

HB

797

HOUSE BILL NO. 797

"An Act making a special appropriation to the University of Alaska for expansion of its continuing education program for nurses; and providing for an effective date."

This Act would help to insure that more continuing education courses would be available to nurses located at sites other than Anchorage. At present, the majority of the courses are offered in the Anchorage area primarily because of a lack of funds for instructors to travel to other parts of the State. Substitute instructors generally are not available in places such as Ketchikan, Juneau, Sitka, Kenai Peninsula towns, Nome, Kotzebue, Barrow and Bethel. In all of these areas there are clusters of office, institutional, school, and public health nurses interested in continuing education courses specifically geared to the educational needs of nurses.

Staff education is a responsibility shared by both the department and the professional nurse. It is the department's policy that in-service education and training should be provided to improve employee effectiveness. Since implementing this policy is based on the availability of funds, it is not necessarily an on-going program. The offering of continuing education courses to nurses in local sites will enhance the department's efforts to provide formalized learning experiences designed to enlarge the knowledge or skills of the public health nurse.

House Bill No. 797 states in Section 1: "The sum of \$40,000 is appropriated from the general fund to the university's school of nursing" (Anchorage). This sum of money would probably only support the bill for approximately one year, particularly if for "the purpose of the Act, continuing education means:

- (1) a series of courses through which a registered nurse may obtain the baccalaureate degree; or
- (2) courses which assist a nurse in maintaining or improving professional knowledge and skills".

"Continuing education" courses are of short duration and may result in certificates of completion or specialization, but not in formal academic degrees.

This bill has significance for the professional nurses on our staff that have their baccalaureate degrees and for the public health nurse trainee who is attempting to acquire her baccalaureate degree on an intermittent, part-time basis, but it will not answer the needs of either group if items (1) and (2) are combined, and limited funds are appropriated for either educational purpose.

The Department of Health and Social Services supports the concept of House Bill No. 797 but cannot recommend increases above the Governor's budget.

Recommended by: Robert I. Fraser 3/2/78
Robert I. Fraser, M.D., Director Date
Division of Public Health

Approved by: Helen D. Beirne 3/5/78
Helen D. Beirne, Commissioner Date
Department of Health & Social Services

Nursing

Please Answer

February 17, 1978

Dear Legislator,

I am writing to request your support in the planning and implementation of a Masters Program in Nursing and a Family Nurse Practitioner Program within the Masters Program.

The University of Alaska, Anchorage, School of Nursing had a Family Nurse Practitioner Program for three years which had been funded by HEW. It was truly a shock when the request for refunding of this vital program was refused.

In Alaska where physicians are not available to give primary health care, who could be more qualified to provide this care than Nurse Practitioners?

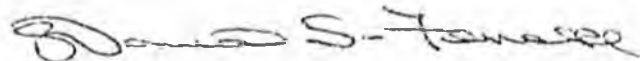
It is my feeling that a Masters Program with a Family Nurse Practitioner component would be an answer to Alaska health needs as well as an answer to preventive health care.

Nurses prepared at a Masters level are needed in all health care settings, particularly in primary health care settings. Now the only alternative Alaska nurses have is to go to the Lower 48 for Masters and Nurse Practitioner programs. Many nurses are unable to do this because of financial and family commitments.

I ask you to seriously consider requesting funding to plan a Masters and Nurse Practitioner Program for the 1978-1979 academic year with full implementation in the 1979-1980 year, at the University of Alaska, Anchorage, School of Nursing.

Thank you for your interest and support of Nursing Education and Continuing Education for Alaska nurses.

Sincerely,



Donna Smith-Fenske, R.N.
Box 8681
Anchorage, Alaska 99508

274-0254 H

Mr. Chairman, members of the Committee, I am Dr. Clair Martin, Dean of the University of Alaska-Anchorage School of Nursing. I speak in support of my interpretation of the intent and not the ambiguous and misleading interpretation permitted by House Bill 797.

HB 797 will enable the school to expand the educational services it currently offers in Anchorage and throughout the State. The purposes of the school include the provision of a sequence of courses for both generic and R.N. students that will culminate in the baccalaureate degree with a major in Nursing, and secondly, the provision of continuing education courses for nurses and other health care practitioners that will maintain and upgrade the practitioners' knowledge and skill abilities within their current job positions.

Specifically, it is my understanding that HB 797 will enable the School of Nursing to employ a faculty member who will be located in Fairbanks within either the WAMI complex or within the memorial hospital. This faculty member will be directly and solely responsible organizationally to the Dean of the School of Nursing as required by the national accrediting agency. Responsibilities will include the following: (1) academic advisement of both R.N. and generic students who seek a baccalaureate degree in Nursing; (2) coordination of continuing education needs with the School of Nursing Continuing Education Department; (3) consultant to both UAF and TVCC concerning the general education and support course needs of students in the major; (4) instruction of selected continuing education courses; (5) the instruction of selected degree courses for both R.N. and generic students, in particular the last clinical course of the curriculum; and (6) liaison between the Fairbanks community and the School of Nursing.

Why do we need the provisions of HB 797? First, I will consider the continuing education component of the bill. Learning is a lifelong process and knowledge and skills are particularly perishable in the health care domain. We have the responsibility to assure our consumers of health care services that they are receiving not only safe care, but the highest quality of care possible. Furthermore, the provider has the right to be assured that his own knowledge and skills are current. For these reasons, I believe that mandatory continuing education is inevitable. However, it is essential that we have in place adequate methods and personnel to assess, plan, implement and evaluate continuing education needs and programs. HB 797 will enable us to move in this direction through the identification of one school and one individual who will address these problems in one location, Fairbanks.

Secondly, I will consider the degree component of the bill. All individuals have health care as a right. Professional nursing is the largest provider group available to meet health care needs. The Department of Health, Education and Welfare-sponsored panel of experts addressing health care and nursing manpower needs recommends that the nursing care needed requires that 48% of the practitioners be baccalaureate-prepared, 16% be graduate-prepared, and 36% ADN or diploma-prepared. Approximately 20% of the registered nurses in Fairbanks hold baccalaureate or higher degrees. There are available positions that require practitioners with baccalaureate and higher degrees and we can expect these to increase in number. National projections indicate an oversupply of associate degree and diploma nurses with a critical shortage of baccalaureate and graduate-prepared nurses.

The provisions of HB 797 will allow both the R.N. and generic student to complete the first three semesters of general education and support courses in Fairbanks. Then all students will spend two to four clinical-oriented semesters in Anchorage. At the conclusion of the second semester, R.N. students are permitted to take a written and practice test to demonstrate competency in both the knowledge and skill components of the next two semesters of the program. This provision is based upon our belief that adult learners have the ability to transfer and extend their learning from one situation to another and not upon identity of those courses with previous programs. Upon successful completion of this examination, or the next two semesters, the student may return to Fairbanks for the last clinical course where the school faculty member will supervise their learning.

I do not believe that HB 797 will enable the school to offer the complete program of study for the baccalaureate degree in nursing within the Fairbanks community. To do so poses several problems. First, clinical courses require a teaching team with representatives from each of the major clinical specialities, i.e., medical, surgical, maternal and child, community, and mental health nursing. A minimum of three to four faculty are needed for all except the last clinical course. If a faculty/student ratio of 1:6 or 1:3 is maintained in the clinical area of practice, this means that approximately 24 students are needed in each class. Although there is a pool of individuals who are interested in earning a degree, there is serious question about the ability of this pool to support a class of the above size for a period of time, i.e., is there a sufficient number of students to fill a class after the backlog of interested persons earn their degrees?

There are several potential solutions to this problem. Perhaps joint appointments between the school and the local health care agencies could reduce the cost. However, it is essential that in all situations involving either didactic or clinical instruction, the faculty member shall be solely responsible to the school. It is also possible that a cyclic sequence could be established to admit students as the pool of students becomes available. Obviously, assignments acceptable to the faculty would need to be developed for the period of time when clinical courses are not offered.

The second problem centers upon adequate clinical experiences for students. The 124 beds, including bassinets, at Memorial Hospital are scarcely adequate for 24 students. However, there are a number of non-traditional learning opportunities within the community that could be developed. These include the Pioneer Home and the UAF health and counseling center. It should be noted that the more numerous the clinical facilities and units used, the greater the number of faculty required to provide safe clinical supervision. The type of health care problems that students will encounter in Fairbanks are adequate for baccalaureate level nursing education.

The third problem focuses upon the pool of students and qualified faculty to support the UAA program. In 1976, at the time of the transfer of the program from AMU to UAA, a third of the faculty were not qualified to teach in the school according to national accreditation standards. This year, 92% of the faculty are adequately prepared. Student enrollment in the program is rapidly escalating and we expect to graduate at least 50 students per year by 1980. We consider this to be a minimum

number for efficient operation. We may look at the experience of Montana, a State with nearly twice the population of Alaska. Montana State University graduates 180 baccalaureate-prepared nurses a year, half of whom stay to practice within the State. Given a more mobile population, we might expect to attract and admit approximately 100 students a year. If this number of qualified students is available, then a satellite center in Fairbanks is not only possible, but necessary. However, we do not now have adequate data to answer this question.

The school is eager to respond to both the continuing education and degree needs of all Alaskans within the limits of our resources. We cannot jeopardize the quality of our program and we will articulate our program with sound academic practice as defined by our professional organizations. We cannot be all things to all people, but we will enter into a partnership with nurses throughout the State who are interested in responsibly advancing their own professional knowledge and skills.

HB 797 does not significantly increase either the continuing education or the degree course opportunities that will be available throughout the State. However, it will provide the means for improving assessment, planning, implementation and evaluation of the needs and programs offered in one area of the State, Fairbanks. If this experiment is successful, it may be possible to extend similar programs to other areas of the State.

Testimony submitted to the
House HESS Committee

March 21, 1978

TO: PHN's Supervisors, Consultants
Department of Public Health

DATE:

Thru: Airlie Bruce
Chief
Section of Nursing

FILE NO:

TELEPHONE NO. 279-4711

FROM: Almeda Amoureux
Section of Nursing Staff
Education Committee

SUBJECT: April and May Continuing
Education Offerings

Continuing Education offerings scheduled in Alaska during April and May 1978 are listed below. These courses are applicable to the Section of Nursing Continuation Education Policy. Therefore, please make a formal request to your supervisor if you wish to attend.

Please contact the sponsoring agency for further information and to register. A two weeks advance registration is necessary for UAA School of Nursing continuation education courses. UAA School of Nursing courses will be cancelled if funding or enrollment is not sufficient.

Course	Sponsor	Location	Date
Physical Assessment	UAA School of Nursing Anita Watts 272-5522	Sitka	3/31 - 4/1
Pediatric Respiratory Problems	UAA School of Nursing	Juneau	4/3, 4
Pediatric Respiratory Problems	UAA School of Nursing	Petersburg	4/5, 6
Pediatric Respiratory Problems	UAA School of Nursing	Wrangell	4/6, 7
Leadership & Management	UAA School of Nursing	Ketchikan	4/6, 7
Care of the Orthopedic Patient	UAA School of Nursing	Anchorage	4/11, 13
Admissions Histories & Physicals	UAA School of Nursing	Anchorage	4/12
Care of Diabetic Patients	UAA School of Nursing	Palmer	4/12, 13
Ear Nose Throat Emergency	Providence Hospital 276-4511 Ex. 140	Anchorage	4/12

Course	Sponsor	Location	Date
Sports Medicine	Dr. Mills Contact 279-9753	Anchorage	4/14,15,16
POMR/Quality Assurance	UAA School of Nursing	Dillingham	4/14,15
Awareness in Inter-cultural Nursing	UAA School of Nursing	Anchorage	4/19,20
Physical Assessment	UAA School of Nursing	Kodiak	4/21,22
Crisis Intervention	UAA School of Nursing	Anchorage	4/21,22
Inservice Education Conference	UAA School of Nursing	Anchorage	4/27-29
Multi-modal Therapy	UAA School of Nursing	Anchorage	4/28,29
Health Services in a Disaster	UAA School of Nursing	Anchorage	4/18 - 5/9
Patient Education	UAA School of Nursing	Juneau	5/4,5
Assessment & Care of Pediatric Patient	UAA School of Nursing	Ketchikan	5/5,6
Assertiveness Training	UAA School of Nursing	Anchorage	5/5,6
Cardiac Life Support (Instructor's Level)	Ak. Heart Assn. 279-9541	Anchorage	5/9,10
Eye Emergencies	Providence Hospital 279-4511 EX 1140	Anchorage	5/10
Communicating Effectively with Patients	UAA School of Nursing	Anchorage	5/17,18
Infection Control	UAA School of Nursing	Kodiak	5/19,20
Care of Geriatric Patients	UAA School of Nursing	Palmer	5/25,26
Leadership & Management for Directors of Nursing	UAA School of Nursing	Anchorage	6/2,3
Birth Defects Conference	UAA School of Nursing March of Dimes	Anchorage	6/8 - 10

Legislative Platform

The Alaska Nurses Association is the professional organization for registered nurses in Alaska. Objectives of the association include fostering high standards of nursing practice, promoting the professional and educational advancement and general welfare of nurses, and advocating quality health care for the citizens of Alaska.

Through its legislative program, the AaNA studies proposed Federal, State, and local legislation for its implications for nurses, nursing and health care, and initiates appropriate actions.

1. Nursing Education

The AaNA supports legislation that will maintain and strengthen nursing education programs based in Alaska, tailored to Alaska's needs, and which provide career selections and opportunities for career advancement for Alaska residents. AaNA advocates State financial support at a level that will insure adequate faculty/student ratios, and the recruitment and retention of qualified instructors.

2. Continuing Education

The AaNA recognizes the desire of Alaska's nurses to improve their skills and expand their knowledge. The Association reaffirms its support of a voluntary continuing education process for nurses, and encourages both practitioners and educational institutions to participate in innovative approaches to continuing education.

3. Alaska Board of Nursing

The AaNA supports legislation that will strengthen the role of the Alaska Board of Nursing in administering the nursing law and in promulgating rules and regulations relative to nursing practice, licensure of nurses and accreditation of nursing education programs. The Association supports continuing collaboration of the Boards of Nursing and Medicine in developing regulations for all categories of advanced nurse practitioners.

4. Utilization and General Welfare of Nurses

The AaNA recognizes that the quality and quantity of nursing care are related to the welfare of practitioners of nursing and that an effective nursing service requires full participation by nurses in decisions affecting the conditions under which they practice. The AaNA supports adequate, competitive salaries and fringe benefits for nurses employed in both the public and private sectors.

5. Nursing Representation in Health Planning

The AaNA urges broader nursing representation on State and local boards, committees, and commissions concerned with the planning and delivery of health care services. The Association particularly encourages appointment of nurses to Health Service Area boards as the National Health Planning and Resources Development Act is implemented in Alaska.

6. Community Health Services

The AANA favors legislation designed to strengthen and expand public health and mental health services in local communities. It assigns high priority to programs directed toward the prevention of disease and the maintenance and promotion of health.

7. Child Abuse and Neglect

The AANA reaffirms its support of legislation aimed at the prevention and detection of child abuse or neglect.

8. Equal Rights

The AANA supports ratification of the Equal Rights Amendment to the U.S. Constitution and supports the concept of equal rights for all citizens of Alaska.

9. Health Care Costs

The AANA is cognizant of the high cost of health care in the United States, at it is more burdensome for some segments of the population than for others, and that quality health care is not equally accessible to all citizens. The Association supports health care programs at the national, state and regional levels that will bring adequate health care within the financial reach of all citizens. It will support budgetary constraints at the State and local levels, by both public and private health care institutions and agencies, that are not applied capriciously, that are publicized in advance, and that provide ample opportunity for discussion and debate among the providers and consumers concerned.

10. Liability Insurance

The AANA believes that nurses are responsible for their acts as licensed practitioners of nursing and that all practicing nurses should carry adequate liability insurance for the protection of their clients. The Association continues to support nurse involvement in the peer review process and the establishment of standards for quality health care.



Alaska
Nurses
Association

523 West Eighth Avenue
Suite 111
Anchorage, Alaska 99501

... a constituent of American Nurses' Association

April 25, 1977

Charlie Parr
Alaska Legislature
Pouch V
Juneau, AK 99811

Dear Mr. Parr:

I am writing in response to your February letter to me inquiring how the gain would outweigh the cost of subsidizing a 2 year R.N. to get a BSN degree.

First let me say that I fully support such a proposal as beneficial to all Alaskans. I believe the benefits would outweigh the costs in that the quality and scope of nursing and health care would improve.

My reasons for support of such an idea follows. In addition to improving nursing care to sick individuals, Baccalaureate nursing education provide the R.N. with learning opportunities to:

1. provide effective nursing and health care to families and groups
2. expand skills in assessment of health problems
3. provide health teaching to maintain or improve health care in families and groups
4. provide health counseling to the essentially well and sick individuals
5. use management theory and skills to give effective leadership in the health care system to other R.N.'s, L.P.N.'s, aides, etc. and permit the R.N. to progress to higher management positions
6. develop beginning research skills to expand and develop nursing knowledge to improve health care and solve health problems
7. promote active involvement in the public and political arena to improve health and social conditions
8. participate in activities within health care systems and their professional association to promote and implement improved standards of nursing care, peer review and continuing education

What are the number of nurses who would take advantage of a state subsidy to get a BSN degree? I can only speculate on this answer.

Approximately 10-15 R.N.'s take pre-requisite courses to enter the Nursing Program annually. These nurses have given up their jobs and incur financial debts and deprivation. It takes usually two or three years of full-time college work to

earn a degree. For R.N.'s who come with no prior college credit, the time may extend to four years. Of these students, only 5-10 graduate annually. Attrition from the program generally results from financial and/or family pressures.

Most of the R.N. students have children. Many are single parents. In the past, R.N. students have come from such rural areas as Tok, Juneau, Sitka, Fairbanks, etc. Some have given up jobs in these areas and have relocated their families.

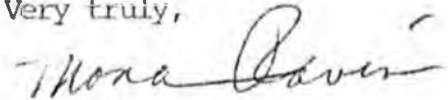
If a stipend would become available in the future, the student numbers might double, and attrition from financial pressures might decrease. Also, stipends for a short-term intensive period of 4-6 weeks and/or summer sessions might encourage part-time study.

You asked about the estimated cost of a state subsidy or stipend.

I believe it should be similar to the annual nurses salary plus tuition and relocation expenses to and from the home community.

I appreciate being able to give input on such an important proposal. Perhaps in the next mailing to our nurse members, we can request that they send comments to you directly.

Very truly,



Mona Ravin
President

bf

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DEADLINE NEXT ISSUE
March 1, 1978

Letters to the Editor

Dear Editor,

The University of Alaska School of Nursing is promoting several activities that may be of interest to you.

We would like to provide academic advisement and regularly scheduled degree and continuing education courses to R.N.'s and generic students in areas of the state other than Anchorage. With proper advisement, students may take most or all of their academic support courses at other university centers and come to Anchorage for clinical courses. As a step toward this goal we have proposed locating a full-time assistant professor in nursing in Fairbanks. This person would be involved in developing continuing education programs for the area, advisement of generic students who are located in the Fairbanks area so they would need to spend less time in Anchorage, and supervision of students enrolled in the Professional Nursing Concentration in the area. If you support this proposal please make it known to your State Representative.

The School is also proposing development of a master's degree program for Alaskan nurses who wish to have graduate education and prefer not to leave the state. Faculty can be recruited and a first class admitted in the fall of 1979, if funding is made available for planning the program during the 1978 - 1979 school year. Again, your support of a graduate program and funding for planning it should be made known to your legislators.

The faculty of the School of Nursing is committed to offering a high quality nursing education program which will be relevant for nurses in Alaska. We are eager for your input concerning needs and other suggestions you may have. Please contact me at the School of Nursing, University of Alaska, Anchorage.

Chir E. Martin
Dean, UAA School of Nursing

Observations continued

three secretaries in the past year?) A tremendous amount of in kind work is done by Board, Committee and Association members, but that is not the most efficient use of our talents. AaNA is a business, and can't be successfully run otherwise. For solutions: no one wants a dues increase, nor special assessments of Districts. Some may see special fund raising efforts as an answer. I would prefer to see an increase in membership, which really puts the burden on each of us. Please do the following: 1. Renew your own membership promptly: sure there have been problems in the Association, and there will continue to be. But dropping your voice in nursing isn't the answer. 2. Recruit at least one new member: there are 2000 RNs in Alaska; 400 belong to AaNA. What we do benefits in some measure every nurse, so lets encourage all nurses to share the cost. One reply to the statement "It costs too much" is: depending on your District, it costs 30 - 40 cents per day. That's about equal to a pack of cigarettes, a pop or ice cream cone. Is it really too expensive for you to have a voice in your professional future?

AaNA is growing and incurring the pleasure/pain of increased awareness and responsibility. There is no going back; we must either lead ourselves in attaining and maintaining high credibility and visibility as professionals, a rocky road to be sure; or we can slide along the smooth path to mediocrity and eventual obscurity. I would urge us to be our own best friend, not worst enemy.

My Best,
Margot Piazza

Dear Editor;

A letter was published in Nursing Outlook, written by a nurse in Idaho who had her nursing license suspended for six (6) months by the Idaho State Board of Nursing. Her problems began when she informed a terminally ill patient and her family, AT THEIR REQUEST, about "alternate methods of treatment for cancer: namely, the natural approach such as nutrition, herbs, touch therapy, and Laetrile" - she also informed the patient these methods were NOT sanctioned by the medical profession.

The decision reached by the board of nursing was that she had "violated the state's nurse practice act by interfering with the physician-patient relationship and thereby constituting unprofessional conduct."

An editorial in the same issue of Nursing Outlook concludes that her "alleged misconduct seems to have consisted of giving the patient information that the physician had not given her, did not believe she should have given, believed it not in his patient's best interest to have and ran counter to his recommended treatment."

The PNP committee feels that the ruling in this case is in direct violation to the nurse's function as the patient's advocate and to the patient's right toward a full and informed consent.

We recommend you read the two articles in question (Nursing Outlook Sept. 1977, p. 546 and 561). It would be appreciated if you would send us your comments on this issue to the committee. Please send all responses to: Dear PNP - AaNA, 527 W. 8th Ave, Suite 111, Anchorage, Alaska 99501.

Mona Ravin

An Ode to Membership

from the AORN of Kentuckiana, 10/77

Are you an active member,
The kind that would be missed?
Or are you just contented
That your name is on the list?

Do you attend the meetings,
And mingle with the crowd?
Or do you stay away at home
And crab both long and loud?

Do you ever go to visit
A member who is sick?
Or leave the work for just a few
And talk about the clique?

There's quite a program scheduled
That means success if done,
And it can be accomplished
With the help of everyone.

So attend the meetings often,
And help with hand and heart.
Don't be just a member,
But take an active part.

Think this over, member,
Are we right or are we wrong?
Are YOU an active member?
OR - - do you just belong?

submitted by the Membership Committee
AaNA, District I



THE OFF-CAMPUS PROGRAM FOR REGISTERED NURSES

The College of Nursing and the Basic Science Department of the University of Nebraska Medical Center are collaborating with three state colleges and many health agencies to offer the upper division program leading to the Bachelor of Science Degree in Nursing.

This project is designed to increase the number and distribution of nurses in Nebraska prepared at the Baccalaureate level in nursing and subsequently provide rural Nebraska with more nurses prepared to function expanded roles in hospital and community health services. The College of Nursing of the University of Nebraska Medical Center is in a unique position to implement such a project because of the flexibility of its articulated programs at the associate, baccalaureate and Master's level and the electives which represent a major strength of the baccalaureate program.

The Registered Nurses in these areas are employed full-time in various agencies and have families which make it impractical for them to leave home for further study. Almost without exception these nurses are graduates of diploma programs who are now desirous of earning a degree in nursing.

The off-campus centers are located in Scottsbluff, 450 miles from the Medical Center and in Grand Island, 200 miles distant. The methodology includes the use of Challenge exams to establish credit for lower division nursing courses, the use of video-tapes, audio cassettes and telephone conferences, as well as summer seminars and clinical experience. Faculty of the College of Nursing who teach the courses on campus are assigned responsibility for off-campus courses and to teach the summer courses at the two locations.

Both the upper division science courses and the nursing courses are taught by faculty at the Medical Center. The non-nursing courses are taught at Nebraska Western College in Scottsbluff, Chadron State College and Kearney State College. Clinical experiences are selected by College of Nursing faculty in the local communities and these same faculty are with them in the summer. The responses of the Registered Nurses, employers, community health agencies and the colleges is most gratifying to observe.

The on-campus residence requirement has been waived by the University of Nebraska Board of Regents. Consequently they are able to complete the program without coming to either the Lincoln or Omaha campus.

ALASKA NURSES ASSOCIATION

R E S O L U T I O N
Regarding the
PUBLIC HEALTH NURSING

WHEREAS, for many years Public Health Nursing has had its finger on the pulse of the community regarding health needs and concerns of citizens through its unique opportunity to serve in the home; and

WHEREAS, this nursing group has developed new community services and promoted health organizations to meet the needs indicated; and

WHEREAS, this work is devoted primarily to the preventive area of health, which is more cost-effective than treatment; and

WHEREAS, the service is not static or routine but has the ability of changing its scope as societies need change; and

WHEREAS, other allied health and social services professionals depend on this group to visit patients for whom they have concern; and

WHEREAS, Public Health Nursing as it exists in the State and Municipalities today is at risk of changes that are not in the best interest of the health care consumer; and

BE IT FURTHER RESOLVED that this service is of such value that if it did not exist it would have to be created; and

BE IT FURTHER RESOLVED that the Alaska Nurses Association recognizes the extrinsic and intrinsic value of Public Health Nursing and lobby for necessary legislation support continuence and expansion of Public Health Nursing services throughout the Municipality and the State.

Adopted by House of Delegates
Alaska Nurses Association
June 17, 1977

Copies sent to:

State Legislators
Mayor Sullivan
Chm. of the Borough
Chm. of the Municipality

- TITLE: Nursing Education in Fairbanks
- GOAL: To provide consistent academic advisement and regularly scheduled degree and continuing education courses to both RN's and generic students in Fairbanks.
- METHOD: A full time School of Nursing assistant professor will be located in Fairbanks. The responsibilities of this person include the following:
1. Assessment of continuing education needs.
 2. Coordination of continuing education with the School of Nursing Director of Continuing Education.
 3. Teaching selected continuing education courses.
 4. Evaluation of continuing education courses.
 5. Recruitment and advisement of both continuing education and degree students.
 6. Instruction of students enrolled in the Professional Nursing Concentration (a pregraduation 32 hours/week clinical course that must be planned and supervised by School of Nursing faculty).
 7. Advisement of the university or community college administration and faculty on the general education and support courses needed by students in the program.

These activities constitute a full teaching load in the School.

RATIONALE: The goal of consistent advisement and regularly scheduled course offerings in Fairbanks by the School has been difficult to achieve without the consistent presence of a faculty member from the School.

The academic support courses on the Fairbanks campus are quite adequate for the major in nursing. However, the clinical opportunities in Fairbanks are not varied enough to support the total component of clinical courses in the major. It is possible that this will change in the future.

The establishment of a stand alone program in nursing on the Fairbanks campus is problematic for several other reasons. First, the financial cost of duplicating the existing program is overwhelming. Second, qualified nursing faculty are scarce and must be secured prior to admitting students and third, the pool of qualified students is too low to justify an on going stand alone program.

Students who wish to pursue a bachelor's degree in nursing have several options. All students will be able to meet all non clinical program requirements on the Fairbanks campus. With proper advisement seats may be secured for clinical courses in Anchorage and it is possible that selected clinical courses may be offered in Fairbanks as the clinical agencies there develop and as financial and faculty resources are increased.

All students will be able to complete the first three semesters in Fairbanks. Generic students will spend the next four semesters in Anchorage and the last clinical semester in Fairbanks. RN students have the option of taking two semesters, summer and fall, in Anchorage, completing a theoretical and clinical examination for credit that will exempt them from the next two semesters and may return to Fairbanks for the final clinical semester in the spring.

Seats in the clinical courses are limited by clinical agency placement opportunities and by available faculty. Due to the low faculty student ratio required in the clinical courses the expense is quite high and for that reason enrollment is limited to those who are working toward a degree.

The position requested is designed to serve both individuals who are interested in pursuing a degree and those who are seeking to maintain and upgrade their current practice knowledge and ability. Funding this position will not only assist the School to meet the educational needs of the nurses in Fairbanks, it will have a direct impact on the quality of nursing care offered the citizens of the community.

Nursing Education in Fairbanks
Budget

12 Month Funding:

Personnel

1 full time assistant professor	\$ 29,078.00
Secretarial support, 20%, grade 10A	2,822.00
Fringe benefits	6,380.00

Travel

Monthly faculty meetings in Anchorage	1,000.00
One professional development trip	500.00

Commodities

Office supplies, postage	500.00
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TOTAL 12 MONTH BUDGET \$ 40,280.00

9 Month Funding:

Personnel

1 full time assistant professor	\$ 21,809.00
Secretarial support, 20%, grade 10A	2,115.00
Fringe benefits	4,784.00

Travel

Monthly faculty meetings in Anchorage	1,000.00
One professional development trip	500.00

Commodities

Office supplies, postage	500.00
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TOTAL 9 MONTH BUDGET \$ 30,708.00

It is assumed that furnished office space will be provided in the WAMI suite.



UNIVERSITY OF ALASKA, ANCHORAGE

3221 PROVIDENCE DRIVE
ANCHORAGE, ALASKA 99504

SCHOOL OF NURSING

FY 79 SCHOOL OF NURSING BUDGET REQUEST

The School of Nursing requests consideration of an expansion of its operating budget for FY 79. These requests are in keeping with the Academic Development Plan, the Chancellor's 1977 Management Conference and the budget projections submitted prior to this date.

Item I: Expansion of Workload

A. Request: Three faculty positions at the Assistant Professor level whose responsibilities will be in the School's out-reach program.

B. Budget:

Salary for three Assistant Professors at \$19,812* plus fringe	\$71,323.
Travel and per diem for monthly planning meetings at UAA	6,855.
Contractual Services	500.
Supplies	500.

*to be adjusted for COLA in Fairbanks, Bethel and Juneau.

C. Description:

The UAA School of Nursing offers the only professional nursing program in the state. Its purposes include the provision of baccalaureate degree courses to generic and RN students and the provision of continuing education courses for graduate nurses and other health care practitioners throughout the state.

A 1977 School of Nursing survey reveals that 58 per cent of RN's in the state do not hold the baccalaureate degree. The American Nurses Association position states that the baccalaureate degree in nursing is the minimal preparation for professional nursing practice. Several states are currently considering legislating the baccalaureate degree in nursing as the entry point into professional nursing practice. This position is reinforced by the dramatic decrease in the number of graduates from hospital schools of nursing and by the large proportion of associate degree nursing graduates who return to school for a baccalaureate degree in nursing (30 per cent return for a degree within 3-5 years of completing the associate degree).

The Alaska Department of Labor publication, Alaska Occupational Employment Forecast 1976 projects 240 RN openings per year for the period from 1974-85. This is an increase of 140 employment opportunities per year. This forecast could be modified upward depending upon the characteristics of national health insurance. The present nursing manpower shortage outside of Anchorage is likely to become more acute unless immediate steps are taken to institute a program designed to correct it.

The curriculum for a B.S. in nursing calls for a pre-graduation clinical course called the Professional Nursing Concentration. In this course the student spends 32 hours a week in the practice setting in a chosen specialty, under close supervision by nursing faculty. This concentration could occur outside the Anchorage area, were School of Nursing faculty available for supervision. The literature reveals that graduates are more likely to select employment in those agencies and areas where they have practiced as students. Therefore, a positive response to the professional nursing shortage outside Anchorage would be to provide the opportunity for some students to fulfill this portion of their clinical program in other areas.

It is obvious that not all students, especially RNs with family obligations will be able to come to Anchorage for an extended period of time. The revised curriculum makes it possible for RNs to spend a minimum of 7 months, 2 semesters, in Anchorage and generic students a minimum of 4 semesters provided the student can receive the appropriate advisement, supervision and courses both prior to coming to Anchorage and for the Professional Nursing Concentration in his/her own locality.

This proposal will place a full time School of Nursing faculty member in each of three communities to provide more efficient assessment, planning, implementation and evaluation of student needs and courses offered than is now possible on a part time basis.

The faculty will be in Fairbanks, Juneau-Sitka, and Bethel. Responsibilities include 1) assessment of continuing education needs 2), coordination of planning with the School of Nursing Director of Continuing Education 3), teaching selected continuing education courses 4), evaluation of continuing education courses 5), recruitment and advisement of both continuing education and degree students 6), instruction of students enrolled in the Professional Nursing Concentration (a pregraduation 32 hours/week clinical course that must be planned and supervised by School of Nursing faculty) and 7), advisement of the university or community college administration and faculty on the general education and support courses needed by students in the program. These activities constitute a full teaching load in the School.

Approving this request will not only increase the number of graduates from the program, it will provide a direct service to a majority of the non Anchorage citizens of the state through increasing the number of nurses prepared to offer professional health care services in their community. These faculty will also provide needed coordination of continuing education courses that are designed to enhance the knowledge and skill competencies of graduate health care practitioners in their community.

Item II: New Program .. Master of Science in Nursing

A. Request: One faculty position at the Associate Professor level whose responsibilities will be to plan and direct a Master of Science program in Nursing. One secretary who will be primarily responsible to the Director of the Graduate Program.

B. Budget:

Salary for one associate professor plus fringe	\$ 31,768.
Salary for one secretary, grade 10 plus fringe	16,373.
Travel	2,000.
Contractual Services	1,500.
Supplies	1,500.

C. Description:

The masters degree in nursing is a requirement for leadership positions in nursing administration, supervision, education and research. This is especially true in professionally isolated communities such as Alaska.

A 1977 School of Nursing survey revealed that 6.4 per cent of Alaskan RNs hold the masters degree. Twenty per cent of the respondents in administration had a masters degree, none of those in supervisory or research positions held a graduate degree and only thirty-two per cent of those in nursing education positions held a master's degree.

The State Section of Public Health Nursing has 89 professional nursing positions. Fifty six of these positions require the masters degree but only 19 of the incumbents hold the masters degree. A further illustration of the shortage of nurses prepared for leadership is that at the time of transfer from AMU, one third of the School of Nursing faculty did not hold the minimum credential required to teach, ie the masters degree.

Two federally funded projects, The Community Mental Health Project and the Family Nurse Practitioner Project have explored the need for a masters degree nursing program in Alaska. The masters degree program is a necessary out-growth of both of these projects.

Nationally the family nurse practitioner programs are being integrated into the academic degree tract rather than remaining in the continuing education pattern where they were initiated. There is a critical need for family nurse practitioners, especially in the "Bush." It is anticipated that the master's degree program in nursing will prepare these family practitioners within a Community Health Major.

Approval of this request will result in undertaking a thorough feasibility study of the Alaska nursing population and of employing agencies to clarify both needs and resources relevant to the initiation of a masters degree program. Recruitment of a doctorally prepared director will also be undertaken. Since there is a critical shortage of nurses prepared at the doctoral level it is essential that this recruitment effort begin as soon as possible. Final planning of the curriculum should await employment of the Director. Students will be admitted in September 1979. It is anticipated that ten students will be admitted to the first class. An additional professor will be added to the faculty at that time.

Item III: Increased Workload . . Continuing Education for the Health Sciences.

A. Request: One faculty position at the Assistant Professor level and one secretarial position.

B. Budget:

Salary for one Assistant Professor plus fringe	\$ 23,774.
Salary for one secretary, grade 10 plus fringe	13,644

C. Description:

Knowledge and technology in the health care field are highly perishable and continuing education is mandatory for all health care practitioners. The continuing education department has primarily served graduate nurses. This year approximately 2000 nurses will have enrolled in the C.E. courses offered. There are increasing requests from other health care groups such as medicine, dental hygiene, medical technology etc.

The purpose of this request is to enable the School to respond to these continuing education needs by employing a health educator who is able to plan a calendar of offerings and to teach some continuing education courses outside of nursing. The volume of clerical work that accompanies course and instructor approvals, fee collection and typing course materials requires secretarial support.

It is anticipated that continuing education will become mandatory by State Statute in the foreseeable future. It is essential that a delivery vehicle be planned and implemented prior to this time if the quality of the educational program is to be protected. In addition, the development of a core of continuing education for health science practitioners may be productive in identifying both needs and resources for new baccalaureate health science programs.

An additional faculty member should be able to plan and coordinate approximately 50 workshops and short courses during the first year.

Item IV: Increased Workload . . Faculty Nurse Practitioner Program

A. Request: Two Family Nurse Practitioner positions at Associate Professor level.

B. Budget:

Salary for two Associate Professors	
at \$26,473 plus fringe	\$63,535.

C. Description:

The family nurse practitioner is an expanded role in nursing. It includes health assessment and treatment of common health disruptions. This program was funded by the DNEW Division of Nursing for a three year period and expired in July 1977. Contrary to our expectations the Division did not fund our application for a new grant. This program has been attractive to graduate nurses and the graduate in high demand by health care agencies, especially in the Bush. Approval of this request will permit the School to resume offering this program. These faculty will also contribute to the masters degree in nursing when that program is initiated.

Total Request for FY 79:

1. Restoration of cuts to FY 78 Budget	\$ 65,936.
2. Request Item I	79,178.
3. Request Item II	53,141.
4. Request Item III	37,418.
5. Request Item IV	63,535.

Through the recent curriculum revision the School has constructed the foundation for excellence. In order to effect a transition into the league of excellence with other schools it is essential that financial cuts be restored and in order to better serve the educational and health needs of Alaskans your approval of the budget additions described above is requested.

Background Data:

Since its inception in 1968, the School has graduated 139 nurses with the baccalaureate degree with a major in nursing. The graduates included five who were formerly practical nurses and fifty two who were registered nurses. At least seventy five of these graduates continue to practice actively in the state, ten in the Bush.

Student enrollment in the program has been erratic for the past few years due to the instability of AMU. Enrollment in the freshman and sophomore years are now approaching the number required for maximum efficiency. There are presently 210 students in the major.

The faculty are currently engaged in simultaneously developing and implementing a revised curriculum plan that will

- 1) facilitate the programs application for initial accreditation by the National League for Nursing,
- 2) integrate the health assessment portion of the Family Nurse Practitioner program into the undergraduate clinical courses,
- 3) provide a clear academically sound articulation pattern for RNs seeking a BS degree in nursing,
- 4) provide a basic curriculum organization that will enable the school to graduate approximately 50 students per year.

Students admitted to the clinical major this spring will be entering the revised curriculum. The curriculum change has reduced the hours taught this fall as faculty prepare for implementation of the new curriculum. Plans had been to increase the productivity of the School through lower division electives this fall. However, these were cancelled by Presidential decree. The impact of this decision over the year will be a level of productivity for the School slightly above the past year rather than a dramatic increase. A

twenty five per cent increase in credit hours produced is expected during the 1978-79 academic year as more favorable enrollments enter the upper division courses.

Each student's program of study under the revised curriculum includes 58-65 semester hours of nursing prefix courses. Forty six of these are team taught clinical courses which include 250 hours of classroom and 1400 hours in health care agencies providing direct care to individuals, families and groups. This clinical component is the critical element of the program. The team teaching required along with a low student-teacher ratio produce very high contact hours per week for the faculty but low credit hour production for the program.*

The clinical course is not comparable to either student teaching or other laboratory courses. The teaching-learning process is as carefully planned and more intense than the traditional classroom setting yet the faculty must utilize this experiential setting without the predictable control common to other laboratory courses. In addition, the faculty member is responsible not only for the 6-8 students assigned, but for the well being of each individual, family or group to whom the student provides nursing care.

It is obvious that traditional methods of determining productivity are inappropriate. The most equitable method of measuring productivity of clinical faculty is in terms of contact hours. Clinical faculty are responsible for 6-8 students 12-15 hours per week in the clinical facility plus 4-5 hours per week in the team taught classroom component. In addition, faculty must also teach the non clinical courses in the program and individual student counseling, advisement and tutoring is quite time consuming.

*Both Alaska Statutes and National League for Nursing Criteria for Accreditation require School of Nursing faculty to plan, select, assign, supervise and evaluate student learning experiences in the clinical as well as theoretical component of the program.