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Multi-Year Plan for Professional Degree Supplemental Tuition (PDST) Levels
Effective Beginning Summer or Fall 2019
<u>PART A</u>

The Regents approved the amended *Regents Policy 3103: Policy on Professional Degree Supplemental Tuition* at the March 2017 Regents meeting. Please review the amended policy and keep it in mind during your planning process and while completing Parts A and B of this form: http://regents.universityofcalifornia.edu/governance/policies/3103.html. This approval did not directly rescind the authority delegated to the President by the Regents in November 2014 to approve PDST increases up to 5% through 2019-20. Programs with an approved multi-year plan on file that has not expired may submit requests for increases up to 5% for the President's approval for PDST levels that become effective summer or fall 2019 (as long as the proposed increase does not exceed the amount previously indicated in the program's current multi-year plan). Requests from these programs should be submitted using a short form. By fall 2020, the amended Regents Policy 3103 will apply to all PDST programs.

I. PROJECTED PROFESSIONAL DEGREE SUPPLEMENTAL TUITION AND PROGRAM DESCRIPTION

I.a. Specify your projected Professional Degree Supplemental Tuition (PDST) for each year of your multi-year plan. While programs typically craft three-year plans, programs are permitted to craft multi-year plans for two, three, four, or five years. If specified years in the table do not apply to your multi-year plan, please leave those columns blank (and continue to do so throughout the template). Please also refer to the planning assumptions for further details about fee increase rates.

	Actual	New Proposed Fee		Increases/Decreases			
	2018-19	**2019-20**	**2020-21**	**2019-20**		**2020-21**	
				%	$	%	$
Prof. Degr. Suppl. Tuition (CA resident)	$11,607	$12,186	$12,795	5%	$579	5%	$609
Prof. Degr. Suppl. Tuition (Nonresident)	$11,607	$12,186	$12,795	5%	$579	5%	$609
Mandatory Systemwide Fees (CA resident)*	$12,570	$12,966	$13,368	3.2%	$396	3.1%	$402
Campus-based Fees**	$1,000	$1,030	$1,061	3.0%	$30	3.0%	$31
Nonresident Suppl. Tuition	$12,245	$12,245	$12,245	0.0%	$0	0.0%	$0
Other (explain below)***							
Total Fees (CA resident)	**$25,177**	**$26,182**	**$27,224**	4.0%	$1,005	4.0%	$1,042
Total Fees (Nonresident)	**$37,422**	**$38,427**	**$39,469**	2.7%	$1,005	2.7%	$1,042

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* Mandatory systemwide charges include Tuition and Student Services Fee.
**Do not include the Student Health Insurance Program (SHIP) premium, since this may be waived for students with qualifying coverage under another program.
*** Include Course Materials and Services Fees but not health kits. Include disability insurance fee for medicine and dentistry. Students enrolled in NSHL-MS summer courses are assessed Mandatory Summer Quarter Systemwide Fees at a cost of $4,091 per student for 2018-19 (PDST is not applicable during the summer term).

Additional comments:

The decision to increase fees in order to sustain our academic programs is not made lightly. As discussed below, consideration was given to debt load and recruitment of diverse students.

The historically low PDST for nursing among UC's clinical programs has resulted in a worsening of the school's financial position, with a critical juncture projected in just a few years. In conjunction with the three other UC Schools of Nursing and UC Office of the President staff, UC Davis will continue to develop and conduct thorough cost modeling with multi-year projections for the programs, in order to close the gap on unfunded costs of delivering the Nursing Science and Health Care Leadership- Master of Science degree. A new multi-year plan will be submitted accordingly, once this projection is complete.

I.b. Please describe the nature and purpose of the program for which you propose to charge Professional Degree Supplemental Tuition.

The Nursing Science and Health-Care Leadership M.S. (hereafter referred to as NSHL-MS or "the program") degree is a full-time, professional degree program. The degree can be completed in five quarters or eight quarters, depending on which track a student takes. A bachelor's degree and RN licensure are prerequisites, and many students continue to practice as nurses while attending the program.

The NSHL-MS prepares graduates for health-care leadership roles in a variety of healthcare, education, community-based and not-for-profit organizations. The first cohort matriculated in Fall 2010 and graduated in Winter 2012. Some examples of post-graduate employment opportunities include:

- Leaders of health organizations and agencies—such as community clinics, trade associations, advocacy groups—improving quality of care and work environments, and advancing health outcomes and health-care effectiveness and efficiency.
- Community college and other pre-licensure nursing faculty—teaching the next generation of nurses.

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- Legislative and governmental agency staff and leadership – developing, influencing, and implementing policy to improve access and outcomes (both in health agencies and organizations that provide public infrastructure, such as transportation, planning, or parks and recreation).
- Careers across the health-care sector, such as insurance, pharmaceutical, hospital, home health, aging support services, adoption services, chronic illness support services, and medical equipment industries fostering the integration of excellence in clinical care, management, policy, education and research.
- Delivery of care as certified Family Nurse Practitioners (FNP). In alignment with the school's vision to advance health, Family Nurse Practitioners lead clinical programs in collaborative teams and help improve the availability of culturally relevant primary health care to underserved populations throughout California. As a result of health care reforms and an increasingly aging population with advanced chronic illnesses, millions more people require primary-care services, exceeding the number of providers currently available. The NSHL-MS provides a partial solution to this growing problem by educating and preparing primary-care providers versed in preventive measures, who advance health through health promotion and disease prevention, practice in ambulatory and community-based settings and enhance the existing workforce.

II. PROGRAM GOAL EVALUATION

II.a. Please identify the goals you listed in your last multi-year plan. Specifically, what were the purposes for which your program proposed to charge PDST, and what were your goals with respect to enhancing affordability, diversity, and program quality? Please feel free to describe other goals, as well. Describe how you used PDST revenue to advance the goals specified. Please elaborate on the extent to which your program has achieved each of the goals specified, and include quantitative indicators of achievement wherever possible.

This is the first time a multi-year plan under the revised Regent's PDST policy has been submitted for the NSHL-MS. The UCD School of Nursing's last multi-year plan pertained to the years 2016-17 through 2018-19 and included the following goals:

Goal 1: utilize evidence-based teaching methods to adopt a multipronged approach for engaging students around active learning experiences in their classroom and clinical settings.
- The program invested in developing and deploying integrated case-based learning experiences where students engage in different types of learning modalities, such as small group case discussions, online branching scenarios with immediate feedback, interactions with standardized patients, and written history and physical exam notes. This diverse portfolio of experiences helped engage different learning styles and modalities, to ensure the school met the learning needs of our diverse student population.

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- An instructional designer who is an expert in designing graduate program curriculum was hired in February 2018. This employee has designed graduate-level experiences for our students, while maintaining national accreditation competencies and learning objectives for each of the programs.
- Construction was completed on Betty Irene Moore Hall and the Administrative Support Building, providing a permanent home for the highly specialized clinical simulation and active learning facilities utilized by NSHL-MS students. A portion of the PDST contributes to maintenance of these spaces, including A/V equipment, custodial services and schedule management.

Goal 2: recruit students who reflect the diversity of the communities we serve
- Thirty three percent of the PDST increase was returned directly to the students, in the form of financial aid. Strong aid packages are critical in order to attract and retain a diverse cohort.

Goal 3: recruit and retain top faculty
- In the past two years, the school has used PDST to recruit 11 new faculty, with market-competitive compensation. Two of them are experts in online graduate education and come with experiences as both learners and educators in this arena. One of them is entirely focused on building distance-friendly content around family caregiving, a top research priority for the school, and an area of differentiation among master's-level nursing programs. There is a growing body of evidence to show that family caregiving affects every household in our state and when caregivers are identified and assessed early on, the healthcare outcomes of the patient are greatly increased. By focusing on this important area of research, we are ahead of the curve by educating NSHL-MS students to be able to address this financial burden on our state and our healthcare system.

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III. PROGRAM GOALS AND EXPENDITURE PLANS

III.a. Please provide strong rationale for either initiating or increasing Professional Degree Supplemental Tuition during the years of this multi-year plan. What <u>goals</u> are you trying to meet and what problems are you trying to solve with your proposed PDST levels? How will the quality of your program change as a consequence of additional PDST revenue? What will be the consequence(s) if proposed PDST levels are not approved? What will be the essential educational <u>benefits</u> for students given the new PDST revenue?

The primary goals of this proposal are **to maintain program quality and, in the case of instruction, enhance program quality**. PDST is a critical source of revenue for maintaining the staffing and facilities necessary to deliver this degree until a solution can be implemented to achieve financial sustainability at steady-state. The majority of the program costs are fixed— including personnel, utilities, building maintenance and financial aid; therefore a primary goal of this proposal is to maintain program quality by covering the forecasted increases associated with these costs. An additional goal is to enhance program quality by supporting what we call "the active learning approach" (described in more detail below), and responding to student requests to increase the number of faculty available to provide clinical instruction in the simulation labs (see Part B Section IX.). Nursing incurs particularly high costs for faculty and requires close individual supervision for students as they develop proficiency in delivering complex and high-risk health care.

One consequence if the PDST increase is not approved will be divestment in active learning education, a key strategy in reaching NSHL-MS students with diverse learning styles. Active learning includes case-based problem solving in teams, clinical simulations, and community partnership projects, and is a proven approach to preparing practitioners who are capable of critical thinking and who have a high comfort level with patient interaction. However, reaching students with diverse learning styles is resource-intensive, requiring instructional designers, additional faculty time, and highly specialized facilities, as described in Section II.a. More traditional—and less costly—lecture-style approaches are not as effective in producing nurse leaders who are immediately ready to assess organizations for quality improvement and who are comfortable with the patient/provider interaction. Given the critical role of nurses as leaders in meeting California's healthcare demands, eliminating the active learning approach could decrease our student's job-readiness and delay the deployment of healthcare providers in some of the most underserved regions of California.

This proposal also aims to increase the amount of time students have to practice skills learned in the active classroom. This goal is the direct result of feedback received from students (see Part B, Section IX), requesting additional time in the clinical simulation labs. To meet this request, the program must have more faculty who can be physically present in the simulation labs, provide instruction,

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and give feedback to the students. A portion of the PDST will go toward recruiting an additional clinical faculty role in the school of nursing. A percentage of this faculty role (equivalent to the percentage of the Nursing School composed of NSHL-MS students) will be allocated to the NSHL-MS degree to support clinical skills training. If the PDST is not approved, hiring of that FTE will be suspended.

III.b. For established PDST programs, please indicate how you are using total actual Professional Degree Fee revenue in 2018-19 in the first column of the table below. In the remaining columns, please indicate how you intend to use the revenue generated by the Professional Degree Supplemental Tuition increase (if specified years in the table do not apply to your multi-year plan, please leave those columns blank).

	Total 2018-19 PDST Revenue	Proposed Use of Incremental PDST Revenue		
		Incremental 2019-20 PDST revenue	Incremental 2020-21 PDST revenue	Total Projected PDST Revenue in Final Year
Faculty Salary Adjustments	$225,000	$9,563	$9,969	$244,531
Benefits/UCRP Cost	$119,500	$4,429	$4,597	$128,526
Providing Student Services	$0	$0	$0	$0
Improving the Student-Faculty Ratio	$0	$32,500	$1,381	$33,881
Expanding Instructional Support Staff	$100,000	$3,000	$3,090	$106,090
Instructional Equipment Purchases	$25,180	($22,722)	$9,246	$11,704
Providing Student Financial Aid	$314,085	$15,668	$16,480	$346,233
Other Non-salary Cost Increases	$0	$0	$0	$0
Facilities Expansion/Renewal	$168,009	$5,040	$5,191	$178,241
Other (Please explain in the "Additional Comments" below)	$0	$0	$0	$0
Total use/projected use of revenue	$951,774	$47,477	$49,955	$1,049,206

Additional Comments:
Not applicable.

III.c. Please describe cost-cutting and/or fundraising efforts related to this program undertaken to avoid Professional Degree Supplemental Tuition increases even greater than proposed. Please be as specific as possible.

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The School of Nursing has an in-house Advancement Team dedicated to fund-raising efforts that directly benefit students, including those in the NSHL-MS. Donations for student scholarships as well as philanthropy help to offset operational costs. As an example, the SON received $375,000 in gifts and pledges for named spaces in the newly completed Betty Irene Moore Hall, the facility in which the NSHL-MS students partake in active learning and clinical skills training. Gifts such as these mitigate some facilities expenses from being passed along to students during this proposal period.

In addition, the School of Nursing has adopted a number of shared-services MOUs benefiting the NSHL-MS infrastructure. These MOUs increase operational efficiency and decrease staffing costs by "buying out" time from existing teams at UCD, rather than creating duplicative teams internal to the School of Nursing. These include:

- Financial transactions and accounting: The SON provides funding to the School of Medicine (SOM) finance team for account management services for our Gordon and Betty Moore Foundation (GBMF) grant and support for many of our financial services such as purchasing agreements, grant account management, and invoicing on business contracts.

- Staff personnel services: Staff payroll is provided by the UCD Health (UCDH) payroll team, and UCDH human resources provides infrastructure support to the SON in the areas of recruitment, Employee and Labor Relations, benefits, and compensation. This allows the SON to administer staff HR with a single HR Business Partner.

- Information Technology: An MOU with UCDH IT provides FTE support for hardware and software utilized by the SON, including the NSHL-MS students.

- Facilities/simulation operations: An MOU with the Center for Virtual Care provides FTE support for facilities scheduling and management, and simulation services used by the NSHL-MS students.

- Academic Personnel: An MOU with the Associate Vice Chancellor for Academic Personnel provides FTE support for review, consultation and approval of Academic Personnel actions for faculty teaching in the NSHL-MS.

- Financial Aid: The SON provides funding to the SOM financial aid team to support administration of aid packages for our students.

- Evaluation: The SON provides funding to the Schools of Health Evaluation team to conduct an arms-length review of success, including admissions, student progress, alumni outcomes, and research impact.

The SON is also actively pursuing a partnership with a medical supplies vendor to reduce the cost of clinical supplies and decrease resources required to manage inventory in the clinical simulation labs.

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III.d. If your program proposes uneven increases (e.g., increases that are notably larger in some years than in others), please explain why.

Not applicable.

III.e. Please indicate your program's current and expected resident and nonresident enrollment in the table below.

	Enrollment		
	2018-19	**2019-20**	**2020-21**
Resident	81	81	81
Domestic Nonresident	1	1	1
International			
Total	82	82	82

Additional Comments

This degree requires an RN license, as well as regular in-classroom attendance. The difficulty in participating from a distance prohibits it from being highly marketable to students outside California. The school is currently analyzing options for a delivery mechanism that will be more distance-friendly, particularly to working professionals from the Central Valley and northern California regions where there is a shortage of healthcare providers. These options include adding instructional designers, or partnering with an online program manager.

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IV. MARKET COMPARISONS: TOTAL CHARGES

IV.a. In the following table, identify a *minimum* of 3 and *up to* 12 institutions that your program considers to be comparators, including a minimum of 3 public institutions. If it is the case that your program only compares to a small number of programs or only private comparators, please list those.

☐ If the box is checked, the program has provided for each comparator the total charges to degree completion in the following table; otherwise, amounts for first year annual charges were provided by the program for each comparator.

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	First Year Annual Charges						
	Actuals	Projections		Increases/Decreases			
	2018-19	2019-20	2020-21	2019-20		2020-21	
Residents				%	$	%	$
Penn State (Public)	$22,578	$23,255	$23,953	3%	$677	3%	$698
University of North Carolina - Chapel Hill (Public)	$19,234	$19,811	$20,405	3%	$577	3%	$594
University of Michigan (Public)	$24,176	$24,901	$25,648	3%	$725	3%	$747
University of Southern California (Private)	$35,397	$36,459	$37,553	3%	$1,062	3%	$1,094
University of Pennsylvania (Private)	$47,286	$48,705	$50,166	3%	$1,419	3%	$1,461
Georgetown (Private)	$39,267	$40,445	$41,658	3%	$1,178	3%	$1,213
Public Average	$21,996	$22,656	$23,336	3%	$660	3%	$680
Private Average	$40,650	$41,870	$43,126	3%	$1,220	3%	$1,256
Public and Private Average	$31,323	$32,263	$33,231	3%	$940	3%	$968
Your program - UC Davis	$25,177	$26,182	$27,224	4%	$1,005	4%	$1,042
Nonresidents							
Penn State (Public)	$38,012	$39,152	$40,327	3%	$1,140	3%	$1,175
UNC-Chapel Hill (Public)	$38,173	$39,318	$40,498	3%	$1,145	3%	$1,180
University of Michigan (Public)	$48,492	$49,947	$51,445	3%	$1,455	3%	$1,498
University of Southern California (Private)	$35,397	$36,459	$37,553	3%	$1,062	3%	$1,094
University of Pennsylvania (Private)	$47,286	$48,705	$50,166	3%	$1,419	3%	$1,461
Georgetown (Private)	$39,267	$40,445	$41,658	3%	$1,178	3%	$1,213
Public Average	$41,559	$42,806	$44,090	3%	$1,247	3%	$1,284
Private Average	$40,650	$41,870	$43,126	3%	$1,220	3%	$1,256
Public and Private Average	$41,105	$42,338	$43,608	3%	$1,233	3%	$1,270
Your program - UC Davis	$37,422	$38,427	$39,469	3%	$1,005	3%	$1,042

Source(s):
https://cce.ais.psu.edu/tuition-calculator-ui/, https://nursing.unc.edu/academic-programs/msn/cost-to-attend/, https://ro.umich.edu/tuition-residency/tuition-fees, https://nursing.usc.edu/fnp/tuition-financial-aid/, https://www.nursing.upenn.edu/admissions/tuition-and-fees/masters-post-masters-costs/, https://finaid.georgetown.edu/graduate/NHS-online/graduate-nhs-online-cost

Additional Comments: Used University's recommended escalation factor of 3% annually for comparator year over year increases.

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IV.b. Why was each of these institutions chosen as a comparator? Include specific reasons why each is considered a peer – for example, competition for the same students and faculty, admitted student pools of similar quality, similar student-faculty ratios, similar program quality, an aspirational relationship between your program and the peer program, etc. What other characteristics do they have in common? If you have included aspirational programs, explain why your program aspires to be comparable to these programs and how it expects to do so within 5 years. Be specific (and if a program is unlikely to achieve comparability to an aspirational program within 5 years, the aspirational program should not be included).

Due to shifting recommendations by the American Association of Colleges of Nursing and anticipated changes to licensure certification requirements, many schools are moving away from offering master's level degrees and toward Doctor of Nursing Practice (DNP) level FNP degrees. This trend makes it difficult to find comparators. For instance, the University of Washington and Oregon Health and Science University were public comparators used in the 2016-17 PDST proposal, but both have moved to a DNP. UC Davis is currently evaluating this option, but in the meantime continues to offer the master's level degree.

The public university comparators were chosen because they have similarly-ranked master's level nursing programs, according to *U.S. News and World Report*. For private comparators, Georgetown and University of Pennsylvania are also both similarly ranked by *U.S. News*. University of Southern California was included as a well-regarded private university whose online modality and California presence makes it easily accessible to the same prospective students for whom UC Davis competes. In addition, UC Davis competes against all the comparator schools listed for faculty and students.

IV.c. Please comment on how your program's costs compare with those of the comparison institutions identified in the table above.

For residents, 1st academic year costs for the NSHL-MS with the proposed increase will be $26,182 in 2019-20. This is above the public comparator average of $22,656, but below the average of $32,263 for all comparator schools, including privates. The main contributor for this cost differential is described below.

The key drivers for nursing program costs are faculty salary and benefits (staff costs are also a significant factor), which are tied closely to the cost of living in the Sacramento region. In order to attract and retain faculty, nursing schools are competing for nurses who are, or could be, practicing in the regional healthcare marketplace. The top-10 paying metropolitan areas in the U.S. for

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registered nurses are all located in California[1], driving up salary and benefits costs to attract qualified faculty members to teach the next generation of healthcare providers. A comparison between the cost of living indices for the regions holding each of the comparator schools reveals the realities of the marketplace for NSHL-MS faculty. Each of the public schools is located in an area with lower cost of living indices than the Sacramento region.

School/College	Cost of Living Index for Region[2]
Penn State	69.91[3]
University of Michigan	70.01
UNC-Chapel Hill	71.4
UC Davis (Sacramento)	78.75
University of Southern California	82.3
University of Pennsylvania	83.46
Georgetown	91.94

IV.d. Please comment on how the quality of your program is unique and/or distinguishable from your chosen comparison institutions.

Seeking to close the gap in nurse leadership in the clinical setting, the Gordon and Betty Moore Foundation founded the UC Davis School of Nursing in March 2009. The NSHL-MS was the first degree launched by the SON, and what distinguishes the UC Davis NSHL-MS from most of its comparators is its focus not just on graduating technically-skilled clinical providers, but also on creating nurses who are leaders within healthcare teams and advocates for their patients. Indeed, the NSHL-MS program has a unique focus on the following:

- **Igniting leadership** through innovative education, transformative research, and bold system change.

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[1] Bureau of Labor Statistics: https://www.bls.gov/oes/current/oes291141.htm

[2] https://www.numbeo.com/cost-of-living/region_rankings.jsp?title=2018&region=019. The cost of living index is a relative indicator of consumer goods prices, including groceries, restaurants, transportation and utilities. Costs are based against New York City as a 1.0, meaning an index of 70 is 30% less expensive than New York City (https://www.numbeo.com/cost-of-living/cpi_explained.jsp).

[3] www.numbeo.com Based on Harrisburg COL; closest metropolitan area data available

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- **Delivering inter-professional/interdisciplinary education** – health professionals learn multiple perspectives to work and communicate as teams. **NSHL-MS** students participate in learning experiences throughout their program with medical, physician assistant and pre-licensure nursing students
- **Teaching cultural inclusiveness** – with a focus on underserved and rural populations, the school teaches culturally appropriate approaches to care and involves communities to design and conduct relevant research. For example, students may participate in a "Community Connections" course, in which they partner with a local agency (such as a food bank or refugee relocation non-profit) to more fully understand local communities and the health systems that serve them. The focus is not just on physical symptoms and conditions, but rather the complete context that contributes to a person's health.
- **Deploying innovative technology** – the school uses technology to create an engaged and interactive approach to nursing education, research and practice. An example is active learning classrooms, in which groups of seven students are seated in pods to work as a team on sample cases and leadership challenges. Rather than stand at the front of the room lecturing, faculty move from group to group, facilitating discussion and encouraging groups to share their solutions with the entire room through the use of coordinated technology.

A robust evaluation process to determine the quality of the program is conducted and reported annually by a team of UC Davis staff who are separate from the School of Nursing. Graduation rates since the school's first NSHL-MS cohort matriculated in 2010 are between 93-98%. The quality of the program is measured by student success (100% of alumni in the last three cohorts who sat for the American Academy of Nurse Practitioners certification exam post-graduation passed, with scores on each section exceeding the national average) and impact after graduation (97-100% of alumni report working in the healthcare field post-graduation). Evaluation conducted of all alumni as of Spring 2018 indicates NSHL-MS students rank the program very high in developing skills to work inter-professionally and practice cultural inclusiveness, which distinguishes our program from our competitors.

V. ENROLLMENT AND DIVERSITY STRATEGY

V.a. In the following table, please provide details about enrollment in your program and in your comparison public and private institutions. For established programs, provide data for academic years 2015-16 to 2017-18 and include estimated fall 2018 data if available. In the columns shown, programs should provide as many figures for comparison public and private institutions as are available.

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	Actual	Actual	Actual	Estimated	Comparison (2016-17)	
	2015-16	2016-17	2017-18	Fall 2018	Publics	Privates
Ethnicity						
Underrepresented					*see v.b. below*	*see v.b. below*
African American	9.4%	6.2%	11.3%	8.7%		
Chicanx/Latinx	11.8%	10.3%	14.3%	13.0%		
American Indian	0.0%	0.0%	0.0%	0.0%		
Subtotal Underrepresented	*21%*	*17%*	*26%*	*22%*	*0%*	*0%*
Asian/East Indian	35.3%	38.1%	24.8%	30.4%		
White	43.5%	39.7%	48.3%	46.7%		
Other/ Unknown	0.0%	4.1%	1.3%	1.1%		
International	0.0%	1.5%	0.0%	0.0%		
Total	100%	100%	100%	100%	0%	0%
Socioeconomic						
% Pell recipients	50.0%	41.5%	42.6%	N/A		
Gender						
% Male	21.5%	26.0%	20.9%	22.0%		
% Female	76.9%	72.6%	77.9%	78.1%		

Sources: Ethnicity and Gender Fall 2018: UCD Budget and Institutional Analysis

UC socioeconomic status and Gender: UC Corporate data

Comparison institutions: No data available publicly for 2016-17. See section V.b. and V.d.

Additional Comments: These data capture students enrolled in the Nurse Practitioner and Leadership tracks (the only two tracks) of the NSHL-MS degree program.

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V.b. For established programs, please comment on the trend in enrollment of underrepresented groups in your program over the past three years. How does your program compare with other programs in terms of racial and ethnic diversity, with particular attention to U.S. domestic underrepresented minority students? What is your strategy for creating a robust level of racial and ethnic diversity in your program? For new programs, how do you anticipate your program will compare with other programs in terms of racial and ethnic diversity, with particular attention to U.S. domestic underrepresented minority students? What will be your strategy for creating a robust level of racial and ethnic diversity in your program?

Comparison:

According to the Bureau of Labor Statistics, the population of registered nurses, which makes up the pool of potential students for the NSHL-MS program, is 12% Black/African American and 7% Hispanic or Latino[4]. The total enrollment of under-represented groups in the NSHL-MS has been 21%, 17%, and 26% respectively over the previous three years, consistent with the national pool.

Demographic data from individual comparator schools were not available; however, the American Association of Colleges of Nursing publishes an annual report of nursing school statistics, which is used as a benchmark for UC Davis. For additional context, a comparison of AACN statistics to NSHL-MS students is provided in the table below:

Race/Ethnicity Breakdown of students enrolled in master's programs in nursing	AACN Benchmark 2017[5]	NSHL-MS students 2017-18
Black/African-American	14.7%	11.3%
Hispanic or Latino	8.2%	14.3%
American Indian or Alaskan Native	.6%	0%
Asian, Native Hawaiian or Other Pacific Islander	8.3%	24.8%
White	66%	48.3%
Unknown	-	1.3%

Although UC Davis Betty Irene Moore School of Nursing exceeds the national average for Hispanic or Latino, and Asian, Native Hawaiian, or Pacific Islander graduate students, the School lags the national average for Black/African-American and American

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[4] Bureau of Labor Statistics, Household Data/Annual Averages/Employed persons by occupation, sex, race. Data is for Registered Nurses. Data for American Indian populations not available.

[5] American Association of Colleges of Nursing report, "Enrollment and Graduations in Baccalaureate and Graduate Programs in Nursing", Table 11a, 2018.

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Indian or Alaskan Native graduate students. The School acknowledges and plans to address these lags using the strategies outlined below.

Strategies for creating a robust level of racial and ethnic diversity:

1. Outreach and recruitment:

The NSHL-MS invests in outreach to prospective students with a diversity of backgrounds. This includes advertising in the special Nursing Schools edition of INSIGHT into Diversity (a national publication connecting businesses with potential employers to better reflect diversity in our communities), Diversity Nursing, Journal for Blacks in Higher Education, Hispanic-Serving Health Professions Schools, and Minority Nurse magazines. The program also sponsors the Sacramento Black Nurses Association, OCA Women in Leadership Conference, and the African American Women's Health Legacy Conference; and tables at the meetings of the National Black Nurses Association, the California Forum for Diversity in Graduate Education, and the National Association of Hispanic Nurses meetings.

2. Admissions:

The NSHL-MS is committed to building and sustaining a diverse academic community of faculty, staff and students and to ensuring that access to education and preparation is open to learners from all segments of society. The Nursing Science and Health-Care Leadership Admissions Committee acknowledges a particular responsibility to the diverse populations within the region. Faculty and leaders value diversity and inclusion and are committed to building and sustaining an academic community in which teachers, researchers and learners achieve the knowledge, skills and attitudes that appreciate and embrace inclusiveness, equity and cultural awareness as a way to unleash creativity and innovation.

In support of the overall mission and vision of the school, the NSHL-MS seeks to attract and admit students from diverse backgrounds with the potential for clinical excellence, advanced leadership, and/or transformative research in an inter-professional environment.

The NSHL-MS's admissions process addresses biases common in graduate programs that reduce the diversity of the incoming class. The GRE is not required, due to evidence that it can be discriminatory and does not sufficiently predict academic success. Instead, admission is based on a portfolio review of the experiences and academic metrics of each applicant and recognition of unique potential as a future clinician, leader, or researcher. The ultimate goal is to admit a culturally and cognitively diverse cohort of students for each program, whose interests are compatible with the vision of the school in order to leverage the university's

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strengths in interdisciplinary learning, innovative technology, state-of-the-art evidence-based practice and transformative leadership.

The admissions statement outlining these strategies is displayed on the School of Nursing's website, with the intention of attracting candidates with diverse backgrounds.

3. Inclusion:

A key component to maintaining a diverse academic culture is ensuring an inclusive environment where people from all backgrounds feel comfortable and thrive. The NSHL-MS program conducts a comprehensive, 3-day immersion to orient new students to the program and expose them to the various systems in place to provide support. This includes content ranging from sexual violence prevention training to student safety, to implicit bias training, to a discussion on professionalism. Students are also introduced to contacts in support programs such as financial aid, student services and student wellness. Once class begins, students have access to counseling and wellness urgent care staff, as well as spiritual support through the Pastoral Services office. Students have access to more than 800 clubs, including ethnic, cultural and identity-based organizations.

Each year, the SON sponsors travel awards to support NSHL-MS program students presenting at qualifying professional conferences and to encourage student's professional development in the field. These awards include representing the School of Nursing and the NSHL-MS at the National Association for Hispanic Nurses and the National Black Nurses Association, and offer opportunities for professional networking.

V.c. For established programs, please comment on the trend in enrollment of students from low socioeconomic backgrounds (e.g., students who received Pell Grants as undergraduates). What are your strategies for promoting access for students from low socioeconomic backgrounds?

The trend of Pell recipients in the last three years is 50%, 42%, and 43%. This trend is consistent with the 2015-16 national average of 45.8% of first-year graduate students who were former Pell recipients[6]. The school's strategy for promoting access for students from low socioeconomic backgrounds include:
*   Not requiring the GRE as part of the admissions process

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[6] Data source: US Dept of Education, National Center for Education Statistics, National Postsecondary Student Aid Study, 2007-08, 2001-12 and 2015-16, as reported at https://cgsnet.org/data-sources-increasing-number-graduate-and-professional-students-are-former-pell-recipients-0.

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- Awarding a minimum non-loan aid package equivalent to 33% of PDST and tuition to all Pell recipients in the NSHL-MS. Some Pell recipients in the NSHL-MS receive as much as 90% of the cost of tuition and PDST fees in non-loan aid, as a result of additional scholarships.

V.d. For established programs, how does your program compare with other programs in terms of gender parity? What is your strategy for promoting gender parity in your program? For new programs, how do you anticipate your program will compare with other programs in terms of gender parity, and why? What will be your strategy for promoting gender parity in your program?

Nursing is historically a female-dominated profession: in California, the population of registered nurses eligible for admission to this degree program is 89.90% female.[7] As shown below, the Betty Irene Moore School of Nursing achieves greater gender parity than the national average, using the California statistics and AACN data as a benchmark.

Gender Breakdown of students enrolled in master's programs in nursing	AACN Benchmark 2017[8]	NSHL-MS *students* 2017-18
Male	12%	21%
Female	87%	78%
Unknown	1%	-

V.e. In the final year of your multi-year plan, how do you expect the composition of students in your program to compare with the composition identified in the table above with respect to underrepresented minority students, Pell Grant recipients, and gender? Explain your reasoning.

As a result of the outreach/recruitment, admissions and inclusions strategies outlined above, we anticipate that in 2020 (the final year of this plan) the representation of underrepresented minority students, Pell grant recipients, and males in the program will increase, recognizing that with such a small cohort matriculating each year, admission of one or two students in any single category may represent a substantial swing in the percentage data.

The NSHL-MS program is committed to combining academic excellence with a passion for social justice to transform health care and improve health for all. It aims to foster a strong culture of inclusion and increase the diversity of faculty, staff, students, and leaders.

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[7] Bureau of Labor Statistics, Household Data/Annual Averages/Employed persons by occupation, sex, race. Data is for Registered Nurses.
[8] American Association of Colleges of Nursing report, "Enrollment and Graduations in Baccalaureate and Graduate Programs in Nursing", Table 11a, 2018.

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The program is dedicated to transforming health-care systems and the workforce to reduce the unconscionable disparities that characterize our nation and improve the health status of underserved populations. As part of the School of Nursing, the NSHL-MS has a Diversity and Inclusion Advisory Committee appointed by the Dean. The committee is responsible for ensuring visibility, accountability, and progress toward the School's diversity and inclusion outcomes, which are:

1. **All individuals in the School of Nursing, including those in the NSHL-MS, are accountable for maintaining and fostering a culture of inclusion.**
2. **A strong infrastructure exists to support diversity and inclusion.**
3. **Faculty, staff, students and leadership reflect the diversity of our community.**
4. **Student strengths and multiple intelligences are recognized and fostered through an inclusive learning environment.**
5. **Sustainable partnerships in the community are mutually beneficial and collaborative.**

The Advisory Committee has partnered with the faculty and staff involved in the outreach and admissions process to establish metrics for the NSHL-MS cohorts. Recruitment of the 2019 cohort is currently underway, and the strategies for attracting a diverse pool, such as targeted advertising, outreach at conferences, and creating networks in underserved communities are actively being implemented. Admissions metrics will be tracked to monitor the progress and success of these strategies.

V.f. In the tables below, please provide details about the faculty diversity of the school or department that houses your program. (If the program is offered primarily by a single department, please provide data for that department. If the program is offered by a school, please provide school-level data instead. If the program draws faculty from multiple schools or departments, please include two tables for each school/department.)

Note: "All Faculty" represents academic appointees in a program of instruction and research that have independent responsibility for conducting approved regular University courses for campus credit. "Ladder Rank and Equivalent" faculty are faculty holding tenured or non-tenured titles in an appointment series in which tenure may be conferred. Academic title series that have been designated by the Regents as "equivalent" to the Professor series are termed equivalent ranks. Titles in the ladder-rank and equivalent ranks are also referred to as tenure track titles since they represent the titles which confer tenure or which permit promotion to tenure.

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All Faculty (School or Department)**		2015-16	2016-17	2017-18		Ladder Rank and Equivalent Faculty (School or Department)		2015-16	2016-17	2017-18
Ethnicity		**2015-16**	**2016-17**	**2017-18**		*Ethnicity*		**2015-16**	**2016-17**	**2017-18**
Black/Afr-American	Domestic	12.0%	13.3%	12.5%		Black/Afr-American	Domestic	0.0%	0.0%	0.0%
	International						International			
Chicano(a)/Latino(a)	Domestic	12.0%	12.0%	12.0%		Chicano(a)/Latino(a)	Domestic	22.2%	22.2%	25.0%
	International						International			
American Indian	Domestic	0.0%	0.0%	0.0%		American Indian	Domestic	0.0%	0.0%	0.0%
Asian/Pac Is	Domestic	12.0%	10.0%	12.5%		Asian/Pac Is	Domestic	22.2%	22.2%	25.0%
	International						International			
White	Domestic	64.0%	66.7%	65.6%		White	Domestic	55.6%	55.6%	50.0%
	International						International			
Other/Unknown	Domestic	0.0%	0.0%	0.0%		Other/Unknown	Domestic	0.0%	0.0%	0.0%
	International						International			
Percentage by Gender		**2015-16**	**2016-17**	**2017-18**		*Percentage by Gender*		**2015-16**	**2016-17**	**2017-18**
Female		76.0%	76.7%	71.9%		Female		88.9%	88.9%	87.5%
Male		24.0%	23.3%	28.0%		Male		11.1%	11.1%	12.5%

Sources: UCD Academic Affairs

Note: Please note that the faculty diversity tables for each UC Davis program proposing to assess PDST do not include domestic and international subcategories. These subcategories have been removed to ensure that these tables do not reveal the identity of specific faculty members. UC Davis programs have included one figure for each ethnicity noted in the tables, capturing both domestic and international faculty.

V.g. What are your program's current and proposed efforts to advance the recruitment and retention of diverse faculty?

Diversity and inclusion is a strategic priority of the SON and the NSHL-MS, and a set of goals and strategies related to diversity have been established. A key strategy relates to the development of programs and systems to foster the retention of a diverse faculty. Actualization of these goals and strategies is underway.

Recruitment
- Advertising and outreach to a diverse and national audience is deliberated in the search plan development phase. Leadership and recruitment committee members actively identify, contact and cultivate diverse potential candidates, taking advantage of

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national conferences and networks to reach out and encourage applicants. Open positions are widely advertised in order to attract a diverse pool, with postings in publications such as Minority Nursing, Hispanic Serving Health Professions Schools, Insights into Diversity, and Journal for Blacks in Higher Education. The SON, including the NSHL-MS, also promotes in National Black Nurses Association and National Association of Hispanic Nurses conference programs when recruitments are open during conferences.

- The Vice Provost's office maintains workforce utilization analysis reports which are considered in the search plan development stage. These reports signify hiring goals for the NSHL-MS program.
- All faculty recruitment advisory committee members are required to complete STEAD (unconscious bias) training, led by personnel from the UCD Health Office for Equity, Diversity and Inclusion, prior to participating on a search committee.
- The SON requires and reviews diversity statements from each applicant, and these are given consideration by the search committee along with more traditional elements such as teaching evaluations and publication lists. If a pool with a strong commitment to diversity and inclusion does not result, more advertising and outreach may be conducted.

Retention, Inclusion and Progression

- The SON, including NSHL-MS faculty, underwent a rigorous review of faculty salary equity in 2015, in partnership with the office of the Associate Vice Chancellor for Academic Affairs. A number of salary actions were implemented to address inequities, including some faculty in historically underrepresented groups. Salary equity review has been conducted annually thereafter for faculty as part of annual career planning meetings with the Executive Associate Dean.
- All faculty in the NSHL-MS receive an annual allocation of $2,000 for professional development. This can be used for attendance at diversity and inclusion-related conferences or seminars.
- NSHL-MS faculty are provided both a formal and informal mentor upon arrival at the SON, to facilitate onboarding and foster a sense of community and support. A formal onboarding process was developed in 2015 and continues to undergo revision as faculty are added. It is designed to ensure newcomers to the school have the information they need to perform the duties of the job, and to create networks that will promote collaboration both within the School and with external departments. A survey of the onboarding process is conducted with new faculty after six months, to identify opportunities to improve a sense of inclusion.
- NSHL-MS faculty have access to-- and are encouraged to join-- a wide array of Employee Resource Groups (ERGs). Many faculty are involved in ERGs, which strive to create a sense of inclusion as well as provide education and visibility for ERG issues. ERGs include racial/ethnic groups as well as groups focused around abilities, gender/gender identity, veterans, and sexual orientation.
- Nursing Science and Health-Care Leadership program faculty have access to a number of inclusion and retention programs. These include the Faculty Development and Diversity Program, a coordinated and centralized effort administered through the Office of Academic Personnel, with programs including the Interprofessional Teaching Scholars Program, UC Davis Schools of

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Health Mentoring Academy, and Women in Medicine and Health Sciences, in addition to career advancement, leadership development and other learning opportunities.

VI. FINANCIAL AID STRATEGY AND PROGRAM AFFORDABILITY

VI.a. What are your financial aid/affordability goals for your program? How do you measure your success in meeting them? How will your financial aid strategies (e.g., eligibility criteria, packaging policy) help achieve these goals?

The primary goal for financial aid is to ensure that **financial issues do not prevent enrolled students from enrolling in and graduating** from the NSHL-MS program. To this end, each student offered admission is also offered some form of non-loan aid. To measure our success in meeting this goal, the SON tracks the rejection rate of students who are offered admission, to identify whether applicants turn down the UCD School of Nursing. A high rejection rate would suggest the financial aid packages are insufficient. The program's rejection rate is low, averaging just 9% in the previous two years; and graduation rates are also high, ranging between 93-98% annually (see IV.d).

Graduating Class	2010-11	2011-12	2012-13	2013-14	2014-15	2015-16	2016-17
Percent with Debt	N/A	13%	14%	25%	29%	41%	34%
Cumulative Debt among Students with Debt	N/A	$17,187	$31,246	$16,106	$29,998	$33,568	$49,585

VI.b. For established programs, please comment on the trend in the indebtedness of students in your program. What impact do you expect your proposed Professional Degree Supplemental Tuition levels and financial aid plan to have on this trend?

The first NSHL-MS class graduated in 2012, and the table above represents gradual growth in the numbers of students matriculating and graduating each year. With this sample size, it is difficult to draw trending conclusions, as a single student's circumstance can have substantial impact on the average.

Students in the NSHL-MS program receive a minimum of 33% of their tuition and PDST as non-loan aid. Some students are eligible for a non-loan financial support package totaling $40,000, as a result of the initial grant funding from the Gordon and Betty Moore Foundation (GBMF). Note: the cohort matriculating in 2019 will be the final group eligible for this funding.

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The 2012, 2013 and 2014 graduating classes all received the $40,000 support packages from the GBMF grant. Subsequent classes included some students who did not qualify for this package, resulting –expectedly—in a higher level of indebtedness. It is anticipated indebtedness will remain relatively steady during the period of time covered by this proposal, growing slightly by ~$400/year (amount equivalent to the proposed annual PDST increase minus 33% RTA).

	Graduates with Debt	2016-17 Average Debt at Graduation among Students with Debt	Mean* Salary at Graduation	Est. Debt Payment as % of Median Salary
This program	34%	$49,585	$116,170	6%
Public comparisons	69%	$47,500	$75,270	9%
Private comparisons	69%	$47,500	$94,020	7%

Sources:
This program: UC Corporate data for average debt at graduation. See comment, below
Comparison institutions: See comment, below

Additional Comments: *A search of publicly-available data revealed Average Debt at Graduation and Median Salary at Graduation figures were not available for individual schools. However, data is available for both figures in aggregate.*

For average debt, this table uses data from the 2017 loan survey conducted by the American Association of College of Nursing (AACN), http://www.aacnnursing.org/Portals/42/Policy/PDF/Debt_Report.pdf.

*This table uses BLS statistics on the annual mean wage of registered nurses (https://www.bls.gov/oes/current/oes291141.htm) for the Sacramento region and for the following areas most closely located to the comparator universities: Harrisburg, PA; Raleigh/Durham, NC; Ann Arbor, MI; Los Angeles, CA: Philadelphia, PA; Oakland, CA; Washington, DC.

VI.c. Please describe your program's perspective on the manageability of student loan debt for your graduates in light of their typical salaries, the availability of Loan Repayment Assistance Programs, loan repayment plans, and/or any other relevant factors.

For those who need loans, the program anticipates average loan indebtedness for the two-year program to be approximately $50,000. Since this program requires an RN license, license, many of the students remain employed as nurses part or full-time, reducing reliance on loans while in school. The academic and clinical strengths of the NSHL-MS ensure that students are sought-after in the job market and command competitive salaries when they start working. The job outlook for registered nurses in the U.S.

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is projected to grow 15% from 2016 to 2026, much faster than the average for all occupations[9]. On average, nursing professionals with graduate degrees command salaries that enable them to manage loan repayment programs for the portion of student support that is not awarded as RTA or scholarships. Students graduating from this program are prepared for leadership positions, such as Executive Directors of non-profits (see VI.e., below) or those identified by the Employment Development Department (EDD) as Nurse Practitioners and Medical and Health Services Managers. People in these careers earn a reported mean salary of $116,170 in the Sacramento/Roseville area. A debt of approximately $50,000 (in today's dollars) is considered manageable, given the earning potential of graduates from the NSHL- MS.

Studies have shown that nursing graduates are among the highest earners upon graduation and they have one of the lowest percentages of earnings used for debt repayment in the first year post-graduation[10]. A 5% increase applied to the PDST component of the program's tuition and fees represents a $579 increase per academic year. Of this, 33% will be returned to aid. The NSHL-MS recognizes that fee increases are never welcome, and that they have a significant impact on students. Given the market for nurse leaders, we believe the PDST increase will not negatively affect student affordability or the program's ability to meet goals for student enrollment and diversity.

VI.d. Please describe any resources available to students in your program, while enrolled or following graduation, to promote lower-paying public interest careers or provide services to underserved populations. Examples may include targeted scholarships, fellowships, summer or academic-year internships, and Loan Repayment Assistance Plans.

The NSHL-MS has developed a variety of service-focused student opportunities that include coursework and research projects. One example is a partnership between the UCD SON and the healthcare community in the Humboldt region. This partnership provides temporary housing for clinical students in the program to do a rotation at local clinics, providing hands-on clinical training in an underserved community with a largely rural population. Another example is a year-long course called Community Connections, where students partner with local community services and non-profits to examine a health system issue, including data collection and assessment. Through experiences like these, the program actively promotes public interest employment, serving underrepresented communities and practicing in rural or remote communities.

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[9] https://www.bls.gov/ooh/healthcare/registered-nurses.htm?&utm_medium=facebook&utm_campaign=supply_chain&utm_content=growth_opportunities_key_to_retaining_supply_chain_professionals_january_2017&campaignid=70161000000RN1x&vid=2120481#tab-6

[10] *Sources:* [1]http://www.hamiltonproject.org/papers/major_decisions_graduates_earnings_growth_debt_repayment/

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Students in graduate nursing education programs are eligible for targeted financial aid programs in addition to those available to all UC Davis students, and we encourage students to compete for campus, state, federal and foundation awards and fellowships. These include: U.S. Department of Health and Human Services (DHHS) and Health Resources and Services Administration (HRSA) programs that provide traineeships, scholarships, and loan repayment programs for graduate students in nursing.

VI.e. Do graduates of your program who pursue public interest careers (as defined by your discipline) typically earn substantially less upon graduation than students who enter the private sector?   If so, what steps does your program take to ensure that these careers are viable in light of students' debt at graduation?

Graduates are prepared for leadership positions in public service (as well as academia and health care delivery). The long-term vision for the program is to continue to provide student support that makes it possible for students to focus on their scholarly work and graduate with minimal debt. In addition to external grants and scholarships, the school provides funding to partially or fully support tuition and fees for master's degree students. By helping to remove some of the financial burden, the program allows graduates the opportunity to make career choices without financial reimbursement to cover loan obligations being a primary motivation for job choice. Thus, students are in a position to pursue careers in many different settings, including not-for-profit or government opportunities that might pay less than healthcare delivery/practice organizations. PayScale.com reports a broad range of salaries for not-for-profit executive directors (positions for which these graduates will be prepared). Such positions generally command salaries from $70,000-$143,000 in the Sacramento region. Teaching positions are another viable option to students graduating from this program, with Nurse Educator salaries averaging $94,670, according to the Bureau of Labor Statistics[11]. Given the debt load of most students, a public service career path is a viable option.

VI.f. Please describe your marketing and outreach plan to prospective students to explain your financial aid programs.

Staff and faculty from the Betty Irene Moore School of Nursing work very closely with staff in the Financial Aid Office to describe financial aid opportunities to prospective, admitted and enrolled students. Marketing is via the School of Nursing and program-specific websites, collateral material, a listserv of student prospects maintained by the School of Nursing, the Health System Financial Aid office, sessions during interview days, and one-on-one conversations with admitted and enrolled students.

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[11] https://www.bls.gov/oes/current/oes251072.htm#st

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VI.g. Does your program make information available to prospective students regarding the average debt and median salary of program graduates? If so, how does your program approach sharing this information? If not, why not?

This has not been considered as a potential talking point with prospective students because it has not surfaced as a question from them. Prospective students have expressed more interest in hearing about actual cost (tuition & fees), and learning about funding opportunities offered by the school, and the school is considering how to provide this information in the context of complying with UC policy on advertising tuition and fees.

VII. OTHER

VII.a. Please describe any other factors that may be relevant to your multi-year plan (such as additional measures relating to your program's affordability, measures that assess the quality of your program, etc.).

N/A

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PART B

IX. STUDENT AND FACULTY CONSULTATION

The Regents' *Policy on Professional Degree Supplemental Tuition* requires each plan to include information about the views of the program's student body and faculty on the proposed multi-year plan, which may be obtained in a variety of ways. Campuses are expected to have engaged in substantive consultation with students and faculty only in the year in which a new multi-year plan is prepared. At the program level, consultation should include information on (a) proposed new or increased PDSTs for 2018-19 and multi-year plans for any proposed increases thereafter, (b) uses of PDST revenue, (c) PDST levels/increases in the context of total charges, (d) issues of affordability and financial aid, (e) opportunities and support to pursue lower-paying public interest careers, (f) selection of comparator institutions, (g) diversity, and (h) outcomes for graduates of the program (e.g., career placement of graduates, average earnings, indebtedness levels).

Consultation with students in the program (or likely to be in the program)

IX.a. How did you consult with students about the PDST levels proposed in your multi-year plan? Check all that apply.

☐ (For proposed new PDST programs and one year programs) A good faith effort was made to discuss the plan and solicit feedback from prospective students and/or students from a related program (please describe):

☐ Scheduled town-hall style meetings with students in the program to discuss the plan and solicit feedback

☒ Convened focus groups of students in the program to discuss the plan and solicited feedback

☒ Described the plan to students in the program via email, solicited their feedback, and reviewed the comments received

☐ Other (please describe):

IX.b. Below, please provide a summary of student feedback acquired during the opportunities for consultation selected above. If students provided written feedback, please also attach that feedback to this document. Lastly, please describe below any proposal changes that resulted from this feedback.

The program convened a focus group in October 2018, which consisted of three student cohort representatives from the year 1 and year 2 cohorts. Summary information containing details of the increase and how the program proposes to invest it were also shared via email with all students in October 2018. Focus group representatives gathered information from their cohort and shared

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questions and feedback with the Assistant Dean for Administration. The following questions and concerns were surfaced in the student feedback (*responses provided to students are in italics*):

- Will the PDST increase be covered by increased aid, or be an additional cost to the student? *33% will be returned as aid and the remainder will be additional costs to the students.*
- Will current students be affected by the increase? *Students graduating prior to Summer 2019 will not be affected, but all students enrolled thereafter will be affected.*
- What specifically does the supplemental tuition pay for? *PDST contributes to specialized facilities and support staff, as well as market-rate faculty salaries that exceed costs of a traditional graduate program. These fees allow for the adoption of active learning classrooms and simulation labs.*
- Cohort representatives shared that, in general, students are not supportive of increases because the program is already costly and morale among some students is low. *The NSHL faculty and leadership are reviewing the school's clinical programs to identify curricular changes that will directly address the morale issues expressed by students. It is anticipated these changes will be submitted to the UCD Graduate Council for consideration during its fall, 2019 cycle.*
- Students asked for information about what other UC professional schools charge, and whether the NSHL-MS is comparable. *UC professional schools establish separate PDST proposals based on their own funding circumstances and projected expense increases; and nursing lags the other clinical programs, since the nursing PDST was established later (than Medicine, Dentistry, e.g.) and at a lower rate. Therefore, the NSHL-MS 5% proposal may be a higher percentage than other clinical professions, but the overall dollar amount is lower (see Section III.a). The four UC Schools of Nursing are submitting the same 5% per year proposal.*
- Students asked whether the physician assistant M.S. will be subject to the same proposal. *The physician assistant program is a self-supporting degree program (SSDP), subject to a different fee increase proposal process, which will come later in the academic year.*

Changes to the proposal resulting from feedback:
- Students expressed dissatisfaction with the level of access to the simulation labs, and amount of time available to practice clinical skills. *As a result of this feedback, leadership is assessing how students can be provided more access to simulation facilities, including allocating a portion of new faculty FTE to the program, as outlined in Section III.a.*
- Students expressed that they were unhappy with their clinical rotation experiences, and felt the curriculum is heavily geared toward the physician assistant model rather than the nursing model. *The NSHL faculty and leadership are reviewing the*

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school's clinical programs to identify curricular changes that will directly address this student concern. It is anticipated these changes will be submitted to the UCD Graduate Council for consideration during its fall, 2019 cycle.

IX.c. In addition to consultation with program students and faculty, please confirm that this multi-year plan has been provided to the campus graduate student organization leadership and, if applicable, the program graduate student organization leadership. *Each program is also encouraged to engage campus graduate student organization leadership (i.e., your GSA president) in the program's student consultation opportunities*. **The program should provide graduate student leadership with an opportunity to provide feedback on the proposals. Full comments or a summary of those comments must be provided by the program.**

☒ Plan shared with   <u>Jonathan Minnick</u>   <u>on 11/09/2018</u>.
                            Campus graduate student organization (i.e., your campus' GSA president)

       ☐ Comments or feedback was provided.
       ☒ Comments or feedback was not provided.
       Nature of feedback or full comments:

☐ If applicable, plan shared with   _____ .
                                    Program graduate student organization (i.e., your program council or department GSA)

       ☐ Comments or feedback was provided.
       ☐ Comments or feedback was not provided.
       Nature of feedback or full comments:

Consultation with faculty

IX.d. How did you consult with faculty about the PDST levels proposed in your multi-year plan? Check all that apply.

☒ Agenda item at a regularly scheduled faculty meeting
☐ Scheduled town-hall style meetings of faculty to discuss the plan and solicit feedback
☐ Convened focus groups of faculty in the program to discuss the plan and solicit feedback
☐ Described the plan to faculty in the program via email, solicited their feedback, and reviewed the comments received
☐ Other (please describe): Text

UC Davis/Nursing Science and Healthcare Leadership/Master of Science
Nurse Practitioner and Leadership tracks
Established program
Established PDST

IX.e. Below, please provide a summary of faculty feedback acquired during the opportunities for consultation selected above. If faculty provided written feedback, please also attach that feedback to this document. Lastly, please describe below any proposal changes that resulted from this feedback.

An overview of the PDST increase proposal was presented at the July 26, 2018 SON faculty meeting, who had no relevant comments or questions. Resulting questions from the faculty, summarized below, were generally focused on the school-wide budget, rather than specific to PDST, so no changes to the proposal resulted from the feedback.

- Will there be an increase to Self-supporting degree programs also, and if so, when? *The SSDP program increases are typically due in January/February, and faculty input will be solicited separately at that time. The SON's budget model does include forecasting for an annual increase, and will have to take into account any new expenses such as assessments by campus, etc.*
- What is the total cost to the students of each of the school's programs? *Information on total cost and RTA was provided in a follow-up communication.*
- What is the school's total projected revenue at steady-state? *Information on total projected revenue was provided in a follow-up communication.*
- Does each degree program have a budget? *There was discussion about the different program budget templates the school must use for PDST versus self-supporting degree programs. The school also maintains a 5-year budget forecast that looks at all programs in aggregate to plan for long-term sustainability. This was shared at the 7/26/18 faculty meeting, and is presented at least annually to the faculty and approximately quarterly to the Council of Leaders, which includes all Deans and Program Directors.*

IX.f. Please confirm that this multi-year plan template was provided to the campus Graduate Dean and endorsed by the Chancellor.

☒ Plan shared with   <u>Jean-Pierre Delplanque</u>   on November 08, 2018.
                        Graduate Dean

☒ Plan endorsed by   <u>Gary S. May</u>   on November 26, 2018.
                        Chancellor[12]

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[12] Per the *Policy on Professional Degree Supplemental Tuition* Section 4, found at http://www.universityofcalifornia.edu/regents/policies/3103.html