Developed by University of Michigan NP and CNM Faculty

MS Program Lead Faculty Responsibilities

General Responsibilities:

1. Meeting accreditation, national standards and certification requirements
2. Leading program by the development, evaluation, and revision of the curriculum.
3. Recruiting, orienting and mentoring clinical faculty
4. Recruiting students, student advisement, student issues
5. Actively engaged in identifying and maintaining clinical placement sites.
6. Collaborate with OSAMS for marketing initiatives
7. Serve as interdepartmental liaison on course collaboration
8. Liaison with UMHS and non-UMHS personnel to understand customer interests and requirements of new graduates.
9. Collaborate with undergraduate programs to assure successful entry to transitioning students
10. Mentoring faculty
11. Advisement of students including assignment of advisors in conjunction with OSAMS

Description of the General Responsibilities and Associated Timeframes
For Program Coordinator or Lead

1. Designated in Accreditation Criteria: This position is required by some accrediting bodies including the American College of Nurse Midwives and the role is defined within the Criteria including NONPF.

2. Program Oversight and Liaison: A primary responsibility of this role is the coordination and overall oversight for program operations on a daily basis and for the purpose of program planning. This includes both day to day and longer term planning. There is a liaison function as well between divisions or programs when dual planning is involved such as service courses for all students e.g. N503, N502.

3. Oversight for Accreditation: This role includes maintaining documentation and organizing information for the accreditation process. Specific examples include documentation of faculty meeting minutes for the core faculty who are involved in day to day teaching in the courses and clinical, tracking student admissions, clinical placement sequencing and progression, confirming program plans and course sequencing, confirming the including of core competencies with the curriculum.

4. Program Representative: Providing a "face" of the program by participating in recruitment events, responding to student inquiries regarding the program, career planning.

5. Student Admissions: Participating in the student admission and matriculation process, which is also often an accreditation requirement for some bodies. This

requires participation on 3 Saturdays for up to 8 hours in the Winter Term, review and discussion of applicant designation for admission or not and timing of clinical sequencing, responding to review of applicant decisions with OSAMS, tracking acceptances as provided by OSAMS, responding to student questions throughout the process regarding individualization of program plans, prior course work, clinical opportunities and preparation for clinical sequence.

6. Student advisement: As program lead provide advisement for any dual program students (eg PNP and CNM or FNP and CNM programs). Provide advisement to assigned students ranging from 6-12 or more depending on the program, model of advising and total number of students in the program.   This usually requires confirmation of program plan and sequencing, review on a semester by semester basis via email or face to face of program progress, challenges or questions and then confirming successful completion for graduation.

7. Primary responsibility to assure clinical placements. The manner this is carried out varies by program and is often designated to the course lead or the clinical section faculty depending on the circumstances of the course. This is also completed in conjunction with the Clinical Placement office in OSAMS. The program lead is often the primary contact and liaison to the community for placement opportunities, they pursue new placement options and will at a minimum provide ongoing evaluation of sites for program planning purposes to assure admissions matches clinical site availability. An additional function is to serve as the "emergency manager" to confirm sites when there are challenges to securing sites for a particular semester or course. They also provide coordinate between courses so that there is not conflict between who is able to use a site or not during any given any term or course. This includes within program coordination and across course and program coordination.

8. Program faculty mentoring: The program lead orients new faculty to their roles and responsibilities within that program and courses specific to the new faculty member's responsibilities. This includes potentially mentoring for classroom teaching, clinical coordination, site visiting, student evaluation and advisement.

9. Program liaison to UMHS for purpose of representing program, collaboration for curriculum evolution, linkages with clinical services and experts to provide lectures, resources to students, ongoing communication to assure accuracy in student placement information and expectations as well as unit or preceptor expectations.

10. Student Remediation: The program lead becomes responsible for student remediation concerns or changes due to performance in clinical sequence courses. This may involve direct supervision in the clinical setting, tutoring sessions to identify learning needs that need to be addressed outside of the clinical setting or additional site visits to confirm level of performance for progress. This role varies between courses and may be designated to the clinical coordinator of the course as well.

11. Responding to requests for information as the point of contact for the program within the SON. This includes administrative questions, planning assignments, reviewing handbooks, student policies, preparing responses to external inquiries regarding the program from other agencies, participating in grant application or response information for centralized use, providing ongoing information to OSAMS, OAA and consultants or during special projects (eg. Work load planning, evaluation, student numbers, grant criteria data etc)

Average General Monthly distribution of time:
Planning meetings: 2-4 hours per month
Student Recruitment: 2-4 hours per month
Clinical Placements: 4-8 hours per month
Student Advisement: 2-8 hours per month
Faculty Mentoring: 2-8 hours per month
Curriculum Review and Planning: 2-8 hours per month depending on revisions, school initiatives or accrediting agency changes in critieria.
Email Responses to Information requests: 2-4 hours per week

In summary the role can take between a half day to a full day or two per week depending on the time period in the semester, the size of the program, performance of students and skill level of the faculty and preceptors, the timing of projects that impact the program but come from outside of the program eg changes in curriculum and the complexity of the course placements and assignments.

The Role as linked to the 2012 NTF Program Evaluation Criteria (these mirror those of American College of Nurse Midwives in most aspects with the exception that the role of a program lead is required in the ACME criteria). :

Program Leads (Program coordinators) have the primary responsibility for leading the NP/CNM programs and assuring the 2012 NTF Criteria for evaluating programs (cited below in **bold** lettering) are being implemented for their specific programs. This includes:

NTF CRITERION II: Students

A. Any admission criteria specific to the NP program/track reflect ongoing involvement by *NP faculty.*

Program Leads oversee review of applications and lead program specific admission committee decisions with input from program faculty and support from OSAMS. Faculty leads oversee the assignment of student advisors with input of NP faculty members and inform OSAMS.

B Any progression and graduation criteria specific to the NP program/track reflect ongoing involvement by *NP faculty*.

Program Leads oversee program plans and review existing plans for needed updates or changes to be consistent with national guidelines and certifying bodies with input from program faculty and support from OSAMS

CRITERION III: Curriculum
A. *NP faculty* members provide ongoing input into the development, evaluation, and revision of the NP *curriculum*.
B. The *curriculum* is congruent with national standards for graduate level and advanced practice registered nursing (APRN) education and is consistent with nationally recognized core role and *population-focused* NP competencies.
C.1 The NP educational program must prepare the graduate to be eligible to sit for a national NP *certification* that corresponds with the role and *population focus* of the NP program.
D. The curriculum plan evidences appropriate course sequencing.
E. The NP program/track has a minimum of 500 supervised *direct patient care clinical hours* overall. *Clinical hours* must be distributed in a way that represents the population
needs served by the graduate.
F. Post-graduate students must successfully complete graduate didactic and clinical requirements of an academic *graduate NP program* through a formal graduate-level certificate or degree-granting graduate level NP program in the desired area of practice. Required Evidence of Meeting Criterion: A completed gap analysis for each postgraduate certificate candidate who was granted waivers or exceptions

A-F. Program Leads oversee the meeting of criteria A-F. In addition, they meet with program faculty on a regular basis to review existing courses and the whole curriculum for needed updates and revisions based on nationally recognized standards for population-focused NP competencies. Program leads attend national professional conferences to maintain currency with changes in certification and clinical and NP educational practices to assure that the curriculum is up-to-date and that the University of Michigan is well represented in decision making bodies.

CRITERION IV.B.2
Clinical settings used are diverse and sufficient in number to ensure that the student will meet core curriculum guidelines and program/track goals.

Program Leads keep apprised of clinical placements used and make recommendations and modifications based on curriculum needs and program/track goals. Program leads work closely with the placement office to assure that placements are appropriate for specific courses and program/track goals. Program leads also consult with faculty advisors to ensure clinical placements for each student's clinical rotation has a wide variety of placements, patients, and clinical experiences.

CRITERION V: Faculty & Faculty Organization

A sufficient number of faculty members are available to ensure quality clinical experiences for NP students. *NP faculty* **have academic responsibility for the supervision and evaluation of NP students and for oversight of the clinical learning environment. The faculty/student ratio is sufficient to ensure adequate supervision and evaluation.**

Program Leads inform the Division Chair/Associate Dean of the numbers of faculty required for the individual clinical courses based on student numbers

CRITERION VI: Evaluation
A There is an evaluation plan for the NP program/track.
A.1 Evaluate courses at regularly scheduled intervals.
A.2 Evaluate NP program faculty competence at regularly scheduled intervals.
A.3 Evaluate student progress through didactic and clinical components of NP program/track each semester/quarter.
A.4 Evaluate students' attainment of competencies throughout the program.
VI.A.5 Evaluate students cumulatively based on *clinical observation* of student competence
and performance by *NP faculty* and/or preceptor assessment.
VI.A.6 Evaluate clinical sites at regularly scheduled intervals.
VI.A.7 Evaluate preceptors at regularly scheduled intervals.
VI.B Formal NP curriculum evaluation should occur every 5 years

Program Leads oversee evaluation of the program and complete a review of their program every 5 years following the UMSN Curriculum Committee Program Review Guidelines. In addition, Faculty Leads mentor clinical faculty ; review student evaluations, student progress, clinical site & preceptor issues and address student, faculty and program issues as they arise.