Examination (s)

Employment Skills/Workplace Competencies

Graduates of the MS program in Nursing will be able to:

- Manage health or systems issues within the scope of advanced nursing practice

3.1.19

- Develop and implement patient management policies and procedures
- Provide holistic, compassionate care to patients and families in collaboration and consultation with physicians, and other healthcare professionals
- Promote education of medical and health conditions to ensure patients and families have an understanding their conditions, care, and expectations.
- Facilitate referrals to other healthcare professionals and medical facilities
- Use a scientific bases for nursing and healthcare in their specific area of expertise
- Use communication skills in a work or professional setting to facilitate achievement of optimal health outcomes with diverse teams, patients and families.

Adult-Gerontology Acute Care Concentration Workplace Competencies
- Perform and document comprehensive acute evaluations, treatment plans, and ongoing care for adult and gerontology patients.
- Collaborate with other disciplines to ensure safe and effective acute care.

Adult-Gerontology Primary Care Concentration Workplace Competencies
- Perform and document comprehensive evaluations, treatment plans, and ongoing care for adults and gerontology patients in primary care practice.
- Collaborate with other disciplines to ensure safe and effective primary care of adult and gerontology patients.

Family Nurse Practitioner Concentration Workplace Competencies
- Evaluate and treat minor acute and chronic conditions in patients (children, adults, maternal and women's health, gerontology) across the lifespan in collaboration with other healthcare professionals as needed.
- Provide primary care to promote optimal health outcomes for patients and families across the lifespan.

Psychiatric-Mental Health Nurse Practitioner Concentration Workplace Competencies
- Perform and document psychiatric evaluations, treatment plans, and ongoing psychiatric care to a variety of patients across the lifespan.
- Collaborate with other disciplines to ensure safe and effective psychiatric and mental health care.

Nursing Administration and Leadership Concentration Workplace Competencies
- Analyze, develop and maintain an effective and efficient nursing care delivery system that reflects patient and family needs across the continuum; achieving desired outcomes.
- Manage various personnel actions including, but not limited to hiring, orientation, performance appraisals, promotions and scheduling; and counsel and conduct formal discipline of staff.
- Collaborate in the development, implementation and expansion of learning opportunities and skill development for all staff.

3.1.19

Rationale for the Program

The reduction of credits to degree and the 23-credit core are the direct result of the faculty members' analysis of the curriculum. This analysis, informed by VCU's internal audit and the external reviews and consultations in 2017 and 2018, revealed redundancies, fragmentation, and gaps in the current design of the Nursing M.S. In response to these findings, the faculty members used the American Association of Colleges of Nursing 2011 publication "The Essentials of Master's Education in Nursing"[2] to guide their efforts to construct a modified degree program that is streamlined and more accurately aligned with the "essentials" for preparing nursing professionals at the master's degree level.

Faculty members concluded, in the light of the external reviews, consultations, and the AACN "Essentials," that a common core of 23 credits could be established only for the four concentrations in clinical, direct care. Preparation for nursing administration and leadership entails a knowledge and skills set that does not entail all that is necessary for the clinical nurse. The AACNB acknowledges this, noting that the path to nursing administration and leadership requires "more in-depth preparation . . . that will provide knowledge useful for nursing management roles."[3]   Nevertheless, the proposed modified Nursing Leadership and Organizational Science Administration and Leadership will share 12 credits of the 23-credit core required for the clinical, direct care concentrations.

Bringing the Nursing M.S. into a better alignment with the AACN's "essentials" will better prepare graduates of the Nursing M.S. program to meet Virginia's increasing workforce needs for advanced healthcare professionals. The "Essentials," the AACN writes, in synergy with "current and future healthcare reform legislation . . . provide guidance for master's programs . . . to prepare nurses who can address the gaps resulting from growing healthcare needs."[4]

A nursing workforce with advanced preparation will mitigate the effects of an expected shortage of physicians in the United States. Based on research commissioned by the American Association of Medical Colleges in 2017, "The latest projections continue to align with previous estimates, showing a projected shortage of between 40,800 and 104,900 doctors."[5] Advanced Practice Nurses (APN), including Nurse Practitioners (NP) and nursing administrators, are key to meeting the anticipated need for healthcare providers.[6] For example, according to Pohl et al. (2018), "the trends for physicians and NPs have been striking in their contrasts.… not only are the numbers of NPs who are prepared as primary care providers surging, their numbers in practice, in both rural and non-rural settings, are increasing."[7] Further, Heath (2018) reports

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[2] American Association of Colleges of Nursing (AACN). The Essentials of Master's Education in Nursing. (March 21, 2011.) Retrieved from https://www.aacnnursing.org/Portals/42/Publications/MastersEssentials11.pdf
[3] American Association of Colleges of Nursing (AACN). p. 6.
[4] American Association of Colleges of Nursing (AACN). p. 3.
[5] Heiser, S. (2017, March 14). New research reaffirms physician shortage. Retrieved from https://news.aamc.org/press-releases/article/workforce_projections_03142017/
[6] American Association of Colleges of Nursing (AACN). (2017, April 26). *Nursing faculty shortage fact sheet.* Retrieved from http://www.aacnnursing.org/News-Information/Fact-Sheets/Nursing-Faculty-Shortage
[7] Pohl, J., Thomas, A., Bigley, M.B. & Kopanos, T. (2018, December 13). Primary Care Workforce Data and the need for Nurse Practitioner Full Practice Authority. Health Affairs Blog. Retrieved from https://www.healthaffairs.org/do/10.1377/hblog20181211.872778/full/

3.1.19

"Seventy-eight percent of nurse practitioners – 204,000 out of 262,000 – practice primary care, a far cry from the 33 percent of physicians to specialize in primary care."[8]

Student Demand

Student enrollment in the proposed Nursing Leadership and Organizational Science (NLOS) concentration will increase as the concentration becomes more streamlined and is able to compete with other programs across the nation. Growth in the four Nurse Practitioner (NP) concentrations will be modest, however, due to the competition for appropriate clinical sites across the region and the need to ensure program quality with existing resources. Existing program resources are adequate to manage the increased enrollment. The program modification also involves a reduction in credits that facilitates reassignment of current faculty to manage increased enrollment and clinical supervision.

STATE COUNCIL OF HIGHER EDUCATION FOR VIRGINIA
SUMMARY OF PROJECTED ENROLLMENTS IN PROPOSED PROGRAM

Projected enrollment:

Year 1		Year 2		Year 3		Year 4 Target Year (2-year institutions)			Year 5 Target Year (4-year institutions)		
2020 - 2021		2021 - 2022		2022 – 2023		2023 - 2024			2024 - 2025		
HDCT 292	FTES 97	HDCT 296	FTES 99	HDCT 304	FTES 101	HDCT ___	FTES ___	GRAD ___	HDCT 312	FTES 104	GRAD 150

Assumptions:
Retention percentage: 90%
Full-time students 50% / Part-time students 50%
Full-time students credit hours per semester: 9-10 credits
Part-time students credit hours per semester: 6-8 credits
Full-time students graduate in 2 years; part-time students graduate in 3 years
Student to Faculty ratio: 8 student FTE to 1 faculty FTE

Duplication

In the Commonwealth of Virginia, there are five public and five private institutions with Master's programs in Nursing. Public institutions include: George Mason University, James

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[8] Heath, S. (2018). *NPs, PAs could reduce primary care physician shortage nearly 70%.* Retrieved from https://patientengagementhit.com/news/nps-pas-could-reduce-primary-care-physician-shortage-nearly-70

3.1.19

Madison University, Old Dominion University, University of Virginia, and Virginia Commonwealth University. Private institutions include Hampton University, Jefferson College of Health Sciences, Liberty University, Marymount University, and Shenandoah University. Appendix D outlines the programs that offer similar concentrations to those offered at Virginia Commonwealth University.

Projected Resources for the Proposed Modified Program

Resource Needs

The VCU School of Nursing possesses adequate resources to launch and sustain the proposed modified master's degree program. The school has the faculty, staff, equipment, space, and library resources to support this program. Existing resources from the current program are available to initiate and sustain the modified degree program. Assessments of need for full-time and part-time faculty are based on a ratio of 1.0 FTE of instructional effort and currently a 1:8 ratio for clinical supervision. However, CCNE allows for different ratios for clinical supervision if it can be justified based on available resources.

Full-time Faculty
There are currently 9 FTEs for Master's program instruction.

Part-time Faculty
Currently there are no part-time faculty teaching in the MS program.

Adjunct Faculty
There are 21 adjunct faculty who teach didactic courses or provide clinical supervision. No additional adjunct faculty are needed to launch or sustain the proposed modified degree program.

Graduate Assistants
No graduate assistants are needed to launch or sustain the proposed modified degree program.

Classified Positions
Three staff support the MS Program which includes one Educational Program Coordinator (1.0 FTE), one Clinical Placement Specialist (1.0 FTE), and an Academic Assessment and Evaluation specialist at (.25 FTE).

Equipment (including computers)
No additional resources are required to launch or sustain the proposed modified degree program.

Library
No new resources are needed to launch or sustain the proposed modified degree program. The library resources, such as books, journals, and online access are sufficient to support coursework in the proposed modified degree program.

3.1.19

Telecommunications
No additional resources are required to launch or sustain the proposed modified program.

Space
No new space is needed to launch or sustain the proposed modified degree program. The School of Nursing has adequate classroom space to accommodate students enrolled in the program.

Targeted Financial Aid – No targeted financial aid is projected to launch or sustain the proposed modified degree program.

Other Resources (specify)
No other resources are needed to launch or sustain the proposed modified degree program.

Resource Needs: Parts A-D

RESOURCE NEEDS

Part A: Answer the following questions about general budget information.

- Has the institution submitted or will it submit an addendum budget request to cover one-time costs? Yes ☐ No ☒

- Has the institution submitted or will it submit an addendum budget request to cover operating costs? Yes ☐ No ☒

- Will there be any operating budget requests for this program that would exceed normal operating budget guidelines (for example, unusual faculty mix, faculty salaries, or resources)? Yes ☐ No ☒

- Will each type of space for the proposed program be within projected guidelines? Yes ☒ No ☐

- Will a capital outlay request in support of this program be forthcoming? Yes ☐ No ☒

3.1.19

Part B: Fill in the number of FTE and other positions needed for the program				
	Program Initiation Year **2020- 2021**		**Expected by** **Target Enrollment Year** **2024- 2025**	
	On-going and reallocated	**Added (New)**	**Added (New)***	**Total FTE positions**
Full-time faculty FTE*	9.00	0.00	0.00	9.00
Part-time faculty FTE**	0.00	0.00	0.00	0.00
Adjunct faculty	21.00	0.00	0.00	21.00
Graduate assistants (HDCT)	0.00	0.00	0.00	0.00
Classified positions	3.00	0.00	0.00	3.00
TOTAL	33.00	0.00	0.00	33.00

*Faculty dedicated to the program. **Faculty effort can be in the department or split with another uni

*** Added **after** initiation year

3.1.19

Part C: Estimated resources to initiate and operate the program				
	Program Initiation Year **2020 - 2021**		**Expected by** **Target Enrollment Year** **2024 - 2025**	
Full-time faculty	9.00	0.00	0.00	9.00
salaries	$936,000			$936,000
fringe benefits	$368,902			$368,902
Part-time faculty (faculty FTE split with unit(s))	0.00	0.00	0.00	0.00
salaries				$0
fringe benefits				$0
Adjunct faculty	21.00	0.00	0.00	21.00
salaries	$124,305	$0	$0	$124,305
fringe benefits				$0
Graduate assistants	0.00	0.00	0.00	0.00
salaries				$0
fringe benefits				$0
Classified Positions	3.00	0.00	0.00	3.00
salaries	$112,000			$112,000
fringe benefits	$44,128			$44,128
Personnel cost				
salaries	$1,172,305	$0	$0	$1,172,305
fringe benefits	$413,030	$0	$0	$413,030
Total personnel cost	$1,585,335	$0	$0	$1,585,335
Equipment				$0
Library				$0
Telecommunication costs				$0
Other costs				$0
TOTAL	**$1,585,335**	**$0**	**$0**	**$1,585,335**

3.1.19

Part D: Certification Statement(s)

The institution will require additional state funding to initiate and sustain the proposed program.

_____ Yes _____
Signature of Chief Academic Officer

__X__ No _____
Signature of Chief Academic Officer

Please complete Items 1, 2, and 3 below.

1. Estimated $$ and funding source to initiate and operate the proposed program.

Funding Source	Program initiation year 2020 - 2021	Target enrollment year 2024 - 2025
Reallocation within the department *(Note below the impact this will have within the department.)*	0	0
Reallocation within the school or college *(Note below the impact this will have within the school or college.)*	1,585,635	1,585,635
Reallocation within the institution *(Note below the impact this will have within the institution.)*	0	0
Other funding sources *(Specify and note if these are currently available or anticipated.)*	0	0

2. Statement of Impact/Funding Source(s). A separate detailed explanation of funding is required for each source used and a statement of impact on existing resources.

Reallocation within the school or college
Within the School of Nursing a budget exists which includes funding for the operation of MS program in nursing degree program. The resources for the proposed modified program will come from the reallocation of current and existing resources within the School already devoted to the current MS program. Existing faculty will be used to support the proposed modified degree program. Because the School of Nursing has these funds, there will be no negative impact to any existing academic programs in the School of Nursing.

3.1.19

3. Secondary Certification.

If resources are reallocated from another unit to support this program, the institution will **not** subsequently request additional state funding to restore those resources for their original purpose.

    <u>X</u>   Agree   _____

                                Signature of Chief Academic Officer

    _____   Disagree   _____

                                Signature of Chief Academic Officer

3.1.19

Appendices

3.1.19

Appendix A – Changes and Modifications to Titles and Courses

<u>Title Changes and Course Content Updates</u>: The following core courses have been retitled and content updated to align with the American Association of Critical-Care Nurses (AACN) and the National Organization of Nurse Practitioner Faculties (NONPF) standards and outcomes for master's level nursing education.

Current		Modified	
NURS 512 Evidence-Based Advanced Nursing Practice	3	NURS 512 Foundations for Evidence-Based Practice (T, C)	3
NURS 504 Advanced Pathophysiology	3	NURS 504 Advanced Pathophysiology (C)	3
NURS 502 Advanced Nursing Practice: Pharmacotherapeutics	3	NURS 502 Advanced Pharmacology (T,C)	3
NURS 511 Health Assessment for Advanced Practice Nursing	3	NURS 511 Advanced Health Assessment (T,C)	3
NURS 619 Diagnosis and Management in Adult Gerontology Acute Care II	3	NURS 619 Acute and Complex Health Conditions of the Adult-Gerontology Population (T,C)	3
NURS 662 Diagnosis and Management in the Adult Gerontology Critical Care	4	NURS 662 Care of the Adult-Gerontology Population in the Critical Care Setting (T, C)	4
NURS 678 Adult Gerontology Acute Care Practicum I	3	NURS 581 Adult Gerontology Acute Care Practicum I (C,#)	2
NURS 669 Adult Gerontology Acute Care Practicum II	4	NURS 669 Adult Gerontology Acute Care Practicum II (C)	4
NURS 679 Adult Gerontology Acute Care Practicum III	5	NURS 689 Adult Gerontology Acute Care Practicum III (C, #)	4
NURS 617 Advanced Gerontology Primary Care Across the Care Continuum	4	NURS 617 Advanced Gerontology Primary Care Across the Care Continuum (C)	4
NURS 676 Adult Gerontology Primary Care Practicum I	3	NURS 596 Adult Gerontology Primary Care Practicum I (C,#)	2
NURS 675 Adult Gerontology Primary Care Practicum II	4	NURS 675 Adult Gerontology Primary Care Practicum II (C)	4
NURS 677 Adult Gerontology Primary Care Practicum III	5	NURS 688 Adult Gerontology Primary Care Practicum III (C, #)	4
NURS 643 Family Primary Care Practicum I	6	NURS 642 Family Primary Care Practicum II (T, C, #)	4
NURS 645 Family Primary Care Practicum II	6	NURS 658 Family Primary Care Practicum III (T, C, #)	4

Courses with title changes are indicated with a (T)
Courses with non-substantive course description and course objectives are indicated with a (C)
Courses with credit changes are indicated with a (#)

3.1.19

New Nursing M.S. Core Courses:

NURS 640 Teamwork in Complex Clinical Situations – 3 credits
New course designed to develop competence in interprofessional collaboration for
improving patient and population health outcomes.

NURS 638 Health Policy, Leadership and Advocacy - 3 credits
Existing course added to develop competence in leadership and policy.

NURS 607 Epidemiology and Population Health- 3 credits
Existing course added to develop competence in the management of health at a
population level

New Core Courses for NP concentrations (in addition to those listed above):

NURS 520 Professional Transitions for the Advanced Practice Nurse 2 credits
New course to designed to develop competency in the business aspects and role
attainment of the NP role.

NURS 580 Primary Care of the Adult-Gerontology Population 4 credits
New course designed to develop competency in the care of Adolescents through
geriatrics

NURS 589 Maternal and Child Health in Primary Care 3 credits
New course designed to develop competence in the care of women and children.

NURS 590 Complex Problems in Family Primary Care 4 credits
New course designed to develop competency in care for complex patient and family
conditions.

NURS 595 Family Primary Care Practicum 2 credits
New course designed to add a practicum experience in the summer semester.

NURS 521 Psychiatric Disorders Across the Lifespan 4 credits
New course designed to develop competency in common psychiatric disorders across the
lifespan

NURS 522 Psychopharmacology 3 credits
New course designed to develop competency in psychopharmocotherapuetics.

NURS 598 Managing Psychiatric Disorders in Special and Vulnerable Populations 2
credits
New course designed to develop competency in the care of vulnerable populations

NURS 602 Psychotherapy: Theory and Practice 2 credits
New course designed to develop competency in the provision of psychotherapy.

NURS 597 Psychiatric Mental Health Practicum I 2 credits
New course designed to add a practicum experience in the summer semester.

NURS 641 Psychiatric Mental Health Practicum II 4 credits
New course designed to develop focused competency in psychiatric mental health clinical experiences.

NURS 659 Psychiatric Mental Health Practicum III 4 credits
New course designed to develop focused competency in psychiatric mental health clinical experiences.

New NLOS Required Courses

NURS 515 Holistic Leadership in Healthcare Delivery 3 credits
New courses designed to reflect essential components of leadership that consider the whole person as an object of leadership, allowing leaders to reach their full potential

NURS 517 Organizational Science Implications for Project and Human Resource Management 3 credits
Expands on the traditional human resource management content to include project management and human capital from the perspective operations research and management sciences.

NURS 604 Applied Budgeting and Finance 3 credits
Approach budgets and financial knowledge from an application perspective rather than a theoretical perspective.

NURS 603 Improvement Science and Outcomes Management 3 credits
Adapted from a previous course to include improvement science as a foundation for enhancing quality and outcomes.

NURS 628 Practicum in Nursing Leadership and Organization Science 5 credits
Provides a concentrated practicum that allows for a guided field-based experience for application of knowledge.

New NLOS Electives

NURS 516 Healthcare Information Technology 3 credits
New course that develops competence in information technologies

NURS 593 Project and Planned Change Management 3 credits
New course that develops competence in the skills required to conduct a planned organizational change

Appendix B – Sample Plans of Study

Full Time Pan of Study Adult-Gerontology Acute Care Nurse Practitioner			
Course #	**Course Title**	**Credits**	**Semester**
Year One			
NURS 504	Advanced Pathophysiology	3	Fall
NURS 511	Advanced Health Assessment	3	Fall
NURS 512	Foundations for Evidence-Based Practice	3	Fall
NURS 502	Advanced Pharmacology	3	Spring
NURS 580	Primary Care of the Adult-Gerontology Population	4	Spring
NURS 607	Epidemiology and Population Health	3	Spring
NURS 581	Adult-Gerontology Acute Care Practicum I	2	Summer
NURS 619	Acute and Complex Health Conditions of the Adult-Gerontology Population	3	Summer
	Year One Total	24	
Year Two			
NURS 638	Health Policy Leadership and Advocacy	3	Fall
NURS 662	Care of the Adult-Gerontology Population in the Critical Care Setting	4	Fall
NURS 669	Adult-Gerontology Acute Care Practicum II	4	Fall
NURS 520	Professional Transitions for the Advanced Practice Nurse	2	Spring
NURS 640	Teamwork in Complex Clinical Situations	3	Spring
NURS 689	Adult-Gerontology Acute Care Practicum III	4	Spring
	Year Two Total	20	
	TOTAL	**44 Credits**	

3.1.19

Part Time Plan of Study Adult-Gerontology Acute Care Nurse Practitioner			
Course #	**Course Title**	**Credits**	**Semester**
	Year One		
NURS 504	Advanced Pathophysiology	3	Fall
NURS 512	Foundations for Evidence-Based Practice	3	Fall
NURS 502	Advanced Pharmacology	3	Spring
NURS 607	Epidemiology and Population Health	3	Spring
	Year One Total	12	
	Year Two		
NURS 511	Advanced Health Assessment	3	Fall
NURS 638	Health Policy Leadership and Advocacy	3	Fall
NURS 580	Primary Care of the Adult-Gerontology Population	4	Spring
NURS 640	Teamwork in Complex Clinical Situations	3	Spring
NURS 581	Adult-Gerontology Acute Care Practicum I	2	Summer
NURS 619	Acute and Complex Health Conditions of the Adult-Gerontology Population	3	Summer
	Year Two Total	18	
	Year Three		
NURS 662	Care of the Adult-Gerontology Population in the Critical Care Setting	4	Fall
NURS 669	Adult-Gerontology Acute Care Practicum II	4	Fall
NURS 520	Professional Transitions for the Advanced Practice Nurse	2	Spring
NURS 689	Adult-Gerontology Acute Care Practicum III	4	Spring
	Year Three Total	14	
	TOTAL	**44 Credits**	

3.1.19

Full Time Plan of Study Adult-Gerontology Primary Care Nurse Practitioner			
Course #	Course Title	Credits	Semester
	Year One		
NURS 504	Advanced Pathophysiology	3	Fall
NURS 511	Advanced Health Assessment	3	Fall
NURS 512	Foundations for Evidence-Based Practice	3	Fall
NURS 502	Advanced Pharmacology	3	Spring
NURS 580	Primary Care of the Adult-Gerontology Population	4	Spring
NURS 607	Epidemiology and Population Health	3	Spring
NURS 596	Adult-Gerontology Primary Care Practicum I	2	Summer
NURS 619	Acute and Complex Health Conditions of the Adult-Gerontology Population	3	Summer
	Year One Total	24	
	Year Two		
NURS 617	Advanced-Gerontology Primary Care Across the Care Continuum	4	Fall
NURS 638	Health Policy Leadership and Advocacy	3	Fall
NURS 675	Adult-Gerontology Primary Care Practicum II	4	Fall
NURS 520	Professional Transitions for the Advanced Practice Nurse	2	Spring
NURS 640	Teamwork in Complex Clinical Situations	3	Spring
NURS 688	Adult-Gerontology Primary Care Practicum III	4	Spring
	Year Two Total	20	
	TOTAL	**44 Credits**	

3.1.19

Part Time Plan of Study Adult-Gerontology Primary Care Nurse Practitioner			
Course #	**Course Title**	**Credits**	**Semester**
Year One			
NURS 504	Advanced Pathophysiology	3	Fall
NURS 512	Foundations for Evidence-Based Practice	3	Fall
NURS 502	Advanced Pharmacology	3	Spring
NURS 607	Epidemiology and Population Health	3	Spring
	Year One Total	12	
Year Two			
NURS 511	Advanced Health Assessment	3	Fall
NURS 638	Health Policy Leadership and Advocacy	3	Fall
NURS 580	Primary Care of the Adult-Gerontology Population	4	Spring
NURS 640	Teamwork in Complex Clinical Situations	3	Spring
NURS 596	Adult-Gerontology Primary Care Practicum I	2	Summer
NURS 619	Acute and Complex Health Conditions of the Adult-Gerontology Population	3	Summer
	Year Two Total	18	
Year Three			
NURS 617	Advanced Gerontology Primary Care Across the Care Continuum	4	Fall
NURS 675	Adult-Gerontology Primary Care Practicum II	4	Fall
NURS 520	Professional Transitions for the Advanced Practice Nurse	2	Spring
NURS 688	Adult-Gerontology Primary Care Practicum III	4	Spring
	Year Three Total	14	
	TOTAL	**44 Credits**	

Full Time Plan of Study Family Nurse Practitioner			
Course #	**Course Title**	**Credits**	**Semester**
Year One			
NURS 504	Advanced Pathophysiology	3	Fall
NURS 511	Advanced Health Assessment	3	Fall
NURS 512	Foundations for Evidence-Based Practice	3	Fall
NURS 502	Advanced Pharmacology	3	Spring
NURS 580	Primary Care of the Adult-Gerontology Population	4	Spring
NURS 607	Epidemiology and Population Health	3	Spring
NURS 589	Maternal and Child Health in Primary Care	3	Summer
NURS 595	Family Primary Care Practicum I	2	Summer
	Year One Total	24	
Year Two			
NURS 590	Complex Problems in Family Primary Care	4	Fall
NURS 638	Health Policy Leadership and Advocacy	3	Fall
NURS 642	Family Primary Care Practicum II	4	Fall
NURS 520	Professional Transitions for the Advanced Practice Nurse	2	Spring
NURS 640	Teamwork in Complex Clinical Situations	3	Spring
NURS 658	Family Primary Care Practicum III	4	Spring
	Year Two Total	20	
	TOTAL	**44 Credits**	

3.1.19

Part Time Plan of Study Family Nurse Practitioner		Credits	Semester
Course #	Course Title	Credits	Semester
Year One			
NURS 504	Advanced Pathophysiology	3	Fall
NURS 512	Foundations for Evidence-Based Practice	3	Fall
NURS 502	Advanced Pharmacology	3	Spring
NURS 607	Epidemiology and Population Health	3	Spring
	Year One Total	12	
Year Two			
NURS 511	Advanced Health Assessment	3	Fall
NURS 638	Health Policy Leadership and Advocacy	3	Fall
NURS 580	Primary Care of the Adult-Gerontology Population	4	Spring
NURS 640	Teamwork in Complex Clinical Situations	3	Spring
NURS 589	Maternal and Child Health in Primary Care	3	Summer
NURS 595	Family Primary Care Practicum I	2	Summer
	Year Two Total	18	
Year Three			
NURS 590	Complex Problems in Family Primary Care	4	Fall
NURS 642	Family Primary Care Practicum II	4	Fall
NURS 520	Professional Transitions for the Advanced Practice Nurse	2	Spring
NURS 658	Family Primary Care Practicum III	4	Spring
	Year Three Total	14	
	TOTAL	**44 Credits**	

3.1.19

Full Time Plan of Study Psychiatric-Mental Health Nurse Practitioner			
Course #	**Course Title**	**Credits**	**Semester**
Year One			
NURS 504	Advanced Pathophysiology	3	Fall
NURS 511	Advanced Health Assessment	3	Fall
NURS 512	Foundations for Evidence-Based Practice	3	Fall
NURS 502	Advanced Pharmacology	3	Spring
NURS 521	Psychiatric Disorders Across the Lifespan	4	Spring
NURS 607	Epidemiology and Population Health	3	Spring
NURS 522	Psychopharmacology for Advanced Practice	3	Summer
NURS 597	Psychiatric Mental Health Practicum I	2	Summer
	Year One Total	24	
Year Two			
NURS 598	Managing Psychiatric Disorders in Special and Vulnerable Populations	2	Fall
NURS 602	Psychotherapy: Theory and Practice	2	Fall
NURS 638	Health Policy Leadership and Advocacy	3	Fall
NURS 641	Psychiatric Mental Health Practicum II	4	Fall
NURS 520	Professional Transitions for the Advanced Practice Nurse	2	Spring
NURS 640	Teamwork in Complex Clinical Situations	3	Spring
NURS 659	Psychiatric-Mental Health Practicum III	4	Spring
	Year Two Total	20	
	TOTAL	**44 Credits**	

3.1.19

Part Time Plan of Study Psychiatric-Mental Health Nurse Practitioner			
Course #	Course Title	Credits	Semester
Year One			
NURS 504	Advanced Pathophysiology	3	Fall
NURS 512	Foundations for Evidence-Based Practice	3	Fall
NURS 502	Advanced Pharmacology	3	Spring
NURS 607	Epidemiology and Population Health	3	Spring
	Year One Total	12	
Year Two			
NURS 511	Advanced Health Assessment	3	Fall
NURS 638	Health Policy Leadership and Advocacy	3	Fall
NURS 521	Psychiatric Disorders Across the Lifespan	4	Spring
NURS 640	Teamwork in Complex Clinical Situations	3	Spring
NURS 522	Psychopharmacology for Advanced Practice	3	Summer
NURS 597	Psychiatric-Mental Health Practicum I	2	Summer
	Year Two Total	18	
Year Three			
NURS 598	Managing Psychiatric Disorders in Special and Vulnerable Populations	2	Fall
NURS 602	Psychotherapy: Theory and Practice	2	Fall
NURS 641	Psychiatric-Mental Health Practicum II	4	Fall
NURS 520	Professional Transitions for the Advanced Practice Nurse	2	Spring
NURS 659	Psychiatric-Mental Health Practicum III	4	Spring
	Year Three Total	14	
	TOTAL	**44 Credits**	

Full Time Plan of Study Nursing Leadership and Organizational Science			
Course #	Course Title	Credits	Semester
Year One			
NURS 512	Foundations for Evidence-Based Practice	3	Fall
NURS 515	Holistic Leadership in Healthcare Delivery	3	Fall
NURS 516 or INNO 502	**Electives:** Health Information Technology or Business Principles for Product Innovation	3	Fall
NURS 517	Organizational Science Implications for Project and Human Resource Management	3	Spring
NURS 607	Epidemiology and Population Health	3	Spring
NURS 640	Teamwork in Complex Clinical Situations	3	Spring
NURS 603	Improvement Science and Outcomes Management	3	Summer
NURS 604	Applied Budgeting and Finance	3	Summer
	Year One Total	24	
Year Two			
NURS 593	**Electives:** Project and Planned Change Management or INNO 590 DaVinci Project	3	Fall
NURS 628	Practicum in Nursing Leadership and Organizational Science	5	Fall
NURS 638	Health Policy Leadership and Advocacy	3	Fall
	Year Two Total	11	
	TOTAL	**35 Credits**	

Students take 6 credits of electives throughout the program. May take electives in any semester.

Part Time Plan of Study Nursing Leadership and Organizational Science			
Course #	**Course Title**	**Credits**	**Semester**
Year One			
NURS 512	Foundations for Evidence-Based Practice	3	Fall
NURS 515	Holistic Leadership in Healthcare Delivery	3	Fall
NURS 517	Organizational Science Implications for Project and Human Resource Management	3	Spring
NURS 607	Epidemiology and Population Health	3	Spring
NURS 604	Applied Budgeting and Finance	3	Summer
	Year One Total	15	
Year Two			
INNO 502 or NURS 516	Business Principles for Product Innovation Health or Information Technology	3	Fall
NURS 638	Health Policy, Leadership and Advocacy	3	Fall
NURS 640	Teamwork in Complex Clinical Situations	3	Spring
NURS 603	Improvement Science and Outcomes Management	3	Summer
	Year Two Total	12	
Year Three			
NURS 593	Project and Planned Change Management or INNO 590 DaVinci Project	3	Fall
NURS 628	Practicum in Nursing Leadership and Organizational Science	5	Fall
	Year Three Total	8	
	TOTAL	**35 Credits**	

3.1.19

Appendix C – Course Descriptions

Courses that are new are indicated with an *

<u>**Nursing M.S. Core Courses**</u>

NURS 512 Foundations For Evidence Based Advanced Practice   3
This course assists with the identification and use of evidence to identify and address problems
faced in the healthcare setting. Emphasizes appraisal and synthesis of scientific literature to
design evidence-based practice strategies and outcome measures in the context of a selected
clinical problem, population health risk, or organizational issue

NURS 607 Epidemiology And Population Health   3
Integrates principles of epidemiology, evidence-based clinical prevention, health screening,
behavioral modification, disease modification, disease management of populations and quality
metrics. Students will assess population health models and frameworks to address a multi-level
perspective of the health status of vulnerable populations and sources of health inequalities.
Cultural perspectives will be emphasized at a regional, national and global level.

NURS 638 Health Policy Leadership And Advocacy   3
Emphasizes critical analysis of the political, organizational, economic, ethical, quality and safety
dimensions of health policy issues. Contextual factors such as social justice, health disparities,
vulnerable populations, access to care, health care financing and the globalization of health care
will be explored. Leadership skills in health policy advocacy will be refined throughout the
course.

*NURS 640 Teamwork In Complex Clinical Situations   3
Students collaborate with their peers to analyze complex clinical situations from individual and
system level perspectives. Through teamwork, students apply critical decision making skills to
improve quality, safety, and care coordination.

<u>**Direct Care (NP) Core Courses**</u>

NURS 502 Advanced Pharmacology   3
This course develops the students requisite knowledge of pharmacotherapeutics necessary for the
safe, pharmacological management of common patient problems across the lifespan by the
advanced practice nurse.

NURS 504 Advanced Pathophysiology   3
This course focuses on the biological and pathophysiological foundations of health problems
across the lifespan. Uses biologic changes underlying selected health risks and health problems
as a framework for critically appraising health assessment data and for understanding advanced
nursing therapeutic strategies.

NURS 511 Advanced Health Assessment   3
Provides a framework for conducting a comprehensive and systematic assessment of individuals
across the lifespan. Focuses on advancing students' knowledge and assessment techniques in
collecting and interpreting data from the health history and physical examination. Emphasizes

the identification of deviations from normal in assessment data, including laboratory and diagnostic studies, and application of diagnostic reasoning skills to develop a prioritized differential diagnosis list. This course includes laboratory experiences.

*NURS 520 Professional Transitions For The Advanced Practice Nurse   2
This course emphasizes the transition to the advanced practice nursing role. The course focuses on synthesizing the knowledge, skills, and abilities that will allow students to transition successfully into the advanced practice nursing role.

Concentration Courses

Adult-Gerontology Acute Care Nurse Practitioner

*NURS 580 Primary Care of the Adult-Gerontology Population   4
This course provides content on the primary care management of adolescents through geriatrics. This course focuses on building a foundation of knowledge and clinical decision-making skills related to normal development, health promotion and disease prevention, and the diagnosis and management of common health conditions across the adult-life span. This course includes laboratory experiences.

NURS 619 Acute And Complex Health Conditions of the Adult-Gerontology Population 3
This course builds upon knowledge and skills from prior courses and provides content on the management of acute and complex health issues in the adolescent, adult and geriatric population. Students will increase knowledge and decision making skills in the management of physiologically unstable patients, multiple comorbidities, and appropriate prescribing practices. This course includes laboratory experiences.

NURS 662 Care Of The Adult-Gerontology Population In The Critical Care Setting   4
This course addresses the diagnosis and management of selected common health and illness changes encountered in adolescent through geriatric in critical care settings. Students will increase their knowledge about the management of common critical illnesses encountered in the adult critical care environment. This course includes laboratory experiences.

NURS 581 Adult-Gerontology Acute Care Practicum I   2
This course focuses on management of adolescent through geriatric with complex health care conditions through precepted experiences. Students have the opportunities to focus on the provision of a spectrum of care ranging from disease prevention to acute care management. Graded as Pass/Fail.

NURS 669 Adult-Gerontology Acute Care Practicum II   4
This course focuses on acute care management of adolescents through geriatric population with complex acute, critical and chronic health conditions with particular emphasis on integrating health promotion, disease prevention, and risk reduction strategies through precepted clinical experiences. Graded as Pass/Fail.

NURS 689 Adult-Gerontology Acute Care Practicum III   4
This course focuses on advanced management of the adolescent through geriatric population with acute, critical, or chronic conditions. Students work with clinical preceptors to assimilate advanced clinical decision making and knowledge of the health system. Acute care skills including prioritization, treatment and coordination of both acute, complex episodic and chronic illnesses. Interdisciplinary collaborative practice skills are emphasized. Technology utilization is refined. Graded as Pass/Fail.

Adult-Gero Primary Care Nurse Practitioner

*NURS 580 Primary Care Of The Adult-Gerontology Population   4
This course provides content on the primary care management of adolescents through geriatrics. This course focuses on building a foundation of knowledge and clinical decision-making skills related to normal development, health promotion and disease prevention, and the diagnosis and management of common health conditions across the adult-life span. This course includes laboratory experiences.

NURS 619 Acute And Complex Health Conditions Of The Adult-Gerontology Population 3
This course builds upon knowledge and skills from prior courses and provides content on the management of acute and complex health issues in the adolescent, adult and geriatric population. Students will increase knowledge and decision making skills in the management of physiologically unstable patients, multiple comorbidities, and appropriate prescribing practices. This course includes laboratory experiences.

NURS 617 Advanced Gerontology Primary Care Across The Care Continuum   4
In this course students will further examine and integrate physiological, psychological, and sociocultural processes associated with normal aging. Students will refine knowledge of pharmacotherapeutics needed by the advanced practice nurse for the safe pharmacological management of common patient problems in older adults. Relevant theories, concepts, and research findings from the behavioral, social, and biological sciences are analyzed as a basis for advanced nursing practice with older adults and their families. Emphasis is placed on enhancing the individual's health within the context of their functional capabilities, social support networks and environment. Important geriatric care models for effective practice with older adults across the care continuum; coordinated care across the interprofessional team including families and caregivers, transitions of care, and complex care management are reviewed. This course includes laboratory experiences.

NURS 596 Adult-Gerontology Primary Care Practicum I   2
This course focuses on providing primary care management of adolescent through geriatric patients across the wellness-illness continuum through a precepted clinical experiences. Provides opportunities to focus on the differing and unique developmental, life stage needs that impact a patient's care across the adult age spectrum and application of evidence-based strategies in directing health promotion, health protection, disease prevention and primary care management of injuries and disease. Graded as Pass/Fail.

NURS 675 Adult-Gerontology Primary Care Practicum II   4

Focuses on primary care management of the adolescent through geriatric population throughout the wellness-illness spectrum with particular attention on integrating health maintenance and risk reduction interventions for patients with comorbidities through precepted clinical experiences. Building on previous practicum experience, students implement health screening, health promotion and risk reduction strategies for the adolescent through geriatric population within the context of their current health issues and comorbidities. Provides opportunities to develop and carry out the plan of care incorporating evidence-based practice guidelines to improve patient outcomes. Graded as Pass/Fail.

NURS 688 Adult-Gerontology Primary Care Practicum III   4
Focuses on advanced primary care management of the adolescent through the geriatric population with complex health issues and comorbidities through faculty supervised clinical experiences with a preceptor. Building on previous practicum experience, students implement and evaluate health screening, health promotion, health protection, disease prevention, risk reduction strategies and systems-based coordination in the management of adolescent through the geriatric population with complex health condition. Provides opportunities for leadership within the interprofessional healthcare team to direct quality improvement methods, implementation of evidence-based practice guidelines to address a clinical problem and evaluation of patient and systems-based outcomes. As the final practica course, performance at the advanced level is expected. Graded as Pass/Fail.

Family Nurse Practitioner

*NURS 580 Primary Care Of The Adult-Gerontology Population   4
This course provides content on the primary care management of adolescents through geriatrics. This course focuses on building a foundation of knowledge and clinical decision-making skills related to normal development, health promotion and disease prevention, and the diagnosis and management of common health conditions across the adult-life span. This course includes laboratory experiences.

*NURS 589 Maternal and Child Health in Primary Care   3
The course provides content on the management of the primary care health needs of pregnant women, and children from birth to adolescence. This course explores how family theory and health promotion of families provides the basis for both patient and family-centered approaches to providing evidence-based quality healthcare. This course includes laboratory experiences.

*NURS 590 Complex Problems In Family Primary Care   4
This course builds upon knowledge and skills from prior courses and clinical practicum experiences. The course provides content on the management of complex health issues across the lifespan. Students will increase knowledge and decision making skills in the primary care treatment of vulnerable populations, patients with multiple comorbidities, and selecting appropriate pharmacotherapeutics. This course includes laboratory experiences.

*NURS 595 Family Primary Care Practicum I   2
This course provides opportunities for students to develop beginning competencies as a family nurse practitioner through precepted practicum experiences. Advanced health assessment skills

and knowledge of management of common health problems are applied in the clinical setting to improve critical thinking and diagnostic reasoning.   Graded as Pass/Fail.

NURS 642 Family Primary Care Practicum II   4
The course provides opportunities for students to expand on their competencies as a family nurse practitioner through precepted practicum experiences. Critical thinking and diagnostic reasoning are applied in the management of common and complex health conditions across the lifespan. Students will develop, implement, and evaluate treatment plans. Students will provide high quality, safe, collaborative, and ethical care. Performance of clinical skills at an intermediate level is expected. Graded as Pass/Fail.

NURS 658 Family Primary Care Practicum III   4
This practicum course is the culminating experience for the family nurse practitioner student and focuses on skill refinement with increasing responsibility in the delivery of primary care to families. Students work with clinical preceptors to assimilate advanced clinical decision making and knowledge of the health system. Primary care skills including prioritization, treatment and coordination of both routine and complex episodic and chronic illnesses. Interdisciplinary collaborative practice skills are emphasized. Technology utilization is refined. Graded as Pass/Fail

Psychiatric Mental Health Nurse Practitioner

*NURS 521 Psychiatric Disorders Across The Lifespan   4
This course explores the role and scope of the advanced practice psychiatric mental health nurse, the psychiatric diagnostic reasoning process, psychiatric case formulation, and treatment planning. This course includes laboratory experiences.

*NURS 522 Psychopharmacology For Advanced Practice   3
This course examines the psychopharmacological treatment of psychiatric disorders. The course will cover pharmacodynamics and pharmacokinetics of psychotropic medications in detail and will explore major psychopharmacological drug classes and specific medications, indications, dosing, and side effects. Students will be exposed to content related to the interaction between prescription medications and nonprescription substances. This course includes laboratory experiences.

*NURS 598 Managing Psychiatric Disorders In Special And Vulnerable Populations   2
This course deepens students' knowledge of the diagnosis and treatment of psychiatric disorders in special and vulnerable patient populations, such as children and adolescents, older adults, individuals with chronic illness, , substance use disorders, personality disorders, individuals within the criminal justice system, refugees, LGBT+ populations, and military populations. Students will be challenged to confront their own biases and values as related to psychiatric practice.

*NURS 602 Psychotherapy: Theory And Practice   2
This course addresses the theoretical foundations and application of psychotherapy in advanced practice psychiatric mental health nursing. The course will explore major psychotherapy

approaches. Students will apply principles of reflective practice relevant to their future practice as psychiatric mental health nurse practitioners. This course includes laboratory experiences.

*NURS 597 Psychiatric Mental Health Practicum I   2
This course focuses on the diagnosis and management of individuals with psychiatric disorders across the lifespan through faculty-supervised clinical experiences with a preceptor. The course provides opportunities to perform comprehensive psychiatric evaluations and ongoing psychiatric care. Graded as Pass/Fail.

*NURS 641 Psychiatric Mental Health Practicum II   4
This course provides opportunities for students to expand on their competencies as a psychiatric mental health nurse practitioner student through faculty supervised practicum experiences with a preceptor. Students will provide high quality, safe, collaborative, and ethical care. Graded as Pass/Fail.

*NURS 659 Psychiatric Mental Health Practicum III   4
This practicum course is the culminating experience for the psychiatric mental health nurse practitioner student and focuses on skill refinement with increasing responsibility in the delivery of psychiatric care across the lifespan through precepted practicum experiences. Graded as Pass/Fail.

Nursing Leadership and Organization Science

*NURS 515 Holistic Leadership In Healthcare Delivery   3
Leadership concepts are advanced from a self- to organizational and societal perspective. How leaders evolve and maintain critical perspectives based on organizational mission, purpose and goals are critically analyzed. Political, legal, ethical, diversity and cultural perspectives are explored as a basis for leadership expression. Emphasis will be placed on communication and decision making skills.

*NURS 517 Organizational Science Implications For Human And Material Resource Management   3
Classical, modern, and postmodern theories of organizations are examined as the scientific foundation for leadership and administration in healthcare organizations. Human capital is presented as a foundation for examining individual and group thinking and decision-making. How groups and organizations form and evolve are explored through classic and current research. Foundations in human resource management and law, evaluating performance, job analysis and design, managing conflict, and influencing a culture of diversity and inclusion will be applied to current practice issues. Supply chain logistics and management, including product evaluation and decision-making related to sustainability are studied.

*NURS 604 Applied Budgeting And Finance   3
Fiscal analysis and application to unit, program, and service-line management are presented using finance-language to advance human resource, supplies and capital budgeting. Specific topics include price-setting, cost-benefit/break even analysis, contract development, and financial ratio analysis. Clinical operations, grant budgets, and start-up fund acquisition skills are

acquired. The cost analysis and clinical benefit of current staffing models will be justified from a fiscal/clinical perspective. Requires competency in Excel.

*NURS 603 Improvement Science And Outcomes Management   3

 With an emphasis on the foundations of quality and safety science, the techniques and tools for analyzing organizational and clinical processes for efficacy, root cause analysis when examining medical errors, and developing or using valid and reliable metrics to measure outcomes are presented. The importance of building a culture of quality and safety is reinforced, along with the role of regulators and regulations to monitor safety.

*NURS 628 Practicum In Nursing Leadership And Organizational Science   5

 A field-based course project is the centerpiece of the practicum, where the learner advances leadership skills through decision-making, human and capital resource management, communication and change management. Knowledge is synthesized and applied in this practicum experience. Graded as pass/fail.

*NURS 516 Healthcare Information Technology   3

The course gives students a broad overview of health information technology in the context of the healthcare organization; discusses principles of informatics and information-flows in nursing and health care using systems analysis techniques; and, emphasizes understanding of how nurse leaders implement, manage, and evaluate health care technology and informatics projects. Information and communication technology system integration, data security, as well as ethical and regulatory issues will be reviewed. Current topics and issues related to the use, retrieval, evaluation, and dissemination of healthcare information will be discussed, as well as the role of informatics and analytics in decision-making.

*NURS 593 Project And Planned Change Management   3

Models for leading change through project management are examined using linear and non-linear change dynamics. Skills in problem analysis, change agent-client system capacity for change and standard setting are acquired in this course.   The impact of non-linear social change on organizations is introduced. Project management and tools to evaluate the impact of change are examined.

Electives from the DaVinci Center
INNO 502   Business Principles for Product Innovation   3

This course presents an overview of business organizations and processes. Major functional responsibilities of the modern organization are introduced. Mechanisms such as strategic planning and project management are used to establish connections between business functions, the work that comprises them, and their purpose. An emphasis is placed on business topics relevant to students' interested in innovation and product development. Understanding the framework within which business decisions are made, and considering the outcomes of selected courses of action, is essential to being part of an organization.

INNO 590 Da Vinci Project   3

Students will engage in an interdisciplinary product innovation project with a corporate sponsor under faculty supervision. Topics and activities will hone product innovation skills, including

project management, team building, concept generation and testing, market analysis, visualization, and prototyping.

INNO 600 Integrative Design Studio   3
 Integrates the theory and practice of product innovation across the arts, business and engineering disciplines. Students are exposed to and apply a broad set of skills and tools to aid in understanding, envisioning and communicating product innovation. Working in interdisciplinary teams, students will hone team working skills and collectively address contemporary issues associated with product innovation, such as sustainability. Taught in English.

INNO 691 Topics in Product Innovation   3
Study of current and emerging topics in the field of product innovation. Topics may vary by semester. See the Schedule of Classes for offerings each semester

Appendix D - Comparison of Virginia's Nursing Master's Programs with Similar Concentrations

	AGACNP	AGPCNP	FNP	PMHNP	NAL
George Mason University		MSN 49c	MSN 49c	PMC 21	MSN 39 c
George Washington University	MSN 51c PMC 23c	MSN 48c PMC 30c	MSN 48 c PMC 17c	MSN 50 c PMC 22c	MSN 36 c
Hampton University			MS 44c		MS 45c
James Madison University		MSN 46c	MSN 49c	MSN 51c	MSN 32c
Jefferson College of Health Sciences			MSN 50c		MSN 36c
Liberty University					MSN 42c
Marymount University			MSN 45c		
Old Dominion University			MSN 49c		MSN 47c
Shenandoah University		MSN 49c PMC 21c	MSN 48c PMC 23c	MSN 52c PMC 21c	
University of Virginia	MSN 43c PMC 33c		MSN 46c PMC 36 c	MSN 42c PMC 32c	
Virginia Commonwealth University (modified)	*MS 44c PMC 21c*	*MS 44c PMC 21c*	*MS 44c PMC 21c*	*MS 44c PMC 21c*	*MS 35c PMC 20c*
		c = Credits			
		MS = Masters of Science			
		MSN = Masters of Science in Nursing			
		PMC = Post Masters Certificate			

3.1.19

Health and Wellness Trends at VCU

Top six issues undergraduates cite impacting academic performance:

- Stress
- Anxiety
- Sleep
- Depression
- Cold/flu/sore throat
- Work

Data detailed on following slides is reported from the American College Health Association National College Health Assessment annual survey of VCU undergraduate students.

Within the last 12 months, students reported experiencing:
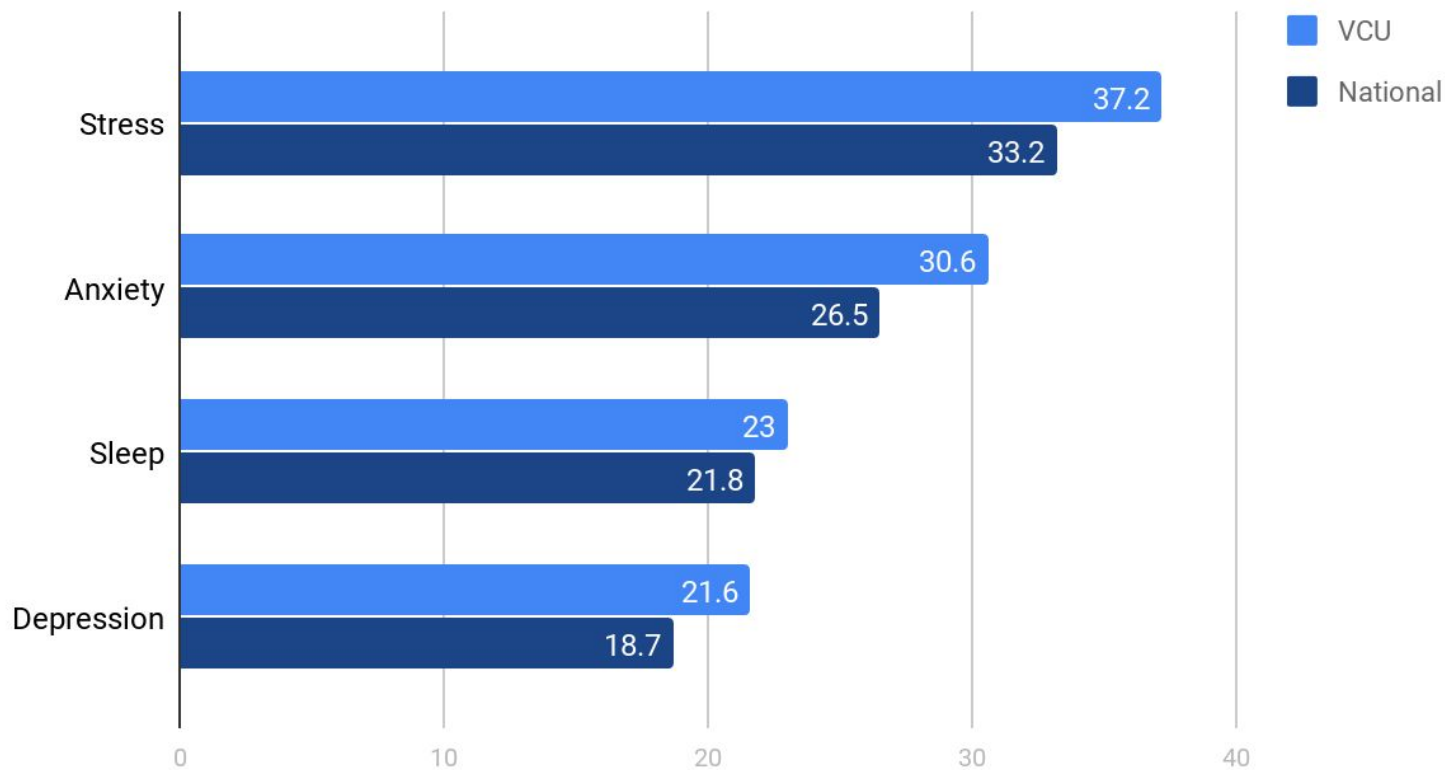
Results from National College Health Assessment, 2018
Bar graphs represent percentage of student responses

3

Within the last 12 months, students reported experiencing:

Results from National College Health Assessment, 2018
Bar graphs represent percentage of student responses

4
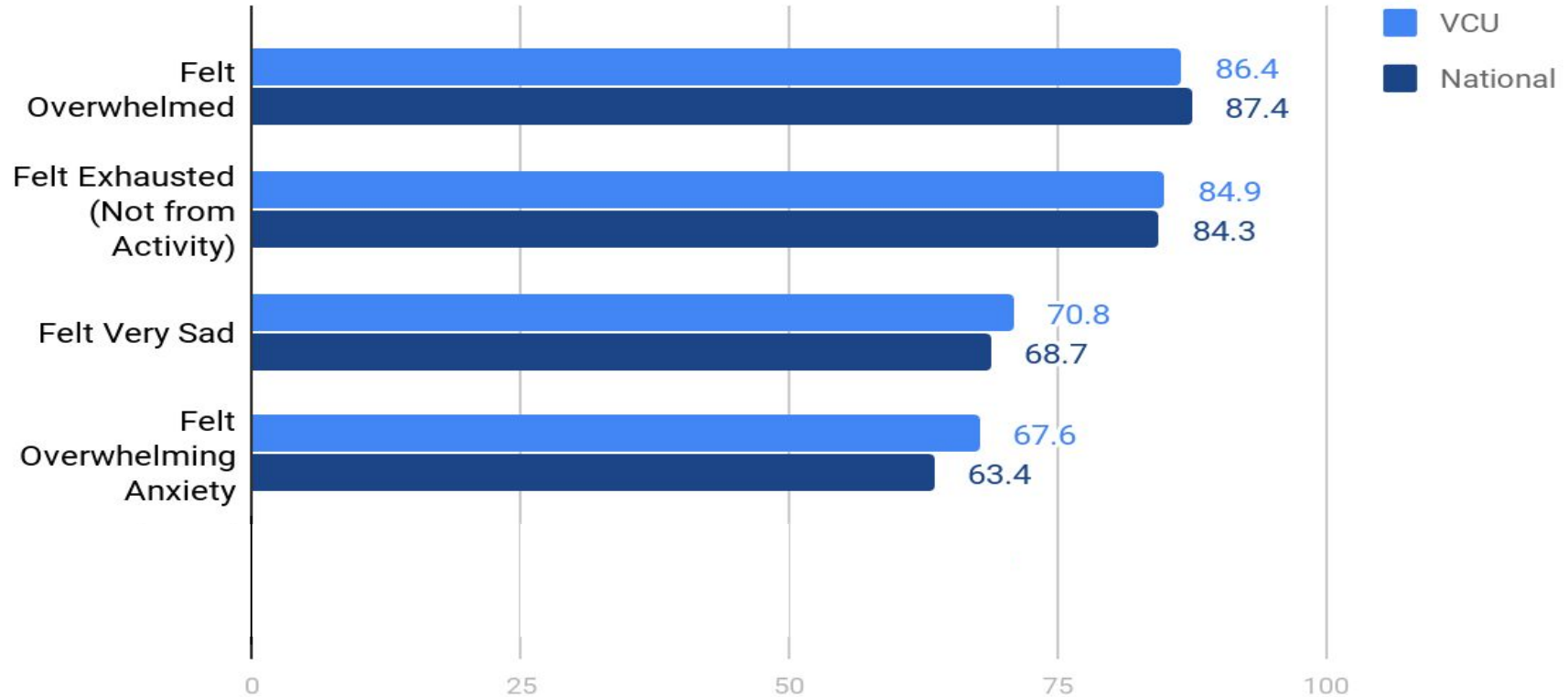
VCU Counseling Services Data

Top 5 Client Concerns 2018-2019:

- Anxiety
- Depression
- Stress
- Relationship Problems
- Family

Top 5 Client Concerns 2018-2019

Legend: Percent Concerned
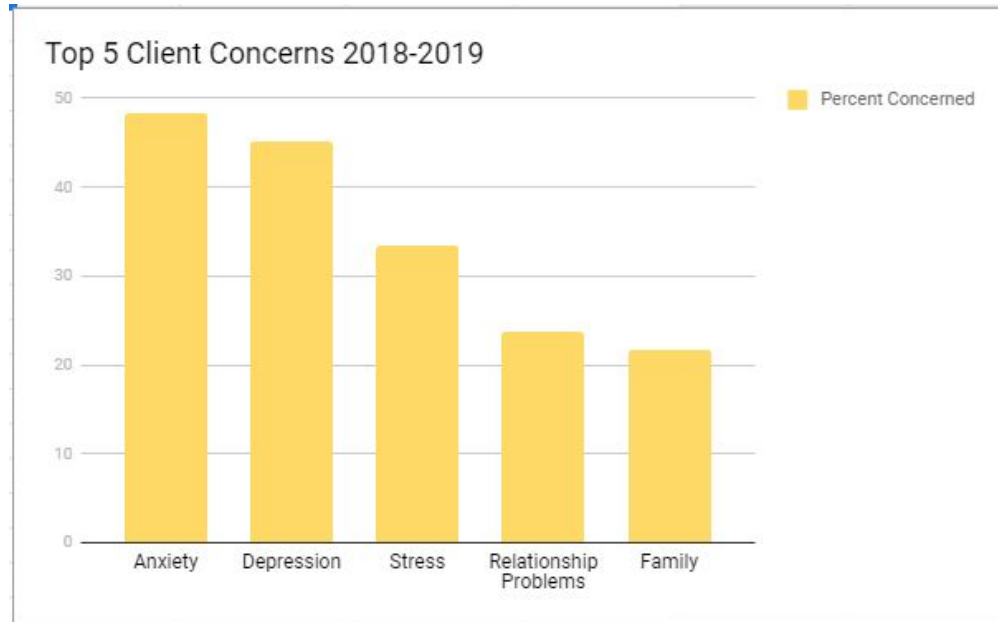
Incoming Student Needs

VCU's 2019 incoming students reported interest in resources providing various emotional support.

Between 30% to 40% of the respondents to **College Student Inventory (CSI)** survey indicated they would like to talk with a counselor about:

- emotional tensions (40%), personal relationship or social life (39%),
- unhappy feelings (38%), unwanted habit (31%),
- family problems (30%) and attitude toward school (29%)

External Factors Also Drive Up Demand

Outside of Your Control, but Having a Huge Impact on Students

Substance Abuse

Students look to drugs and alcohol to relax; use prescription drugs to focus, work late into the night

Social Media

Time spent online amplifies existing stressors and contributes to an overwhelming sense of social isolation on campus
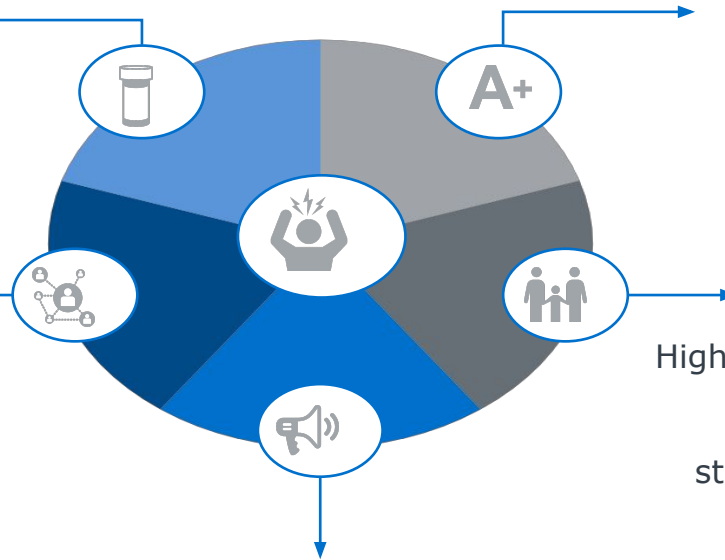
Intensified Expectations

Students face early and persistent pressure to academically excel, fit in socially, and be successful after graduation

New Parenting Styles

Highly involved parenting creates busy, overscheduled, failure-averse students who struggle to adapt to challenges as they arise in college

Political Climate

Stress from current events and politics exacerbates students' existing issues with stress, anxiety, and depression

Source: EAB interviews and analysis.

Substance Use and VCU Students

- 26.9% of all students report binge drinking in the past two weeks. (NCHA 2018)

- 53.8% of students who drink experienced significant consequences for their drinking in the past 12 months including 5% of students who seriously considered suicide. (NCHA VCU 2018)

- 3% of students identified as in recovery from drug or alcohol use. (NCHA 2018, U-Celebrate 2018)

Students with Disabilities at VCU

There has been a sharp increase in the number of students both disclosing a disability at VCU and actively utilizing services with the office of Student Accessibility and Educational Opportunity (SAEO).

Spring 2016

- SAEO served 2.9% of all Monroe Park Campus students (800 total).
- 30% of students potentially eligible for accommodation letters requested/received one.

Spring 2019

- SAEO served 7% of all Monroe Park Campus students (1,893 total).
- 41% of students potentially eligible for accommodation letters requested/received one.

VCU's Student Accessibility and Educational Opportunity Trend Data

10
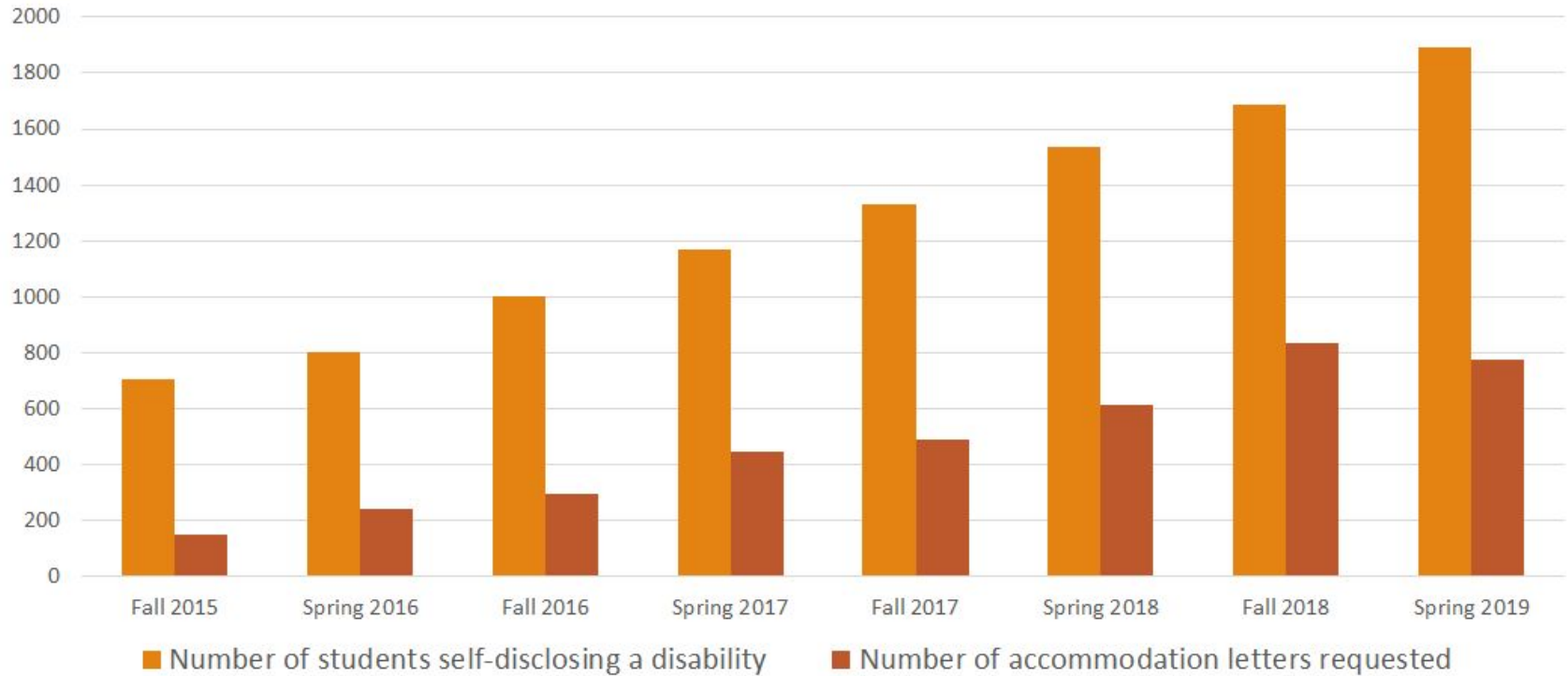
Wellness Connections

- The annual Healthy Minds Study considers the relationships between student mental health and academic outcomes such as GPA and retention. Results have shown that across all types of campuses, students with mental health problems were twice as likely to leave an institution without graduating. This result holds even after controlling for prior academic record and other student characteristics.

- Rams in Recovery Program student participants
    - 80% have a GPA of 3.0 or better
    - 96% of students reported their quality of life as good or very good
    - More than 70% attended at least one recovery meeting on campus per week

Wellness Connections

- Students who actively engage in the Learning Specialist Program through the office of Student Accessibility and Educational Opportunity (4+ meetings) had a GPA 0.4 higher than their peers.

- According to data from VCU's College Behavioral and Emotional Health Institute, students who use the recreation center with more frequency have a reduced chance of dropping out.
  - By senior year, students who use the gym three or more times a week have a 17% chance of dropping-out.
  - Comparatively, students who never use the gym have an almost 30% chance of drop-out.

Wellness Connections

PREVALANCE OF SELF-REPORTED GPAs BY OVERALL HEALTH STATUS

% OF STUDENTS WITH SELF-REPORTED GPA < C

AVERAGE = 10.6%

- EXCELLENT: 6.8%
- VERY GOOD: 7.9%
- GOOD: 12.2%
- FAIR: 18.5%
- POOR: 19.1%

OVERALL HEALTH STATUS
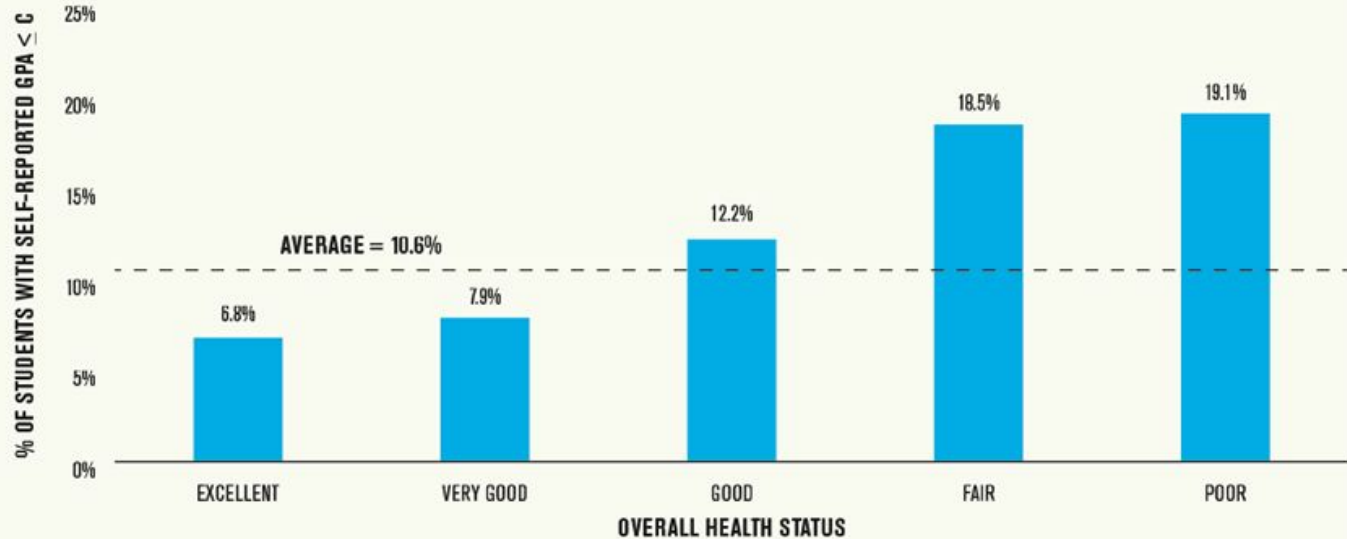
Source: ACHA-NCHA, SPRING 2015

VCU

Reclaim

University Counseling Services' psychoeducational group designed to help students:

- Develop or enhance their ability to cope with anxiety
- Develop a growth mindset
- Accept that there will be both joy and sadness in life
- Learn how mindfulness can be used to in responding to fear, anxiety and other negative feelings in a healthy way.

UNIVERSITY COUNSELING SERVICES PRESENTS

RECLAIM YOUR LIFE FROM ANXIETY

IT'S POSSIBLE TO MAKE LIFE LESS ABOUT ANXIETY AND MORE ABOUT WHAT MATTERS TO YOU.

THIS 5 WEEK GROUP OFFERS NEW APPROACHES AND NEW SKILLS TO HELP YOU DO THAT!

REGISTER AT UCS
MPC: Student Commons Commons
MCV: VMI Building Rm 412
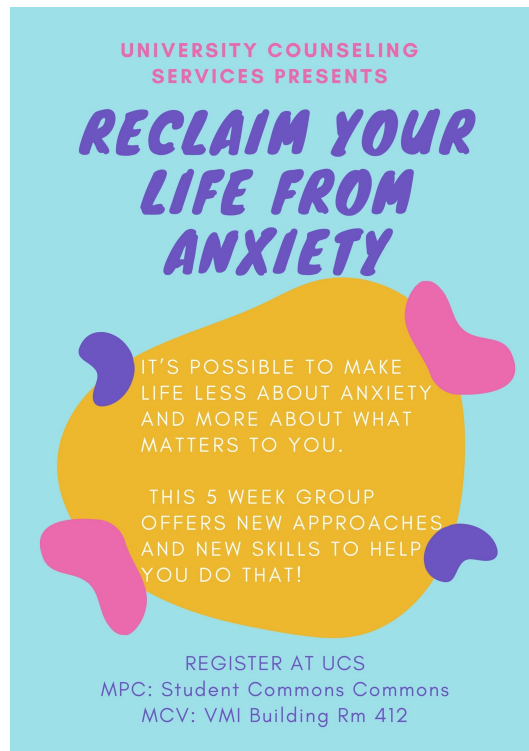
Resilience Lab

In the fall of 2019, The Wellness Resource Center opened a Resilience Lab to provide students with stress management skills and ways to build their resiliency. Students can interact with the Resilience Lab in a few ways:

- Self-guided Biofeedback Appointments
- 1-1 Biofeedback Session Appointments
- Group Mindfulness Sessions
- Resilience Workshop - focused on stress, mindfulness, coping, and tools to stay well.

Peer Health Education

The Peer Health Education (PHE) Program at VCU for the Fall of 2019, accepted 47 Peer Health Educators (Sophomores, Juniors, Seniors and Graduate Students).

- All PHEs at VCU are nationally Bacchus Network Certified Peer Health Educators with training in all of The Wellness Resource Centers content areas: Alcohol & Other Drugs, Sexual Health & Healthy Relationships and Physical Health.

The PHE program at VCU strives to:

- Train leaders and promoters of healthy behavior change;
- Create an inclusive environment to promote healthy choices; and
- Build and sustain a healthy campus community!

JED Campus Initiative

During the 2017-2018 academic year, VCU joined the JED Campus program led by the Wellness Resources Center in support of student well-being and mental health.
The program is designed to:

- Identify opportunities to enhance emotional health
- Minimize substance abuse
- Increase suicide prevention efforts
- Ensure that schools have the strongest possible mental health safety nets

Rams in Recovery

Started as a student group in 2013 with staffing in late 2015.

- Tiered engagement model which includes:
  - meeting attendees (total attendance >2,200 (not unique) students annually)
  - members (60 active in past 30 days)
  - scholarship recipients (29)
  - housing (12)

- Received substantial external funding (Grants and Individual gifts totaling $150,000 in FY18 and FY19)

- Chosen to lead Collegiate Recovery Expansion at 8 schools across the Commonwealth ($678,000 grant over 2 years)

Learning Specialist Program

The program within Student Accessibility and Educational Opportunity involves:

- One-on-one coaching from a graduate student who specializes in supporting students with disabilities to be academically successful.

- Focus is placed on organization, time management, and connecting students with resources on campus to help students get on the right path to academic success at VCU.
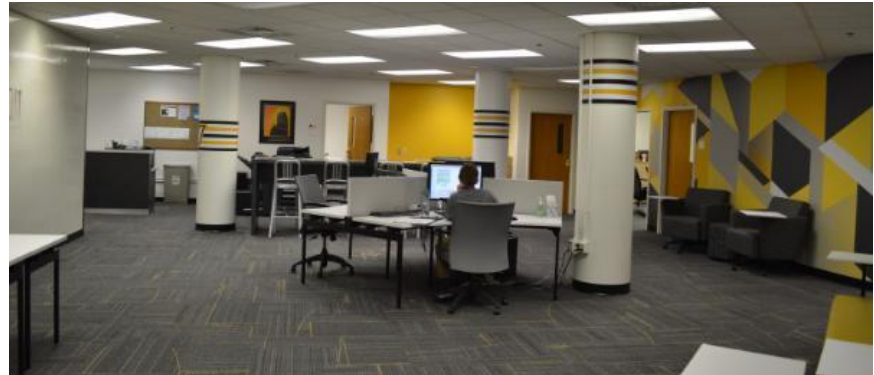
Recreational Sports

New or expanded services:

- Inclusive Recreation:
  - Unified Sports, Open Intramural Leagues (non-gender binary), Gender-Specific Swim Times, Women on Weights, Sportable Partnership
- Health & Wellness:
  - Massage Therapy; Athletic Training; Employee Wellness Collaboration
- Expanding Reach:
  - Instructional Programs; University of Richmond Challenge Course Partnership; Rice Rivers Center Partnership; Youth Programming; E-Sports

Student Assistance and Support Team (SAS)

Serves the university and individual students by:

- Coordinating prevention, intervention, and support efforts to assist students involved in psychological distress, inappropriate behaviors and harm to self.
- Providing a centralized mechanism to review concerns and address the needs of students through a variety of interventions, referrals and follow ups.

The SAS team is composed of key personnel from:

- Division of Student Affairs, University Counseling Services, University Student Health Services, the Office of Student Conduct & Academic Integrity, Residential Life & Housing, VCU Police and other units as deemed appropriate.

Educating VCU Faculty and Staff

- **Recovery Ally** - Trained more than 700 students faculty and staff as Recovery Allies.
- **Disability and Access** training and workshops
- **Transforming Accessibility Initiative** mini-conferences
- **Mindfulness Faculty Initiative** - Help faculty members to recognize the signs of a student in distress and how to incorporate mindfulness techniques in the classroom.
- **Don't Cancel That Class** - Professors can request a staff member from The Wellness Resource Center to present on various health and wellness topics.
- **Campus Connect** - Provides training on recognizing students in distress and helping students who may have suicidal ideations.
- **Safe Zone** - Provides training to faculty and staff on issues and concerns that impact the LGBTQIA+ community as they build inclusive and supportive spaces on campus.

Usage Data

VCU Student Engagement with Division of Student Affairs Wellness Resources.

Mental Health Services Utilization

2018-2019 Mental Health Services utilization:

- Unique students served: 4,553 (UCS - 3,070; USHS - 1,482)[1]

- Total encounters for services: 19,362 (UCS - 13,427; USHS - 5,935)

- Mental Health-related visits account for 16% of the total visits to primary care providers.

[1] University Counseling Services (UCS) and University Student Health Services (USHS)

Wellness Resource Center

2018-2019 programs:

Program Type	Number of Program Requests	Number of Attendees
Mental Health	140	3,673
Violence Prevention	66	2,609
Peer Health	57	2,071
Alcohol and other Drugs	40	1,396
Faculty/Staff Wellness	37	989
Sexual Health	20	404
Recovery	702 - Recovery Groups / 70 events	8,341 / 2,971

University Student Health Services

- 38,914 patient visits: 12,074 students served

- 11,037 prescriptions dispensed

- 93% of VCU students surveyed indicated a high degree of satisfaction with USHS compared to 86% in the national data set[1]

- Most Frequent Visits:
  - Immunizations
  - Mental Health
  - Respiratory Illness
  - Women's Health

[1]American College Health Services Patient Satisfaction Survey

Recreational Sports

- 21,547 Unique Student Users
- 799,323 Total Patron Visits
- Over 80 group exercise classes a week
- 7,922 unique group exercise participants
- 37 active sport clubs
- Over 20 intramural sports leagues and tournaments
- 2,413 Unique Intramural Participants;
- 1,349 Unique Sport Club Participants
- 30 Outdoor Adventure Program trips each semester
- 372 unique participants annually

Questions

- As you reflect on the reading materials and powerpoint slides do you see any gaps in meeting the health and wellness needs of VCU students?

- What are your thoughts on increasing student resilience?

- What successful health and wellness initiatives have been successful in your work or personal circles?

- If you had a student at VCU, what would you want their health and wellness experience to look like?

The Atlantic

Have Smartphones Destroyed a Generation?

More comfortable online than out partying, post-Millennials are safer, physically, than adolescents have ever been. But they're on the brink of a mental-health crisis.

Jasu Hu

JEAN M. TWENGE

SEPTEMBER 2017 ISSUE | TECHNOLOGY

Like *The Atlantic*? Subscribe to The Atlantic Daily, our free weekday email newsletter.

Email   SIGN UP

O NE DAY last summer, around noon, I called Athena, a 13-year-old who lives in Houston, Texas. She answered her phone—she's had an iPhone since she was 11—sounding as if she'd just woken up. We chatted about her favorite songs and TV shows, and I asked her what she likes to do with her friends. "We go to the mall," she said. "Do your parents drop you off?," I asked,

recalling my own middle-school days, in the 1980s, when I'd enjoy a few parent-free hours shopping with my friends. "No—I go with my family," she replied. "We'll go with my mom and brothers and walk a little behind them. I just have to tell my mom where we're going. I have to check in every hour or every 30 minutes."

Those mall trips are infrequent—about once a month. More often, Athena and her friends spend time together on their phones, unchaperoned. Unlike the teens of my generation, who might have spent an evening tying up the family landline with gossip, they talk on Snapchat, the smartphone app that allows users to send pictures and videos that quickly disappear. They make sure to keep up their Snapstreaks, which show how many days in a row they have Snapchatted with each other. Sometimes they save screenshots of particularly ridiculous pictures of friends. "It's good blackmail," Athena said. (Because she's a minor, I'm not using her real name.) She told me she'd spent most of the summer hanging out alone in her room with her phone. That's just the way her generation is, she said. "We didn't have a choice to know any life without iPads or iPhones. I think we like our phones more than we like actual people."

I've been researching generational differences for 25 years, starting when I was a 22-year-old doctoral student in psychology. Typically, the characteristics that come to define a generation appear gradually, and along a continuum. Beliefs and behaviors that were already rising simply continue to do so. Millennials, for instance, are a highly individualistic generation, but individualism had been increasing since the Baby Boomers turned on, tuned in, and dropped out. I had grown accustomed to line graphs of trends that looked like modest hills and valleys. Then I began studying Athena's generation.

Around 2012, I noticed abrupt shifts in teen behaviors and emotional states. The gentle slopes of the line graphs became steep mountains and sheer cliffs, and many of the distinctive characteristics of the Millennial generation began to disappear. In all my analyses of generational data—some reaching back to the 1930s—I had never seen anything like it.

The allure of independence, so powerful to previous generations, holds less sway over today's teens.

At first I presumed these might be blips, but the trends persisted, across several years and a series of national surveys. The changes weren't just in degree, but in kind. The biggest difference between the Millennials and their predecessors was in how they viewed the world; teens today differ from the Millennials not just in their views but in how they spend their time. The experiences they have every day are radically different from those of the generation that came of age just a few years before them.

What happened in 2012 to cause such dramatic shifts in behavior? It was after the Great Recession, which officially lasted from 2007 to 2009 and had a starker effect on Millennials trying to find a place in a sputtering economy. But it was exactly the moment when the proportion of Americans who owned a smartphone surpassed 50 percent.

THE MORE I pored over yearly surveys of teen attitudes and behaviors, and the more I talked with young people like Athena, the clearer it became that theirs is a generation shaped by the smartphone and by the concomitant rise of social media. I call them iGen. Born between 1995 and 2012, members of this generation are growing up with smartphones, have an Instagram account before they start high school, and do not remember a time before the internet. The Millennials grew up with the web as well, but it wasn't ever-present in their lives, at hand at all times, day and night. iGen's oldest members were early adolescents when the iPhone was introduced, in 2007, and high-school students when the iPad entered the scene, in 2010. A 2017 survey of more than 5,000 American teens found that three out of four owned an iPhone.

The advent of the smartphone and its cousin the tablet was followed quickly by hand-wringing about the deleterious effects of "screen time." But the impact of these devices has not been fully appreciated, and goes far beyond the usual

concerns about curtailed attention spans. The arrival of the smartphone has radically changed every aspect of teenagers' lives, from the nature of their social interactions to their mental health. These changes have affected young people in every corner of the nation and in every type of household. The trends appear among teens poor and rich; of every ethnic background; in cities, suburbs, and small towns. Where there are cell towers, there are teens living their lives on their smartphone.

To those of us who fondly recall a more analog adolescence, this may seem foreign and troubling. The aim of generational study, however, is not to succumb to nostalgia for the way things used to be; it's to understand how they are now. Some generational changes are positive, some are negative, and many are both. More comfortable in their bedrooms than in a car or at a party, today's teens are physically safer than teens have ever been. They're markedly less likely to get into a car accident and, having less of a taste for alcohol than their predecessors, are less susceptible to drinking's attendant ills.

Psychologically, however, they are more vulnerable than Millennials were: Rates of teen depression and suicide have skyrocketed since 2011. It's not an exaggeration to describe iGen as being on the brink of the worst mental-health crisis in decades. Much of this deterioration can be traced to their phones.

Even when a seismic event—a war, a technological leap, a free concert in the mud— plays an outsize role in shaping a group of young people, no single factor ever defines a generation. Parenting styles continue to change, as do school curricula and culture, and these things matter. But the twin rise of the smartphone and social media has caused an earthquake of a magnitude we've not seen in a very long time, if ever. There is compelling evidence that the devices we've placed in young people's hands are having profound effects on their lives—and making them seriously unhappy.

N THE EARLY 1970s, the photographer Bill Yates shot a series of portraits at the Sweetheart Roller Skating Rink in Tampa, Florida. In one, a shirtless teen stands with a large bottle of peppermint schnapps stuck in the waistband of his

jeans. In another, a boy who looks no older than 12 poses with a cigarette in his mouth. The rink was a place where kids could get away from their parents and inhabit a world of their own, a world where they could drink, smoke, and make out in the backs of their cars. In stark black-and-white, the adolescent Boomers gaze at Yates's camera with the self-confidence born of making your own choices—even if, perhaps especially if, your parents wouldn't think they were the right ones.

Fifteen years later, during my own teenage years as a member of Generation X, smoking had lost some of its romance, but independence was definitely still in. My friends and I plotted to get our driver's license as soon as we could, making DMV appointments for the day we turned 16 and using our newfound freedom to escape the confines of our suburban neighborhood. Asked by our parents, "When will you be home?," we replied, "When do I have to be?"

But the allure of independence, so powerful to previous generations, holds less sway over today's teens, who are less likely to leave the house without their parents. The shift is stunning: 12th-graders in 2015 were going out less often than *eighthgraders* did as recently as 2009.

Today's teens are also less likely to date. The initial stage of courtship, which Gen Xers called "liking" (as in "Ooh, he likes you!"), kids now call "talking"—an ironic choice for a generation that prefers texting to actual conversation. After two teens have "talked" for a while, they might start dating. But only about 56 percent of high-school seniors in 2015 went out on dates; for Boomers and Gen Xers, the number was about 85 percent.

The decline in dating tracks with a decline in sexual activity. The drop is the sharpest for ninth-graders, among whom the number of sexually active teens has been cut by almost 40 percent since 1991. The average teen now has had sex for the first time by the spring of 11th grade, a full year later than the average Gen Xer. Fewer teens having sex has contributed to what many see as one of the most positive youth trends in recent years: The teen birth rate hit an all-time low in 2016, down 67 percent since its modern peak, in 1991.

Even driving, a symbol of adolescent freedom inscribed in American popular culture, from *Rebel Without a Cause* to *Ferris Bueller's Day Off*, has lost its appeal for today's teens. Nearly all Boomer high-school students had their driver's license by the spring of their senior year; more than one in four teens today still lack one at the end of high school. For some, Mom and Dad are such good chauffeurs that there's no urgent need to drive. "My parents drove me everywhere and never complained, so I always had rides," a 21-year-old student in San Diego told me. "I didn't get my license until my mom told me I had to because she could not keep driving me to school." She finally got her license six months after her 18th birthday. In conversation after conversation, teens described getting their license as something to be nagged into by their parents—a notion that would have been unthinkable to previous generations.

Independence isn't free—you need some money in your pocket to pay for gas, or for that bottle of schnapps. In earlier eras, kids worked in great numbers, eager to finance their freedom or prodded by their parents to learn the value of a dollar. But iGen teens aren't working (or managing their own money) as much. In the late 1970s, 77 percent of high-school seniors worked for pay during the school year; by the mid-2010s, only 55 percent did. The number of eighth-graders who work for pay has been cut in half. These declines accelerated during the Great Recession, but teen employment has not bounced back, even though job availability has.

Of course, putting off the responsibilities of adulthood is not an iGen innovation. Gen Xers, in the 1990s, were the first to postpone the traditional markers of adulthood. Young Gen Xers were just about as likely to drive, drink alcohol, and date as young Boomers had been, and more likely to have sex and get pregnant as teens. But as they left their teenage years behind, Gen Xers married and started careers later than their Boomer predecessors had.

Gen X managed to stretch adolescence beyond all previous limits: Its members started becoming adults earlier and finished becoming adults later. Beginning with Millennials and continuing with iGen, adolescence is contracting again—but only because its onset is being delayed. Across a range of behaviors—drinking, dating,

spending time unsupervised— 18-year-olds now act more like 15-year-olds used to, and 15-year-olds more like 13-year-olds. Childhood now stretches well into high school.

Why are today's teens waiting longer to take on both the responsibilities and the pleasures of adulthood? Shifts in the economy, and parenting, certainly play a role. In an information economy that rewards higher education more than early work history, parents may be inclined to encourage their kids to stay home and study rather than to get a part-time job. Teens, in turn, seem to be content with this homebody arrangement—not because they're so studious, but because their social life is lived on their phone. They don't need to leave home to spend time with their friends.

If today's teens were a generation of grinds, we'd see that in the data. But eighth-, 10th-, and 12th-graders in the 2010s actually spend less time on homework than Gen X teens did in the early 1990s. (High-school seniors headed for four-year colleges spend about the same amount of time on homework as their predecessors did.) The time that seniors spend on activities such as student clubs and sports and exercise has changed little in recent years. Combined with the decline in working for pay, this means iGen teens have more leisure time than Gen X teens did, not less.

So what are they doing with all that time? They are on their phone, in their room, alone and often distressed.

Jasu Hu

O NE OF THE IRONIES of iGen life is that despite spending far more time under the same roof as their parents, today's teens can hardly be said to be closer to their mothers and fathers than their predecessors were. "I've seen my friends with their families—they don't talk to them," Athena told me. "They just say 'Okay, okay, whatever' while they're on their phones. They don't pay attention to their family." Like her peers, Athena is an expert at tuning out her parents so she can focus on her phone. She spent much of her summer keeping up with friends, but nearly all of it was over text or Snapchat. "I've been on my phone more than I've been with actual people," she said. "My bed has, like, an imprint of my body."

In this, too, she is typical. The number of teens who get together with their friends nearly every day dropped by more than 40 percent from 2000 to 2015; the decline has been especially steep recently. It's not only a matter of fewer kids partying; fewer kids are spending time simply hanging out. That's something most teens used to do: nerds and jocks, poor kids and rich kids, C students and A students. The

roller rink, the basketball court, the town pool, the local necking spot—they've all been replaced by virtual spaces accessed through apps and the web.

You might expect that teens spend so much time in these new spaces because it makes them happy, but most data suggest that it does not. The Monitoring the Future survey, funded by the National Institute on Drug Abuse and designed to be nationally representative, has asked 12th-graders more than 1,000 questions every year since 1975 and queried eighth- and 10th-graders since 1991. The survey asks teens how happy they are and also how much of their leisure time they spend on various activities, including nonscreen activities such as in-person social interaction and exercise, and, in recent years, screen activities such as using social media, texting, and browsing the web. The results could not be clearer: Teens who spend more time than average on screen activities are more likely to be unhappy, and those who spend more time than average on nonscreen activities are more likely to be happy.

There's not a single exception. All screen activities are linked to less happiness, and all nonscreen activities are linked to more happiness. Eighth-graders who spend 10 or more hours a week on social media are 56 percent more likely to say they're unhappy than those who devote less time to social media. Admittedly, 10 hours a week is a lot. But those who spend six to nine hours a week on social media are still 47 percent more likely to say they are unhappy than those who use social media even less. The opposite is true of in-person interactions. Those who spend an above-average amount of time with their friends in person are 20 percent less likely to say they're unhappy than those who hang out for a below-average amount of time.

The more time teens spend looking at screens, the more likely they are to report symptoms of depression.

If you were going to give advice for a happy adolescence based on this survey, it would be straightforward: Put down the phone, turn off the laptop, and do

something—anything—that does not involve a screen. Of course, these analyses don't unequivocally prove that screen time *causes* unhappiness; it's possible that unhappy teens spend more time online. But recent research suggests that screen time, in particular social-media use, does indeed cause unhappiness. One study asked college students with a Facebook page to complete short surveys on their phone over the course of two weeks. They'd get a text message with a link five times a day, and report on their mood and how much they'd used Facebook. The more they'd used Facebook, the unhappier they felt, but feeling unhappy did not subsequently lead to more Facebook use.

Social-networking sites like Facebook promise to connect us to friends. But the portrait of iGen teens emerging from the data is one of a lonely, dislocated generation. Teens who visit social-networking sites every day but see their friends in person less frequently are the most likely to agree with the statements "A lot of times I feel lonely," "I often feel left out of things," and "I often wish I had more good friends." Teens' feelings of loneliness spiked in 2013 and have remained high since.

This doesn't always mean that, on an individual level, kids who spend more time online are lonelier than kids who spend less time online. Teens who spend more time on social media also spend more time with their friends in person, on average —highly social teens are more social in both venues, and less social teens are less so. But at the generational level, when teens spend more time on smartphones and less time on in-person social interactions, loneliness is more common.

So is depression. Once again, the effect of screen activities is unmistakable: The more time teens spend looking at screens, the more likely they are to report symptoms of depression. Eighth-graders who are heavy users of social media increase their risk of depression by 27 percent, while those who play sports, go to religious services, or even do homework more than the average teen cut their risk significantly.

Teens who spend three hours a day or more on electronic devices are 35 percent more likely to have a risk factor for suicide, such as making a suicide plan. (That's

much more than the risk related to, say, watching TV.) One piece of data that indirectly but stunningly captures kids' growing isolation, for good and for bad: Since 2007, the homicide rate among teens has declined, but the suicide rate has increased. As teens have started spending less time together, they have become less likely to kill one another, and more likely to kill themselves. In 2011, for the first time in 24 years, the teen suicide rate was higher than the teen homicide rate.

Depression and suicide have many causes; too much technology is clearly not the only one. And the teen suicide rate was even higher in the 1990s, long before smartphones existed. Then again, about four times as many Americans now take antidepressants, which are often effective in treating severe depression, the type most strongly linked to suicide.

WHAT'S THE CONNECTION between smartphones and the apparent psychological distress this generation is experiencing? For all their power to link kids day and night, social media also exacerbate the age-old teen concern about being left out. Today's teens may go to fewer parties and spend less time together in person, but when they do congregate, they document their hangouts relentlessly—on Snapchat, Instagram, Facebook. Those not invited to come along are keenly aware of it. Accordingly, the number of teens who feel left out has reached all-time highs across age groups. Like the increase in loneliness, the upswing in feeling left out has been swift and significant.

This trend has been especially steep among girls. Forty-eight percent more girls said they often felt left out in 2015 than in 2010, compared with 27 percent more boys. Girls use social media more often, giving them additional opportunities to feel excluded and lonely when they see their friends or classmates getting together without them. Social media levy a psychic tax on the teen doing the posting as well, as she anxiously awaits the affirmation of comments and likes. When Athena posts pictures to Instagram, she told me, "I'm nervous about what people think and are going to say. It sometimes bugs me when I don't get a certain amount of likes on a picture."

Girls have also borne the brunt of the rise in depressive symptoms among today's teens. Boys' depressive symptoms increased by 21 percent from 2012 to 2015, while girls' increased by 50 percent—more than twice as much. The rise in suicide, too, is more pronounced among girls. Although the rate increased for both sexes, three times as many 12-to-14-year-old girls killed themselves in 2015 as in 2007, compared with twice as many boys. The suicide rate is still higher for boys, in part because they use more-lethal methods, but girls are beginning to close the gap.

These more dire consequences for teenage girls could also be rooted in the fact that they're more likely to experience cyberbullying. Boys tend to bully one another physically, while girls are more likely to do so by undermining a victim's social status or relationships. Social media give middle- and high-school girls a platform on which to carry out the style of aggression they favor, ostracizing and excluding other girls around the clock.

Social-media companies are of course aware of these problems, and to one degree or another have endeavored to prevent cyberbullying. But their various motivations are, to say the least, complex. A recently leaked Facebook document indicated that the company had been touting to advertisers its ability to determine teens' emotional state based on their on-site behavior, and even to pinpoint "moments when young people need a confidence boost." Facebook acknowledged that the document was real, but denied that it offers "tools to target people based on their emotional state."

N JULY 2014, a 13-year-old girl in North Texas woke to the smell of something burning. Her phone had overheated and melted into the sheets. National news outlets picked up the story, stoking readers' fears that their cellphone might spontaneously combust. To me, however, the flaming cellphone wasn't the only surprising aspect of the story. *Why*, I wondered, *would anyone sleep with her phone beside her in bed?* It's not as though you can surf the web while you're sleeping. And who could slumber deeply inches from a buzzing phone?

Curious, I asked my undergraduate students at San Diego State University what they do with their phone while they sleep. Their answers were a profile in obsession. Nearly all slept with their phone, putting it under their pillow, on the mattress, or at the very least within arm's reach of the bed. They checked social media right before they went to sleep, and reached for their phone as soon as they woke up in the morning (they had to—all of them used it as their alarm clock). Their phone was the last thing they saw before they went to sleep and the first thing they saw when they woke up. If they woke in the middle of the night, they often ended up looking at their phone. Some used the language of addiction. "I know I shouldn't, but I just can't help it," one said about looking at her phone while in bed. Others saw their phone as an extension of their body—or even like a lover: "Having my phone closer to me while I'm sleeping is a comfort."

It may be a comfort, but the smartphone is cutting into teens' sleep: Many now sleep less than seven hours most nights. Sleep experts say that teens should get about nine hours of sleep a night; a teen who is getting less than seven hours a night is significantly sleep deprived. Fifty-seven percent more teens were sleep deprived in 2015 than in 1991. In just the four years from 2012 to 2015, 22 percent more teens failed to get seven hours of sleep.

The increase is suspiciously timed, once again starting around when most teens got a smartphone. Two national surveys show that teens who spend three or more hours a day on electronic devices are 28 percent more likely to get less than seven hours of sleep than those who spend fewer than three hours, and teens who visit social-media sites every day are 19 percent more likely to be sleep deprived. A meta-analysis of studies on electronic-device use among children found similar results: Children who use a media device right before bed are more likely to sleep less than they should, more likely to sleep poorly, and more than twice as likely to be sleepy during the day.

I've observed my toddler, barely old enough to walk, confidently swiping her way through an iPad.

Electronic devices and social media seem to have an especially strong ability to disrupt sleep. Teens who read books and magazines more often than the average are actually slightly less likely to be sleep deprived—either reading lulls them to sleep, or they can put the book down at bedtime. Watching TV for several hours a day is only weakly linked to sleeping less. But the allure of the smartphone is often too much to resist.

Sleep deprivation is linked to myriad issues, including compromised thinking and reasoning, susceptibility to illness, weight gain, and high blood pressure. It also affects mood: People who don't sleep enough are prone to depression and anxiety. Again, it's difficult to trace the precise paths of causation. Smartphones could be causing lack of sleep, which leads to depression, or the phones could be causing depression, which leads to lack of sleep. Or some other factor could be causing both depression and sleep deprivation to rise. But the smartphone, its blue light glowing in the dark, is likely playing a nefarious role.

THE CORRELATIONS BETWEEN depression and smartphone use are strong enough to suggest that more parents should be telling their kids to put down their phone. As the technology writer Nick Bilton has reported, it's a

policy some Silicon Valley executives follow. Even Steve Jobs limited his kids' use of the devices he brought into the world.

What's at stake isn't just how kids experience adolescence. The constant presence of smartphones is likely to affect them well into adulthood. Among people who suffer an episode of depression, at least half become depressed again later in life. Adolescence is a key time for developing social skills; as teens spend less time with their friends face-to-face, they have fewer opportunities to practice them. In the next decade, we may see more adults who know just the right emoji for a situation, but not the right facial expression.

I realize that restricting technology might be an unrealistic demand to impose on a generation of kids so accustomed to being wired at all times. My three daughters were born in 2006, 2009, and 2012. They're not yet old enough to display the traits of iGen teens, but I have already witnessed firsthand just how ingrained new media are in their young lives. I've observed my toddler, barely old enough to walk, confidently swiping her way through an iPad. I've experienced my 6-year-old asking for her own cellphone. I've overheard my 9-year-old discussing the latest app to sweep the fourth grade. Prying the phone out of our kids' hands will be difficult, even more so than the quixotic efforts of my parents' generation to get their kids to turn off MTV and get some fresh air. But more seems to be at stake in urging teens to use their phone responsibly, and there are benefits to be gained even if all we instill in our children is the importance of moderation. Significant effects on both mental health and sleep time appear after two or more hours a day on electronic devices. The average teen spends about two and a half hours a day on electronic devices. Some mild boundary-setting could keep kids from falling into harmful habits.

In my conversations with teens, I saw hopeful signs that kids themselves are beginning to link some of their troubles to their ever-present phone. Athena told me that when she does spend time with her friends in person, they are often looking at their device instead of at her. "I'm trying to talk to them about something, and they don't actually look at my face," she said. "They're looking at their phone, or they're

looking at their Apple Watch." "What does that feel like, when you're trying to talk to somebody face-to-face and they're not looking at you?," I asked. "It kind of hurts," she said. "It hurts. I know my parents' generation didn't do that. I could be talking about something super important to me, and they wouldn't even be listening."

Once, she told me, she was hanging out with a friend who was texting her boyfriend. "I was trying to talk to her about my family, and what was going on, and she was like, 'Uh-huh, yeah, whatever.' So I took her phone out of her hands and I threw it at my wall."

I couldn't help laughing. "You play volleyball," I said. "Do you have a pretty good arm?" "Yep," she replied.

This article has been adapted from Jean M. Twenge's forthcoming book, *iGen: Why Today's Super-Connected Kids Are Growing Up Less Rebellious, More Tolerant, Less Happy—and Completely Unprepared for Adulthood—and What That Means for the Rest of Us*.

Related Video

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RESEARCH BRIEF

HIGHER EDUCATION RESEARCH INSTITUTE AT UCLA

2017 Your First College Year Survey

By: Victoria Couch

Developed by the Higher Education Research Institute (HERI) and the Policy Center on the First Year of College in 2000, the Your First College Year survey (YFCY) is administered annually through the Cooperative Institutional Research Program (CIRP) at the University of California, Los Angeles. The YFCY was the first national survey designed specifically to measure student development in the first year of college, and it is distributed to students at the end of their first year. Thirty institutions participated in the 18th administration of the YFCY in the Spring of 2017. The sample consists of 8,264 first-time, full-time students at these institutions.

EDUCATIONAL RISKS AND COMPLEX THINKING

The college classroom is a space for first-year students to tackle new educational challenges and experiences. Students are exposed to concepts and modes of learning that may not have been present in their high school classrooms. Survey data suggests that students are rising to the occasion, such as the 41.1% who reported frequently taking on a challenge that scared them. Students also recognize that learning is not equated with perfect performance in the classroom. Well over half (61.7%) said they frequently accepted mistakes as part of the learning process.

Students are also engaging in complex thinking. For example, 55.0% said that they frequently analyzed multiple sources of information before coming to a conclusion. This is especially encouraging given current conversations about the importance of evaluating the credibility of news sources. Additionally, 61.8% of students frequently supported their opinions with a logical argument, and 47.3% frequently sought alternative solutions to problems. When examining these complex thinking areas by grouping students in STEM majors versus students in non-STEM majors, students in each group report roughly the same level of frequent engagement in these activities. For example, 53.1% of students in STEM majors report that they frequently analyzed multiple sources of information before coming to a conclusion compared to 55.5% of students in non-STEM majors. Taken in total, these findings demonstrate that students are already engaging in sophisticated, high-level thinking during their first year of college. These habits appear to be serving students well, as 46.8% reported that their overall grade average as of their most recently completed academic term was an A+, A, or A-.

WELLNESS

While first-year students' openness to challenging themselves in the classroom is encouraging, wellness is an area of concern. These findings present themselves in students' daily habits as well as their overall perceptions of themselves. Only one-quarter (25.2%) of students reported that they frequently maintained a healthy diet. Relatedly, nearly one in five students (19.1%) shared that they never had adequate sleep since entering college. This is significant because a healthy diet and adequate sleep are crucial components of overall wellness and success in school. Students who reported major concerns about their ability to finance their education frequently maintained a healthy diet at lower rates (16.8%) than students with no concerns (31.5%). Similarly, students with major financial concerns report never having adequate sleep since entering college at more than twice the rate (29.7%) of students with no concerns (14.0%). Additionally, 23.1% of students reported below average or extremely low emotional health. Of the students who reported low emotional health, only 41.0% indicated that they sought personal counseling since entering college. This raises serious concerns about the status of students' mental health.

The 2017 YFCY added a question about anxiety, which appears to be a pervasive problem for first-year students, with 38.6% reporting that they frequently felt anxious. Upon closer examination, various student populations report frequent anxiety at different rates. For example, students who identify as transgender report frequently feeling anxious (68.6%) at higher rates than students who do not identify as transgender (38.4%). Although transgender students comprise a relatively small

Figure 1. Percent of Students Who Frequently Felt Anxious by Sexual Orientation

Orientation	%
Heterosexual/Straight	35.6%
Gay	45.7%
Bisexual	60.2%
Lesbian	62.3%
Queer	68.4%
Other	71.9%

■ % of students

RELATING TO OTHERS

The 2017 YFCY reintroduced a question asking students to rate their level of compassion in comparison to their peers. Nearly three-quarters (70.1%) of respondents believe they have above average levels of compassion compared to their peers. One-quarter (25.2%) of respondents report average levels of compassion and 4.7% of respondents believe they possess below average levels of compassion. Interestingly, compassion ratings appear to be linked to other specific behaviors captured in the YFCY. For example, 68.2% of those who rated themselves the most highly in compassion said that they frequently or occasionally performed volunteer work. Meanwhile, only 57.5% of students who reported an average level of compassion performed volunteer work. Finally, only 48.9% of students who reported below average levels of compassion performed volunteer work. This pattern also emerges when students report interacting with a racial/ethnic group other than their own. Of students who reported high levels of compassion, 52.3% said they shared personal feelings or problems with a racial/ethnic group other than their own often or very often, compared to 40.3% of students with an average level of compassion and 37.3% of students with below average levels of compassion. Similarly, 55.6% of students who rated themselves highly in compassion reported that they often or very often had intellectual discussions outside of class with students from a racial/ethnic group other than their own versus only 41.4% of students who reported an average level of compassion. Interestingly, 48.4% of students who report below average levels of compassion have intellectual

proportion of the overall student population (0.7%), their high rates of anxiety are nonetheless striking. There is also a noticeable gap in anxiety between female students and male students, with 45.3% of female students reporting frequently feeling anxious versus only 26.6% of male students.

There are also notable differences when examining anxiety across sexual orientation. As demonstrated in Figure 1, students who identify as heterosexual/straight report anxiety at far lower levels than students who identify as a sexual minority. Well over half of queer, lesbian, bisexual, and other-identifying students also report frequent anxiety. Although students who are considered a sexual minority constitute a small proportion of the overall student population, it is clear that they feel frequently anxious at higher rates than students who are heterosexual/straight.

There are also differences in reports of frequently feeling anxious when disaggregating students by race/ethnicity, as shown in Figure 2, though these differences are not as stark as they are within other demographic characteristics. Students who are biracial/multiracial or Hispanic report the highest rates of frequent anxiety at over 40%. Asian students report the lowest levels of frequent anxiety at 33.5%.

It is clear from these findings that first-year students struggle with maintaining wellness. Further, there are notable differences in rates of anxiety when disaggregating data. This suggests that while the overall student population experiences a high degree of anxiety, certain student populations, such as transgender students, experience anxiety at even higher rates.

Figure 2. Percent of Students Who Frequently Felt Anxious by Race/Ethnicity

Race/Ethnicity	%
Asian	33.5%
Black	37.1%
White	38.8%
Other	39.2%
Hispanic	42.2%
Two or more race/ethnicity	45.3%
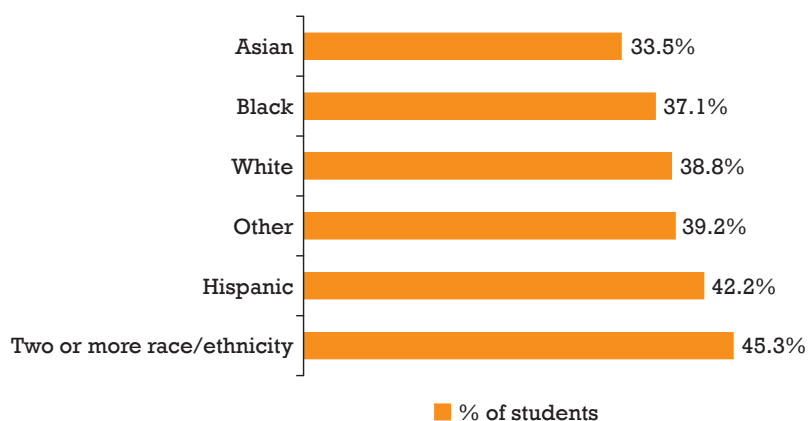
■ % of students

Note: "Other" includes Native American due to low cell counts

discussions outside of class with students from a racial/ethnic group other than their own, a rate slightly higher than that of students with average levels of compassion.

Self-reported levels of compassion also relate to students' values, as 85.9% of respondents who rated themselves highly in compassion consider "helping others who are in difficulty" either essential or very important compared to 67.3% of students with an average level of compassion and 50.9% of students with below average levels of compassion. Additionally, 54.6% of students who rate themselves highly in compassion consider "helping to promote racial understanding" as essential or very important compared to only 40.1% of students who rated themselves with an average level of compassion and 31.6% of students with below average levels of compassion. Finally, 73.5% of students who rated themselves highly in compassion consider improving their understanding of other countries and cultures essential or very important versus 58.7% of students with average levels of compassion and 55.6% of students with below average levels of compassion.

Higher education plays a complex and multi-faceted role in student development. While its contribution to the intellectual development of students is considered a given, higher education also contributes to holistic development. Compassion serves as a valuable measure in examining how items related to pluralistic orientation develop during college. Since high levels of compassion appear to be linked to activities and personal values that promote service and pluralistic orientation, it also raises the question of how colleges can ensure that students are cultivating and expanding their personal levels of compassion.

ADMINISTRATIVE RESPONSES

The 2017 YFCY added questions about student satisfaction with administrative responses to campus safety issues. The findings show that students are largely satisfied in this area. In fact, 23.3% of respondents reported that they were very satisfied with the administrative response to campus emergencies. Close to one-fifth (17.9%) were very satisfied with administrative response to incidents of discrimination. Finally, 18.1% of respondents said they were very satisfied with the administrative response to incidents of sexual assault. While it is encouraging that students appear to be largely satisfied with the administrative response to these incidents, it is important to note that student satisfaction differs across some student populations. For example, 20.5% of male students were very satisfied with administrative responses to incidents of sexual assault whereas only 16.8% of female students reported that they were very satisfied in this area. There were also differences in reporting by race/ethnicity regarding administrative responses to incidents of discrimination.

Amongst biracial/multiracial students, more reported that they were very satisfied, at 20.0%, than any other race/ethnicity. White students also reported relatively higher rates of being very satisfied at 19.1%. Hispanic students were not far behind at 17.7%. Black and Asian students were very satisfied at 15.9% and 14.0%, respectively. Finally, Native American and "Other" races (combined due to low cell counts) showed the lowest proportion of being "very satisfied" at 11.7%.

FOLLOWING UP ON 2016 ENTERING FRESHMEN

We have the ability to longitudinally track students during their first year in college by matching responses between the 2016 Freshman Survey with responses from the 2017 YFCY. There were a total of 4,667 first-year, first-time students who responded to both surveys. A major story from the 2016 TFS was that the entering cohort was the most politically polarized cohort in the history of the Freshman Survey (Eagan et al., 2016). Interestingly, this polarization seems to have increased even further after students' first year of college, which coincided with the 2016 presidential election. Of students who responded to both the Freshman Survey and Your First College Year, 40.5% reported "middle-of-the-road" political views on TFS compared to 37.3% of these same respondents in the YFCY. From TFS to YFCY, there is a slight decrease in students who identify as conservative or far right (18.9% to 18.0%) and an increase in students who identify as liberal or far left (40.7% to 44.7%). The 2016 TFS also highlighted increased levels of civic engagement from students and speculated how this could translate to civic or political activities during the first year. A quarter of students (25.5%) rated the life goal of influencing the political structure as "very important" or "essential" on TFS, and matched responses from the YFCY indicate that students are acting upon this goal. Nearly all students said that they discussed politics in the past year (89.8%). Over one-third of students helped raise money for a cause or campaign (37.5%) and 29.8% demonstrated for a cause (e.g., boycott, rally, protest). Finally, three-quarters of students (76.9%) said they were currently registered to vote. Students will undoubtedly continue to grow and evolve in their political views and civic engagement throughout their time in college, but it is clear from comparing TFS and YFCY responses that students are well on their way in only their first year.

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The Higher Education Research Institute (HERI) is one of the premier research and policy organizations on postsecondary education in the country. Housed in the Graduate School of Education & Information Studies at the University of California, Los Angeles, the institute is an interdisciplinary center for research, evaluation, information, policy studies, and research training in postsecondary education.

HERI administers the national Cooperative Institutional Research Program (CIRP) surveys, including the CIRP Freshman Survey, Your First College Year survey, Diverse Learning Environments survey, College Senior Survey and the triennial HERI Faculty Survey. CIRP has collected data on over 15 million college students from more than 1,900 colleges and universities since 1966.

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A NEW MODEL
for CAMPUS HEALTH

Integrating Well-Being into Campus Life

BY PAM WATTS

L earning how to be happy may sound more like a topic for self-help books than for college and university leaders. Former U.S. Surgeon General Vivek Murthy would disagree. During his tenure, he prescribed happiness—"the long-term emotional well-being that comes from fulfillment, purpose, [and] connectedness"—at presentations throughout the country, and he shared the science that supported his prescription.

While higher education has been dominated by headline-grabbing issues such as funding dilemmas and free-speech protests, a quieter but more pervasive issue—student well-being—has been capturing the attention of college and university presidents, vice presidents for student affairs (VPSAs), and other administrators. The results of *Great Jobs Great Lives: The 2014 Gallup-Purdue Index Report*, a study of more than 30,000 college graduates across the United States, affirmed the responsibility of higher education institutions to equip students to not just pursue better jobs, but to successfully pursue better lives. The report broke well-being into five areas: purpose, social, financial, community, and physical, and explained how student experiences on campus affect their engagement in future jobs and overall life satisfaction. As the report noted, "The odds of thriving in all areas of well-being more than double for college graduates when they feel their college prepared them well for life outside of it."

A Shared Responsibility

Being well is not a new concept. Workplace wellness initiatives have grown steadily since the 1970s. Today, stand-up desks, walking meetings, and step challenges are the norm, and companies devote entire campuses and company policies to foster well-being. Such measures, which look beyond return on investment to total value added, have proven to help increase candidate pool competitiveness and retain workers.

While higher education often lags the business sector in embracing such cultural shifts, most campuses can still point to some level of established wellness efforts, such as substance abuse education classes through the student health center or nutrition through campus recreation. In fact, according to NIRSA: Leaders in Collegiate Recreation's Institutional Data Set (IDS), the online benchmarking tool for NIRSA members that analyzes trends within collegiate recreation, 89 percent of campuses report managing at least one wellness program and 80 percent report at least one dedicated wellness space.

It makes sense that the majority of campus wellness efforts have traditionally landed in recreation departments. More than 75 percent of students on a given campus visit recreation facilities, but relegating wellness efforts to the jurisdiction of campus recreation fits with old, dated concepts of wellness. That model of wellness is concentrated in the realm of physical fitness, nutrition, and weight loss.

"If you Google Image search the word 'wellness', what most frequently pops up are stock photos of an apple next to colorful handheld weights, wrapped up in measuring tape," says Stacy Connell, first senior director of health initiatives at Georgia Institute of Technology (Georgia Tech) and

Colleges and universities increasingly are focusing on instilling healthy habits that students will follow throughout their lives.

former associate director of university recreation at North Carolina State University (NC State). Conversely, a search for "well-being" more frequently yields images of multicolored charts and infographics highlighting its inter-connected and multilayered nature.

Today, well-being encompasses the collective and interdependent combination of how people think about and experience their lives. This concept transcends any one program or departmental effort. The Gallup-Purdue Index Report found that "only 11 percent of college graduates are thriving—strong, consistent, and progressing—in all five elements of well-being. More than one in six graduates are not thriving in any of the elements." For those concerned with student development, those numbers simply are not good enough.

No one department can own an institution's well-being efforts; every department has a responsibility to support health and well-being, and the ability to do so can make a campuswide sustainable difference. Colleges and universities are moving toward an upstream approach to well-being. As Suzy Harrington, executive director of health and well-being at Georgia Tech, described during the 2017 NIRSA Annual Conference, "upstream" is a public health concept that acknowledges that while we need to help those who are currently suffering, we must focus on preventing issues from occurring. This means helping build preventative measures—such safety nets are frequently the purview of traditional wellness models—and keeping people thriving upstream so they never approach the proverbial cliff edge.

To make progress in this area, some universities have combined efforts. At Virginia Polytechnic Institute and State University (Virginia Tech), five departments form the health and wellness unit: Recreational Sports, Cook Counseling Center, the Schiffert Health Center, Services for Students with Disabilities, and Hokie Wellness. These departments have been reporting to one assistant vice president since 2006, capitalizing on synergies to strengthen efforts toward student well-being. Today, four of the unit's five departments can be found under one roof: McComas Hall. Chris Wise, assistant vice president for student affairs, has noted that removing barriers and combining expertise have enabled students at Virginia Tech to more fully engage in the higher education experience, which they are unable to do if they are struggling with their health.

Georgia Tech also found success in integrating units. It created a new Office of Health and Well-Being in 2015, bringing the Campus Recreation Complex, Office of Health Initiatives, and Stamps Health Services under one umbrella. Integrating efforts has allowed staff to reach broader audiences

SOUTH DAKOTA STATE LEADS THE WAY

A t South Dakota State University (SDSU), wellness is much more than physical health, exercise, or nutrition. "We call our building a Wellness Center because we focus on all the dimensions of wellness, rather than just the physical dimensions," says Shari Landmark, the center's recreation and fitness director. SDSU Wellness Center staff actively work together to target programming to seven different dimensions of wellness, including physical, social, environmental, financial, spiritual, emotional, and intellectual.

Built in 2008, the Wellness Center facility is among the first campus wellness centers in the country with health, wellness, and recreation programs located in one building. This one-stop model allows staff from different wellness areas to creatively collaborate to offer unique programs and services to students both inside and outside of the Wellness Center.

SDSU extends this collaborative wellness model into every aspect of student life, even creating a dedicated wellness space in one of the dormitories. Schultz Hall, the closest residence hall to the Wellness Center, features a living and learning wellness community on its fourth floor that is aptly named the Healthy Living and Learning Community.

While the SDSU Wellness Center actively serves about 13,000 students and is open to SDSU faculty and staff, many aspects are open to the entire community with programming across the age spectrum from toddlers to active senior citizens. Currently, the Wellness Center has about 1,200 community memberships.

Key to success for such a collaborative model is a shared vision with a priority placed on student health and well-being. "We have an overall goal of instilling good healthy habits in student lives while they are here at SDSU with the hopes that they will continue to build these healthy habits once they leave the university," says Landmark.

This article was excerpted from the October 25, 2016, issue of NIRSA Know, *the NIRSA newsletter.*

Rock-climbing experiences are offered through the SDSU Wellness Center.

through cross-marketing initiatives, to present a unified voice on well-being content, and to increase departmental exposure to students and employees. The sheer number of students that use campus recreation services daily and their willingness to use this asset in partnership with others have helped maximize the office's reach and effectiveness.

Health Issues Increase on Campus

The fall 2016 American College Health Association National College Health Assessment (ACHA-NCHA) found more than 50 percent of surveyed students reported feeling things were hopeless; on three separate questions, more than 60 percent reported feeling very lonely, reported feeling very sad, and reported overwhelming anxiety; more than 80 percent reported feeling exhausted (not from physical activity); and 86 percent reported feeling overwhelmed by all they had to do. That's an increase of several percentage points in each category from the 2015 to 2016 assessment.

Campus leaders are rightfully concerned. *The Student-Centered University*, a study conducted this year by *The Chronicle of Higher Education*, found 73 percent of the 112 presidents and student affairs leaders surveyed at two- and four-year public and private institutions reported paying more attention to

student mental health in the last five years. Mental health ranked second (by one percentage point) among those issues that respondents predicted would garner more resources in the next five years. There is no doubt that counseling centers are in need: The 2015 annual report of the Center for Collegiate Mental Health noted that college enrollment increased by 5.6 percent from 2009 to 2015 and the number of students attending counseling appointments grew by 38.4 percent in that same period.

While increasing student access to mental health professionals is a hugely positive move for campuses, it cannot be the only solution. Institutions that have achieved success in this area offer the following advice: Start local and utilize resources that already exist to train and cross-train staff members. At Virginia Tech, for example, many students struggling with mental health issues, such as depression and anxiety, are encouraged to engage in a reasonable physical exercise program with clearance from their physician in addition to counseling center treatment. Christopher Flynn, director of the Cook Counseling Center, affirms, "Exercise is often equal to medication and therapy in alleviating symptoms of anxiety and depression—doing them all together enhances success." Students active in club sports, intramurals, or fitness classes

THE POWER OF NATURE

What began as a dinner conversation about forming a partnership between the University of Florida's Department of Recreational Sports and Counseling and its Wellness Center has evolved into a series of adventure trips for students with a focus on mindfulness and meditation. The three-day learning/camping trips take students away from everyday concerns to dig deeper into themselves surrounded by the beauty of nature.

"Research suggests that it takes three days in the wilderness for individuals to begin to feel the enriching and therapeutic benefits of nature," according to Jackie Matthews, coordinator for the university's Center for Outdoor Recreation and Education. "With exercise, outdoor activity, and exposure to nature, you can see the start of individual mindset change in student participants," says Catherine Cramp, senior associate director of the university's Department of Recreational Sports.

"We give students a safe place to gain skills that will help them build resilience and coping mechanisms that they can use throughout their lives," says Matthews. The first Mindful Meditation Retreat was piloted two years ago in summer 2015, and feedback has been overwhelmingly positive. Led by staff members who volunteer their time and trained and paid student trip leaders, the retreats include physical activities, meditation and mindfulness activities, individual reflection, and a challenging physical experience.

"The hardest part is finding the perfect location," explains Matthews. "State parks in Georgia have been great because they are beautiful settings, relatively close to campus, and allow reservations in advance, which are all key criteria for the trips." Ninety-eight percent of students who attended the trips agree they felt less stress due to a connection to nature.

Matthews says the center anticipates working with specific groups on campus that could benefit most from the trips. "We are looking to connect with the recovery community to plan a trip for students in recovery, and we are continuing conversations with other groups such as the counseling center's group therapy program.

University of Florida students connect with nature during three-day adventure trips offered through the Center for Outdoor Recreation and Education.

Students enjoy power-napping in one of the pods at the new Oasis Wellness Center at California State University, Northridge.

who struggle to find joy in day-to-day life are often referred by recreation staff members to resources like the "How of Happiness" support group. This interconnected approach strengthens both departments in their joint mission of student well-being and health.

NC State has also been utilizing an integrative care model for student support, leveraging exercise as medicine and the proactiveness of wellness coaching and training staff to be aware and act when needed. Connell notes that recreation staff members are now comfortable in referring students to specific programs, counseling, or health services when they see and hear signals that students need help. "Transcending departments to best serve students is how you move the needle," she adds.

Moving the needle also occurs when campuses recognize the interconnected nature of health concerns. Healthy sleep habits are essential to well-being; unfortunately, college life is not usually associated with positive sleep practices. According to the 2015 ACHA-NCHA, 58 percent of students report being significantly tired or sleepy for at least three days a week during the school year. Poor sleep habits can exacerbate issues like stress and anxiety and negatively impact learning ability. In fact, California State University (CSU), Northridge, was surprised to find students rated sleep second on a survey of primary barriers to graduation. The university began taking steps to address the issue through education services around healthy sleep habits along with a myriad of other well-being activities. Student demand for these services quickly outpaced supply.

To meet that growing demand, in 2015 CSU Northridge opened the 16,000-square-foot Oasis Wellness Center, which offers indoor and outdoor lounge spaces, acupuncture, meditation, yoga, massage therapy, stress relief, health and wellness workshops, and power-napping sleep pods for students. The pods position users in optimal, reclined sleeping positions while relaxing music is played, offering students an opportunity to counteract feelings associated with sleep deprivation and work toward building healthier habits. In its first semester of operation, 3,800 naps were taken at Oasis, and user feedback was overwhelmingly positive. Most important, reports of sleep and stress problems decreased among CSU Northridge students within a year.

One Step at a Time

While not every campus can address rising health concerns or foster well-being by investing in nap pods, restructuring reporting lines, or moving related departments under one roof, any campus can take initial steps to shift its cultural focus.

Michael Edwards, senior director of campus recreation at Georgia Tech, stresses the importance of articulating a philosophy around which to focus and prioritize. The Georgia Tech model centers on "Smart and Happy," fitting for a public research university renowned for its technologically focused education and committed to promoting the inclusive and holistic brand of "happy," as prescribed by the former surgeon general. Edwards further advises that it is important to choose an approach reflective of the specific community that will be living it.

Such is the case for the Wolfpack of NC State, where the philosophy to "build a thriving pack" is embraced across campus. "We're focused on making NC State a place where students can be in a rigorous program and know they're valued and cared for," Connell explains. Both Georgia Tech and NC State have formulated strategic plans around campus

Campus leaders must encourage faculty, staff, and student involvement in health and well-being initiatives.

have programs for well-being activators: Armed with toolkits, they serve as champions who infiltrate student groups and resident life to promote wellness, lead activities for their organizations, share wellness resources, and motivate peers to make healthy lifestyle choices. At Georgia Tech, the initial training session attracted more than 35 attendees representing some 100 groups. "Activators are the real tools to drive change, not programs," Edwards says.

Faculty and staff members are critical parts of the campus community that are often overlooked. "Well-being has to be for the entire campus community," Harrington says. "Happy and positive faculty members have a huge impact on student learning and motivation. There is also a broader impact on student development if the whole campus is incorporated into this culture of health."

Several colleges and universities now have university staff and faculty champions or activators. They volunteer to promote well-being initiatives in their colleges, units, or departments by communicating activities to colleagues, encouraging staff participation, planning activities, and working collaboratively

> "Happy and positive faculty members have a huge impact on student learning and motivation. There is also a broader impact on student development if the whole campus is incorporated into this culture of health."

well-being and created task forces charged with overseeing implementation of the plans.

True campus culture change must be driven by the people who live it daily. While it is often easier when the direction and resources come from the top, VPSAs and all student affairs professionals understand that effective leaders are found at all levels.

Those leaders can then be fostered into campus ambassadors for well-being. Both NC State and Georgia Tech

to promote health and well-being in their units. Their participation overcomes another frequently cited barrier to successful culture change: middle managers. Georgia Tech suggests making middle managers sign off as part of the application process for well-being activators, effectively securing their buy-in up front.

Virginia Tech partnered with human resources and the Hokie Wellness Team to give new employees a free month of recreation center membership to use at a time of their

choosing. This is part of a larger effort to make "most of our programs available to the entire campus community in all of our wellness areas," says Wise.

Low-Cost and Sustainable Change

Building a culture of well-being does not have to break the bank. The same tools to initiate and maintain culture change can also help keep costs low. "Leverage your relationships, go after low-hanging fruit, and approach the work from multiple angles, such as personal, professional, and policy," Harrington recommends.

A low-cost but highly effective option utilized at several higher education institutions is an application process for both departments and student groups to receive certification in well-being. At Georgia Tech and NC State, to get these campus-created certifications, a department or group must show a demonstrated commitment to fostering healthy lifestyles in multiple areas of well-being. Several levels of certification ensure the initiative is not a "one and done" effort but a sustained priority for the department. Certification takes the form of easily digitized certificates, badges, or stickers—hardly budget-breaking items—that yield significant value in expanding well-being's reach and in building community.

Successful efforts and low-cost measures can be as simple as evaluating current programs and activities and looking for ways to do them more effectively. "Sometimes it's just reframing the conversation," Connell says. "At NC State, we looked at our efforts around financial well-being education. Budgeting is an important skill, and we found students are much more responsive to events like how to decorate your dorm room on a dime rather than traditional budget workshops." She also noted an audit of campus offerings revealed program overlaps and duplications that could be streamlined if departments worked together, such as programs to destress during finals week.

Building a culture of health and well-being on campus has a significant and long-term impact. For the institution, it helps retain students to graduation. Strong retention rates help attract prospective students. It also makes good economic sense: It is more expensive to recruit new students than to graduate students already on campus. A 2004 study by the Educational Policy Institute on student success exemplified this fact by noting that if the total recruitment/enrollment management budget of an institution is $1 million and the six-year cohort graduation rate is only 50 percent, then $500,000 is lost in efficiency.

Beyond campus, well-being helps equip students to be stronger members of the workforce and be healthy, happy, flourishing, and fulfilled individuals. Our students are the next generation of leaders, educators, alumni, and parents. Teaching them how to lead better lives will shape the well-being of generations to come. **LE**

Pam Watts is executive director of NIRSA: Leaders in Collegiate Recreation.

UNIVERSITY OF RICHMOND CREATES WELLNESS GRADUATION REQUIREMENT

In keeping with the University of Richmond's objective to foster a thriving and inclusive community, every undergraduate student is now required to complete a three-part series on wellness. The wellness graduation requirement was created and designed as a multidimensional, collaborative campuswide approach to support student learning, well-being, happiness, and success.

The requirement has been mandatory for graduation since 2000 when a physical activity class requirement was dropped and the faculty voted in a new non-credit, non-graded wellness requirement. Oversight for the requirement was then moved from the Health and Sports Science Department to the Campus Recreation Department, renamed the Recreation and Wellness Department in 2004.

"I remember being hesitant about taking on this responsibility because the meaning of wellness was lofty and generally misunderstood, and not everyone embraced wellness as they do today," says Tom Roberts, the university's vice president of recreation and wellness.

Since its inception, the wellness graduation requirement has been through numerous reviews and revisions. It currently includes a two-part course featuring an online alcohol education and prevention program, an alcohol education workshop, and a component that addresses the critical issues of sexual assault, sexual harassment, relationship violence and stalking; two six-week courses on timely health topics; and a sexual misconduct course as a second-year requirement for all students that will be piloted in fall 2017 and implemented in fall 2018.

Steve Bisese, the university's vice president for student development, notes, "Involving other departments is important and intentional because it builds campuswide collaboration, it provides continuity in how and what we are teaching our students about health and wellness, and it significantly contributes to efforts to create a culture of well-being."

Why Institutions Are Investing in Students' Coping and Resilience Skills

Lindsay Kubaryk, Senior Analyst
lkubaryk@eab.com

Student Affairs Forum

Grit, Coping, and Resilience in the Headlines

No Shortage of Articles Highlighting Skill Gap Among Current Students

The Coddling of the American Mind

Top Students, Too, Aren't Always Ready for College

Students Should Be Taught Resilience, but Educators Struggle With the Best Way Forward

Succeeding in the Global Economy: The Skill Employers Really Want From New Recruits

Homework Therapists' Job: Help Solve Math Problems, and Emotional Ones

Declining Student Resilience: A Serious Problem for Colleges

Students Struggle to Cope With Day-to-Day Challenges

✖ Students struggle to prioritize their work with a **lack of parental oversight**

✖ Students **clash with new roommates** who they do not know

✖ High-achieving students struggle to persevere after they **fail a test**

✖ Students **blame their professors** when they struggle to learn content

Source: Cross Country Checkup. "Student Should Be Taught Resilience, But Educators Struggle with the Best Way Forward." *CBC Radio,* February 9, 2018; Gray, Peter. "Declining Student Resilience: A Serious Problem for Colleges," *Psychology Today,* September 22, 2015; Lukianoff, Greg And Jonathan Haidt. "The Coddling of the American Mind." *The Atlantic,* September, 2015; Petroff, Alanna. "The Skill Employers Really Want From New Recruits," *CNN Money,* September 23, 2016; Spencer, Kyle. "Homework Therapists' Job: Help Solve Math Problems, and Emotional Ones," *The New York Times,* April 4, 2018; Tuttle Hansen, Elaine. "Top Students, Too, Aren't Always Ready for College," *The Chronicle of Higher Education,* March 11, 2013, EAB interviews and analysis.

Defining Our Terms

A Variety of Concepts That Address These Issues

Grit: Passion and sustained persistence applied toward long-term achievement, with no particular concern for rewards or recognition along the way

Resilience: Ability to face, overcome, and be strengthened by life's adversities and challenges

Growth Mindset: Belief that basic talents can be developed through dedication and hard work – brains and talent are just the starting point

Positive Education: Educational strategy that blends academic learning with an emphasis on wellbeing

Same Problem, Different Names

"Today's students are bright, eager, academically ready, and take direction well. They have lots of good qualities but don't have the fundamental skills to take agency in their lives. **Call it a lack of coping, resilience, grit, or positive education... they lack the necessary skills to succeed."**

Vice President of Student Affairs
Public Research University

Source: Duckworth, Angela. *Grit: The Power of Passion and Perseverance.* New York: Scribner, 2016; Dweck, Carol. *Mindset: The New Psychology of Success.* New York: Random House, 2006; Newman, Tony. *What Works in Building Resilience?* London: Barnardo's, 2004; Seligman, Martin, et al. "Positive Education: Positive Psychology and Classroom Interventions." *Oxford Review of Education* 35:3 (2009): 293-311; EAB interviews and analysis.

Two Prominent Theories About Why Students Lack Coping and Resilience Skills

Today's Students Are 'Soft'

- "Helicopter" parents contribute to **lack of independence**
- Parents are reluctant to see their children struggle and step in to **shield them from consequences**
- Students **lack experiences and coping skills** that help them to bounce back from challenges
- Failure-averse students **shut down** when they do not succeed

Today's Students Face More Challenges

- Student **feel uncertain about the future** in a charged and tumultuous political climate
- High cost of college and the **burden of student debt** adds to students' stress and anxiety
- **Social pressures and FOMO** present 24/7 through social media
- **Competitive job** market magnifies student anxiety

A Top-of-Mind Issue for EAB Members

A Growing Appetite for Preventive Support

Grit and Resilience Hot Topics Across Student Affairs

97%
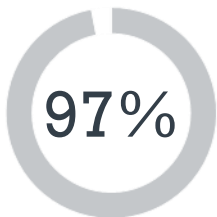
Of Student Affairs Forum members rated Growing Grit and Resilience as an **important priority**

Selected Presentations from NASPA and ACPA Conferences

- ✓ *Getting Gritty: Teaching Students to Embrace Failure as a Key to Growth*
- ✓ *Reframing Resilience / Failing Brilliantly*
- ✓ *A Question of Resilience*
- ✓ *No Time For That?: Developing Career Resilience in Nontraditional Students*

> "
>
> There's an idea that there is something wrong with students today. But that's because people are failing to recognize the normal challenges of jumping into difficult work (leaving home). These changes highlight where the gaps are between people's current skills and their aspirations. **There's not something wrong with the students and there is not something wrong with the college – that's exactly what we're here to do**.
>
> *Abigail Lipson*
> *Director of the Success-Failure Project*
> *Harvard University*
>
> "

"Every Year is Record Breaking"

Students' Appetite for Mental Health Support Continues to Grow

Counseling Center Demand Shows No Sign of Slowing

5x

Rate at which demand for counseling center appointments **outpaced enrollment growth**

12 days

Median wait time for individual therapy appointments on campuses that use a waitlist

Low-Risk Students Contribute to Growing Demand

Who are low-risk students?

✓ **Not at risk of hurting or harming themselves or others**

✓ Developmental challenges

✓ General anxiety or stress exacerbated by the academic or political environment

✓ Loneliness or social isolation

> "Demand for mental health support is rapidly growing ... In response, we have poured more and more resources into clinical support services. **Despite the additional investment, both waiting times and student distress are increasing**."
>
> *Vice-Provost and Dean of Students*
> *University of Alberta*

Source: LeViness, Peter, Carolyn Bershad, and Kim Gorman. "Association for University and College Counseling Center Directors Annual Survey," 2018; Center for Collegiate Mental Health, 2015 Annual Report; Costopoulous, Andre. "Our Role is to Support Students When They Are Ready to be Students," *University Affairs,* August 25, 2017; EAB interviews and analysis.

Demand Not Just Limited to Counseling

Increasingly Students Look for Help Earlier and In a Variety of Places

Demand Spills Over to Other Areas on Campus

Residential Life

"Roommate conflicts and adjustment issues are more common than ever."

Academic Advising

"We're struggling to manage the number of students that come to us totally overwhelmed."

Faculty and Staff

"Students come in academically prepared, but they can't handle the stress of being in college."
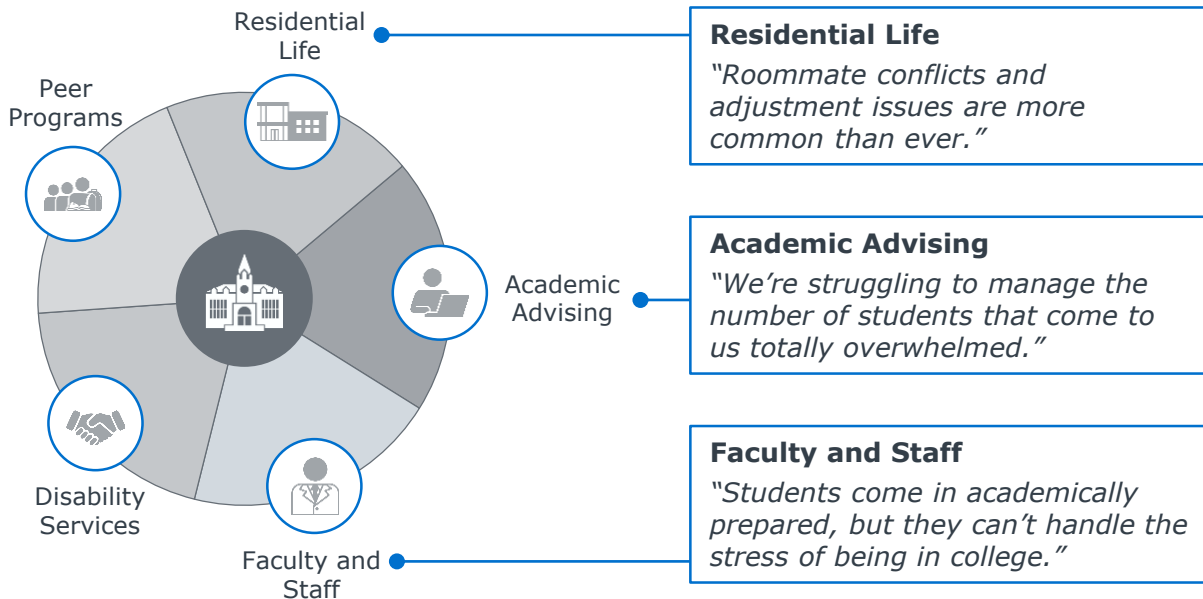
"Helping Our Students Thrive"

Retention and Student Success Impacts Abound

10% Of low-resilience first-year students persevere through academic challenges[1]

0.90 Difference between low resilience and high resilience first-year students' average GPAs[2]

First- to Second-Year Retention
By Resilience Level, 2014-15

80%

58%

High-Resilience Students

Low-Resilience Students

❝
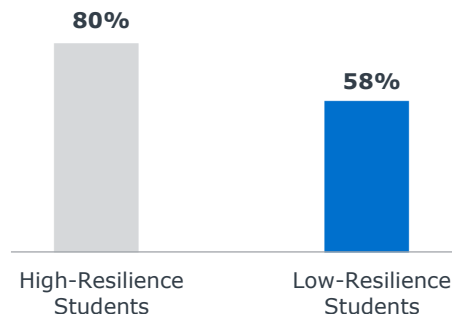
I believe this impacts retention - **students who are better able to manage their anxiety are more likely to continue**. We became concerned when students indicated they were leaving because of anxiety or performance issues in the classroom.

Susan Lantz, Vice President for Student Life
Susquehanna University

❞

1) Compared to 75% of high-resilience first-year students
2) 3.10 for high-resilience first-year students and 2.20 for low-resilience first-year students

Source: Skyfactor, "Academic Resiliency And First-Year College Students," 2017; EAB interviews and analysis.

The Shifting Enrollment Landscape

Resilience and Well-Being Initiatives Can Be a Competitive Advantage

Increasingly Volatile Enrollment Conditions...

36 States will see slower growth or declines in the high school graduation rate

64% Of colleges did not meet new student enrollment targets in 2017

CHRONICLE SPECIAL REPORT

"Marketing to Survive"

Colleges Hone Their Search for a Competitive Advantage

"A Population in Flux Forces Colleges to Adapt"

Colleges are trying an array of strategies in response to changes

> **A New Competitive Advantage**
>
> It's more and more common to hear parents and families asking about the availability of mental health and well-being resources on campus during the admissions process. **This creates a lot of pressure to make sure we're prepared to answer those questions** and provide support that will be compelling to students and their parents."
>
> *Dean of Students*
> *Private College*

Where Do We Go From Here?

Key Next Steps for Student Affairs Leaders

"

Maximize Current Efforts

"One of the things we realized quickly was we can't solely deliver one-on-one support on this size of a campus. **We needed to figure out a way to scale up support for the masses and maximize our efforts**."

Jody Donovan
Assistant Vice President for Student Affairs
and Dean of Students
Colorado State University

"

Strategically Expand Efforts

"We are lucky to have strong support from our leadership for addressing coping and resilience skills. **Our biggest challenge is figuring out what to invest in.** We have to make sure whatever we commit to is responsive to student needs, speaks to their interest, and benefits them in a meaningful way."

K.C. Mmeje
Vice President of Student Affairs
Southern Methodist University

Western University Adopts Comprehensive Plan for Mental Health and Wellness

Vision for Student Mental Health and Wellness

❝ **To create a university campus that is resilient and cares about mental health and wellness,** where students receive support as needed, where talking and learning about mental health reduces and eliminates the stigma surrounding mental health issues, and where we build a more supportive and inclusive campus environment **to enhance all students' potential for success.**

Western's Student Mental Health and Wellness Strategic Plan

Key Goals

✔ Cultivate institutional commitment for student mental health at all levels of the university

✔ Sustain and strengthen student resilience

✔ Advance practice and policy that promotes resilience and wellness

Key Action Items

📊 Increase data collection and assessment of key indicators of student mental health and wellness

👥 Increase and enhance training and supports for student helpers, leaders and mentors across campus

💵 Establish a Wellness Innovation Fund to support programs and services that promote wellness on campus

Institutions Seek Experienced Leaders to Integrate Work on Campus

Apply Now: Chief Wellness Officer

Reports To: Chief Student Affairs Officer

Job Responsibilities

- Leads all aspects of integrated student health and wellness programs and initiatives across campus

- Responsible for long-term strategic vision for holistic campus well-being

- Oversees the work of:
  - Counseling and Psychological Services
  - University Health Services
  - Wellness Promotion
  - Campus Recreation
  - Spiritual Life

Qualifications

- Minimum of master's degree in health, counseling, or wellness; preference for credentialed clinicians and/or MD, PsyD, or PhD

- Significant experience in health policy, planning, or administration

- 7-10 years progressively higher responsibility in higher education

Early Adopters

Penn
Chief Wellness Officer

Carnegie Mellon University
Associate Vice President for Community Health and Well-Being

CWU | Central Washington University
Associate Dean of Health and Wellness

WAKE FOREST UNIVERSITY
Director of Wellbeing

Why Institutions Are Investing in Students' Coping and Resilience Skills

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Student Affairs Forum

Student Affairs Forum

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Institutional Accreditation by SACSCOC

The Fifth Year Interim Report Status Update

VCU Board of Visitors
September 2019

Who is SACSCOC?

- **Southern Association of Colleges and Schools Commission on Colleges**
- One of six regional accreditation organizations recognized by the US Department of Education and Council for Higher Education Accreditation
- SACSCOC accredits colleges and universities in 11 states, Latin America and other international sites approved by the SACSCOC Board of Trustees
- Mission: To assure the educational quality and improve the effectiveness of its member institutions

VCU

Jurisdiction area

Why Accreditation Matters?

- VCU's commitment to high quality and excellence through <u>voluntary</u> participation in a rigorous peer review process
- SACSCOC accreditation enables VCU to establish eligibility for Title IV funding (federal and state student financial aid)
- Continued reaffirmation indicates that VCU meets the standards of quality and accountability
- Without accreditation, students ability to find jobs, transfer credits to another institution, or obtain appropriate professional licensure may be compromised

Fifth-Year SACSCOC Review Timeline

Notification
April 2019

Submission
March 2020

Review
June 2020

Results
July 2020

Referral
Report
(if applicable)

Components of the Fifth-Year Interim Report

- Signatures: Integrity of Report
- Fifth-Year Compliance Certification
- Institutional Summary Form
- QEP Impact Report
- Follow-Up Report

Signatures Attesting to the Integrity of the Report

Components of the Fifth-Year Interim Report

- Signatures of CEO and Accreditation Liaison

Institutional Summary Form

Components of the Fifth-Year Interim Report

- "Blueprint" of the institution
- Key Components
  - List of all degrees and certificates (& number of graduates)
  - Off-campus instructional locations & branch campuses
  - Distance and correspondence education
  - Agencies that accredit the institution and its programs

VCU

Components of the Fifth-Year Interim Report

Fifth-Year Compliance Certificate

- A mid-term review that occurs half-way between the 10-year reaffirmation process
  - ➢ VCU's last reaffirmation was 2014

- Covers 22 accreditation standards, explains findings and provides documentation in support of the institution's case for compliance

Components of the Fifth-Year Interim Report

Quality Enhancement Plan (QEP) Impact Report

- List of initial goals and intended outcomes of the QEP
- Discussion of changes made to the QEP and the reasons for making those changes
- Description of the QEP's impact on student learning and/or environment supporting student learning, as appropriate to the design of the QEP
- Reflection on what the institution has learned as a result of the QEP experience

VCU

Results

- Possible Outcome: No referral report

- Possible Outcome: Referral report to Compliance & Reports Committee (SACSCOC)
  - No additional report requested
  - Request a monitoring report
  - Recommend placing on sanction, with monitoring report, with or with a special committee visit to campus
  - Recommend removal from membership

AGB-CHEA Joint Advisory Statement on
Accreditation & Governing Boards

The Association of Governing Boards (AGB) and the Council for Higher Education Accreditation (CHEA) have both recognized the importance of engaging governing boards in the accreditation process. AGB affirms[1] that one element of board accountability for educational quality and institutional autonomy is to be aware of and appropriately engaged in the process by which the institution and its various educational programs are accredited. CHEA recognizes and values the responsibility that governing boards share in helping colleges and universities attain the highest possible standards for good management and student learning,[2] and it actively encourages the involvement of governing boards in this process.[3]

In the summer of 2008, in response to heightened public concern about higher education academic quality and heightened pressure for accountability, 21 current and former college and university chief executive officers and board members considered the topic of governing boards and accreditation. Specifically, the discussion focused on the appropriate level of board engagement in the accreditation process and how it can best be achieved. Subsequently, the boards of AGB and CHEA, as well as each organization's several advisory groups, commented on the issue, acknowledging that just as accountability for quality is central to the fiduciary responsibility of governing boards, accrediting organizations are considered by the academic community to be central to assuring the quality of a college or university.

This joint advisory statement was approved by the boards of directors of AGB and CHEA, and it represents the best thinking of both organizations on the relationship of governing boards to the process of accreditation.

With more than 1,200 member boards, both public and private, and 35,000 individual members, the Association of Governing Boards of Universities and Colleges (AGB) strengthens and protects this country's unique form of institutional governance through its research, services, and advocacy.

A national advocate and institutional voice for self-regulation of academic quality through accreditation, the Council for Higher Education Accreditation (CHEA) is an association of 3,000 degree-granting colleges and universities and recognizes 59 institutional and programmatic accrediting organizations.

1. *AGB Statement on Board Accountability*, Adopted by the AGB Board of Directors, January 17, 2007.
2. *New Leadership for Student Learning and Accountability: A Statement of Principles, Commitments to Action.* AACU and CHEA, 2008.
3. *Presidential Guidelines Series*, CHEA December 2007.

History and Context of Accreditation

Accreditation is a periodic, peer-based system of review of higher education institutions and programs. It is designed to assure the public of an institution's commitment to academic quality and fiscal integrity as well as to stimulate ongoing improvement by the institution. The voluntary practice has existed for more than 100 years and typically begins with an institutional or programmatic self-study, followed by a visit from a group of experienced faculty members and administrators from other institutions who have been trained to evaluate institutional performance. This evaluation is made within the context of accreditation standards, as determined by the applicable accrediting organization. At present, 80 recognized accrediting organizations operate throughout the United States, reviewing public and private, two-year and four-year, nonprofit and for-profit institutions and a range of program areas, from law to medicine and the health professions, from social work to teacher education and engineering.

Accreditation's work is built on the core values of higher education: the importance of institutional mission as central to judgments about quality; the need for institutional independence, flexibility, and the freedom to carry out the important work of colleges and universities; accountability and the meeting of standards; fiscal integrity and the maintenance of adequate institutional resources; and the exercise of academic freedom by faculty.

At its heart, accreditation is a process through which an institution holds itself accountable to the academic community and the larger public, and as such it plays a key role in the success of U.S. higher education. It is self-regulation of an institution's or program's governance, finances, and academic activity, including curricula and academic standards. Thus, as stewards of an institution, and in conjunction with the president, administration, faculty, students, and staff, governing boards are obligated to ensure mission achievement as part of their fundamental fiduciary responsibility.

Accreditation not only functions as the primary vehicle for peer review and self-regulation of academic quality, it also has a relationship with the federal government that affects each accredited institution or program in the country. Since 1952, the federal government has required that institutions or programs seeking eligibility for federal funds be accredited by an accrediting organization that the federal government has recognized as meeting federal standards for this purpose. Federal funds include student aid grants and loans, research funds, and program funds—more than $100 billion per year in recent years. This relationship between accreditation and the federal government is often referred to as the "gatekeeping" role of accreditation.

Beyond the heightened individual, societal, and economic pressures for accountability, American higher education remains collectively responsible to the broader public good. As such, governing boards can assure policy makers and the public that the unique U.S. higher education enterprise is operating with integrity and stability, is delivering high-quality academic programs, and is worthy of its autonomous authority and self-regulation by demonstrating their engagement in the accreditation process.

Suggested Practices for Governing Boards and Chief Executive Officers

This statement offers suggestions for effective practice to governing boards and chief executive officers as they work with accrediting organizations. The statement is advisory and is not intended to be prescriptive. It is left to presidents and governing boards to determine whether the suggested practices are of value at their individual institutions and how to make use of them in a manner that best fits the specific environment and needs of each college or university.

For Governing Boards

Governing boards, working in collaboration with institutional leadership, are obligated to ensure mission achievement and institutional fiscal integrity as part of their fundamental fiduciary responsibility. Accordingly, understanding accreditation and its relevance to educational quality is extremely important. Governing boards need to be appropriately engaged in the accreditation process, respecting the leadership of the chief executive officer, the chief academic officer, and the faculty; acknowledging the importance of accreditation to serving students; and understanding that board engagement, awareness, and follow-up are fundamental to their fiduciary responsibilities.

To meet their ultimate responsibilities in accreditation, board leadership may consider the following actions to more fully engage the board in the accreditation process:

◆ Establish an ongoing orientation or accreditation education program for board members, with particular attention to the way in which accreditation relates to such core values as mission, institutional independence, and academic freedom. Through the program, boards will come to understand their oversight responsibilities regarding:
  • allocation of human and financial resources and their ongoing stewardship of the academic mission;
  • institutional commitment to assessment of student-learning outcomes; and
  • institutional commitment to assessment of institutional effectiveness and efficiency.[4]
  The orientation program may include an overview of:
  • the accreditation process and the number and types of accreditations held;
  • how to determine if the institution's educational programs are consistent with its mission;
  • how academic priorities are supported by resource-allocation decisions; and
  • how the accreditation report can aid institutional planning.
◆ Review key elements of the accreditation self-study, the visiting team's report, and formal action and decision letters from the accrediting organization and consider their implications for the institution's strategic goals, mission, and resources.
◆ Participate in the accreditation process. Some board members may be asked to meet with the visiting team during the accreditation process and need to be prepared to contribute in other ways.
◆ Develop, with the leadership of the chief executive officer, a plan for ongoing governing board involvement in accreditation review (for example, self-study preparation, site visits, and review of accreditation reports and decisions). This process links the board's responsibility

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4. *The Board's Role in Accreditation.* Michael F. Middaugh. AGB, 2007.

to monitor educational quality to the process of self-regulation and self-study, as well as to a continuous review of educational quality.

◆ Establish clear expectations of the board chair to work with the president on the accreditation process, including opportunities to meet with the visiting team and an expectation that the chair will receive the visiting team's final report when it is submitted to the institution.

◆ Assure that faculty participation in the process is cultivated to take advantage of the faculty's institutional knowledge and academic expertise.

◆ Become aware of the public policy role of accreditation and its relationship with federal and state government and how this affects an institution or program.

◆ For system boards, understand the accreditation processes of constituent institutions. Systems present a particularly complex and challenging environment for boards due to the number of institutions within their purview. It is incumbent on system executives to keep the system board informed of upcoming reviews, alerting the board to any perceived difficulties.

◆ Familiarize the board with the standards of accrediting organizations that apply to board governance and of actions that may be required to address them.

For Chief Executive Officers

Chief executive officers provide leadership in the accreditation process and can guide governing boards through the accreditation process. Accreditation can be used as an opportunity to assess institutional or programmatic impact and success, as well as to leverage change. Chief executive officers can assist the board in assuming appropriate policy oversight in the following ways:

◆ Engage the board in a periodic review of the various accreditations held by the institution, the costs involved, the obligations incurred, and the value added to the institution and its programs, as well as the anticipated schedule for future accreditation processes. Provide the board with periodic updates on the status of all pending accreditations and institutional actions that have resulted from previous accreditation reviews.

◆ Prepare strategies, with board leadership (perhaps led by the board's Executive Committee), for board engagement in pending accreditation processes.

◆ Inform the board about specific expectations related to governance that will be evaluated in upcoming accreditation reviews and ensure the availability of board members to communicate with the visiting team.

◆ With the chair, ensure that board agendas include relevant issues for board consideration resulting from accreditation reports.

◆ Provide leadership and participate in orientation programs for new and current board members on issues related to accreditation.

◆ Work to more fully engage faculty in accreditation, including participating in their own institution's accreditation reviews, participating in reviews of other institutions, and serving on accrediting decision-making committees. The leadership role of the faculty and academic administration is critical to the success of the accreditation process.

Board engagement in accreditation process and policy is central to the ongoing vitality and value of accreditation and its work on behalf of students, colleges and universities, government, and the public. This engagement also benefits board members by affirming and strengthening their fiduciary roles in assuring the quality, efficiency, and effectiveness of the institutions they govern.

Trends in Accreditation: What Matters to Governing Boards

By Judith S. Eaton   //   Volume 27, Number 5   //   September/October 2019

Governing boards can provide key leadership for greater accountability and innovation in the accreditation process as well as address the challenges posed by the trends shaping the current direction and operation of accreditation.

Governing boards are well aware that accreditation, the primary means by which higher education assures and improves quality, plays a key role in their colleges and universities. Obtaining and sustaining accredited status is pivotal to an institution's reputation, competitiveness, and finances, and thus awareness of the current state of accreditation and emerging trends in the process is quite valuable. What happens to accrediting organizations happens to institutions. How is the current state of accreditation affecting institutions and how might emerging trends influence the future of colleges and universities? What about accreditation is important to governing boards?

Accredited status is essential to public confidence in a college or university. "We are accredited" is often a first response when an institution is questioned about the quality and effectiveness of its programs. Accreditation is a threshold requirement for any college or university considered to be a legitimate higher education provider.

Accredited status is essential to obtaining public or private funds. Accreditation by an accrediting organiz that is reviewed and approved by the federal government (a process known as "recognition") is required to

receive federal and, at times, state funds for student grants and loans as well as funds for various programs and for research. Foundations and corporations giving funds to institutions often require that a college or university be accredited. Unions often provide financial support for additional education for their members—as long as the employees attend accredited institutions.

Accreditation is also vital to student mobility. As students graduate or complete their other education goals, obtaining or upgrading employment often depends on having attended an accredited school. If undergraduates seek to transfer from one institution to another or to enter graduate school upon obtaining a degree, accredited status for the college or university from which a student wishes to move is essential. International students coming to the United States are interested in attending only accredited institutions.

Accreditation has been a part of higher education for more than 100 years. It is a decentralized, nongovernmental enterprise created by colleges and universities and, to this day, remains funded, managed, and governed by higher education. The 85 accrediting organizations that are currently recognized are independent, each with its own standards, policies, processes, and funding. While accrediting organizations sustain a cadre of professional staff members, the major functions of the organization are carried out by members of the academy (faculty, academic administrators, and, at times, governing board members). Academics serve as volunteers on accreditation commissions and councils and establish accreditation standards, carry out periodic reviews of colleges and universities, and decide accredited status. Academics determine the funding and staffing of accrediting organizations. These volunteers have numbered 15,000 to 20,000 per year over the last decade.

Given its long history, accreditation both reflects and supports the core values of higher education. These include the importance of institutional autonomy to sustaining the intellectual leadership of the academy and the value of a mission-based approach to judging academic quality. They also include the centrality of peer review— academics judging academics—and formative evaluation in determining quality, as well as the urgent need to sustain academic freedom. Accrediting organizations' efforts to assure and improve quality are built on this foundation.

Three major trends are shaping the current direction and operation of accreditation. The first is the current demand for greater accountability from accreditation, focusing particular attention on student achievement and transparency. The second is the pressure on accreditation to provide more leadership for change and innovation. The third is the growing role of the federal government in what has heretofore been the core work and primary responsibility of accreditation: judging academic quality.

Trend 1: Greater Accountability from Accreditation

The demand for accountability is coming from many actors: the media, think tanks, the government, and students. "Accountability" from accrediting organizations is about whether accredited status is a reliable indicator that a college or university is serving students well—student achievement being viewed as central. Are these students graduating or completing other educational goals? Do these students obtain jobs and are they on a path to strong earnings? Are students able to manage any debt incurred in obtaining their education or are they burdened with debt repayment that is difficult to sustain? These actors want to know why institutions that serve students poorly obtain or sustain accredited status. Accreditors are also routinely challenged to strengthen their standards of student achievement, for example, to set clear minimums ("bright lines") for performance that institutions are to meet, such as graduation rates, jobs, and earnings.

With regard to transparency, is accreditation providing enough readily accessible and understandable information to the public about how an accrediting organization operates and sharing details about the accredited status of its institutions and programs? Does the public routinely know why this status was awarded and how well accredited institutions and programs are performing? There are calls for accrediting organizations to provide clear and definitive information about the shortcomings of institutions that are substandard yet

continue to be accredited, and questions are being raised about why accreditors do not play a stronger role in making sure that poorly performing institutions quickly strengthen their performance or lose accreditation.

Trend 2: Accreditation Leadership in Change and Innovation

As governing boards are well aware, higher education is experiencing significant diversification, and, colleges, universities, and accreditors are being called upon to respond. Diversification includes the changing student population and significant efforts are being put forth to expand enrollment and service to low-income and minority students throughout all of higher education, not to only some types of institutions. A major emphasis here is on higher education's responsiveness in more robustly addressing social justice and equity within society.

Diversification is also about the recent emergence of alternative providers of postsecondary or higher education: companies that initially offered nondegree, online course-level offerings. These include massive open online providers [for example, Coursera (https://www.coursera.org/) and edX (https://www.edx.org/course)] that are now also offering certificates and degrees, either independently or in partnership with traditional institutions. Diversification includes the emergence of private companies such as StraighterLine that sustain both career and general education offerings at low cost and place a premium on transfer and articulation agreements with traditional institutions. These agreements are intended to enhance student mobility. Online program managers such as Academic Partnerships https://www.academicpartnerships.com/are other examples of this diversification, assisting traditional institutions with developing online offerings, advising students, and managing enrollment—tasks that have historically been handled by faculty and academic administrators.

A third element of diversification is technology. Artificial intelligence, predictive analytics, augmented reality, and other tools are having a significant impact on all major functions of a college or university. These functions include teaching and learning, student support services, and research. Technology is fueling the expansion of online learning and providing valuable real-time information about student performance in the classroom. It is enriching curricular content and providing tools to aid counselors and academic advisors as they assist students in making educational choices, helping students to stay in school and to maintain a school-life balance.

How responsive is accreditation in assisting institutions in leading change and innovation? A recent survey of accrediting organizations and innovation commissioned by the Council for Higher Education Accreditation (forthcoming) reveals that these organizations see themselves as moderately innovative, pointing particularly to their efforts with distance learning and competency-based education. Some accrediting organizations are engaged in reviewing partnerships between newly emerging alternative providers and traditional institutions as part of their commitment to innovation.

At the same time, there is considerable pressure on accreditation to more fully embrace and lead innovation by streamlining the requirements that institutions must meet to engage in new and innovative practices, encouraging such efforts to better serve students. Accreditors are also called upon to broaden the universe of what they accredit by agreeing to review stand-alone alternative providers—new types of educational entities— apart from any partnership with traditional institutions. Accreditors are at times viewed as standing in the way of innovation because their standards and practices are still based on traditional higher education practices that may not apply to these alternative providers or force the providers to obtain accreditation—to become more like their traditional counterparts, thereby diminishing the extent of efforts at innovation.

Trend 3: The Role of the Federal Government in Judging Quality and the Impact on Accreditation

The federal government has a powerful and growing influence on accreditation and institutions through judging quality by means of the periodic federal review (recognition) of accrediting organizations. Standards for recognition are to be found in federal law, and federal regulations provide the framework to meet the obligations in the law. The federal standards address student achievement, curriculum, faculty, student services, and

finances, among other areas. A review of the policies and standards that accrediting organizations use to examine colleges and universities show that these organizations call on institutions to meet these federal requirements or inform institutions that the federal requirements are the basis of some accreditation standards and policies.

At present, both the executive branch—through the U.S. Department of Education—and Congress are examining federal regulation and law as it applies to accreditation. The Department of Education has recently undertaken a major examination of the regulations that apply to the review of accrediting organizations ("negotiated rulemaking"). The revised regulations are complex and not yet final (https://www2.ed.gov/policy/highered/reg/hearulemaking/2018/index.html). If finalized, the revisions include greater emphasis on both accountability and innovation—the two trends described above—as these affect accreditors' judgment of academic quality.

Congress has long been discussing a reauthorization of the Higher Education Act (https://www2.ed.gov/policy/highered/leg/hea08/index.html), the federal law governing higher education that is periodically reapproved and includes oversight of student financial aid and accreditation. While neither the U.S. House of Representatives nor the U.S. Senate has a formal reauthorization bill under consideration, the several years of discussion about the law in relation to accreditation include expanded attention to accountability for academic quality from accreditation, especially how well student achievement is addressed—in terms of graduation rates, jobs, earnings, and student indebtedness. There have also been suggestions about developing separate federal accountability standards or measures—apart from accreditation—such as threshold graduation rates for an institution to be accredited.

The government focus on innovation is emerging as both a pressure and an opportunity for accreditation. The recent negotiated rulemaking allows accrediting organizations to more fully engage innovation, strengthening the opportunity for leadership here. At the same time, significant concerns have emerged that such efforts will enable continuation of what are perceived as weak accreditation practices, to the detriment of students. For example, the new regulations provide additional opportunity for institutions to explore innovations in teaching and learning while sustaining accredited status but with less scrutiny from an accreditor. However, concerns are being raised that such opportunities include too much risk for students because assuring quality has not been adequately addressed.

In addition, both the U.S. Department of Education and Congress have invested considerable effort in expanding the data tools used to examine both the performance of accrediting organizations and the institutions and programs that are accredited. This development has enlarged the government presence in discussions and judgments about quality. Whether through such databases as *College Scorecard* (https://collegescorecard.ed.gov/), *College Navigator* (https://nces.ed.gov/collegenavigator/), *Accreditor Dashboards (https://sites.ed.gov/naciqi/archive-of-meetings/),* or the *Database of Accredited Postsecondary Institutions and Programs* (https://ope.ed.gov/dapip/#/home), the government collects increasing amounts of information about quality and is making this information more readily available to the public. A bipartisan bill introduced in both the House and the Senate, the College Transparency Act (https://www.congress.gov/bill/116th-congress/senate-bill/800/text), would further expand the data that government can collect, providing additional information for these data sets and opportunity to judge quality.

There is little likelihood that the emphasis on accountability, innovation, and a stronger government role in academic quality will diminish in the near term. And, governing boards are instrumental in preserving the core values of higher education and their institutions—institutional autonomy, quality determined based on mission, peer review, and formative evaluation and academic freedom—the key strengths of the higher education enterprise. To address these trends and sustain these values, governing boards would benefit from considering the following, working collaboratively with their chief executive officers and the senior leadership of their colleges and universities:

- **Increase institutional attention and ownership of accountability, especially with respect to student achievement.** Almost any institution's website provides accessible information—for example, about how to donate to the institution or a description of its athletic prowess, for example—than information about its student body. Higher education needs to do more to focus and act on information about achievement, including paying attention to when institutional performance needs to be improved and making public how well students are served.

- **Place major emphasis on desirable and needed innovation**. The purposes and delivery of higher education are changing, driving the diversification discussed above. Governing boards would benefit their institutions by thinking "other than," calibrating creativity and willingness to take risk. Governing boards are essential to providing the freedom to change and cushioning the risks associated with these efforts.

- **Play a larger and more influential role in federal policy related to accreditation.** Governing board attention is already focused on resources—how to improve the finances of a college or university by means of available resources. Right now, however, governing boards are also needed to make the case for higher education sustaining its leadership role in defining and judging academic quality, and not acquiescing to any federal policy that would usurp this role. Accrediting organizations alone cannot protect the leadership role without such assistance.

We in the higher education community must lead, not follow, these trends that are affecting accreditation, colleges, and universities. Governing boards are vital in sustaining and making this leadership role more robust.

Judith S. Eaton is the president of the Council for Higher Education Accreditation.

QUESTIONS FOR GOVERNING BOARDS

·   Are you satisfied with the extent to which your institution is accountable to students and the public? Is your institution setting expectations for student achievement, obtaining evidence of student achievement, and using this information to judge the performance of the institution when it comes to student success?

·   Is there a transparency audit of your institution that would inform the governing board about how readily students and the public obtain current and reliable information about student success and key functions of the institution? How does your governing board judge institutional transparency in relation to its own decision making?

·   What activities at your institution do you consider to be innovative, addressing the significant diversification that is now part of the higher education landscape? How is the governing board encouraging appropriate innovation? Are board members aware of the role of accreditation here?

·   What are you doing to stay informed about the developments in federal policy, as these affect accreditation and thus your institution? Would your governing board consider attempting to influence proposed changes in law and regulation if these changes would be deleterious to your institution and accreditation?

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VIRGINIA COMMONWEALTH UNIVERSITY
BOARD OF VISITORS

ACADEMIC AND HEALTH AFFAIRS COMMITTEE CHARTER

I. PURPOSE

The primary purpose of the Academic and Health Affairs Committee is to provide oversight and make recommendations to the Board on all policies and plans regarding strategic enrollment management; academic quality; student matters; faculty matters; athletics; inclusive excellence and research consistent with the stated goals and objectives of the University and with its academic health center, including its affiliation with the Virginia Commonwealth University Health System Authority. Areas of responsibility include:

- Strategic enrollment management
  - o Admissions
  - o Retention
- Academic quality
  - o Quality
  - o Degrees, programs and structure
  - o Trends
  - o Strategic priorities
  - o Academic program review
  - o Online education
  - o SACS/accreditation
- Student matters
  - o Academic Success
  - o Rights and Responsibilities
  - o Concerns
  - o Safety, satisfaction and engagement
- Faculty matters
  - o Employment, rights and responsibilities, and professional development
  - o Salaries
  - o Recruitment and retention
  - o Benchmarks and best practices
- Athletics
  - o Academic success of student athletes and compliance with NCAA guidelines
- Research
- Inclusive Excellence
- Coordination of academic activities of health sciences schools and affiliation with the VCU Health System Authority

In addition, the Academic and Health Affairs Committee provides oversight and counsel toward the achievement of the mission, vision and goals of the Virginia Commonwealth University strategic plan.

The function of the Academic and Health Affairs Committee is primarily oversight. University management, under the auspices of the President, the Provost and Senior Vice President for Academic Affairs, and the Senior Vice President for Health Sciences and CEO of the VCU Health System, is responsible for the development, implementation, and measurement of success regarding these areas of responsibility, as well as the policies and procedures for maintaining these programs and activities.

II. COMPOSITION AND INDEPENDENCE

The Academic and Health Affairs Committee will be comprised of three or more Visitors. Each member must be free from any financial, family or other material personal relationship that, in the opinion of the Board or Academic and Health Affairs Committee members, would impair their independence from management and the University.

III. MEETINGS

The Academic and Health Affairs Committee will meet at least four times annually. Additional meetings may occur more frequently as circumstances warrant. The Committee chair should communicate with the Provost and Senior Vice President for Academic Affairs, and the Senior Vice President for Health Sciences and CEO of the VCU Health System prior to each Committee meeting to finalize the meeting agenda and review the matters to be discussed.

IV. RESPONSIBILITIES

In performing its oversight responsibilities, the Academic and Health Affairs Committee shall:

A. General
   1. Adopt a formal written charter that specifies the Committee's scope of responsibility. The charter should be reviewed annually and updated as necessary.
   2. Maintain minutes of open session portions of meetings.
   3. Report Committee actions to the Board of Visitors with such recommendations as the Committee may deem appropriate.
   4. Consistent with state law, the Committee may communicate in closed session (with or without members of senior management present) with general counsel and/or the executive director of assurance services present to discuss matters that the Committee or any of these groups believe should be discussed privately.

B. Academic degrees, programs and structure
   1. Review and approve all proposed new domestic and international undergraduate, graduate, and professional educational programs, research programs and proposed new degrees, and monitor existing programs.
   2. Review and approve proposals for the organization of the University's academic health center, including the affiliation between VCU and the Virginia Commonwealth University Health System Authority.
   3. Review proposals for the organization of the academic structure of the University.

C. Coordination of academic activities of health sciences schools and affiliation with the VCU Health System Authority
   1. Receive reports on the relationship and affiliation between the University and the Virginia Commonwealth University Health System Authority and other institutions, organizations, laboratories, and clinics involved in the University's academic health center, including reviewing program coordination between the Virginia Commonwealth University Health System Authority and academic and research programs.

D. Academic research activities
   1. Review and approve research policies deemed to require Board of Visitor action.
   2. Receive reports on research advances of faculty, interdisciplinary groups, and VCU institutes and centers.
   3. Receive reports on the relationship of research activities to local, regional, national, and international economic development.

4. Report annually on the state of the VCU research enterprise including the total research awards, expenditures, trends, and outlook.

E. <u>Faculty and staff employment, rights and responsibilities, and professional development</u>
   1. Review and approve policies governing the compensation, tenure, promotion, recruitment, retention, rights and responsibilities, and development of the faculty.
   2. Review and approve policies and programs on equal employment opportunity and affirmative action.
   3. Afford an opportunity for direct communication between Board members and members of the faculty.

F. <u>Admissions and retention</u>
   1. Review and approve policies governing the admission and retention of undergraduate, graduate and professional students to all divisions of the University.

G. <u>Accreditation</u>
   1. Review and approve policies and reports related to departmental, school, and institutional accreditation.

H. <u>Academic Success of Students</u>
   1. Review nominations and make the final selection of the recipient(s) of the Board of Visitors Award at a regularly scheduled meeting in the spring of each year.
   2. Review topical areas of interest related to the student experience.
   3. Review major fall and spring activities.
   4. Review and monitor student academic success.

I. <u>Academic Success of Student Athletes</u>
   1. Review and oversee matters relating to the intercollegiate athletic program.

J. <u>Student Rights and Responsibilities</u>
   1. Review matters (including approving policies) relating to student rights, responsibilities, conduct, concerns and discipline, including matters relating to the VCU Honor System, and Student Code of Conduct.
   2. Review and oversee matters relating to student government, and appropriate student participation in University governance.
   3. Review and oversee matters relating to student organizations and extracurricular activities.

K. <u>Student Services</u>
   1. Review and oversee matters relating to financial aid, housing services, counseling, student health, safety and other student services.
   2. Review and approve policies relating to student records.
   3. Review report on campus safety that provides awareness of federal reporting requirement, general overview of VCU safety-related statistics, and ongoing efforts to improve safety.

L. <u>Student Communications</u>
   1. Afford an opportunity for direct communication between Board members and students.

M. <u>International Partnerships and Collaborations</u>
   1. Review and approve international partnerships

Virginia Commonwealth University
Board of Visitors

Academic and Health Affairs Committee Meeting Planner

A=Annually; Q=Quarterly; AN=As Necessary	Frequency			Planned Timing			
Q1, Q2, Q3, Q4 based on Fiscal Year (July – June)	A	Q	AN	Q1	Q2	Q3	Q4
				Sep	Dec	Mar	May
A. General							
1. Review, update, and approve Academic and Health Affairs Committee charter	X			X			
2a. Approve minutes of previous meeting		X		X	X	X	X
2b. Maintain minutes of meetings		X		X	X	X	X
3. Authorize investigations into any matters within the Committee's scope of responsibilities			X				
4. Report Committee actions to the Board of Visitors with recommendations deemed appropriate		X		X	X	X	X
5. Communicate in executive session, with general counsel		X		X	X	X	X
6. Review and approve Academic and Health Affairs Committee meeting planner for the upcoming year	X			X			
7. Monitor student academic success.		X		X	X	X	X
B. Academic degrees, programs and structure							
1. Review and approve all proposed new domestic and international undergraduate, graduate, and professional educational programs, research programs and proposed new degrees, and monitor existing programs.			X				
2. Review and approve proposals for the organization of the University's academic health center, including the affiliation between VCU and the Virginia Commonwealth University Health System Authority.			X				
3. Review and approve proposals for the organization of the academic structure of the University.			X				
C. Coordination of academic activities of health sciences schools and affiliation with the VCU Health System Authority							
1. Receive reports on the relationship and affiliation between the University and the Virginia Commonwealth University Health System Authority and other institutions, organizations, laboratories, and clinics involved in the University's academic health center, including reviewing program coordination between the Virginia Commonwealth University Health System Authority and academic and research programs.			X				
D. Academic research activities							
1. Review and approve research policies deemed to require Board of Visitor action.			X				

A=Annually; Q=Quarterly; AN=As Necessary	Frequency			Planned Timing			
Q1, Q2, Q3, Q4 based on Fiscal Year (July – June)	**A**	**Q**	**AN**	**Q1**	**Q2**	**Q3**	**Q4**
				Sep	Dec	Mar	May
2. Receive reports on research advances of faculty, interdisciplinary groups, and VCU institutes and centers.			X				
3. Receive reports on the relationship of research activities to local, regional, national and international economic development.			X				
4. Report annually on the state of the VCU research enterprise including the total research awards, expenditures, trends, and outlook.	X				-		X
E. Faculty and staff employment, rights and responsibilities, and professional development							
1. Review and approve policies governing the compensation, tenure, promotion, recruitment, retention, rights and responsibilities, and development of the faculty.			X				
2. Review and approve policies and programs on equal employment opportunity and affirmative action.			X				
3. Afford an opportunity for direct communication between Board members and members of the faculty.		X		X	X	X	X
4. Afford an opportunity for direct communication between Board members and members of the staff.		X		X	X	X	X
F. Admissions and retention							
1. Review and approve policies governing the admission and retention of undergraduate, graduate and professional students to all divisions of the University.			X				
G. Accreditation							
1. Review and approve policies and reports related to departmental, school, and institutional accreditation.			X				
H. Academic Success of Students							
1. Review nominations and make the final selection of the recipient(s) of the Board of Visitors Award at a regularly scheduled meeting in the spring of each year.	X					X	
2. Review topical areas of interest related to the student experience and overall student engagement.		X		X	X	X	X
3. Review major fall and spring activities.	X				X		X
4. Review and monitor student academic success.			X				
I. Academic Success of Student Athletes							
1. Review and oversee matters relating to the intercollegiate athletic program.	X				X		
J. Student Rights and Responsibilities							
1. Review matters (including approving policies) relating to student rights, responsibilities, conduct, concerns and discipline, including matters relating to the VCU Honor System.			X				

A=Annually; Q=Quarterly; AN=As Necessary	Frequency			Planned Timing			
Q1, Q2, Q3, Q4 based on Fiscal Year (July – June)	**A**	**Q**	**AN**	**Q1**	**Q2**	**Q3**	**Q4**
				Sep	Dec	Mar	May
2. Review and oversee matters relating to student government, and appropriate student participation in University governance.			X				
3. Review and oversee matters relating to student organizations and extracurricular activities.			X				
4. .			X				
K. Student Services							
1. Review and oversee matters relating to financial aid, housing services, counseling, student health, and other student services			X				
2. Review and approve policies relating to student records.			X				
3. Review report on campus safety that provides awareness of federal reporting requirement, general overview of VCU safety-related statistics, and ongoing efforts to improve safety.	X					X	
L. Student Communications							
1. Afford an opportunity for direct communication between Board members and students.		X		X	X	X	X
M. International Partnerships and Collaboration							
1. Review and approve international partnerships			X				