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Regulatory Orientation to Support Transition to Academic Leadership

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Section I: Abstract

Background: As pre-licensure nursing education is burdened by levels of regulations and standards, it is important the academic leader understand regulatory compliance and the applicable federal, state, and local rules and laws. At a multi-campus university, the leader's ability to address regulatory issues is critical to the program's success.

Local Problem: The university's campus leader regulatory orientation lacks consistency and standardization of content and resources. This situation results in campus leaders having varying degrees of knowledge and competency ensuring academic regulatory compliance.

Context: Regulatory compliance stems from external influences and multiple layers of regulations and accreditation. The university provides onboarding to support role transition for academic leaders; however, there was an opportunity to improve the regulatory orientation to promote the leaders' professional development and curtail leader turnover rates.

Intervention: The intervention consisted of a new academic regulatory orientation to promote consistent practice among academic leaders in maintaining regulatory compliance.

Outcome Measures: To assess the effectiveness of the intervention, pre- and post-intervention surveys, including program evaluation, were created to evaluate the training, resources, and effectiveness of the DNP student to facilitate learning and meeting the program outcomes.

Results: The training was deemed relevant, effective, and practical with reported increased knowledge and confidence regarding regulatory compliance and university policies.

Conclusions: A regulatory orientation is an evidence-based strategy to impart applicable knowledge and support professional development in transition to academic leadership.

Keywords: regulatory compliance, accreditation, higher education, nursing education, academic nurse leader, leadership transition, orientation

Section II: Introduction

Background

The goal of a pre-licensure Bachelor of Science in Nursing (BSN) program is to graduate safe and competent nurses into the workforce (Hooper & Thomas, 2014). To meet this objective, the academic leaders are responsible for providing their institutions and education programs with the leadership and strategies to successfully achieve academic, operational, and financial goals within a highly regulated climate (Groenwald, 2017). Leading a nursing program has become increasingly challenging given the current higher education and healthcare climates (Giddens & Thompson, 2018). The academic leader must not only oversee the academic aspects of the program, but is also expected to excel in managing operations, budget, facilities, and human resources, all within an ever-changing regulatory and accreditation landscape (Giddens & Thompson, 2018). When it comes to academic regulatory compliance, nursing programs are beholden to the state boards of nursing (BON) rules and regulations, as well as the programmatic accreditation standards governing higher education and nursing education. The importance of compliance with the rules and regulations cannot be overstated. Without mandatory initial and ongoing BON approval, a nursing program cannot exist. Failure to adhere to the regulations may jeopardize the program's very existence, and, ultimately, risk removal of BON approval, leading to the program's closure. It is of utmost importance that the academic nurse leaders understand, interpret, and apply the many rules, regulations, and accreditation standards put forth by BONs and programmatic accreditors.

Due to the high stakes associated with academic regulatory non-compliance, academic leaders must possess the knowledge, resources, and confidence to ensure a successful and compliant nursing program. Unfortunately, many nurse leaders, including deans and directors, do

not receive formal training on rules and regulations governing nursing education (Delgado & Mitchell, 2016) and as a result, they come to their role unprepared and without the requisite knowledge to address regulatory issues (DeZure et al., 2014; Giddens & Morton, 2018). In the setting of a university nursing program, this lack of preparation represents a risk and potential vulnerability that if not addressed could lead to detrimental effects on students, faculty, and the program itself. A recent study found that nursing programs lacking stable leadership with frequent leadership turnover are potential red flags for a program in jeopardy of losing approval (Spector et al. 2020).

The lack of regulatory preparation is not the only concern facing nursing programs as there also exists a shortage of leaders in nursing education. At a time when the profession needs strong academic leadership to educate future nurses to meet workforce demands (American Association of Colleges of Nursing [AACN], 2020), academic nurse leader recruitment and retention is a challenge. Furthermore, disappointingly, many nurses are reluctant to take on high-level academic leadership positions (Branden & Sharts-Hopko, 2017). A new academic leader is often enthusiastic and eager as they advance to their new position; yet a recent study revealed an alarming 41% of new deans left their position after only 5 years of service (Fang & Mainous, 2019). Not addressing issues in academic leadership retention may significantly affect the future of nursing education (Flynn & Ironside, 2018), and if this trend continues, it will negatively impact an institution's capability to mitigate the nursing shortage (Fang & Mainous, 2019). Without an awareness and understanding of academic regulatory compliance, the academic leader will not be effective in their role and their nursing program will be unable to meet their goal to expand and educate future nurses.

According to the American Nurses Credentialing Center (ANCC), orientation is as an educational process to introduce individuals to the philosophy, goals, policies, and role expectations needed to function in their setting (ANCC, 2020). The literature supports formal orientations as an evidence-based strategy to promote success and retention among nurse leaders (Conley, 2007), including leaders in academic nursing (Baker, 2010; Fang & Mainous, 2019). Based on the literature, orientations serve as an effective tool to impart the essential regulatory knowledge nurse leaders need to meet the responsibilities of their role (Hudson, 2008, Winstead & Moore, 2020). An academic regulatory orientation will ensure new leaders are knowledgeable and equipped to fully assimilate to their role and contribute to the university, as they transition to leadership and guide their campus in a manner consistent with regulations and the university's goals. This level of support and professional development enhances academic leader retention and provides nursing programs with the needed stable leadership to be successful.

Problem Description

Regulatory compliance refers to adherence and compliance with federal, state, and local laws and regulations, and compliance training equips and empowers staff and leaders to recognize and confidently manage compliance related issues with integrity and transparency (Valamis, 2020). A lack of regulatory knowledge presents a serious concern, and from a risk management perspective, non-compliance with applicable laws or a disregard for regulations or policies may have far-reaching implications that impact program viability (Koebel, 2019). Non-compliance with BON rules governing nursing education programs could jeopardize a program's approval status, including suspension or possibly program closure. Such actions would negatively impact the workforce and would ultimately be damaging to patients and the health of

communities, as studies show a nursing shortage is associated with compromises to patient care, quality, safety, and outcomes (AACN, 2020).

In higher education, to support professional development, academic leaders participate in orientations to acquire knowledge and skills relevant to their role; however, in many instances, the orientations do not include the regulatory elements impacting higher education (Wolverton et al., 2005). Similarly, at this multi-campus university, the new academic leaders arrive at their role with varying leadership and academic experience; however, many lack a full understanding of the academic regulatory underpinnings.

To successfully lead a campus and effectively mitigate risks, the campus leader must possess the knowledge and skills to engage in activities that support regulatory compliance and follow the university's regulatory compliance program. The regulatory orientation, conducted by the senior managers on the university's accreditation and professional regulation (APR) team, is an essential element when onboarding new campus leaders. The current regulatory orientation at the university consists of individual 1:1 meetings of an APR senior manager with a new campus president (CP) to make introductions, offer support, and provide an overview of BON regulations specific to the state where the new leader is located. The DNP student observed significant variability in how the APR senior managers provided the regulatory orientation for the new leaders, and it seemed each senior manager had developed their own format, content, and style for conducting the orientation. It became clear that the academic regulatory orientation for new campus leaders lacked consistency in implementation, content, learning objectives, and resources, resulting in incomplete or varying knowledge levels across campus leaders. The lack of standardization has led many CPs to acquire additional knowledge in bits and pieces from colleagues and supervisors. In a multi-campus national university system this presents a unique

challenge and possible area of risk as the nursing program, regardless of the campus location, holds one accreditation, requiring all campuses implement the same curriculum and operate under the same governance, policies and procedures (Groenwald, 2017). If no action is taken and the current practice of individual, non-standardized orientations persist, it may be expected that campuses and their leaders might remain challenged and ill-equipped to effectively address regulatory issues.

Complicating the situation was a significant turnover among campus leaders, which impacted campus operations and expansion. To promote professional development and successful leadership role transition, address the gaps identified in the regulatory orientation process, and contribute to efforts to decrease campus leader attrition, the DNP student designed a new academic regulatory orientation that offered consistent and comprehensive training for newly-appointed campus leaders.

The goal of this DNP project was to enhance the new leader's awareness of higher education and nursing education regulations through a comprehensive academic regulatory orientation. The new orientation was aimed to equip the new leaders with the tools and resources to effectively manage risk related to the nursing program's regulatory compliance. As an element of the overall onboarding process, the new orientation is planned to support the new leader's success and job satisfaction and potentially improve retention.

Setting

The DNP project setting was a multi-campus university located in the United States, with 23 campuses across 15 states offering the same undergraduate traditional BSN degree. Each campus has a leadership team led by the campus president (CP), who is responsible for the overall operations and performance of the campus. Reporting to and supporting the CP are two

leaders—the dean of academic affairs (DAA) and the director of campus operations (DCO); however, up until now, the DAAs and DCOs have not been included in the regulatory orientations. To standardize the orientation across the campuses, it was decided the participants in the new academic regulatory orientation, would include new campus leaders in all three roles who had been appointed in the year leading up to the project implementation.

Specific Aim

To support regulatory compliance, the aim of this project was to implement a formal regulatory orientation to enhance the new academic leaders' knowledge of regulations and accreditation in higher education and nursing education. The orientation content was based on input from subject matter experts, university leaders, and seasoned academic leaders. The effectiveness of the intervention was assessed with pre- and post-orientation surveys that provided quantitative and qualitative data. The timeframe for the project was over the course of the Spring and Summer semesters 2021.

Available Knowledge

PICOT Question

The PICOT question to direct the search of the literature was: For a campus-based academic leader in a multi-campus university (P), how does a formal and standardized regulatory orientation (I), compared to a non-standardized regulatory orientation (C), impact the leader's foundational knowledge, understanding, and confidence in addressing regulatory issues (O) over the course of a semester (T)?

Literature Search Strategies

The literature search stemmed from the population, intervention or interest areas, comparison intervention or group, outcome, and time (PICOT) question (Melnik & Fineout-

Overholt, 2019). Through the University of San Francisco (USF) library portal, the DNP student used the Current Index to Nursing and Allied Health Literature (CINAHL), Educational Resources Information Center (ERIC), and Scopus databases to identify relevant articles for the body of evidence. Keywords used were *academic nursing, leader, retention, orientation, training, accreditation, higher education, academic dean, regulatory training, and nursing regulations*. The use of Boolean operators “AND” or “OR” to connect the keywords assisted in refining and narrowing the search.

To find the best possible evidence to answer the PICOT question, studies selected for the evidence table were those exploring leadership challenges in nursing and health professions, orientation strategies, academic leadership, and regulatory training. The initial CINAHL search produced 616 articles, which decreased to 35 articles once a filter for limiting the time range and the addition of the key term *retention* was applied. With the assistance of the USF library staff, the ERIC database yielded 45 possible articles, and the Scopus database proved the least helpful, with 25 articles that upon review were not relevant to the PICOT question. The DNP student reviewed titles and abstracts to ensure studies were relevant, as well as remove duplicates. Once criteria were applied to limit the search to articles from 2005 to the present that were peer reviewed, published in academic journals, and in English, 13 articles were identified. Upon consultation with nurse regulators, subject matter experts, and authors of relevant articles, three additional journal articles were identified and included in the body of evidence, culminating in a total of 16 articles for the evidence table (see Appendix B).

Integrated Review of the Literature

The purpose of this literature review is to provide an overview of current challenges in academic nursing leadership, inform the role of a formal orientation in the transition to an

academic leadership role, and explore the value of a regulatory orientation to support the leader's knowledge. There were three main themes guiding the literature review. The first was academic leader attributes and the challenges leaders face impacting job satisfaction, success, and retention. The second was the concept of orientation as a proven modality to support leaders, including academic leaders, in role transition and learning of nursing rules and regulations. The final theme was geared towards evidence to inform the value and content of a regulatory orientation to increase awareness of rules, regulations, and accreditation standards to support the academic leader and nursing program compliance and success.

Challenges in Academic Nursing Leadership

A perfect storm of nursing shortage is coming. By 2030, per the U.S. Census Bureau, there will be over 82 million U.S. residents 65 years of age or older, and the Health Resources and Services Administration reports the average age of a registered nurse is 50, predicting many will leave the workforce in the next 15 years (U.S. Bureau of Labor Statistics, 2017). The nursing shortage is also felt in nursing education, where programs experience difficulty in recruiting and retaining academic nurse leaders (Fang & Mainous, 2019; Flynn & Ironside, 2018).

New academic leaders are excited and eager to succeed in their role; unfortunately, based on a retrospective review of data collected by the AACN (2020), workload, job dissatisfaction, and lack of work-life balance soon led to burnout and attrition. This is especially true for new or smaller programs, where 41% of deans leave their position within 5 years of appointment (Fang & Mainous, 2019). Recently, as part of a continued effort to foster collaboration between regulators and educators, the National Council State Boards of Nursing (NCSBN, 2020) issued the NCSBN Guidelines for Nursing Education Program Approval. To develop legally defensible

guidelines, the NCSBN conducted a national study to identify quality indicators and provide recommendations to nursing programs on quality improvement. Spector et al. (2020) found in their Level III-quality A national mixed methods study that lack of stability in a nursing program's leadership and frequent leader turnover could be warning signs of a program in jeopardy of losing approval. Based on the results, they recommended nursing programs incorporate quality findings and pay close attention to warning signs to support nursing education program performance.

Emphasizing the aging nursing and academic nurse leader workforce, researchers have sought to gain an understanding of the challenges faced by academic leaders and make recommendations to facilitate nurse transition to leadership. To this end, researchers have worked to define the role and responsibilities of the dean or academic leader (Bennie & Rodriguez, 2019; Giddens & Morton, 2018), to describe the competencies of the academic nurse leader (Patterson & Krouse, 2015), and to identify characteristics or attributes of successful deans (Wilkes et al., 2015).

The role of an academic dean or leader is complex and multifaceted (Bennie & Rodriguez, 2019). Following the competencies set forth by the American Organization for Nursing Leadership, Patterson and Krouse (2015) conducted a Level III - quality B qualitative study to ascertain academic nurse leader competencies. They identified four main competencies, which incorporated a vision for nursing education, professional values in higher education, relationship building, and organizational stewardship. Based on qualitative data collected from interviews of 30 deans, Wilkes et al. (2015) described positional and personal leadership characteristics needed to be successful in the role. Personal traits included being visionary, passionate, and supportive, while positional qualities included communication skills, faculty

development, and leadership management skills. Both studies concluded that for a successful transition to deanship or academic leadership that serves to support succession planning, new and future deans need adequate preparation, mentoring, and development opportunities (Patterson & Krouse, 2015; Wilkes et al., 2015).

For the benefit of the academic leader workforce, based on findings from a Level III – quality B quantitative survey study of mid-level academic nurse leaders, Flynn & Ironside (2018) recommended nursing programs adopt tactics to promote job satisfaction to limit attrition. To address retention and succession, Fang and Mainous (2019), in their secondary review study of retrospective quantitative data, concluded that institutions should rely on evidence-based leadership development, such as formal onboarding and orientation, for new and aspiring deans.

Formal Orientation to Support Role Transition

Based on quantitative and qualitative research conducted on professional development, studies have found orientation to be a valuable, evidence-based approach to provide nurse leaders with the tools and skills to be successful (Baker, 2010; Patterson & Krouse, 2015). Conley et al. (2007), in their Level III-quality B pilot study of a new nurse manager orientation, concluded that a formal, high-quality orientation, geared towards the learning needs of new nurse managers, proved effective in recruiting, retaining, and promoting their success. When onboarding academic nurse leaders, Glasgow et al. (2009), based on a Level III-quality C qualitative study, also recommended a formally structured and standardized orientation and suggested pairing it with executive coaching to support a smooth transition to leadership practice.

Even with the extensive evidence supporting formal orientation, in a Level III-quality B quantitative cross-sectional survey study of nursing faculty and faculty leaders at nursing

programs within large universities, Delgado and Mitchell (2016) determined only 10% of the participants had received formal leadership training. Participants stated that most of their management knowledge and skills were acquired through on-the-job training or at intervals provided by supervisors and mentors. This is not unique to nursing education. In a Level III - quality B qualitative survey study of 20 faculty aspiring to leadership, Wolverson et al. (2005), found most institutions of higher education do not adequately prepare their leaders. To address this gap, Wolverson and colleagues advocated for a structured development program for faculty and faculty leaders to acquire the skills and knowledge to succeed. Although it was a small sample, it was conducted at a large university, and the authors believe the findings and recommendations could be applicable to other similar large universities.

Academic Regulatory Orientation

Nursing and nursing education are highly regulated disciplines, and in fulfilling their responsibilities, chief nurses and nurse leaders routinely make important decisions while being mindful of regulatory compliance (Giddens & Thompson, 2018). Nurse leaders must possess regulatory knowledge and an understanding of the role of BONs; but unfortunately, there is inconsistency in how the leaders gain regulatory knowledge (Hudson, 2008; Winstead & Moore, 2020). To address the issue, many BONs offer regulatory orientations, which, based on pre- and post-orientation survey data, have been found to be effective in meeting the regulatory learning needs of the nurse leader (Hudson, 2008; Winstead & Moore, 2020). For example, in a Level II – quality C pilot survey study of the Oregon BON regulatory orientation, a comparison of pre- and post-orientation knowledge survey data reflected a 22% improvement in knowledge after the orientation (Hudson, 2008). Winstead and Moore (2020), in a Level II-quality B quantitative survey study, showed that nurse leaders attending the North Carolina BON regulatory orientation

experienced an increase in knowledge, level of expertise, and intent to change that were sustained over time.

To support compliance with BON rules and regulations and the vast responsibilities assigned to the academic leader, vital to their successful transition is an orientation that includes BON approvals, accreditation, site visits, and regulatory compliance (Giddens & Morton, 2018). In a Level III – quality B quantitative study collecting data using pre- and post-intervention surveys, Davis et al. (2015) found nursing program leaders and faculty expressed that education and training around accreditation site visits had been effective in decreasing the associated stress and anxiety and allowed for a meaningful experience.

For a nursing program to exist, it must have the approval of the applicable state BON. Nursing programs cannot open their doors or recruit students without BON approval, and once approved, the program must maintain approval. As observed in data collected by Spector et al (2020), programs that failed to follow board rules and regulations and meet the programmatic benchmarks, including National Council Licensure Examination pass rates, were considered high risk for program suspension, loss of approval, or program closure. Therefore, nursing program leaders must understand the factors associated with nursing education and compliance with BON rules and accreditation standards, including quality data indicators, such as board pass rates, recruitment and retention rates, and graduation rates. Examples of other quality indicators are faculty qualifications, faculty-to-student ratios, and stability of program leadership (NCSBN, 2020).

Summary of the Evidence

In evaluating the articles for inclusion in the body of evidence, the DNP student used the Johns Hopkins Nursing Evidence-Based Practice (JHNEBP) Research and Non-Research

Evidence Appraisal Tool (see Appendix A; Dang & Dearholt, 2017). This tool was chosen based on the definitions of level and quality of evidence it provides and the inclusion of non-research evidence, such as expert opinions and guidelines.

The body of evidence contains articles relevant to the PICOT question classified as Levels II through IV. For the table of evidence included in Appendix B, study objectives, design, methodology, and analyses adequately addressed the question and explored effective interventions.

In assessing the evidence in the context of the PICOT question, the literature found a formal and standardized orientation is an effective intervention to impact nurse leaders' foundational knowledge, understanding, and confidence in addressing regulatory issues. Those who have participated in such orientations have gained enhanced knowledge and perceived level of expertise and promoted the implementation of change in their practice. Unfortunately, there is less research that specifically addresses academic regulatory orientations focused on the rules, regulations, or accreditations in nursing education. Although it is possible to conclude that a regulatory orientation is a valuable intervention for academic leaders, it is not possible to determine from the evidence how effective such an intervention would be when implemented across a multi-campus university, with nursing education programs in numerous states and under various jurisdictions.

Rationale

Kotter's Change Model

To manage the change process to prevent failure and improve chances of success, the project was guided by Kotter's (1995) change model of eight steps to promote sustainable change, from creating a sense of urgency and buy-in to communicating the vision, culminating in

solidifying the change. Common to corporate organizations, this model relies on connections between change and emotions, and given the setting of a large university with many administrative levels, it was well suited to ensure buy-in and support from all levels within the university, including the executive leadership (see Appendix C).

As illustrated by Kotter, Inc. (2020), the model starts with creating a sense of urgency surrounding the issue or problem. The inclusion of stakeholders in guiding the strategy and vision, and the enlisting of colleagues in planning the change, serve to remove barriers to successful change. Celebrating short-term wins to maintain momentum and move the change forward supports the implementation of sustainable change. Given the importance of regulatory compliance and the possible risks associated with non-compliance, it was not difficult to establish a sense of urgency and support. Aligning the project goals with the vision and mission of the university and communicating the project's vision and strategy served to engage the various stakeholders.

Knowles' Adult Learning Theory

The intervention was designed for new campus-based leaders, and as they are adults with diverse leadership and professional backgrounds, the format and learning strategies for the orientation were guided by Knowles' (1980) adult learning theory (see Appendix D). Adult learners are intrinsically motivated, self-directed, and problem-centered and are known for their readiness to learn and their internal motivation. They rely on their experiences and knowledge to enhance the learning of new information and are goal- and task-orientated (Knowles, 1980). Adult learners usually do best if the knowledge gained can be applied immediately to current issues or challenges, and they actively participate and enjoy interactions with other learners

(Billings & Halstead, 2019). Principles of the adult learning theory were considered in the development of the learning strategies and the format for the orientation.

Practice Transition Model

The university campus leaders experience a role transition when they move from one area of practice or nursing to another area. They arrive at their role from a variety of settings and with different skill sets. They may be transitioning from a role in nursing practice to one in academia or from a faculty position to an academic leader position (Danna et al., 2010). For many of the University's CPs or deans who began their academic careers as faculty, their new role represented a transition in their nursing or administrative practice. Given this perspective, a logical framework to support a smooth transition was the American Nurses Credentialing Center's (ANCC, 2020) practice transition model (see Appendix E).

The practice transition model is comprised of five domains that guide the development of a role transition program, from the preparatory stages through its implementation (ANCC, 2020). Similar to Kotter's (1995) model, the practice transition model starts with engaging leaders, securing buy-in, and establishing effective channels of communication. Secondly, the model takes a learner-centered approach to determine the learners' needs and a process to evaluate the intervention. Like the requirements of the DNP project, the practice transition model calls for measurable outcomes to determine if the program goals were achieved. The third domain concerns the importance of assimilation to the organization's culture. To align with this domain, the DNP project was conducted through the lens of the University's mission and core values.

In building the regulatory orientation, the DNP student followed the development and design domain that speaks to the content of the curriculum, the selection of appropriate teaching/learning modalities, and the administration of tools to assess learning. The elements of

this domain are reminiscent of Knowles' (1980) adult learning theory. The final component of the practice transition model focuses on practice-based learning and calls for the assessment of knowledge gaps and the creation of individualized learning plans to meet the learner's needs.

The practice transition model brought together elements from the other frameworks and informed the design of the intervention, the learning outcomes, and the project's alignment with the leadership and organizational culture. The frameworks complemented each other as a constructed conceptual framework. As the DNP student worked through the project and as per the Kotter (1995) model, it was important to communicate and articulate the vision and goals to the stakeholders to ensure their ongoing buy-in, engagement, and support. To create learner excitement, the DNP student considered the preferences of the adult learner, and to create an effective orientation design for successful role transition, the principles of practice transition were incorporated.

Section III: Methods

Context

The University defines success as the ability to achieve superior outcomes, grow and expand access to education, and innovate. To ensure future nursing students have the opportunities to achieve their goal of becoming a nurse, the University is committed to strategic growth to accommodate increasing numbers of students and support workforce development.

To achieve this goal, the university provides onboarding and professional development activities for new and established colleagues. However, a recent employee engagement survey found that colleagues believed training and development remained an area of opportunity where the university could improve to increase job satisfaction and engagement.

The university experienced a 35% turnover rate among CPs in 2019, and although the 2020 rate was less, given preliminary year-to-date data, the 2021 turnover rate is on track to be like 2019. This was very concerning, as a recent NCSBN study revealed that lack of stability in a nursing program's leadership and frequent leader turnover could be warning signs of a program falling short of BON standards and risk losing approval (Spector et al., 2020). The new academic regulatory orientation was created to enhance the development of the new leader and to support their socialization to the role.

The new orientation was designed to contribute to colleague job satisfaction, campus growth, and a sustainable operating model. By aligning the orientation objectives with the university's culture, mission, and strategic goals, the orientation sought to foster a culture of trust and openness. Although not a specified outcome, it was hoped that in the long term, the implementation of an evidence-based strategy, such as a formal orientation, will result in a decrease in leader attrition.

Given the potential risks surrounding compliance, a regulatory orientation is an essential element in onboarding new academic leaders. Therefore, it was important to develop an orientation that was relevant and cost-efficient. The narrow scope of the project was designed to support sustainability and cost-effectiveness.

The DNP student planned, designed, and implemented a new format for the academic regulatory orientation for new campus-based leaders across a multi-campus university. The desired results were to increase their knowledge and confidence when addressing compliance issues by providing them with an overview of the regulatory environment and the university's academic regulatory compliance policies and an explanation of the role of the APR team. For purposes of the orientation, a *new campus leader* was defined as a campus president (CP), dean

of academic affairs (DAA), or director campus operations (DCO), who was newly appointed to their role in the 12 months preceding the launch of the orientation. The campus organizational chart, included as Appendix F, outlines the members of the campus leadership team and the reporting structure under the authority and of the CP. The participants, a convenience sample, included the leaders who were externally hired or promoted from within. This approach guaranteed key information and high-priority topics were covered in the same manner, regardless of when the new leader was hired, their title, or their campus location.

Approval for the project was obtained from the APR director and the senior leadership. To identify the need for the new orientation, the DNP student reviewed current practices and spoke with leaders across the university to seek their input and suggestions. The detailed outline of the orientation content, PowerPoint presentation, pre- and post-orientation surveys, and the program evaluation tool were developed prior to the implementation of the orientation sessions that took place in September 2021. Throughout the project duration, the DNP student met regularly with the APR director, APR team, and the associate provost to provide updates and seek ongoing input on the project.

The 1.5-hour orientation was designed to capture as many participants as possible, and taking into consideration the new leaders' busy schedules, it was offered on two occasions – Option 1 and Option 2. To support consistency in the content and resources provided in the orientation, the same format, curriculum, slide deck, and resources were provided for both options.

The stakeholders for this project were categorized into three groups: (a) executive leadership teams, (b) APR team, and (c) new campus leaders. Each group had a different interest and level of participation in the project. Colleagues from all three groups expressed an awareness

of current practices, a need for an improved orientation, and support of a process change within the context of quality improvement.

Executive Leadership Team

There are two main executive leadership hierarchies: the operations team led by the vice-president of operations and the academics and APR teams led by the provost (see Appendix G and Appendix H). The regulatory orientation was aligned with the strategic goals and expectations of the leadership, as displayed in the message map used to highlight the orientation (see Appendix I). In the planning phase, the executive leadership voiced support and willingness to commit resources as needed.

Accreditation and Professional Regulation Team (APR)

The APR team's work is focused on academic regulatory compliance across the university and the multiple academic programs. The team is comprised of senior managers with regulatory expertise, a director, and an editor. The APR team is responsible for the regulatory orientation. The DNP student is a member of the team, and communication within the team was ongoing throughout all phases of the project.

Campus Leaders

The new campus leaders were the intended audience for the new regulatory orientation. Initially, the sample size goal for the orientation was eight to 10 participants; however, given the persisting turnover across the campus-based leadership, 23 newly appointed colleagues were invited to the orientation, representing close to one-third of the approximately 60 to 63 campus-based leaders. In the process to identify the new campus leaders, it became apparent to the DNP student that efforts to implement succession plans lacked organization and process.

Message Map

A message map was developed and shared with all stakeholders to promote engagement and interest by providing a visualization of the purpose and value of the orientation. It emphasized the orientation's alignment with the university's mission, purpose, strategic goals, and organizational culture. Equally important for the orientation participants, it answered the question "What's in it for me?" or more appropriately, "How is this orientation going to support me in my role and contribute to my success?" (see Appendix I).

Local Environment

The regulatory environment in higher education and programmatic nursing accreditation is complex. Although the university's nursing education program has one accreditation through Commission on Collegiate Nursing Education, since campuses are in multiple states, the university is required to comply with the respective state boards of higher education and state BONs in the jurisdictions where the campuses are located (Groenwald, 2017).

Current BON and accreditation changes and developments in the regulatory landscape impacted the content covered in the orientation. A recent example was the overwhelming number of temporary rules and waivers affecting higher education due to the COVID-19 pandemic. The numerous federal and gubernatorial mandates, directives, and waivers affecting nursing education required programs to respond and take swift action to meet the newly imposed rules. The pandemic continues to shine a light on the importance of academic nurse leaders' knowledge and confidence in navigating the complex regulatory landscape.

Intervention

The DNP student focused on opportunities within the university for a quality improvement project that would use the DNP student's expertise and background in nursing

regulation and education. This led the DNP student to assess the gaps in the current regulatory orientation and determine areas of improvement to enhance the quality of the orientation. The result was a new and improved academic regulatory orientation that included any new campus leaders—CPs, DAAs, or DCOs—and where the content, duration, and format of the orientation was standardized and consistent for all new leaders.

To promote role assimilation while fostering an environment of sharing and learning, the DNP student chose to bring the new leaders together for a live group orientation instead of the previous practice of individual orientations. To maximize attendance at the orientation and be respectful of their busy schedules, the new leaders were given the choice between two identical sessions, Option 1 or Option 2, offered one week apart.

Orientation Sessions

The Microsoft Teams collaborative app and core functionalities provided the location and space for all events and resources related to the orientation. The orientation was conducted via Teams, and learning strategies included a PowerPoint presentation, scenarios, and discussion. The Teams platform allowed for screen sharing to display slides, content, and resources during the session.

Each orientation session began with introductions, a review of the agenda and objectives, and a reminder of the university's mission, vision, and purpose to set the tone and establish the learning environment. The orientation curriculum (see Appendix J) covered the higher education and nursing programmatic regulatory environment, the university's academic compliance program, and the role of the APR team in supporting the campus leaders. The content was organized into three parts:

- Part One: Welcome, introductions, and review of learning objectives.

- Part Two: The university and the regulatory environment.
 - Overview of the university's mission, vision, and core values, and how the orientation is aligned with these and the strategic goals.
 - Review of regulatory and accreditation in higher education and nursing programs.
- Part Three: Review of policies and procedures, the role and work of the APR team, and their partnership with the campus leaders.

Pre- and Post-Orientation Activities

Once the participant roster was established, each new leader received an individualized, personalized email to introduce them to the APR team and to inform them of the upcoming orientation. The email communication included information about the purpose and goals of the orientation, criteria for participation, and rationale for the pre and post surveys. This was followed by the Outlook meeting makers for both session options and an invitation to the dedicated regulatory orientation Teams site, where resources were uploaded and shared for current and future access by the participants. A link to the pre-orientation survey was sent to each participant via the Survey Monkey platform (see Appendix K). The DNP student tracked the orientation RSVPs via Outlook and, as appropriate, used the Survey Monkey reminder function to send follow-up requests to encourage participants to complete the survey.

Once the orientations were completed, the participants were sent the link to the post-orientation survey, which also included items for program evaluation (see Appendix L). As with the pre-orientation survey, additional reminders were sent to encourage as many participants as possible to complete the survey. To protect confidentiality and to support honesty and transparency in the responses, the surveys were administered anonymously.

Gap Analysis

The DNP student conducted a gap analysis and found the existing regulatory orientation was not standardized and was only offered to the CP (see Appendix M). In some instances, an APR senior manager would conduct a slide presentation and review of resources, while another senior manager's orientation was limited to a brief conversation to exchange introductions, contact information, and basic tips. On the opposite end of the spectrum, other senior managers followed a 30-60-90-day approach, where the senior manager and CP would cover in more detail a wide range of topics over the 3 months. Furthermore, it was noted that although the DAA and DCO play an important role in compliance activities, they were not included in the orientations. These inconsistencies in the orientation resulted in varying levels of knowledge across the campus leadership teams. The gap in practice called for an improvement of the current orientation to standardize its content, delivery, and duration to ensure consistency in instruction and level-setting knowledge for all new campus leaders.

Gantt Chart

To support the project's success, the DNP student employed a Gantt chart (see Appendix N) to conduct the planning activities and to routinely monitor the project to ensure it remained on track. The Gantt chart mapped the project's four main stages: the initiation stage, the qualifying stage, the implementation stage, and the project closure stage with the data analysis and dissemination of results.

Work Breakdown Structure

The DNP student relied on a work breakdown structure to plan each phase of the project (see Appendix O). In the initiation phase, the DNP student identified the project topic and received the appropriate approvals. After the initial activities were completed, the project entered

the planning stage, which included the identification of the target audience, their knowledge deficits, and the development of the intervention. This phase also explored current resources and possible budget implications. The execution phase was the development of the pre- and post-orientation surveys, data analysis plan, and orientation curriculum, which culminated in the implementation of the intervention. The final phase of the project was dedicated to data analysis, review, dissemination of results, and submission of the final DNP project manuscript.

Responsibility and Communications Plan

The DNP student engaged the stakeholders by employing strategic messaging and openness in all communications to manage any barriers that might have impeded the project's progress. The communications, as outlined in Appendix P, were scheduled for set time points to keep the stakeholders apprised of the project's progress and milestones reached. The strategic communication plan included the following key time points.

Kick-Off Meeting

The kick-off meeting was held with the APR team, where the DNP student laid out the project goals, structure, timeline, outcomes, and data analysis plan. Throughout the project, the DNP student had routine meetings with the team.

Go-Live Touchpoint

Once the orientation was ready for launch, the DNP student met with the APR team to confirm all elements were in place.

Post-Intervention Debrief and Preliminary Results

After the orientations, the DNP student met with the APR team and director to debrief and review the initial results.

Project Completion and Closure

The DNP student disseminated the results to the stakeholders, providing an opportunity to share the outcomes, request feedback, discuss the value and sustainability of the intervention, and consider suggestions and next steps for the future.

SWOT Analysis

A SWOT analysis identified the internal strengths and weaknesses associated with the project, while external factors were categorized as either opportunities or threats. This analysis was performed to gain a global perspective of factors that might impact this project (see Appendix Q). It was determined that the leadership support, strong alignment with the strategic goals, and minimal cost to implement, along with the opportunity to forge strong relationships with external stakeholders and promote the university's reputation, clearly outweighed the possible weaknesses or threats.

Budget and Financial Analysis

The estimated cost to develop the program was \$15,200 (see Appendix R). The APR team is responsible for the orientation of academic leaders, and this quality improvement project is inherent to the team's responsibilities and designed to enhance and build upon their current process. Project costs considered the additional time and effort by the team in preparing the orientation; however, the DNP student was the main contributor requiring the highest level of time and effort to complete the project. The time allocated for the actual orientation sessions did not represent an additional time investment for the new leaders, as protected time for orientation and training was already built into their onboarding plan. As an employee, the DNP student had access to the University's Microsoft Teams platform, SharePoint site, and Survey Monkey free of charge.

To forecast future orientations, a 3-year proforma budget and return on investment (ROI) plan was created. For the initial 3-year period, the budget was forecasted at \$16,748. In preparing the budget, incremental costs were included to support ongoing updates to the orientation related to changing regulations or policies. Estimated annual salary increases for the APR senior managers were also incorporated into the budget. After Year 1, the APR team will review and update the training as needed.

Return on Investment

When considering possible benefits and ROI, it was necessary to review the costs associated with leadership turnover. Recruitment of deans or directors for nursing programs is an expensive undertaking that may include the time and effort of a dedicated search committee and the hiring of a search firm (Fang & Mainous, 2019). The annual salary for academic leaders ranges from \$120,000 to \$150,000, with an average CP compensation at \$150,000. With a replacement cost of 1.5 to 2.0 times their salary (Heinz, 2020), leadership attrition is costly, and the 35% campus leader turnover, representing seven CPs, incurred an estimated \$1,575,000 in replacement costs, of which \$525,000 could have been avoided. To further quantify the ROI, the DNP student conducted a cost avoidance benefit analysis and ROI table for the CP role (see Appendix S). When considering the project cost of \$15,200, the calculated ROI is 394.7%, clearly demonstrating that decreasing turnover by just one CP results in a positive ROI.

Cost Avoidance Benefit

Human resources data indicated it takes close to 100 days to fill a CP vacancy, and then, once hired, a new CP requires 8 to 12 months to become fully effective in their role. Although the \$75,000 cost avoidance for one CP was compelling, it was more difficult to quantify other

soft costs, such as how the lack of stability of the campus leadership negatively impacts productivity, growth, and campus morale.

A 3-year financial forecast to showcase the value of the orientation assumed CP attrition would decrease by one CP in year one and by two CPs in each subsequent year—years two and three of the budget plan. Accounting for the cost and benefit assumptions and adjusting salaries and compensation to represent anticipated increases in base salaries for both the APR team and the CPs, the 3-year ROI forecast was calculated at \$333,096 (see Appendix T).

The regulatory orientation and business plan demonstrated a cost-effective plan to provide new campus leaders with the support and professional development opportunities to meet the demands of their role, foster job satisfaction, and promote retention. Based on the ROI, if the orientation contributed to preventing the departure of just one CP, the potential cost avoidance for the university would be \$75,000. Based on an initial investment in year one of \$15,200 and a 3-year total investment of \$16,748, it was clear the project was a worthwhile and valuable endeavor.

Study of the Interventions

The new academic regulatory orientation included new campus leaders hired in the preceding 12-month period. The orientation was conducted during normal business hours and was offered at two different times in consideration of the new leaders' schedules and other demands. The sessions lasted 1.5 hours and ended approximately 5 to 10 minutes early. Participants appreciated having those few minutes added back to their day. The content, duration, and format of the orientation were standardized, so all participants received the same training and resources regardless of which session they attended. Care was taken to ensure the

participants were informed of the anonymous nature of the surveys and that there were no wrong answers.

Data measured by pre- and post-orientation surveys evaluated the efficacy of the intervention in meeting the outcomes, and both surveys were developed by the DNP student, with input from the associate provost. In the pre-orientation survey, the DNP student collected demographic, educational, and background information. A 5-point Likert scale assessed baseline knowledge, familiarity, and confidence related to academic regulations, while opinions on associated risks and the campus leader's role in compliance were provided in narrative format. The post-orientation survey questions replicated the pre-orientation survey; however, the demographic questions were swapped out for the program evaluation questions. The program evaluation questions in the post-orientation survey allowed for assessment of the DNP student's knowledge and skill as a training facilitator, as well as the overall perceived value of the training. The survey instruments were user-friendly and had been pilot tested for ease of use by members of the APR team and to ensure they could be completed within 5 minutes. The tools will be discussed in further detail.

Outcome Measures

The goal of the project was to determine the benefit and effectiveness of an academic regulatory orientation to support the new leaders. The intended outcomes were:

- Knowledge of regulations in higher education and nursing programs.
- Understanding of the university's compliance program and role of the APR team.
- Confidence level in decision-making when handling compliance issues.

Statistics provided by the human resources and talent acquisition teams revealed a 35% turnover rate for CPs, with an average cost to replace each leader estimated at approximately

\$225,000. These data underscored the importance and need of the orientation to provide knowledge, tools, and resources to support the new leaders and their success.

Orientation Curriculum Development

To establish the content and curriculum for the orientation, in addition to input from members of the APR team, the DNP student conducted individual interviews with stakeholders and colleagues outside of the APR team to gain their perspective, validate the proposed curriculum, and provide additional suggestions for topics that had not been considered by the DNP student. The interviewees were selected based on their current or previous roles in academic leadership.

In their responses, many voiced that CPs had an overall understanding of the regulations and their role in maintaining compliance; however, the majority agreed that the CP and campus-based leaders lacked an understanding of how the university and APR team accomplishes the regulatory work and/or the role of the APR senior managers and team. The main themes identified were:

- Leaders possess foundational knowledge about the regulations; however, they do not fully grasp the way academic regulatory compliance work is structured and accomplished at the university.
- Leaders do not fully understand how the APR team collaborates with the parent organization's regulatory affairs team.
- Leaders are not clear on the role of the APR team and how the APR team partners with the campus leaders to promote regulatory compliance.

Based on the feedback from the various colleagues, the orientation was adjusted to incorporate the main themes garnered from the interviews and to elaborate on the University's compliance program and the structure and functions of the APR team.

Data Collection Tools and Surveys

Pre- and Post-Orientation Surveys

To determine the effectiveness of the regulatory orientation in meeting the outcomes, participants completed pre- and post-orientation surveys to collect quantitative and qualitative data. Both anonymous surveys were distributed electronically via SurveyMonkey. Multiple choice, 5-point Likert-type, and narrative questions collected quantitative and qualitative data. Although survey instruments used by BONs for regulatory orientations and questions from the NCSBN continuing education repository were considered, they did not prove lucrative sources, and as a result, the surveys were developed *de novo* with input, review, and approval by the associate provost, a PhD prepared nurse researcher.

Program Evaluation

Assessment and feedback for program evaluation were included in the post-orientation survey. Questions collected feedback on the overall experience of the orientation, the effectiveness of the presenter, the content, and content delivery. To assess the overall perception and experience of the orientation, participants were asked to provide a Net Promoter Score on how likely they were to recommend this orientation to another campus leader (Nice Satmetrix, n.d.). The items for program evaluation were based on the evaluation used by the University for faculty development trainings, as approved by the ANCC.

Analysis

To provide a systematic and structured process to evaluate the worthiness of the project, quantitative and qualitative data were collected. Analysis of results was conducted using the SurveyMonkey data analysis report functions. The descriptive statistics included data on the participants' demographics and educational and professional experience. Results derived from the quantitative survey items allowed for comparison between the pre- and post-orientation surveys, and a review of the responses to the qualitative questions provided additional insight into the participants learning experience and generated common themes. In the spirit of continuous quality improvement, participants provided feedback on program evaluation. To protect the confidentiality and privacy of the participants, aggregate data, rather than individual data, were reported.

Ethical Considerations

The DNP project Statement of Non-Research Determination was submitted to the USF DNP program and was granted the requisite waiver from the Institutional Review Board, as it was deemed a quality improvement project (see Appendix U). The DNP student had no conflicts of interest to disclose, and as required by USF policy, the DNP student completed the Collaborative Institutional Training Initiative Human Subjects Research Basic Course (see Appendix V). The University letter of support is included in Appendix W.

Guided by the Jesuit core values of *Magis*, women and men for others, *Cura Personalis*, and forming and educating agents of change (USF, 2020), the project exemplified a commitment to professional development and advancement of nursing through the application of evidence-based practice. The University's mission is to "educate, empower and embolden diverse healthcare professionals who advance the health of people, families, communities, and nations"

(Chamberlain, 2020a, para. 2). In embracing its mission, the university seeks to offer a quality nursing education to individuals across the country, establishing campuses in locations and communities where there is a need for nurses and a lack of educational opportunities (Chamberlain, 2020b).

The project supported the principles of equity and justice. The adherence to regulatory standards and a uniform academic regulatory compliance orientation for new campus leaders serves to ensure students, regardless of their background or location, receive the same quality education, opportunities, and resources to support their success.

The University's *Chamberlain Care* philosophy is reminiscent of *Cura Personalis* and fosters an environment of care for self, care for students, and care for colleagues (Chamberlain, 2020a). Through the lens of the care philosophy, the orientation contributed to the development of the leader to be successful in their role and become agents of change.

The American Nurses Association (ANA, 2015) Code of Ethics and the Jesuit value of educating to increase awareness, growth, and critical thinking are expressed in ANA's Provision 7, which addresses scholarship, practice standards, and policy. The creation of a regulatory orientation demonstrated innovation to effect change in nursing education to serve the needs of the population.

Given that the participants in the orientation were new leaders and possibly hesitant to admit knowledge deficits, it was important they felt safe in answering the surveys and not be concerned with admitting they were still in the learning process. To protect confidentiality and promote honesty in responses, the surveys were conducted anonymously.

Section IV: Results

A total of 23 new campus leaders met the criteria for participation in the academic regulatory orientation; of those, 70% were new hires to the university and 30% were internal promotions or transfers. There were 16 in attendance at the first session (Option 1) and five at the second session (Option 2), bringing the total to 21 participants, representing a 91% attendance rate. The breakdown of the participants was four CPs, 10 DAAs, and nine DCOs.

Demographic and Prior Experience Data

According to data from the pre-orientation survey, 55.5% of the respondents indicated their highest earned degree was at the doctoral level, and 90% had been in their role 6 months or less at the time of the orientation. Approximately half had more than 10 years in higher education administration and 90% had prior experience as a faculty member. Of those with a faculty background, 67% reported it was in nursing education.

When asked about prior experience with education regulations and oversight of nursing programs, 75% of the respondents reported past participation in BON or accreditation activities, with 90% having participated in a BON or accreditor site visit and contributed to accreditation self-study. Of the participants, 55.6% had attended a BON sponsored regulatory orientation, while 67% reported they had acquired their academic regulatory knowledge prior to coming to the University. None of the respondents indicated they had no prior knowledge of the regulations. Since their hire date by the University, the majority of the respondents had not received a regulatory orientation from the APR team, which was not unexpected, as up until now, this was only offered to CPs. Appendix X illustrates selected elements of demographic data.

Pre- and Post-Orientation Knowledge and Confidence

Based on a comparison between the responses before and after surveys, the orientation was effective in increasing the participants' knowledge, or familiarity, and confidence related to academic regulatory compliance and the *who, what, and how* to handle such situations that arise on campus. To visualize the comparison, Appendix Y and Appendix Z provide the bar charts to compare the pre- and post-orientation results for familiarity and confidence. Appendix AA depicts a side-by-side comparison of each of the familiarity and confidence statements and the percent of respondents who selected the *very* or *extremely* option pre-orientation versus post-orientation; there was a clear increase for all items.

To assess knowledge, respondents indicated their level of familiarity with five statements using a 5-point Likert scale, from *not familiar* to *extremely familiar*. Before the orientation, an average of 53.2% of the respondents selected *very familiar* or *extremely familiar* on all five items, whereas, after the orientation, that level rose to 80%. The statement that scored the highest percent improvement was “academic regulatory compliance program and structure,” where pre-orientation, only 33% indicated *very familiar* or *extremely familiar*, and post-orientation, the percentage rose to 75%, reflecting a 42% jump. The statement with the lowest score of improvement was “The quality indicators and warning signs associated with nursing education programs,” which had only an 8% increase over baseline. When comparing the totality of the statements prior to the orientation, each statement had one or two respondents who selected *not familiar* or *slightly familiar*; however, post-orientation, for all items, responses were *somewhat familiar* or above.

To assess increases in confidence levels, a similar multi-statement, 5-point Likert-type question was used, where respondents indicated their confidence level with each of five

statements, ranging from *not confident* to *extremely confident*. In the pre-orientation survey, overall, an average of 58% reported being *very confident* or *extremely confident* on all five statements, while 13% admitted to being *not confident* or *slightly confident*. When compared to the post-orientation survey, the level for *very confident* or *extremely confident* increased to 77.5%, with no one selecting the *not confident* or *slightly confident* options. The statement where the respondents showed the most increase in confidence was “Explaining the fundamental differences and similarities between the boards of nursing and accrediting bodies,” where at baseline, 55.5% indicated *very confident* or *extremely confident*, and after the orientation, this rose to 87.5%, reflecting a 32% increase. Post-orientation, the statement with the lowest *very confident* or *extremely confident* score was “Confidence in communicating with external regulators or accreditors,” with 62.5 %; however, this still represented an impressive 18% increase over the pre-orientation level.

To collect qualitative data and determine common themes, respondents were asked to provide narrative answers to two questions related to compliance risks and the campus leader’s role. For the implications of failing to maintain compliance, respondents agreed the impact would be on program approval, accreditation status, limited ability to increase enrollment, and additional monitoring by regulators or accreditors. When asked about their role as a campus leader, they emphasized collaboration with leaders and APR, following policies and procedures, alignment of department goals and priorities to support compliance, monitoring and auditing of records and processes to ensure regulatory compliance, and finally, continuing to learn about academic regulatory compliance to be effective in their role. When comparing the pre- and post-responses, these themes remained constant.

Program Evaluation

Overall, the orientation was well received, with 100% of the respondents indicating they would recommend this learning activity to another colleague. To evaluate the effectiveness, content, presenter, and resources, respondents were asked to score nine positive statements using a 5-point Likert scale, ranging from *strongly disagree* to *strongly agree*. Scores for all nine elements were at either the *strongly agree* or *agree level*. The use of the Teams platform received strong scores, and 75% of the respondents *strongly agreed* the content covered was relevant, the learning objectives had been met, the presenter was knowledgeable and effective in their teaching style, and they intended to make a change in practice as a result of the orientation. Examples of practice changes intended included becoming more familiar with policies and procedures and reviewing the resources in the Teams site. One respondent indicated they would access the nursing program's data to review outcomes on a regular basis, while others stated they would be more vigilant regarding compliance and collaborate with and ensure timely communication with the APR team.

When asked for improvements to the orientation, respondents suggested the use of case studies and more examples of potential issues and how to address them. Although some indicated it was a "great overview," one respondent had hoped to receive a "deeper dive" into the information. In terms of ideas for future topics, many voiced an interest in learning more about the regulations and accreditation, as well as more detailed information on what each role (CP, DAA, or DCO) is responsible for in relation to the APR team.

Section V: Discussion

Summary

Based on a review of the literature, many academic leader orientations focus on the broader aspects of leadership development and do not include targeted content on academic regulatory compliance. The DNP student was unable to find evidence of academic regulatory orientations that incorporated the breadth of the regulatory and accreditation landscape in both higher education and nursing education together. Therefore, a comprehensive formal academic regulatory orientation for nursing program leaders was developed. The result was an innovative and efficient orientation to enhance the regulatory knowledge and to empower the new leaders to confidently handle compliance issues.

The idea for the project was conceived by the DNP student when she joined the APR team as a senior manager and soon realized that her fellow senior managers followed different formats when providing the regulatory orientation. In further discussions with the APR director, it became clear that this lack of standardization was a concern, given the risks associated with compliance. The DNP student's proposal for a quality improvement project to refresh and improve on the current practice was well received by the executive leadership teams, who readily agreed and offered their support and encouragement.

When considering the implementation of a new process, the DNP student was concerned about encountering resistance or hesitancy to change, especially if the current state appeared to be adequate (Carroll, 2006). Given the possible risks associated with regulatory non-compliance and the impact of leader attrition on costs and productivity, it was not difficult to establish a sense of urgency and support among most stakeholders. Nevertheless, a few believed the status quo was acceptable, as the university had not faced significant instances of non-compliance, and

furthermore, leader turnover, as one colleague stated, “is what it is.” To garner their support, it was helpful to review data on leader attrition and associated costs, job satisfaction, and feedback from the engagement survey, where colleagues expressed a desire for training and professional development opportunities. Sharing these data and describing how the new orientation addressed these issues proved persuasive.

Momentum was fueled by consistent visibility, communication, and messaging. Within the APR team, celebrating the small wins, such as finalizing the questions for the program evaluation survey or other intermediary tasks, fostered collaboration and momentum. To energize stakeholders and create excitement, the message map used a *what’s in it for me?* approach. For the new campus leaders, the orientation appealed to their eagerness to learn and understand academic regulatory compliance, how it aligned with the university, and how it contributed to their success as a leader.

The execution and implementation of the project offered an opportunity to seek out the various opinions, perspectives, and recommendations from colleagues and leaders across the university. Their input informed the orientation curriculum to ensure it was relevant, current, and addressed the needs of the new leader.

Based on pre- and post-intervention survey data, the project’s aim to increase regulatory knowledge, confidence, and an understanding of the university’s compliance program by way of a new academic regulatory compliance orientation was achieved. Participants reported that the orientation was engaging and effective in meeting the learning objectives and that the facilitator, presentation, and resources were relevant and effective in facilitating the learning process. In addition, they expressed that based on the orientation, they would make a change in their current practice. Net Promoter Scores revealed they would *very likely* recommend this activity to other

colleagues, and suggestions for improving the activity and recommendations for future topics were also collected.

Having well-prepared and stable leadership is foundational to a campus' success in maintaining compliance and meeting its goals. Given the history of turnover among campus leaders and based on findings in the literature that support professional development to promote retention, it was key to see that 75% of the respondents indicated they *strongly agreed* the orientation contributed to their professional development.

Sustainability of the orientation may be easily maintained by scheduling curriculum review and updates ahead of each offering, and the time and effort needed to ensure continuous review and quality improvement were included in the budget. The model of a group regulatory orientation that includes all three campus leader roles, as opposed to just the CP, will be considered moving forward as a method to provide a comprehensive and cohesive approach to support consistency across campuses and promote leaders' development.

Interpretation

The orientation empowered the new academic leaders with the essential knowledge to discern and identify real or potential problems and take a proactive approach to prevent or mitigate any negative impact on the program. Both orientation sessions were scheduled for the first and second week of the fall semester. Option 1, offered on a Friday afternoon, had 16 attendees, and although the attendance was impressive, due to the number of participants, there was limited time to engage in discussion and interactive sharing. Option 2 was offered midday the following Thursday, and five leaders attended. Although fewer attendees allowed for more time and opportunity for active participation, only two participants shared experiences or asked questions. The author could not find studies in the literature to account for varying attendance

and participation levels based on the day of the week or time of day. For future orientations, it might be advisable to avoid scheduling the orientation at the start of the semester, as there are often competing responsibilities associated with the beginning of a semester that could impact attendance and participation. In addition, it might be worthwhile to limit the number of participants for each session to no more than six to eight to promote more active participation and sharing of experiences, as based on the principles of adult learning theory, this format would align with the preferences of adult learners (Knowles, 1980). To create a safe environment for sharing and learning, it was very helpful that the DNP student acknowledged the orientation participants as leaders and adopted a coaching approach demonstrating active listening, compassion, and support for their development (Carroll, 2006; Gonzalez, 2012).

The practice transition model and the principles of adult learning theory agree on the value of using varied teaching/learning modalities and learner-centered strategies to support the leader and to promote smooth practice transition (ANCC, 2020; Knowles, 1980). In the program evaluation feedback, although participants felt the activity was valuable and informative, they suggested having more case studies and concrete examples to facilitate their learning and application of the information. Therefore, when preparing for the next orientation session, the APR team should identify additional examples of real-life situations to guide case studies and active discussion.

The transition to a nursing dean role is both a challenging and a fulfilling journey (Green & Ridenour, 2004), but also comes with a steep learning curve (DeZure et al., 2014). The DNP student was pleased with the improvement in the levels of knowledge and confidence, as reported in the surveys; however, this result was expected, as evidence from the literature found

that many new leaders lacked the requisite preparation and readiness for their role (DeZure et al., 2014).

Given that the DNP student followed tips on length of survey, time to complete survey, and follow-up reminders (Lindemann, 2021) and used the features within SurveyMonkey to promote survey completion, the DNP student had assumed there would be a higher number of survey respondents than the 43% and 38% levels for the pre- and post-orientation surveys, respectively. Nevertheless, when compared to the average response rates for email or online surveys of 30%, these response rates seem acceptable (Lindemann, 2021).

To assess the orientation's value and impact on the participants' actions, the Kirkpatrick Model, developed by Kirkpatrick in the 1950's, assists in evaluating educational and training programs by applying levels of learning evaluation as illustrated in Appendix BB (Kurt, 2016). In this model, each level builds upon the previous one to provide an accurate picture of the worthiness of the training. With the inclusion of program evaluation in the post-orientation survey the DNP student incorporated levels one and two – *reaction* and *learning*. Participants were asked about their satisfaction with the orientation and data was collected to determine the participants' increase in knowledge as a result of the orientation.

Before offering the next orientation, the DNP student will conduct a level three analysis, *behavior*, to answer the question “Are the participants applying what they learned?” and determine if they implemented any changes in their practice. Although in the post-orientation survey all the participants indicated they intended to “make an improvement or change in their practice” the DNP student will verify whether the participants followed through on their commitment and intention to implement change. This will be accomplished through individual follow-up with the participants and communications with their manager (Kurt, 2016). The

follow-up will help to determine if the knowledge and skills taught were put into practice, and if not, it may identify possible issues or challenges in the workplace representing barriers to change (Ardent, 2020). By evaluating the behavior, the DNP student might discover that the lack of change may not be due to an ineffective orientation, but instead, is may a result of the culture, organizational structure, and environment for change (Ardent, 2020).

The final level, *results*, is designed to determine the overall success of the training program and impact on business outcomes (Ardent, 2020; Kurt, 2016). For the regulatory orientation, this might include a review of the campus leader's job performance, 360 feedback, and leader retention data as part of a longer-term assessment of the usefulness of the orientation in supporting new leader success and stability in campus leadership.

There are multiple examples in the literature that emphasize the benefits of mentorship in supporting academic leadership development in nursing education. Many recommend the use of mentors to support the new leader assimilate to their new role, decrease burnout, support work-life balance, and ultimately decrease leader attrition (Delgado & Mitchell, 2016; Fang & Mainous, 2019; Flynn & Ironside, 2018). Glasgow et al. (2009) suggested pairing orientations with executive coaching, while Patterson and Krouse (2015) found that mentoring faculty facilitated their transition to the academic leader role. Giddens & Morton (2018) suggest fellow academic leaders can provide advice and mentorship to support new leaders in developing leadership skills. Noting that academic leaders may arrive to their role without the benefit of mentorship, Bouws et al. (2020), recommend that nursing programs be mindful to ensure academic leaders experience role fulfillment and satisfaction, pay close attention to recruitment and retention strategies, and foster relationships and support through formal mentorship programs. Based on the strong evidence supporting mentorship and the value of formal

orientations, implications for future orientations would be to design a mentoring program to complement the orientation to maximize the chances of successful outcomes and retention.

Furthermore, given the ever-changing nature of BON and accreditation oversight, a one-time approach to academic regulatory orientation for leaders at the time of their appointment may not be sufficient. To support ongoing learning and sustained compliance, an annual regulatory update should be developed and offered to all campus leaders as a refresh on new or revised regulatory alerts, legislative actions, news, and events.

Limitations

The attendance level was high; however, the participation in discussion and Q&A during the orientation was very limited. The leaders may have been hesitant to speak up and ask questions so as not to be perceived as uninformed in front of their peers. The first session was perhaps too large a group to facilitate participation and guided discussion. A suggestion would be to offer more sessions and limit attendance to between six and eight participants. A smaller group, similar to a focus group size, would allow all the participants an opportunity to share observations and insights and contribute to the discussion (Weise, 2021).

The DNP student investigated the availability of established surveys, which proved a difficult task, and therefore created the surveys *de novo* that were reviewed and piloted by select colleagues for purposes of validity and reliability. A limitation of the project was the inability to evaluate knowledge retention over time. It would be valuable to determine if the leaders' knowledge gained from the intervention was sustained over time, for example, two or three months after the orientation. In a regulatory orientation sponsored by the North Carolina BON, in addition to a knowledge assessment immediately following the activity, participants were

surveyed at the 3-months post-orientation to assess knowledge retention (Winstead & Moore, 2020). Unfortunately for the DNP project, time constraints did not allow for a 3-month survey.

The proposed convenience sample of campus-based leaders does not address the needs of the university's online academic leaders. The online academic leaders would also benefit from a similar intervention; however, this was not the intended scope of this DNP project.

Conclusion

Most aspects of higher education are bound by vast regulations (Koebel, 2019). Given that findings of non-compliance may have significant repercussions for the university and the students, such as federal funding or possible loss of programmatic approval leading to the closure of the program, it is vital that the leadership be well-versed and comfortable in their knowledge and application of regulatory academic compliance. The *new and improved* academic regulatory orientation (the orientation) is a practical application of training designed to meet the new academic nurse leader's needs. The orientation incorporates BON and accreditation content through the leadership lens. As new leaders assimilate to their role, participating in the orientation informs their responsibilities for this competency. Participants gain the requisite knowledge and become confident in navigating the challenging regulatory environment. One of the quality indicators of a successful nursing program is leadership stability. With the overarching goal of the nursing program to educate new nurses, this orientation promotes the development of academic leaders and will contribute to leader retention efforts.

Excellence in academic nursing leadership is essential to a program's survival, and nursing programs require well-prepared leaders to direct the program in accordance with regulatory requirements and accreditation standards. As an element of the university's

compliance program, this DNP project enhanced the existing regulatory orientation for new campus-based leaders.

Section VI: Funding

There was no outside funding for this DNP project. The DNP student leveraged internal resources that were already in place, such as information technology tools, to support the project from the planning stages through project closure. The costs of the project are detailed in the budget in Appendix R.

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Section VIII: Appendices

Appendix A. Johns Hopkins Evidence-Based Practice Evidence Level and Quality Guide

Evidence Levels	Quality Ratings
<p>Level I</p> <p>Experimental study, randomized controlled trial (RCT)</p> <p>Explanatory mixed method design that includes only a level I quantitative study</p> <p>Systematic review of RCTs, with or without meta-analysis</p>	<p>Quantitative Studies</p> <p>A High quality: Consistent, generalizable results; sufficient sample size for the study design; adequate control; definitive conclusions; consistent recommendations based on comprehensive literature review that includes thorough reference to scientific evidence.</p> <p>B Good quality: Reasonably consistent results; sufficient sample size for the study design; some control, fairly definitive conclusions; reasonably consistent recommendations based on fairly comprehensive literature review that includes some reference to scientific evidence.</p> <p>C Low quality or major flaws: Little evidence with inconsistent results; insufficient sample size for the study design; conclusions cannot be drawn.</p>
<p>Level II</p> <p>Quasi-experimental study</p> <p>Explanatory mixed method design that includes only a level II quantitative study</p> <p>Systematic review of a combination of RCTs and quasi-experimental studies, or quasi-experimental studies only, with or without meta-analysis</p>	<p>Qualitative Studies</p> <p>No commonly agreed-on principles exist for judging the quality of qualitative studies. It is a subjective process based on the extent to which study data contributes to synthesis and how much information is known about the researchers' efforts to meet the appraisal criteria.</p> <p><i>For meta-synthesis, there is preliminary agreement that quality assessments of individual studies should be made before synthesis to screen out poor-quality studies¹.</i></p> <p>A/B High/Good quality is used for single studies and meta-syntheses².</p> <p>The report discusses efforts to enhance or evaluate the quality of the data and the overall inquiry in sufficient detail; and it describes the specific techniques used to enhance the quality of the inquiry. Evidence of some or all of the following is found in the report:</p> <ul style="list-style-type: none"> • Transparency: Describes how information was documented to justify decisions, how data were reviewed by others, and how themes and categories were formulated. • Diligence: Reads and rereads data to check interpretations; seeks opportunity to find multiple sources to corroborate evidence. • Verification: The process of checking, confirming, and ensuring methodologic coherence. • Self-reflection and scrutiny: Being continuously aware of how a researcher's experiences, background, or prejudices might shape and bias analysis and interpretations. • Participant-driven inquiry: Participants shape the scope and breadth of questions; analysis and interpretation give voice to those who participated. • Insightful interpretation: Data and knowledge are linked in meaningful ways to relevant literature. <p>C Low quality studies contribute little to the overall review of findings and have few, if any, of the features listed for high/good quality.</p>
<p>Level III</p> <p>Nonexperimental study</p> <p>Systematic review of a combination of RCTs, quasi-experimental and nonexperimental studies, or nonexperimental studies only, with or without meta-analysis</p> <p>Exploratory, convergent, or multiphasic mixed methods studies</p> <p>Explanatory mixed method design that includes only a level III quantitative study</p> <p>Qualitative study Meta-synthesis</p>	

<p>Level IV</p> <p>Opinion of respected authorities and/or nationally recognized expert committees or consensus panels based on scientific evidence</p> <p>Includes:</p> <ul style="list-style-type: none"> • Clinical practice guidelines • Consensus panels/position statements 	<p>A High quality: Material officially sponsored by a professional, public, or private organization or a government agency; documentation of a systematic literature search strategy; consistent results with sufficient numbers of well-designed studies; criteria-based evaluation of overall scientific strength and quality of included studies and definitive conclusions; national expertise clearly evident; developed or revised within the past five years</p> <p>B Good quality: Material officially sponsored by a professional, public, or private organization or a government agency; reasonably thorough and appropriate systematic literature search strategy; reasonably consistent results, sufficient numbers of well-designed studies; evaluation of strengths and limitations of included studies with fairly definitive conclusions; national expertise clearly evident; developed or revised within the past five years</p> <p>C Low quality or major flaws: Material not sponsored by an official organization or agency; undefined, poorly defined, or limited literature search strategy; no evaluation of strengths and limitations of included studies, insufficient evidence with inconsistent results, conclusions cannot be drawn; not revised within the past five years</p>
<p>Level V</p> <p>Based on experiential and nonresearch evidence</p> <p>Includes:</p> <ul style="list-style-type: none"> • Integrative reviews • Literature reviews • Quality improvement, program, or financial evaluation • Case reports • Opinion of nationally recognized expert(s) based on experiential evidence 	<p>Organizational Experience (quality improvement, program or financial evaluation)</p> <p>A High quality: Clear aims and objectives; consistent results across multiple settings; formal quality improvement, financial, or program evaluation methods used; definitive conclusions; consistent recommendations with thorough reference to scientific evidence</p> <p>B Good quality: Clear aims and objectives; consistent results in a single setting; formal quality improvement, financial, or program evaluation methods used; reasonably consistent recommendations with some reference to scientific evidence</p> <p>C Low quality or major flaws: Unclear or missing aims and objectives; inconsistent results; poorly defined quality improvement, financial, or program evaluation methods; recommendations cannot be made</p> <p>Integrative Review, Literature Review, Expert Opinion, Case Report, Community Standard, Clinician Experience, Consumer Preference</p> <p>A High quality: Expertise is clearly evident; draws definitive conclusions; provides scientific rationale; thought leader(s) in the field</p> <p>B Good quality: Expertise appears to be credible; draws fairly definitive conclusions; provides logical argument for opinions</p> <p>C Low quality or major flaws: Expertise is not discernable or is dubious; conclusions cannot be drawn</p>

¹ https://www.york.ac.uk/crd/SysRev/ISSI/Webhelp/6_4_ASSESSMENT_OF_QUALITATIVE_RESEARCH.htm

² Adapted from Polit & Beck (2017).

Appendix B. Evidence Table

Purpose of Article or Review	Conceptual Framework	Design / Method	Sample / Setting	Major Variables Studied (and their Definitions)	Measurement of Major Variables	Data Analysis	Study Findings	Level of Evidence (Critical Appraisal Score) / Worth to Practice / Strengths and Weaknesses / Feasibility / Conclusion(s) / Recommendation(s) /
Baker, S. L. (2010). Nurse educator orientation: Professional development that promotes retention. <i>Journal of Continuing Education in Nursing</i> , 41(9), 413-417. https://doi.org/10.3928/00220124-20100503-02								
Describe the effectiveness of a formal orientation using pre- and post-surveys to evaluate outcomes to ensure new faculty have the necessary tools to be successful, are satisfied in their career, and are retained in academia.	Benner's novice-to-expert	Design: Quantitative study of 11 new faculty Method: Data were collected using surveys to determine knowledge and skills both before and after the intervention. Feedback was also collected and validated using verbal feedback.	Sample: <i>N</i> = 11 new faculty Setting: Nursing faculty at a community college.	IV: Comprehensive new orientation program for newly hired faculty that included institutional philosophy, policies and procedures, and skills in a learning community. Support and mentoring were also elements of the intervention. The goal was to support and socialize educators to their new role. DVs: -Participant competencies -Value of the intervention -Retention	Variables were measured using pre- and post-intervention self-assessment surveys of nurse faculty competencies.	Descriptive statistics and demographic information provided in narrative form.	91% retention rate (10/11). Pre-survey scores were lower than the post-survey scores, indicating learning goals were met. Post-surveys revealed faculty perceived an increase in knowledge and skills, and it met their developmental needs. Faculty valued discussion opportunities provided in the model. Participants stated they were supported & satisfied in academia.	Level II, Quality B Based on Johns Hopkins critical appraisal tools. Worth to practice: Formal orientation for new nurse faculty effectively provides the tools and skills needed to be successful and led to an improved retention rate. To recruit and retain academics long-term, a formal orientation improves needed skills, acculturation, and knowledge. Strengths: Solid design and reliable results. Feasible intervention. Limitations: Small sample size and community college setting may impact generalizability of results. Conclusion/ Recommendation: To recruit and retain faculty, new

Purpose of Article or Review	Conceptual Framework	Design / Method	Sample / Setting	Major Variables Studied (and their Definitions)	Measurement of Major Variables	Data Analysis	Study Findings	Level of Evidence (Critical Appraisal Score) / Worth to Practice / Strengths and Weaknesses / Feasibility / Conclusion(s) / Recommendation(s) /
								faculty orientation provides the resources and support they need to succeed. Long term, this results in retention and continued professional development for the faculty.
Bennie, S. D., & Rodriguez, T. E. (2019). Characteristics of entry-level physical therapist education program directors. <i>Journal of Physical Therapy Education</i> , 22(1), 70-77. https://doi.org/10.1097/JTE.000000000000081								
Explore leadership characteristics and competencies, as defined by current program directors, to inform what entry-level PDs need to be successful and to inform future development opportunities to support new PDs.	None provided	Design: Quantitative study Method: Survey study collecting data on the lived experiences of PDs when they were entry-level. 241 surveys were distributed, 73 responses received. PDs were surveyed using a 35-item online instrument. Results were analyzed using descriptive statistics in Microsoft	73 program directors in accredited physical therapy programs.	IV: The survey. The purpose of the survey was to collect historical information based on lived experiences on the value and prevalence of formal orientation for the PDs. Dependent Variables: Work, preparedness and development, challenges, sources of job satisfaction.	Variables were measured using pre- and post-intervention surveys for responsibilities, characteristics, and leadership competencies.	Descriptive statistics using Microsoft Excel; narrative summary of qualitative questions.	Response rate was 30.3%. Before becoming PD, 50% had not received a formal orientation. Most were “self-taught.” Participants noted the actual job differed from their expectations and reported dissatisfaction with institutional support received. Challenges for PDs: 38.3% dealing with faculty; 30.2% time management and work-life balance; 20.8% dealing with administration; 20.8% dealing with	Level III, Quality A Based on Johns Hopkins critical appraisal tools. Provides valuable insight for practice. The role of an academic program director is complex and multifaceted. Most do not receive a formal orientation to the role. Strength: The authors believe this is a representative sample. Results inform on similar issue in allied health professions. Feasible study design. Limitations: Low response rate may affect generalizability of results.

Purpose of Article or Review	Conceptual Framework	Design / Method	Sample / Setting	Major Variables Studied (and their Definitions)	Measurement of Major Variables	Data Analysis	Study Findings	Level of Evidence (Critical Appraisal Score) / Worth to Practice / Strengths and Weaknesses / Feasibility / Conclusion(s) / Recommendation(s) /
		Excel, including a review of the open-ended survey items to identify themes.					accreditation, growth, and change.	Recommendation/ Conclusion: Whether they are new to the position or not, program directors would benefit from a formal orientation covering preparedness and development, workload, role expectations, leadership development, and work-life balance. Offerings to be considered may be either internal or external to the organization.
Conley, S. B., Branowicki, P., & Hanley, D. (2007). Nursing leadership orientation: A competency and preceptor model to facilitate new leader success. <i>Journal of Nursing Administration</i> , 47(11), 491-498. https://doi.org/10.1097/01.nna.0000295612.48065.ff								
Evaluate a new nurse manager orientation program designed to support manager readiness to face the challenges of the role.	Synergy Model – a conceptual framework used at the site for categorizing competencies	Qualitative pilot study. A design team developed the orientation’s critical content, resources, intervention, and implementation. Five new managers participated in the new orientation. Feedback from participants was	Sample size: five new hospital nurse managers Setting: large, reputable cancer institute in Massachusetts experiencing a new challenge:	IV: Formal orientation program for new nurse managers implemented in six weekly sessions. Elements included preceptorship, a new Nurse Manager Resource Manual, instruction on nurse leader competencies, and critical resources to “get them up to speed.”	Results and outcomes of the orientation were assessed based on feedback from the participants. The article does not specify if the feedback was provided in writing or by interview/debrief.	Narrative description of qualitative data analysis revealed emerging themes: manuals and handbooks are useful in learning their role, preceptors were effective in mentoring, qualitative	Participants gave positive feedback on the experience and the orientation. Adequate manuals, resources, theoretical instruction, 1:1 preceptors and open discussions supported learning competencies, institutional, and department policies.	Level III, Quality B Based on Johns Hopkins critical appraisal tools: Worth to Practice: A formal, high-quality orientation program, based in theory and competencies, meets the learning needs of new nurse managers. Strengths: The orientation is based on evidence-based practice.

Purpose of Article or Review	Conceptual Framework	Design / Method	Sample / Setting	Major Variables Studied (and their Definitions)	Measurement of Major Variables	Data Analysis	Study Findings	Level of Evidence (Critical Appraisal Score) / Worth to Practice / Strengths and Weaknesses / Feasibility / Conclusion(s) / Recommendation(s) /
		obtained; however, the method for collecting the data is not specified.	nurse leader retention issue.	DV: development of competencies and knowledge for new leadership transition success.		observations and qualitative data.		<p>Limitations: No quantitative data collected. As a pilot study, it may not be generalizable; however, given the positive outcome, it will be rolled out among their partner institutions.</p> <p>Recommendation: Qualified nurse managers are rare and difficult to recruit and retain. A structured formal to provide a smooth onboarding to recruit, retain, and ensure new manager success.</p>
<p>Davis, S. W., Weed, D., & Forehand, J. W. (2015). Improving the nursing accreditation process. <i>Journal of Teaching and Learning in Nursing</i>, 10(1), 35-38. https://doi.org/10.1016/j.teln.2014.09.003</p>								
Acknowledging the stress and anxiety associated with the process, the study examined faculty and leaders/administrators and the value of training, in decreasing	No formal framework	Quantitative study using pre- and post-intervention survey and assessments to collect data.	Convenience sample of 20 participants (faculty and leaders) at one university.	Intervention was an educational training to prepare academic leaders and faculty for the regulatory accreditation process and visit. IV: Training was provided as self-directed E-learning	Data were collected using pre- and post-training surveys using validated stress and anxiety tools (PSS-10; STAI).	Descriptive and inferential statistics compare pre- and post-survey scores. Sample <i>t</i> -test compared the pre- and post-intervention groups.	All scores had decreased after the training. Statistically significant decrease in scores for stress ($M=15.50$ pre and $M=12.10$ post) and anxiety ($M=37.90$ pre and $M=35.30$ post) after the training.	<p>Level III, Quality B</p> <p>Based on Johns Hopkins critical appraisal tools.</p> <p>Worth to practice: Nursing programs can adopt training to reduce stress and anxiety related to accreditation and the process; made the process more meaningful to support compliance.</p>

Purpose of Article or Review	Conceptual Framework	Design / Method	Sample / Setting	Major Variables Studied (and their Definitions)	Measurement of Major Variables	Data Analysis	Study Findings	Level of Evidence (Critical Appraisal Score) / Worth to Practice / Strengths and Weaknesses / Feasibility / Conclusion(s) / Recommendation(s) /
stress and anxiety related to the process.				<p>videos accessed via links provided.</p> <p>DV: Stress and anxiety in nursing faculty and administration associated with accreditation process and visit.</p>				<p>Strengths: Quantitative study with evidence-based approach to assess effectiveness of intervention.</p> <p>Limitations: Limited participation leading to a small sample size, resulted in decreased generalizability. The presence of participants' underlying stress or anxiety conditions was not assessed. Even though the surveys were anonymous, potential bias may have existed as researcher and participants knew each other.</p> <p>Recommendation/ Conclusion: Education on accreditation serves to decrease anxiety and stress of visits and supports successful accreditation visits.</p>
Delgado, C. & Mitchell, M. M. (2016). A survey of current valued academic leadership qualities in nursing. <i>Nursing Education Perspectives</i> , 37(1), 10-15. https://doi.org/10.5480/14-1496								
Purpose was to identify relevant and valued leadership	None indicated	Design: Quantitative cross-sectional, descriptive survey study.	Sample 52 mostly PhD or DNP prepared	IV: The survey No intervention. DV: Leadership qualities;	A one-time survey using SurveyMonkey of nurse faculty and academic	Descriptive statistics using SPSS-18PAW program.	Top qualities for academic leaders include integrity, clarity in communication,	Level III, Quality B Based on Johns Hopkins critical appraisal tools.

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<p>characteristics and experiences in leadership preparation. Determine if leadership education courses at the authors' university align with relevant qualities.</p>		<p>Method: One-time online survey of faculty and leaders.</p>	<p>nursing faculty and nursing leaders. Setting: university-based nursing programs</p>	<p>challenges for academic nurse leaders; if academic leadership can be learned; leadership barriers and personal challenges.</p>	<p>nurse leaders, including deans, directors, chairs.</p>		<p>problem-solving. They are challenged with finding faculty, resources, and team building. 10% had received formal leadership skills training; 30% learned "on-the-job."</p>	<p>Worth to practice: The academic nurse leader workforce is aging and there is a shortage. It is important to know the factors that impact and promote successful academic leaders: knowledge on management functions, belief that leadership can be learned, skills needed can be acquired with on-the-job training and mentoring.</p> <p>Strengths: The results of the survey will help nursing programs with transitioning nurses into the next generation of academic leadership roles. Feasible study, results contribute to the body of knowledge.</p> <p>Limitations: Timing of the survey at the end of the academic year, a heavy workload, and stress time for faculty and deans may have led to low response rates.</p>

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								Recommendation/ Conclusion: Nursing education programs should take steps to prepare nurses for leadership and plan for academic nurse leadership transition.
Fang, D., & Mainous, R. (2019). Individual and institutional characteristics associated with short tenures of deanships in academic nursing. <i>Nursing Outlook</i> , 67(5), 578-585. https://doi.org/10.1016/j.outlook.2019.03.002								
To identify factors related to dean attrition to inform how schools may improve retention of deans/ academic leaders.	None indicated	Secondary review of data - Retrospective quantitative analysis.	Using data collected by the American Association of Colleges of Nursing (AACN), 930 deanship records were reviewed.	IV: Institutional characteristics: type of nursing program (Bachelor of Science in Nursing or Associate Degree); size of program. Individual characteristics. DV: Attrition length of time of tenures of deanships.	Secondary review of data from the AACN Annual Survey databases from 2001-2011.	SAS 9.3 data analysis platform. Bivariate analysis, chi-square, and regression analyses to examine associations between individual and institutional characteristics and length of tenure as dean.	41% of deans left their position after 5 years. Turnover in academic leaders affects institutional operations. Deans in new programs are more likely to leave within 5 yrs. of appointment. Deans in smaller programs are more likely to leave.	Level III, Quality B Based on Johns Hopkins critical appraisal tools. Worth to practice: Dean attrition is more frequent in new programs and smaller programs. If this trend continues it will have a negative effect on an institution mitigating the nursing shortage. Strengths: Large and reliable database, in-depth data analysis, researchers are subject matter experts in the topic. Feasible study based on reliable data.

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								<p>Limitations: Data on specific reasons for departure from deanships were not collected.</p> <p>Recommendation/ Conclusion: Evidence-based leadership development is effective in supporting new deans, including comprehensive, formal onboarding processes, with mentoring, for deans and aspiring deans supports retention and succession.</p>
<p>Flynn L., & Ironside, P. M. (2018). Burnout and its contributing factors among midlevel academic nurse leaders. <i>Journal of Nursing Education</i>, 57(1), 28-34. https://doi.org/10.3928/01484834-20180102-06</p>								
Evaluate academic nurse leaders' level of burnout and the subsequent impact on leader retention. Determine the frequency, factors, and issues with leader retention in mid-level	Maslach's theory of burnout	Quantitative survey study: data collected via electronic surveys.	Sample: 146 mid-level academic nurse leaders Settings: 29 nursing schools.	IV: workload, work-life balance, and the relation to intent to leave. DV: Occupational burnout as a result of dissatisfaction.	Logistic regressions models were used to assess variables, such as workload, work-life balance, and job dissatisfaction related to burnout and intent to leave.	Data were managed by electronic REDCap tools, a web-based application for data entry, analysis, tracking, and export to statistical platforms. SPSS descriptive statistics and	Strong correlation between the lack of work-life balance and burnout that is predictive of leaders' desire to leave not only their school but also academic nursing. Close to 19% of participants indicated their intent to leave their academic leadership role.	<p>Level III, Quality B</p> <p>Based on Johns Hopkins critical appraisal tools.</p> <p>Worth to practice: There is a lack of academic leaders, and it is important to understand their challenges in order to address the shortage.</p> <p>Strengths: Thorough review of the topic incorporating knowledge from the</p>

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academic leaders.						Chi-square cross-tabulation analyses were performed to assess workplace and demographic variables related to burnout, intent-to-leave current position, and intent-to-leave academia. Logistic regression models were used to analyze the effect of the variables on the odds of burnout and intent to leave.	The prevalence of burnout in the study population was estimated at 37%, which is higher than estimates reported for staff nurses in acute care settings.	<p>literature to support design and findings.</p> <p>Feasible study with reliable results.</p> <p>Limitations: As the sample was across a large geographical area, 146 participants is relatively small. Further studies with larger samples are recommended. Nevertheless, the findings provide insight into mid-level academic leader burnout.</p> <p>Recommendation/ Conclusion: For the benefit of the academic nursing leadership workforce, and the nation's ability to educate future nurses, nursing schools are urged to review and implement strategies to support work-life balance and decrease or redistribute workload, as a means to promote job satisfaction and decrease leadership attrition.</p>

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Glasgow, M. E. S., Weinstock, B., Lachman, V., Suplee, P. D., & Dreher, H. M. (2009). The benefits of a leadership program and executive coaching for new nursing academic administrators: One college's experience. <i>Journal of Professional Nursing, 25</i> (4), 204-210. https://doi.org/10.1016/j.profnurs.2009.01.004								
To explore the shortage of academic nursing leadership and the creation of an innovative program to support new academic leaders consisting of a series of symposiums and executive coaching sessions.	For the coaching element, the article describes using the International Coaching Federation model, the 360 feedback, and leadership symposia approach.	Design: Qualitative study to determine the benefit of a formal leadership orientation program paired with executive coaching. Method: Data were collected via in-person feedback, interviews, discussions, and debriefing. No data analysis was performed.	Setting: A large university with several undergraduate and graduate level programs in nursing. Sample: new academic administrators. The number is not specified.	IV: A mandatory, new academic leader development program comprised of campus-based symposia and executive coaching. DV: Shortage of nursing deans, directors, and chairs; new guidelines for leaders.	Feedback and input obtained using debriefing sessions.	Qualitative data, observations and emerging themes presented as narrative.	New leaders and the dean provided positive feedback on the experience and felt it was of benefit. Using case studies as part of the format supported learning. The coaching approach proved very helpful and could be refined based on feedback.	Level III, Quality C Based on Johns Hopkins critical appraisal tools. Worth to practice: With academic nurse leader shortage, it is important to provide them with the necessary support and onboarding to be successful. Strengths: Comprehensive data collection and review, implementation of an evidence-based coaching model, extensive narrative of qualitative findings. Feasible intervention and study. Limitations: The sample size is not defined, so it may be difficult to determine the generalizability of the intervention. Recommendation/ Conclusion: Colleges should

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								provide formal and structured onboarding and executive coaching to support new leader success and prepare the next generation of academic nurse leaders.
Hudson, M. (2008). Enhancing awareness of nursing regulation through a board of nursing orientation program for chief nurses. <i>Nursing Administration Quarterly</i> , 32(4), 312-316. https://doi.org/10.1097/01.NAQ.0000336729.80125.57								
Develop and evaluate a formal regulatory orientation by the BON to address chief nursing officers (CNO) and nurse leader knowledge deficits of nursing regulations, rules, and board policies.	None indicated	Design: Quantitative, pilot study of a new regulatory orientation. Method: Invitations sent to 70 CNOs and 23 participated in the orientation. Pre- and post-tests assessed knowledge and program effectiveness.	Setting: Oregon healthcare institutions Sample: 23 CNOs and nurse leaders - 100% white, 96% female, and 69% over 50 years of age.	IV: Development and implementation of a formal nursing regulatory orientation covering the role of the BON, rules, regulations, licensure, scope of practice, policies, and compliance. The format was a 1-day session at the BON office, with content delivered by BON members who were subject matter experts, open discussion, and networking opportunities among participants	Data collection tools were pre- and post-surveys with multiple choice items, scenario questions, and a program evaluation tool using a Likert scale after the intervention.	Descriptive statistics provided pre- and post-intervention survey results.	A comparison of the results between pre- and post-test knowledge surveys showed a 22% improvement post-orientation. The program evaluation mean score was 4.4 on a 5-point Likert scale when asked to state the level of agreement regarding the worthiness of the orientation.	Level II, Quality C Based on Johns Hopkins critical appraisal tools. Worth to practice: CNOs are held accountable for decisions that may have regulatory and compliance implications. Therefore, they must possess the regulatory knowledge and be mindful of the complexity of regulations and the role of the BON. Strengths: Researchers incorporated elements of other BON orientations. Pre- and post-test design was effective in collecting results. Feasible intervention.

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				<p>and BON members and staff.</p> <p>DV: Understanding of regulations, relationships with nursing boards.</p>				<p>Limitations: Lack of demographic diversity of the sample, and CNOs were from various healthcare settings making it difficult to ensure content applied to all. The in-person format may be costly to sustain – so consider using a virtual format; however, this is challenging for discussion, networking, and building community.</p> <p>Recommendation/ Conclusion: Participants agreed that the orientation and training activities were beneficial and worthwhile in supporting necessary regulatory knowledge. Regulatory orientation should be offered to nurse leaders. An orientation providing an overview of BON mission, review of regs., rules, policies, and scope of practice is of benefit to CNOs in performing their role.</p>

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National Council State Boards of Nursing. (2020). <i>Nursing education approval guidelines</i> . https://www.ncsbn.org/Guidelines_for_Prelicensure_Nursing_Program_Approval_FINAL.pdf								
Regulatory guidance document to assist BONs to support collaboration and transparency between regulators and educators in the nursing program approval process and oversight. Guide programs on improvements based on the quality indicators from the NCSBN study.	Not applicable	Guidelines developed as a collaboration between experts at the NCSBN, the AACN, the National League for Nursing, the College of Nurses of Ontario, and the Organization of Associate Degree Nursing.	Sample: Analysis of BON annual reports and site visits. Setting: NCSBN study on quality indicators and warning signs for nursing education programs.	IV: Nursing education approval. DV: Quality indicators and warning signs; multiple BONs and nursing programs.	Data evaluated via a mixed-methods study that includes a qualitative Delphi study, a quantitative 5-year annual report study, and a qualitative 5-year site visit study.	Recommendations based on data from the NCSBN quality indicators study.	The guidelines provide guidance for BONs and regulators in implementing rules and program approvals; for BONs and nursing programs in preparing annual reports, and site visits to programs when warning signs have been identified.	Level IV, Quality A Based on Johns Hopkins critical appraisal tools. Worth to practice: Provides evidence-based and legally defensible guidance and tools for BONs to use when evaluating and approving nursing programs on evidence-based quality indicators. Assists them in identifying early warning signs for programs that do not meet regulatory requirements. Strengths: Based on evidence from a comprehensive literature review with a reproducible search strategy. Following the guidance is feasible. Limitations: As these are new guidelines, follow-up studies may be needed to assess if they are helpful in

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								meeting their intended purpose. Recommendation/ Conclusion: Programs should use quality indicators to identify and proactively address areas of weakness to prevent BON sanctions or mandated closure. Quality indicators are useful as part of the programs' systematic evaluation plan.
Patterson, B. J., & Krouse, A. M. (2015). Competencies for leaders in nursing education. <i>Nursing Education Perspectives</i> , 36(2), 76-82. https://doi.org/10.5480/13-1300								
Determine and define competencies for leaders in nursing education.	American Organization for Nursing Leadership competencies and the National League for Nursing Nurse Educator competencies	Qualitative study. Data were collected electronically and by interviewing 15 leaders in nursing education. Interviews were conducted via Skype, and participants were provided with the interview guide ahead of time to allow for	Setting: Current and past academic nurse leaders. Titles of participants: deans, directors, and leaders of professional nursing organizations. Sample:15	IV: Interviews to collect information from lived experiences of academic leaders. DV: -patterns and trends allowing the four major core competencies for nursing education leaders.	Inductive iterative process to protect against pre-conceived notions. Data collected until saturation. Data validated by allowing participants to review their responses and provide clarifications as needed.	Qualitative data, observations, and emerging themes presented as narrative.	Participants indicated that competencies should include the ability to effectively communicate the vision for nursing education, involve serving as a steward for nursing education, embrace nursing values within the framework of higher education, and engage in mentoring and advocacy for	Level III, Quality B Based on Johns Hopkins critical appraisal tools. Worth to practice: Considering the aging nursing workforce and academic leadership workforce, the authors stress the importance of establishing competencies as a foundation to support the development of academic nurse leaders. Strengths: In-depth level of data collected until saturation; trustworthiness

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		reflection and preparation.	– 13 white and female, 12 PhDs and 3 were doctorally prepared in other disciplines.				colleagues. The authors note the similarities between the executive nurse competencies and those identified by the student participants.	<p>established with participants; participants reviewed their responses to ensure accuracy in data collected.</p> <p>Feasible study that addresses academic leader competencies.</p> <p>Limitations: Small sample size lacking diversity, limited to the authors' professional networks, so bias may be present.</p> <p>Recommendation/ Conclusion: Leadership is essential to the nurse educator role. Faculty have the potential to be leaders. To support succession planning, current leaders need to facilitate nurse transitions to leadership through mentoring and preparation and offering leadership opportunities.</p>
Spector, N., Silvestre, J., Alexander, M., Martin, B., Hooper, J., Squires, A., & Ojemeni, M. (2020). A national mixed-methods study to identify quality indicators and warning signs of nursing education program performance. <i>Journal of Nursing Regulation, 11</i> (2), S15-S41. https://doi.org/10.1016/S2155-8256(20)30075-2								
Identify evidence-based quality	None indicated	Mixed-methods study made up of a literature	Setting: Data from the	IV: Nursing education program performance.	Delphi study: Interviews; 5-year BON	Each study had its own analysis	Delphi: consensus on 18 quality indicators, 11	Level III, Quality A

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<p>indicators and warning signs for nursing education programs in order to develop evidence-based and legally defensible regulatory guidance to guide nursing programs and program approvals.</p>		<p>review and three studies. First study was a Delphi study, followed by a quantitative retrospective study examining 5 years of annual reports, and a third, qualitative study concerning data from 5 years of site visits.</p>	<p>NCSBN over a 5-year period. Sample: 11,378 annual reports, 139 site visits, and collection of expert opinions.</p>	<p>DV: Eighteen variables for nursing programs, including organizational requirements, policies, and procedures; leadership; faculty quality and qualifications; curriculum and clinical learning.</p>	<p>annual report study: NCSBN requested data from BONs. 5-year site visit study: Authors reviewed the site visit reports to gather the data.</p>	<p>process. Delphi: SPSS 22 for descriptive statistics, one-way ANOVA for group differences. 5-Year BON annual report study: data collected using AIR, data analysis with SAS 9.4. Qualitative data analyzed with MaxQDA, coding, content and context analysis addressed geographical or regulatory factors.</p>	<p>warning signs, and 8 outcomes measures to evaluate programs. 5-year BON annual report study: programs with over 80% licensure exam success included those accredited, traditional or hybrid, long standing, and no more than 3 directors over 5 years. 5-year site visit study: emerging themes were site visit triggers, administrative policies, and the schools' use of data for quality improvement.</p>	<p>Based on Johns Hopkins critical appraisal tools.</p> <p>Worth to practice: Based on the study by experts in regulation, law, nursing education, and research, the NCSBN issued guidelines to guide BONs in using evidence-based criteria, quality indicators, and warning signs in nursing programs.</p> <p>Strengths: Findings support the development of evidence-based and legally defensible guidelines; may be used to foster collaboration between educators and regulators and encourage programs to be proactive in ensuring compliance to avoid sanctions.</p> <p>Limitations:</p> <ul style="list-style-type: none"> • BON annual report study: variability in how the BONs collected, reviewed, reported, and stored data.

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								<ul style="list-style-type: none"> • BON site visit study: Lack of consistency across BONs in file management or incomplete visit reports led to a smaller sample size. <p>Recommendation/ Conclusion: Based on results, nursing programs should incorporate quality findings and attention to warning signs to support nursing education program performance.</p>
Wilkes L., Cross W., Jackson D., & Daly J. (2015). A repertoire of leadership attributes: An international study of deans of nursing. <i>Journal of Nursing Management</i> , 23(3), 279-286. https://doi.org/10.1111/jonm.12144								
The purpose was to identify the qualities of a successful academic leader as perceived by nursing deans.	None indicated	Qualitative study. Data on leadership attributes were collected by interviewing participants.	Sample/ Setting: 30 deans of nursing in Canada, England, and Australia.	IV: Nursing deans' experience as leaders. DV: Perceived leadership characteristics of a successful dean; personal and positional attributes.	Rigor and findings were validated and reviewed by the research team to ensure consensus of interpretation of qualitative data and conclusions. Recordings and results were checked by the entire team.	Coded data sorted using NVivo. Narrative of qualitative data collected through semi-structured interviews. Interviews were audio recorded and transcribed. Qualitative data,	Participants identified 60 personal and positional attributes. The most common was the ability to have a vision. Personal traits included being passionate, patient, supportive, and facilitative. Positional qualities needed included communication	Level III, Quality B Based on Johns Hopkins critical appraisal tools. Worth to Practice: An effective dean must possess elements of personal and positional attributes, and these traits should guide succession planning and orientation of new deans. To support new dean development and success, new leaders must have

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						observations, and emerging themes were identified.	skills, ability to develop faculty, demonstrate leadership by role-modeling, management skills, and engage in promoting the nursing profession.	<p>opportunities to assimilate and use these attributes to grow their leadership acumen.</p> <p>Strengths: Participants were leaders in nursing programs in several countries so findings may be applicable to other nursing programs in those countries.</p> <p>Feasible and applicable approach.</p> <p>Limitations: Small sample; data specific to the three countries and not intended to be generalizable to other countries.</p> <p>Recommendation/ Conclusion: The authors recommend mentoring as an intervention to support the growth of future deans of nursing.</p>
Winstead, J., & Moore, C. M. (2020). Outcomes and impact of a nursing regulatory orientation workshop for nurse leaders. <i>Journal of Nursing Regulation</i> , 10(4), 22-29. https://doi.org/10.1016/S2155-8256(20)30010-7								
Evaluate the outcomes and impact of a BON	Authors used conceptual evaluation models	Quantitative study of 73 nurse leaders, using pre- and	North Carolina BON orienta-	IV: BON regulatory orientation.	Impact of intervention was measured using pre-,	Data were entered into Qualtrics and using IBM	Comparison between the pre-, post-, and 3-month post-surveys	Level II, Quality B Based on Johns Hopkins critical appraisal tools.

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<p>orientation workshop to support nurse leaders in their knowledge, expertise, and promote change in behavior, and determine if the outcomes and goals were sustainable over time.</p>	<p>developed by Cervero (1985) and Abruzzese (1996).</p>	<p>post-surveys. Data were collected before and after the workshop, and three months later. The 3-month survey was conducted via Qualtrics, and assessed the impact on participant change in knowledge, expertise, and practice, and their sustainability over time.</p>	<p>tion of nurse leaders from a variety of clinical practice settings. Participants who participated in the BON regulatory workshop were RNs, with the job title of nursing administrator, director, or manager.</p>	<p>DV: Knowledge, level of expertise, intent to change practice, and sustainability of the new knowledge three months post-orientation.</p>	<p>post-, and 3-month post-surveys.</p>	<p>SPSS software, the researchers calculated descriptive statistics and Pearson correlations.</p>	<p>showed a sustained improvement in knowledge; commitment to change practice; sustained increase in knowledge post-workshop, with an increase in the mean of correct responses from 0.40 to 0.51. At the 3-month point, scores were slightly lower, with a mean of 0.47. Knowledge increase was greater immediately after the workshop in comparison to 3 months after; however, it was sustained over time. There is a slight correlation observed between knowledge and level of expertise, and between the level of expertise</p>	<p>Worth to practice: Nurse leaders gain knowledge of regulations and rules in an inconsistent manner. Nurse leaders must ensure compliance with regulations in a complex healthcare environment.</p> <p>Strengths: Despite limitations, researchers provided evidence of the value of a regulatory workshop to instruct leaders on regulations.</p> <p>Very feasible and applicable intervention.</p> <p>Limitations: Small sample size; participant self-reporting; knowledge assessment tools validated only for content; inconsistent use of the survey tools assessing intent to change, and possible lack of generalizability of results.</p> <p>Recommendation/ Conclusion: Providing nurse leaders with the knowledge and skills needed in a formal</p>

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							and intent to change practice behavior.	and structured orientation is effective in supporting them in their role and responsibilities and is sustainable over time. Further BON activities or newsletters should be designed to support sustained knowledge.
Wolverton, M., Ackerman, R., & Holt, S. (2005). Preparing for leadership: What academic department chairs need to know. <i>Journal of Higher Education Policy and Management</i> , 27(2), 227-238. https://doi.org/10.1080/13600800500120126								
Explore issues related to leadership preparedness in academic leaders to devise valuable leadership development initiatives to prepare faculty for academic leadership positions.	No specific framework identified. The researchers referenced models for professional development and academic leadership by Wolverton & Gmelch (2002).	A qualitative study in two phases. Phase I was a survey study to collect data on academic leaders' opinions re knowledge and skills deans need to be effective and successful in the role. Phase II was the implementation of a new, structured program to prepare faculty	Setting: Nevada. A large state university setting. Sample: 20 faculty aspiring to be leaders.	IV: A year-long leadership program DV: learning and socialization needs for deans; development of skills, self-awareness, leadership to succeed in their role.	Qualitative data collected and assessed based on feedback from the participants via interviews, open discussion and debriefing.	Qualitative data, observations, and emerging themes presented as narrative.	A lack of role clarity, competing duties, and priorities result in decreased job satisfaction. Over 40% of current leaders had adequate budget skills, and close to 65% noted they were not prepared in the legal aspects of education to support them in their role. Of the 20 participants, 17 completed the program. Of those, two no longer wished to be	Level III, Quality B Based on Johns Hopkins critical appraisal tools. Worth to practice: Most institutions do not provide adequate preparation for the academic leader or dean, knowledge gained may guide the development of programs to support academic leaders. The study showed that a leadership program for aspiring faculty leaders may help aspiring leaders determine if they want to pursue academic leadership.

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		to become leaders.					deans, seven became chairs, one earned a fellowship in the provost office, and the others now feel ready to take on a leader, dean, or chair role.	<p>Strengths: Provides detailed information collected from the interviews of the leaders who provided input to the program. The researchers believe it may be applicable to other like-minded universities.</p> <p>Feasibility: yes.</p> <p>Limitations: As indicated by the authors, this is just one step in the direction needed to develop interventions. Small sample was specific to one university so it may not be generalizable.</p> <p>Recommendation/ Conclusion: A formal, structured leadership development program is valuable to support faculty in learning and acquiring requisite skills and preparedness needed to become successful academic leaders.</p>

Appendix C. Kotter's Change Theory

The steps in Kotter's change theory as described and interpreted in the literature are as follows:



Image source:

Kotter, Inc. (2020). *The 8-step process for leading change*. <https://www.kotterinc.com/8-steps-process-for-leading-change/>

Appendix D. Knowles' Adult Learning Theory

Image source:

Peak Performance Center. (2021). *Adult learning principles*.

<https://thepeakperformancecenter.com/educational-learning/teaching-training/principles-of-learning/adult-learning-principles/>

Appendix E. Practice Transition Framework

CONCEPTUAL MODEL
AND DESCRIPTION

1

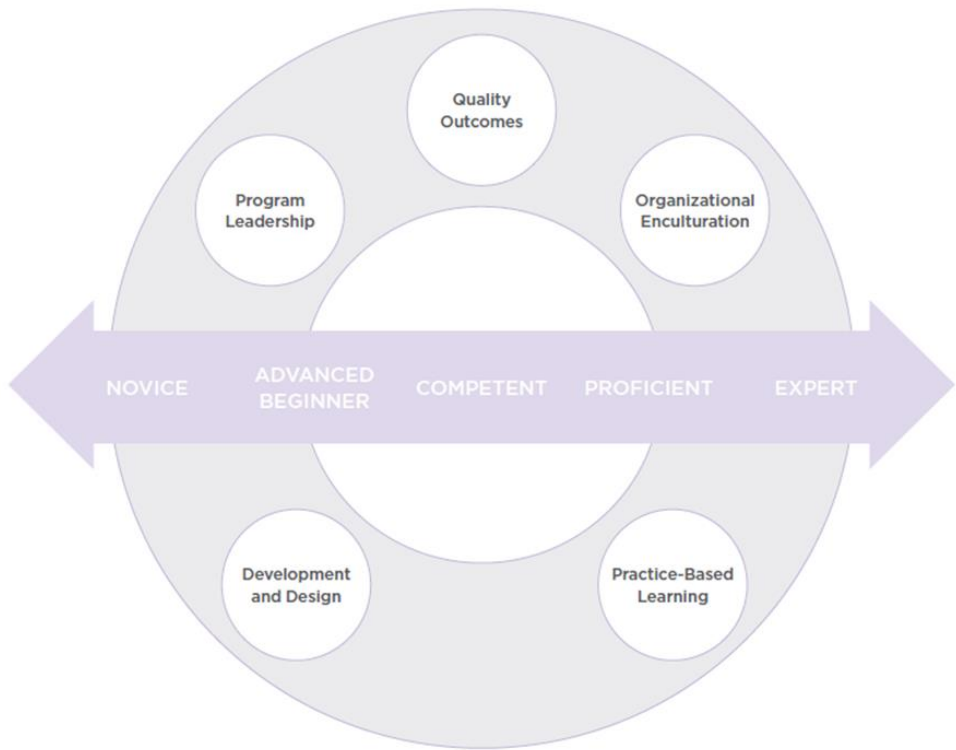
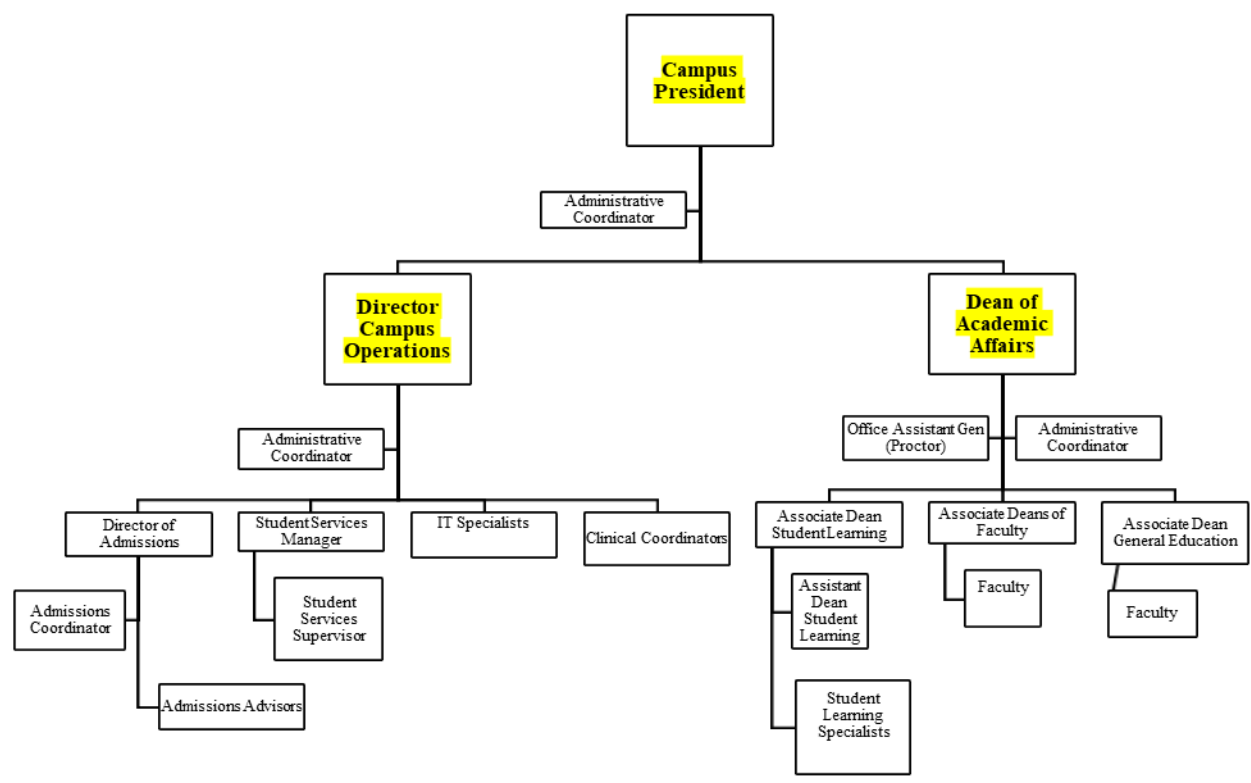


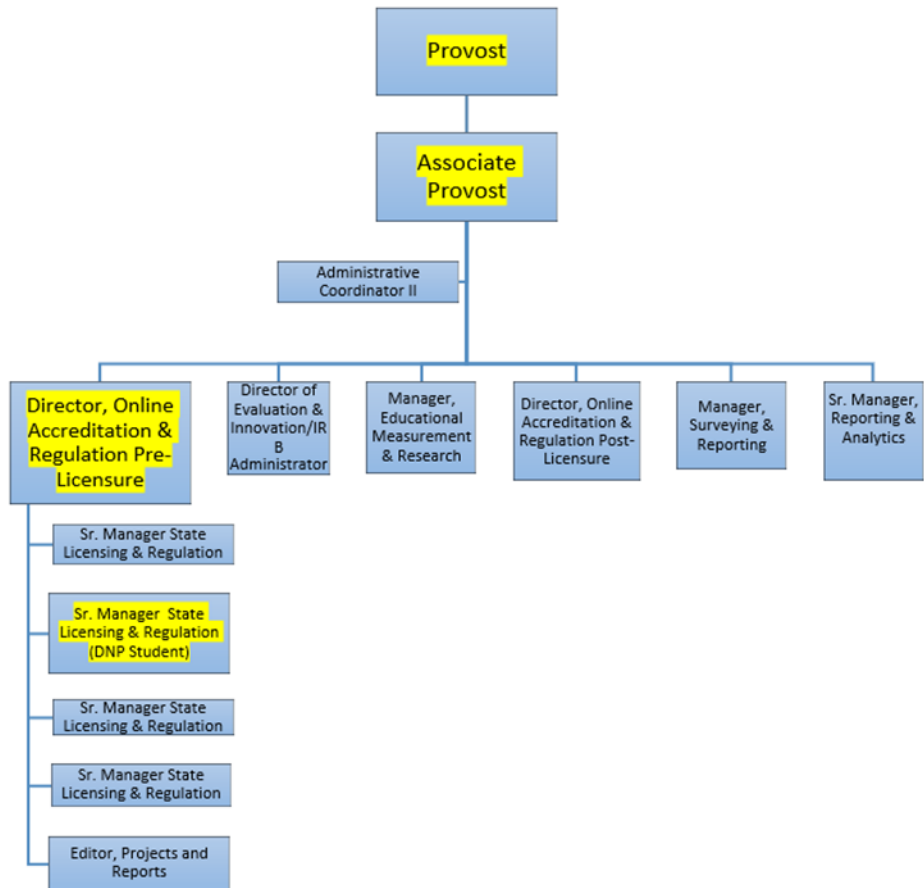
Image source:

American Nurses Credentialing Center. (2020). *Practice transition accreditation program (PTAP)*. <https://www.nursingworld.org/organizational-programs/accreditation/ptap/>

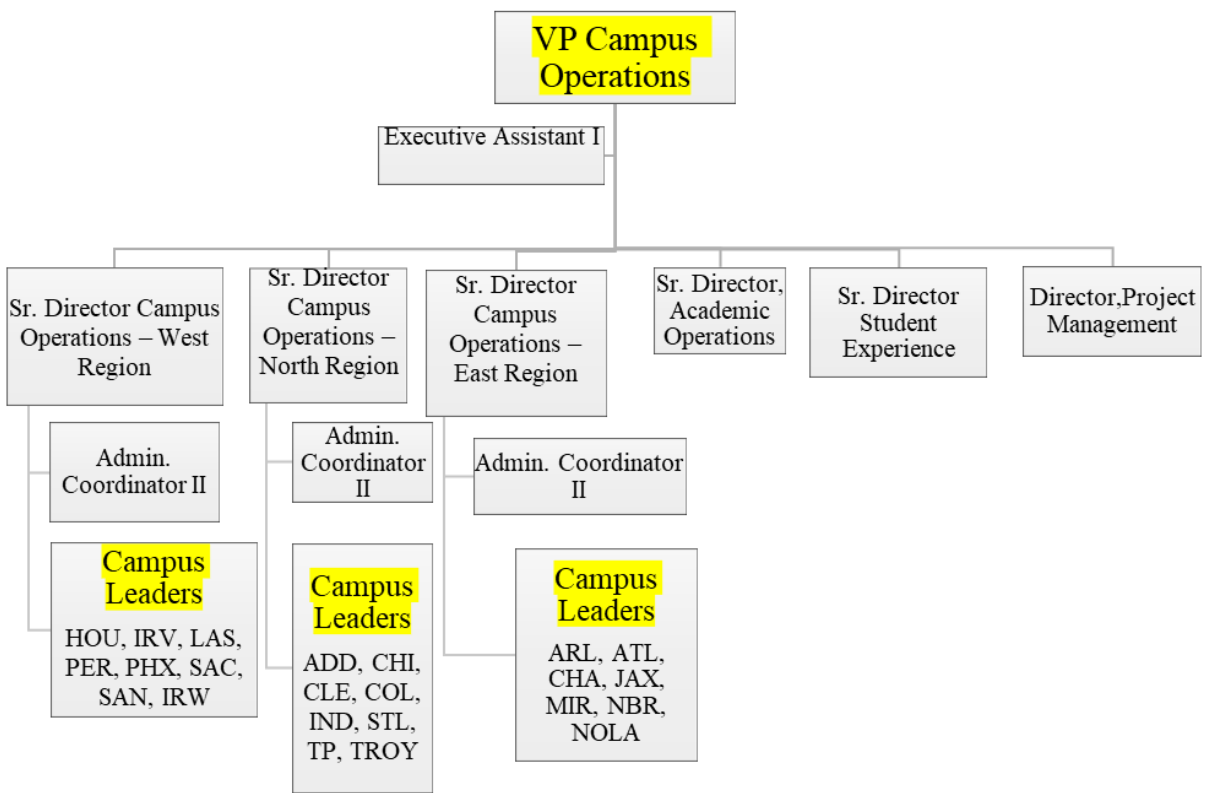
Appendix F. University Campus Organization Chart



Appendix G. University Provost Vertical Reporting Structure



Appendix H. University Operations Vertical Reporting Structure




Appendix I. Academic Regulatory Orientation Message Map

ACADEMIC LEADERSHIP DEVELOPMENT: NEW ACADEMIC REGULATORY ORIENTATION

Looking Towards the Future of Leadership


Academic Regulatory Orientation: Key to Your Success!



Our PURPOSE
To create an academic culture in which colleagues and students thrive and that cultivates extraordinary graduates

Our MISSION
To educate, empower and embolden diverse healthcare professionals who advance the health of people, families, communities and nations

Our VISION
By living Christ-centered care, we graduate extraordinary healthcare professionals who transform the health of people worldwide



collaboration

peace of mind

- Embraces our purpose, mission, & vision in alignment with our strategic goals
- Supports superior academic outcomes to graduate safe and competent nurses into the workforce
- Offers expert knowledge and resources to support you and the campus in excellence in regulatory compliance
- Fosters collaboration across leaders and teams to effectively communicate and address regulatory concerns
- Promotes "Best in Team" approach to accelerate the development of academic leaders through learning opportunities

Stress free compliance - Stay ahead of what's ahead!

Appendix J. Academic Regulatory Orientation Curriculum

- **Welcome and Introductions**
 - APR Team and participants
 - Session Objectives
 - Review of mission, vision, purpose, core values
 - Alignment with mission and strategic goals
- **Regulatory Environment:**
 - External influencing forces and how it impacts our work.
 - Healthcare
 - Politics
 - Economy and workforce/aging workforce
 - Government (federal, local, and state):
 - Education – Department of Education
 - Legislation
 - Licensing and Public safety.
 - **Regulation versus Accreditation**
 - Higher education: HLC, IBHE – state boards of education
 - State Boards of Nursing
 - Programmatic: CCNE, CNEA – nursing programs
 - **Nursing Organizations**

Chamberlain and Adtalem

- **Compliance program and structure**
 - Oversight, structure, and organizational charts
 - Compliance Program: Layers of support, check and balances, key colleagues, policies, and procedures
 - Licensing and Regulatory Affairs
 - Centralized service/team providing regulatory support/oversight
 - Collaboration government relations
 - Licensing and Accreditation team:
 - Higher ed boards (APR BONs and accreditation)
 - All BON submissions and communication
 - Communications with external entities - Surveys
- **Chamberlain: IEAR and APR roles – RESOURCES**
 - IEAR and APR – organizational chart and structure.
 - IER side – data; SPOL, Power BI, SEP – Informatics as a competency
 - APR side – a centralized team of SMEs in accreditation and regulation, state licensing; history of department; qualifications and Heat Map
 - *Who are we and what do we do? What you can expect from us.*
 - APR supportive and collaborative role:
 - Not intended to diminish campus leader role

- Partnership based on shared values and trust
- Senior leadership/national supports campus via the APR team
- Importance of the DAA having regulatory knowledge
- CPs prior experience and prior knowledge
- Navigating challenging situations
- Relationship and work with BONs:
 - Areas of BON oversight and rules – faculty qualifications, clinical sites, etc... how some BONs are prescriptive and others broad...
 - Understanding the unwritten policies and culture of the BON (JH)
 - APR knows/may have insight how the board works, board culture
 - Building relationships at BON meetings
- **RESOURCES:** Guided tour of Teams channel and SharePoint site
- **APR Work**
 - Annual reports/renewals
 - New campuses – 2-3-year process, feasibility studies, self-study
 - Campus relocations
 - Enrollment increases
 - Changes in campus leadership
 - Site visits
 - Curriculum changes
 - Surveys
 - Attendance at BON meetings
 - Changing nursing education regulations: Example: COVID waivers, simulation guidelines, hybrid/remote learning
 - Regulatory Alerts – why, what, etc....

Appendix K. Pre-Orientation Survey

Pre-Survey: Academic Regulatory Compliance Orientation

We look forward to meeting you and sharing valuable information and resources to support your success. To assess your current knowledge and learning needs, please complete this pre-survey to gather information on your background and prior experience.

Thank you!

1. What is your highest level of education?

- Bachelor
- Master's of Nursing
- Master's other
- Doctor of Nursing Practice
- Doctor of Philosophy
- Doctor of Education
- Doctor, other

2. How long have you been in your new role?

- Less than 3 months
- From 3 up to 6 months
- From 6 up to 12 months
- One year or more

3. How long have you worked in higher education administration?

- Less than 3 years
- From 3 years up to 6 years
- From 6 years up to 10 years
- More than 10 years

4. How long have you worked as a faculty member in an academic or higher education setting?

- Less than 3 years
- From 3 up to 6 years
- From 6 up to 10 years
- 10 years or more
- I have no experience as a faculty member in higher education

5. What is the length of your experience as a faculty member in **nursing** education?

- Less than 3 years
- From 3 up to 6 years
- From 6 up to 10 years
- 10 years or more
- I have no experience as a faculty member in nursing education

6. What is your faculty experience in nursing education/programs?

- I have experience in didactic teaching
- I have experience in clinical teaching
- I have experience in both didactic and clinical teaching
- I have no faculty experience in nursing education/programs

7. For the following items, either at Chamberlain or elsewhere, in which of the following regulatory or accreditation activities have you engaged in?

	Yes	No	Unsure
Attend a board of nursing sponsored orientation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Assist in preparing a board of nursing self-study	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Participate in a board of nursing site visit to your program	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Assist in preparing an annual report to submit to the board of nursing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Assist in preparing other types of reports or notifications for a board of nursing (feasibility study, new nursing program application)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Participate in community advisory boards or meetings	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Assist in preparing a self study for accreditation (HLC, CCNE, CNEA, etc..)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Participate in an accreditation site visit (HLC, CCNE, CNEA, etc..)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

8. In general, how did you acquire your knowledge of academic regulations?

- "On the job" training
- Prior experience/role - not at Chamberlain University
- Orientation provided by a professional organization (AACN, NLN)
- I don't have prior knowledge

9. Since coming to your new role, have you received a regulatory orientation?

- Yes
- No
- Unsure

10. If you received a regulatory orientation at Chamberlain University, who provided the regulatory orientation?

- Member of the Accreditation and Professional Regulation team (APR)
- Mentor
- A campus president
- I have not received an orientation (N/A)
- Other (please specify)

11. What do you think are potential risks associated with failing to comply with the rules, regulations and accreditation standards?

12. What do you consider as your role in ensuring the campus complies with the rules, regulations, and accreditation standards?

13. Please indicate your level of **familiarity** with the following topics

	Extremely familiar	Very familiar	Somewhat familiar	Slightly familiar	Not familiar
Purpose of boards of nursing and accrediting agencies	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Oversight agencies, regulatory and accrediting approvals held by Chamberlain and Adtalem	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Chamberlain's academic regulatory compliance program structure and policies	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The role of the Accreditation and Professional Regulation (APR) team and how they support you in your role	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The quality indicators and warning signs associated with nursing education programs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

14. How **confident** are you in the following areas?

	Extremely confident	Very confident	Somewhat confident	Slightly confident	Not confident
Understanding board of nursing rules and regulations for nursing programs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Implementing a process or change in practice in your role that supports compliance with regulatory requirements and accreditation standards	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Knowing the steps and processes to act or make decisions to address relevant issues that may arise on campus	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Communicating with external partners such as boards of nursing, accreditors, or regulators	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Explaining the fundamental differences and similarities between the boards of nursing and accrediting bodies	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Appendix L. Post-Orientation Survey and Program Evaluation

Post-Survey: Academic Regulatory Compliance Orientation and Program Evaluation

Thank you for attending the Academic Regulatory Compliance Orientation for Campus Leaders. To assist the Accreditation and Professional Regulation (APR) team in evaluating the effectiveness of the orientation, please complete this post-survey.

Note: Please complete this post-survey even if you did not have an opportunity to complete the pre-survey.

Thank you!

1. Please indicate your role

- Campus President
- Dean, Academic Affairs
- Director, Campus Operations

2. Based on what you learned in the Orientation: Please indicate your level of **familiarity** with the following topics

	Extremely familiar	Very familiar	Somewhat familiar	Slightly familiar	Not familiar
Purpose of boards of nursing and accrediting agencies	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Oversight agencies, regulatory and accrediting approvals held by Chamberlain and Adtalem	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Chamberlain's academic regulatory compliance program structure and policies	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The role of the Accreditation and Professional Regulation (APR) team and how they support you in your role	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The quality indicators and warning signs associated with nursing education programs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

3. Based on what you learned in the Orientation: How **confident** are you in the following areas?

	Extremely confident	Very confident	Somewhat confident	Slightly confident	Not confident
Understanding board of nursing rules and regulations for nursing programs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Implementing a process or change in practice in your role that supports compliance with regulatory requirements and accreditation standards	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Knowing the steps and processes to act or make decisions to address relevant issues that may arise on campus	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Communicating with external partners such as boards of nursing, accreditors, or regulators	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Explaining the fundamental differences and similarities between the boards of nursing and accrediting bodies	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

4. Given the information provided in the Orientation: What do you think are potential risks associated with failing to comply with the rules, regulations and accreditation standards?

5. Given the information shared in the Orientation: What do you consider to be your role in ensuring the campus complies with the rules, regulations, and accreditation standards?

Program Evaluation: Your thoughtful input is very valuable and will allow us to continually improve our educational initiatives. As an element of quality improvement, please answer the following questions related to program evaluation.

Thank you!

6. Please select the orientation session you attended:

- Option 1 on September 10
- Option 2 on September 16

7. Were you present for the entire orientation session?

Yes

No

8. Did you have an opportunity to complete the pre-survey before attending the orientation?

Yes

No

9. Please indicate your level of agreement with the following statements:

	Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree
The orientation contributed to my professional development	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My practice will benefit from the orientation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The Teams delivery format was effective in facilitating my learning	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The resources in the Teams channel are easily accessible	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The resources and materials were effective in facilitating my learning	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The content of the orientation was relevant to the objectives	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The presenter was knowledgeable	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The presenter was effective in their teaching style	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Based on what I learned in the orientation, I will make an improvement or change in my practice	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

10. Please share at least one improvement or change you intend to make in your practice as a result of participating in the learning activity.

11. How likely are you to recommend this learning activity to a colleague?

Very Likely	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Likely	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Neither Likely nor Unlikely	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Unlikely	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Very Unlikely	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

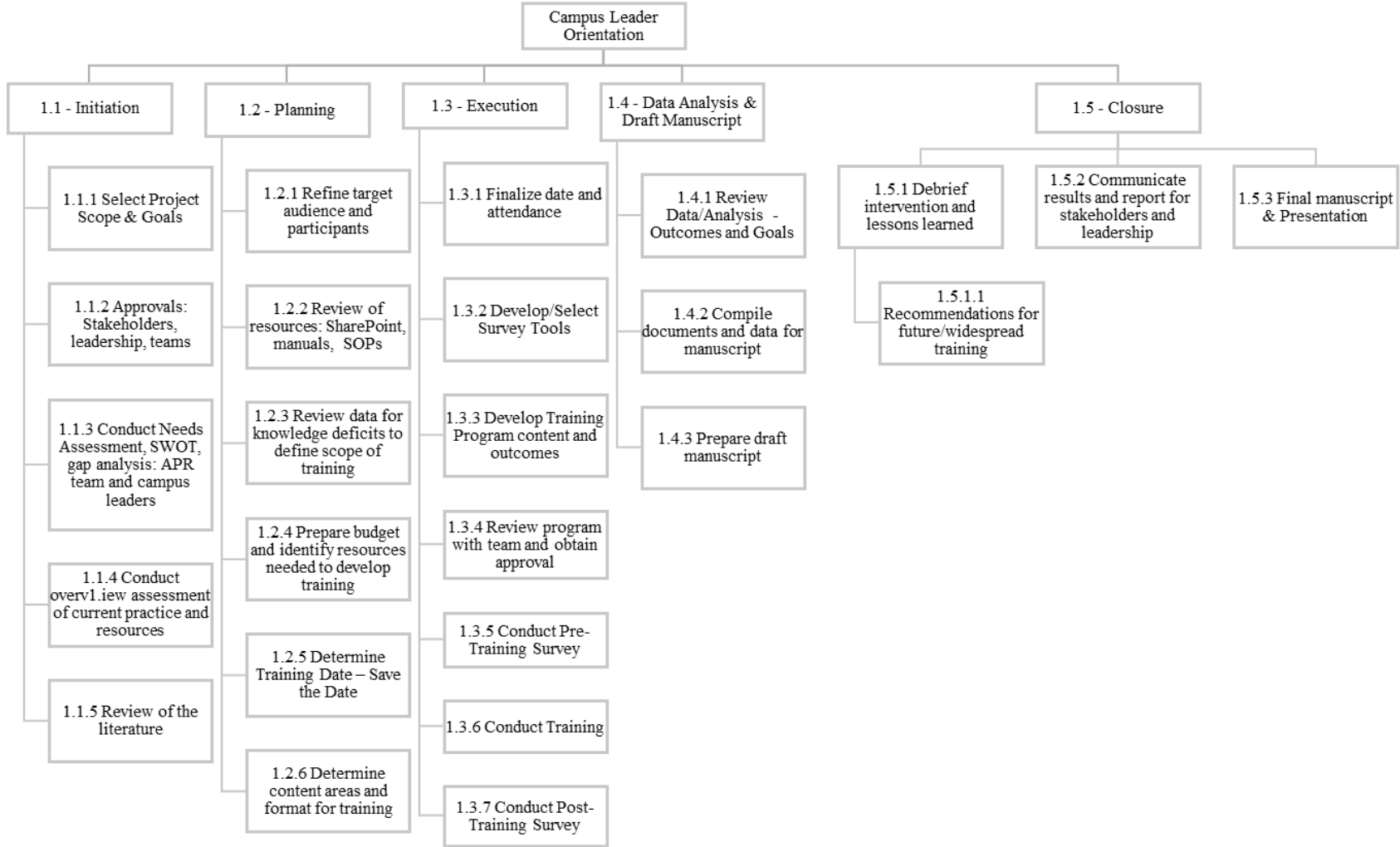
12. Please share with us any thoughts, concerns, or suggestions to improve this learning activity Academic Regulatory Orientation.

13. Please share any suggestions or recommendations for future topics.

Appendix M. Gap Analysis

Current State	Future State	Gap	Action Plan
Regulatory orientation is primarily conducted with only the new campus presidents.	Regulatory orientation will include all new campus leaders - campus presidents, dean of academic affairs, and operations director.	The campus leadership team is comprised of three individuals: the campus president, the dean of academic affairs, and the director of campus operations. If only the campus president is knowledgeable about applicable regulations and university policies, the other campus leaders may not be effective in supporting the campus president and the campus in maintaining regulatory compliance.	Provide the regulatory orientation to all new members of the campus leadership team.
The content, duration, and delivery methods of the regulatory orientation provided by the individual APR senior managers are inconsistent. It ranges from a brief conversation to a 30-60-90-day model.	Standardized content and duration of orientation session. All regulatory orientation sessions will cover the same elements to ensure consistency in instruction and knowledge for all new campus leaders.	Inconsistent practice and knowledge may lead to errors and/or unintended consequences related to a lack of understanding of the regulatory requirements and policies. This may jeopardize the nursing program's approval or accreditation.	Ensure all orientation content is consistent and standardized for all new campus leaders. This cohesive approach includes ensuring key information and high-priority topics are covered in the same manner regardless of the team member conducting the orientation.

Appendix O. Work Breakdown Structure

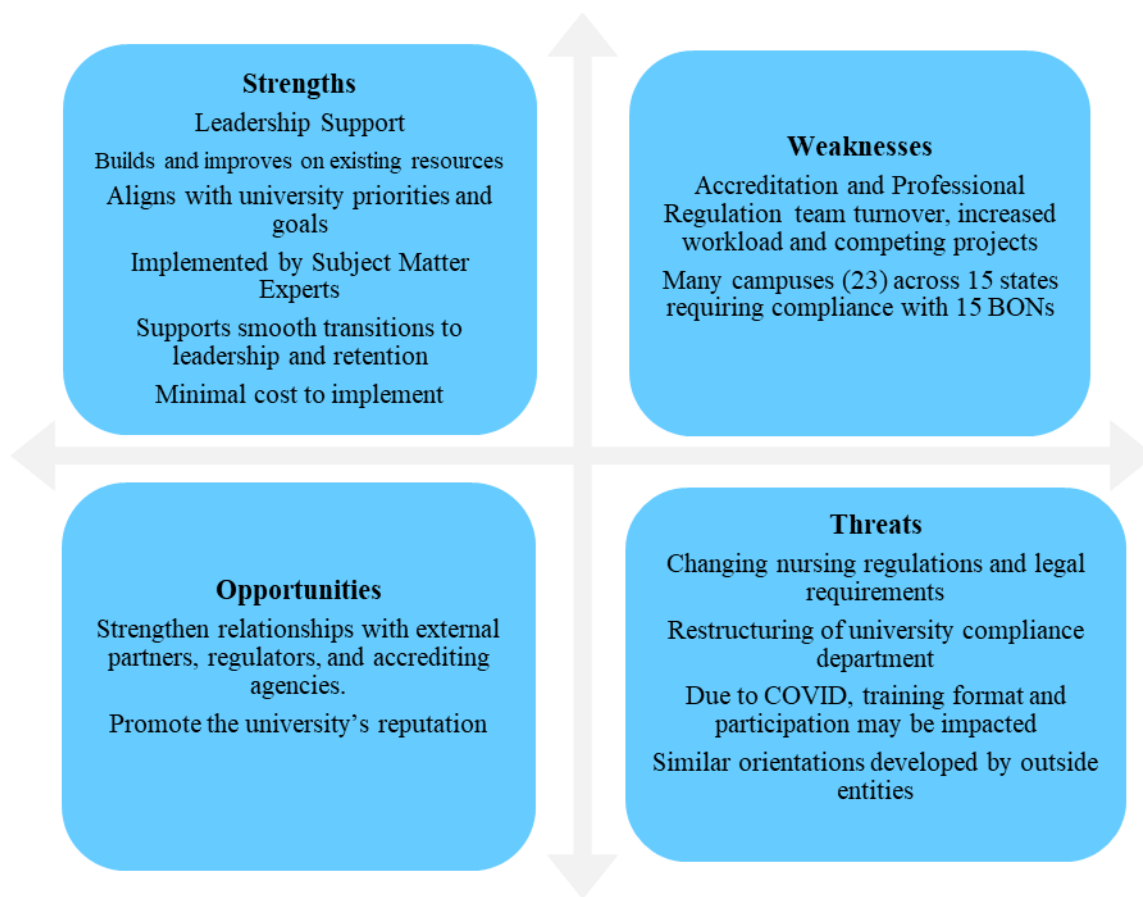


Appendix P. Communication Plan

Communications Plan				
Project Name: Regulatory Orientation			DNP Student: Ann Muñana	
Stakeholders:				
<ul style="list-style-type: none"> • APR Team- Accreditation and Professional Regulation team: Senior Managers, State Licensing and Regulation; Manager, Projects & Reports • APR Leadership: Director, Accreditation and Regulation • Senior Leadership - Provost Team • Senior Leadership - Operations Team • Campus Leaders 				
Timeline	Team Member Responsible	Target Audience	Tool for delivery	Message Points
March – May, 2020	DNP student	APR Director, Senior Leadership teams (Provost and Operations)	Verbal and email, virtual meetings	Summarize issue with request for approvals and support for project
March-May 2020	DNP student	APR Director	Verbal, virtual meetings	Ongoing discussions regarding proposal, plan, issues, and development
March-May 2020	DNP student	APR Team	Virtual meetings	Preview and outline of proposed project and intervention
June 2020	DNP student	APR Director	Written	Letter of Support provided by APR Director
Nov. 2020 Weekly & PRN	DNP student	APR Director	Virtual meetings, email	Ongoing preparation, planned intervention
Dec. 2020 & twice per month	DNP student	APR Team	Verbal, virtual meetings	APR Kick-off Meeting (Dec. 2020); establish schedule for ongoing discussions regarding proposal, plans, and orientation curriculum development
Jan. 2021 Quarterly & PRN	DNP student and APR Director	Senior Leaders	Email, virtual meetings	Status update and next steps
Feb. & March 2021 Monthly & PRN	DNP student with support from APR team	APR team, APR Director, and campus leaders	Virtual meetings, SharePoint documents	Ongoing development of orientation content and curriculum

April – May 2021 Weekly	DNP student	APR Director, APR Team	Virtual meetings	<i>Go Live Touchpoint:</i> Status updates on implementation during Quarters 2-3, 2021
June – August 2021 Weekly	DNP student	APR Director, APR Team	Virtual meetings	<i>Post-intervention debrief:</i> Status updates and preliminary feedback; data review; debrief
September 2021	DNP student	APR Director, Senior Leadership teams (Provost and Operations), APR Team	Virtual meetings	<i>Formal presentation and debrief</i> with leaders, APR teams and other as appropriate, to include findings and recommendations

Appendix Q. SWOT Analysis



Appendix R. Budget and 3-Year Projection

		Incremental Costs	Incremental Costs
Description	YEAR 1	YEAR 2	YEAR 3
<u>Salaries</u> DNP student 180 hrs. @ \$60/hr. Senior Managers 40 hrs. @ \$60/hr. Clerical/Admin Support (1) 40hrs @ \$40/hr.	<u>Budgeted</u> \$10,800 \$2,400 \$1,600		
<u>Salaries for Orientation Updates</u> Revisions/regulatory updates, to maintain currency.			
<ul style="list-style-type: none"> • Senior Managers 12hrs @ \$63/hr. 		\$756	
<ul style="list-style-type: none"> • Senior Managers 12hrs @ \$66/hr. 			\$792
<u>Orientation Event/Technology</u> As this will be a virtual platform, there are no travel/hotel expenses.	None: No costs associated with IT support		
<u>Materials & Participant Appreciation</u> Materials provided electronically Teams and SharePoint			
<u>Subtotal</u> <u>Total Project Cost</u>	\$14,800 \$14,800		
<u>Incremental Costs for Yrs. 2 & 3</u>		\$756	\$792
<u>GRAND TOTAL for 3 Years</u>	\$16,348		

Appendix S. Campus President: Return on Investment – Cost Avoidance

CP Turnover	Avg CP salary	Cost to replace	Potential cost avoidance
1	\$150,000	\$225,000	\$75,000
2	\$300,000	\$450,000	\$150,000
3	\$450,000	\$675,000	\$225,000

Assumptions:

- Average CP salary: \$150,000
- Average annual attrition rate for CP role: 35%
- Average cost to replace a CP (based on industry data of 1.5x the salary): \$225,000
- Average number of days to fill CP vacancy: 100 days
- Average time for a new leader to become fully effective: 8-12 months
- Lack of stability in campus leadership limits productivity, growth, and expansion
- Findings of non-compliance may jeopardize the program by BON imposed sanctions, which may include limits on new student enrollment
- The orientation does not require additional time committed as the new leaders have time for orientation activities already built into their schedules

Appendix T. 3-Year Budgetary Return on Investment Plan

	Year 1 - 2021	Year 2-2022	Year 3 - 2023	Total for 3 Years
Annual Projected Costs	\$15,200	\$756	\$792	\$16,748
• Salaries APR	\$14,800	\$756	\$792	
• Meeting Materials	\$0	\$0	\$0	
• Event & Technology	\$0	\$0	\$0	
Cumulative Total Costs	(\$15,200)	(\$15,956)	(\$16,748)	(\$16,748)
Annual Benefit/Revenue				\$381,000
• Year 1 retention one CP	\$75,000			
• Years 2 and 3 retention two CPs/Yr.		\$152,000	\$154,000	
Annual ROI	\$59,800	\$136,044	\$137,252	\$333,096
Total ROI for 3 years				\$332,696

Cost Assumptions

- Initial/base year project expenses for 2021 are \$15,200.
- Annual salary increases for APR Sr. Managers for years 2 and 3 are estimated at 3% per year.
- Orientation will require review for regulatory updates before each session – reflected in salary support.
- Participation gift is for the first orientation only.

Benefit Assumptions

- There will be a reduction in attrition by one CP in year one representing \$75,000 in cost avoidance (benefit).
- For years two and three, each year will see a reduction in CP attrition by two CPs.
- Average cost to replace a CP is 1.5 times their salary.
- CP annual salary is \$150,000 in 2021, \$152,000 in 2022, and \$154,000 in 2023.
- In year one, at a salary of \$150,000, the cost to replace is \$225,000 per CP, with a potential cost avoidance of \$75,000.
- In year two, at a salary of \$152,000, the cost to replace is \$228,000 per CP, with a potential cost avoidance of \$76,000 per CP, resulting in cost avoidance of \$152,000 as attrition is decreased by two CPs.
- In year three, at a salary of \$154,000 the cost to replace is \$231,000 per CP, with a potential cost avoidance is \$77,000 per CP, resulting in cost avoidance of \$154,000 as attrition is decreased by two CPs.

Appendix U. Statement of Non-Research Determination



UNIVERSITY OF
SAN FRANCISCO

School of Nursing and
Health Professions

Doctor of Nursing Practice Statement of Non-Research Determination (SOD) Form

The SOD should be completed in NURS 7005 and NURS 791E/P or NURS 749/A/E

General Information

Last Name: Muñana First Name: Annmarie
 CWID Number: 20581395 Semester/Year: Summer, 2020
 Course Name & Number: NURS 791-E -E10 Practicum II Focus: Micro Systems
 Chairperson Name: Peggi Winter, DNP Advisor Name: _____

Project Description

1. Title of Project

Implementation of a Regulatory Orientation to Support Successful Transition to Academic Leadership

2. Brief Description of Project

Similar to the nursing shortage, there exists a shortage of academic nurse leaders. Furthermore, many nurses, faculty, and others who willingly step into an academic leadership role, unfortunately, do not have the requisite skills or knowledge to successfully lead in the academic leadership environment. As colleagues move into academic leadership, they experience a practice transition, and need guidance, mentorship, knowledge, and skills to face the many challenges in nursing education from financial and budgetary issues, to recruitment of qualified faculty, to an everchanging regulatory environment.

Campus leaders are often in the position of making decisions that have regulatory implications. Therefore, it is essential they understand the complexities of regulations and accreditation that impact nursing education. In a multi-campus university, the campus leaders must also be mindful of following the university's policies and procedures within a structured organizational framework as put forth by the university's administrative leadership.

Currently, the regulatory orientation consists of individual 1:1 meetings of the campus leader with a member of the university's accreditation and regulation, (APR), team. Knowledge is also acquired in bits and pieces, from colleagues and supervisors. This lack of a standardized and formal regulatory orientation represents a gap in their onboarding, and role transition, and is an opportunity for a quality improvement initiative

The purpose of this project is to enhance awareness of higher education and nursing education regulations with a formal regulatory group orientation for new campus leaders. Participants will include new campus leaders appointed within the preceding six months.

Clearly state the purpose of the project and the problem statement in 250 words or less.

3. AIM Statement: What are you trying to accomplish?

- What do you hope to accomplish with this project? Aims should be SMART, specific, clear, well-defined, and at a minimum describe the target population, the desired improvement, and the targeted timeframe.
- To improve (your process) from (baseline)% to (target)%, by (timeframe), among (your specific population)

Complete this statement:

Implementation of a formal standardized regulatory orientation for new campus leaders to enhance their knowledge of regulations and accreditation of nursing programs, increase their confidence in decision-making, and increase their awareness of related university policies. Participants will be new campus leaders with six months or less in their leadership role. A 15% improvement is expected based on pre and post-interventions surveys.

4 Brief Description of Intervention (150 words).

This project is designed to ensure consistent practice among academic leaders in complying with governing regulations and accrediting bodies by developing and implementing a formal regulatory orientation.

As per the American Nurses' Credentialing Center, an orientation is an educational process to introduce individuals to the philosophy, goals, policies, and role expectations, needed to function in their setting.

The components of the regulatory orientation align with the scope of practice of the campus leaders and will be conducted by the project director and the university's APR team. Content of the orientation will be based on a data collected related to knowledge deficits and input from current leaders. Included in the project will be a refresh of the current toolkit and resources.

The project consists of live group orientation session with recently appointed campus leaders. Customized individual follow-up may be offered to address knowledge deficits and state specific board of nursing rules.

4a. How will this intervention be implemented?

- Where will you implement the project?
- Attach a letter from the agency with approval of your project – *see attachment*.
- Who is the focus of the intervention?
- How will you inform stakeholders and participants about the project and intervention?

Where will you implement the project?

At Chamberlain University. Given that there are 22 campuses across 15 states, the group regulatory orientation, (the intervention) will be conducted in a virtual environment, such as Microsoft Teams.

Who is the focus of the intervention?

The participants in the orientation will be new campus leaders appointed within the preceding 6 months. The campus leader has a demanding role that requires them to function within the complex regulatory environment in higher education and programmatic accreditation of nursing programs.

The project director holds the title of Senior Manager, State Licensing and Regulation and is a member of the Accreditation and Professional Regulation (APR), team. The Senior Managers are the university's subject matter experts on state licensing, regulations, and accreditation. The APR team support the campuses, academic programs, and University leaders in ensuring ongoing regulatory and programmatic compliance.

How will you inform stakeholders/participants about the project and intervention?

There are two main verticals of stakeholders/sponsors who will be informed and included in communications related to project - its planning, progress, implementation, and results.

- The first vertical is Provost vertical and where the APR team is housed. The APR team reports to the Associate Provost, who in turn, reports to the Provost. The project overview and goals were escalated to the Associate Provost and Provost who indicated their support and willingness to provide resources and tools as needed.
- The second vertical is the operations side of the University. The campus leaders report up this vertical to the Senior Vice-President, Operations. The Senior VP has expressed interest and support for the proposal.

Communications and information will flow both up the verticals to the senior leaders, and across the verticals to the APR counterparts in the operations department. Interest and support from the senior leaders of both verticals was obtained early on.

Kick-off Meeting:

The initial kick-off meeting will be internal to the APR team and director where the project director will lay out the project goals, structure, timeline, outcomes, and data analysis plan. Upon consensus of the project process and fine tuning as needed, a second meeting will be held with the larger Associate Provost team, and additional stakeholders, and leaders, as appropriate to seek their input and continued support.

The nature of the project involves close collaboration between the APR and operations teams with direct informal and formal communication. The members of the operations team and the Provost team will be kept updated on the project's progress, timeline, and intervention through both informal and formal communications via emails, meetings via Teams, and the sharing of relevant documents.

There will be scheduled routine working meetings within the APR team, and the timing and format of these will be established during the kick-off meeting.

Go Live Touchpoint:

To ensure ongoing support and interest, shortly before the intervention implementation, the project director will re-convene the stakeholders, most likely via Teams meeting, to provide an update on the status of the intervention and its implementation, and readiness to launch.

Post - Intervention debrief and preliminary results:

Upon completion of the orientation, APR team members and project team members will review the interventions, share feedback, and review initial quantitative and qualitative results. Data will be reviewed through the lens of the intervention outcomes comparing pre and post-intervention surveys. Additionally, program evaluation will allow for feedback from the participants will collected using short questionnaire – such as a student evaluation tool (SET tool).

Project Completions:

Re-convene stakeholders, project sponsor(s), and the project team to present and disseminate the results. This will be a comprehensive and formal presentation/meeting to gain their feedback and provide discussion on the value and sustainability of intervention, and if appropriate, suggestions and next steps for the future.

5. Outcome measurements: How will you know that a change is an improvement?

- Measurement over time is essential to QI. Measures can be outcome, process, or balancing measures. Baseline or benchmark data are needed to show improvement.
- Align your measure with your problem statement and aim.
- Try to define your measure as a numerator/denominator.
 - What is the reliability and validity of the measure? Provide any tools that you will use as appendices.
 - Describe how you will protect participant confidentiality.

Restatement of AIM: Implement a standardized regulatory orientation for new campus leaders to increase their knowledge, confidence, and role clarity related to regulations, accreditation, and compliance requirements for the nursing program.

Intervention: Formal regulatory orientation conducted by the APR team for new campus leaders who have been in their role for 6 months or less.

Question: How does a regulatory orientation of new campus leaders affect their knowledge of accrediting and regulatory requirements, confidence in handling related issues, and understanding of the role of the APR team in supporting university compliance?

Hypothesis: That a regulatory orientation will prove effective in meeting the outcomes for improvement.

Measurable Outcomes using a Pre and Post-intervention survey design:

- Enhance knowledge and awareness of accreditation and regulation in higher education and nursing program
- Increased confidence level in decision-making in addressing campus compliance and regulatory situations
- Increased understanding of the University's regulatory structure, related policies and procedures, and the APR team.

Program Evaluation: Program evaluation will allow for feedback from the participants by completing an additional short questionnaire.

Balancing outcomes:

- Turnover rates: A long-term outcome would be a decrease in leader turnover; however, this data point is beyond the scope of the duration of the project and may be considered retrospectively at a later date.
- Consistency and standardization of knowledge across campuses: A regulatory orientation across all campuses supports cohesiveness and ensures university-wide consistency in process. However, the sample size may be affected due to the impact of COVID-19 on the recruitment of new hires, leaving possible vacancies in campus leader positions.
- Socialization as part of role transition: Effectiveness of orientation may be impacted by the COVID-19 travel restrictions and budget, as the orientation will likely be conducted in a virtual format via Teams, and not in an in-person format at the university's national management offices. This may limit the participants' opportunity for networking to support learning and role transition.

Alignment with Aim Statement:

Nursing is a highly regulated profession, and therefore, nursing education is also highly regulated. The goal of nursing education programs is to graduate safe and competent nurses. Boards of nursing and accrediting bodies approve and monitor all aspects of nursing programs from curriculum, to faculty, and from program leadership, to program outcomes. Campus leaders are charged with meeting the goals of nursing education and they must do this in compliance with the current regulatory and accreditation requirements and standards. The body of evidence supports formal orientations as an effective method to impart regulatory knowledge and skills, that are sustained over time and support a transition to academic leadership. It is imperative that campus leaders have the requisite knowledge and skills to be successful in their responsibilities and this can be achieved through formal regulatory orientations for the campus leaders.

Currently, the regulatory orientation at the university is not standardized across the campuses/campus leaders. This represents a gap and an opportunity to improve the regulatory orientation as part of quality improvement. This DNP project will be focused on this identified need to implement a regulatory orientation for new campus leaders to increase their knowledge, confidence in decision making, and awareness related to regulations, accreditation, and university policies for nursing programs.

Participant Confidentiality: The goal of the project is practice and quality improvement. To foster learning, community, and transparency, participation will be known to and supported by the leader's supervisor and APR team. Furthermore, as this is a quality improvement initiative, participation in the regulatory orientation is not part of the university's formal performance evaluation process.



**DNP Statement of Determination
Evidence-Based Change of Practice Project Checklist***

The SOD should be completed in NURS 7005 and NURS 791E/P or NURS 749/A/E

Project Title:

Implementation of a Regulatory Orientation to Support Successful Transition to Academic Leadership

Mark an "X" under "Yes" or "No" for each of the following statements:	Yes	No
The aim of the project is to improve the process or delivery of care with established/ accepted standards, or to implement evidence-based change. There is no intention of using the data for research purposes.	X	
The specific aim is to improve performance on a specific service or program and is a part of usual care . <u>All</u> participants will receive standard of care.	X	
The project is not designed to follow a research design, e.g., hypothesis testing or group comparison, randomization, control groups, prospective comparison groups, cross-sectional, case control). The project does not follow a protocol that overrides clinical decision-making.	X	
The project involves implementation of established and tested quality standards and/or systematic monitoring, assessment or evaluation of the organization to ensure that existing quality standards are being met. The project does not develop paradigms or untested methods or new untested standards.	X	
The project involves implementation of care practices and interventions that are consensus-based or evidence-based. The project does not seek to test an intervention that is beyond current science and experience.	X	
The project is conducted by staff where the project will take place and involves staff who are working at an agency that has an agreement with USF SONHP.	X	
The project has no funding from federal agencies or research-focused organizations and is not receiving funding for implementation research.	X	
The agency or clinical practice unit agrees that this is a project that will be implemented to improve the process or delivery of care, i.e., not a personal research project that is dependent upon the voluntary participation of colleagues, students and/ or patients.	X	
If there is an intent to, or possibility of publishing your work, you and supervising faculty and the agency oversight committee are comfortable with the following statement in your methods section: <i>"This project was undertaken as an Evidence-based change of practice project at X hospital or agency and as such was not formally supervised by the Institutional Review Board."</i>	X	

Answer Key:

- If the answer to all of these items is "Yes", the project can be considered an evidence-based activity that does not meet the definition of research. IRB review is not required. Keep a copy of this checklist in your files.
- If the answer to any of these questions is "No", you must submit for IRB approval.

*Adapted with permission of Elizabeth L. Hohmann, MD, Director and Chair, Partners Human Research Committee, Partners Health System, Boston, MA.

To qualify as an Evidence-based Change in Practice Project, rather than a Research Project, the criteria outlined in federal guidelines will be used: <http://answers.hhs.gov/ohrp/categories/1569>



**DNP Statement of Determination
Evidence-Based Change of Practice Project Checklist Outcome**

The SOD should be completed in NURS 7005 and NURS 791E/P or NURS 749/AE

Project Title:

Implementation of a Regulatory Orientation to Support Successful Transition to Academic Leadership

- This project meets the guidelines for an Evidence-based Change in Practice Project as outlined in the Project Checklist (attached). **Student may proceed with implementation.**
- This project involves research with human subjects and **must be submitted for IRB approval before project activity can commence.**

Comments:

Student Last Name:	Mufana	Student First Name:	Annmarie
CWID Number:	20581395	Semester/Year:	Fall, 2020
Student Signature:		Date:	9-30-2020
Chairperson Name:	Peggy Winter, DNP	Chairperson Signature:	
		Date:	12/17/2020
DNP SOD Review Committee Member Name:			
DNP SOD Review Committee Member Signature:		Date:	

Appendix V. Human Subjects' Training – CITI

Completion Date 25-Jan-2020
Expiration Date 24-Jan-2023
Record ID 35054001

This is to certify that:

Ann Munana

Has completed the following CITI Program course:

Human Subjects Research (HSR) (Curriculum Group)
Human Subjects Research (HSR) (Course Learner Group)
1 - Basic Course (Stage)

Under requirements set by:

University of San Francisco



Verify at www.citiprogram.org/verify/?w8d3a6349-53eb-4ed8-b09b-b48a31e2ac7b-35054001

Appendix W. Letter of Support

CHAMBERLAIN UNIVERSITY
COLLEGE *of* NURSING

June 10, 2020

Peggi (Mary) Winter, DNP
University of San Francisco
2130 Fulton St.
San Francisco, CA 94117

Dear Dr. Winter:

This is a letter of support for Annmarie Muñana to implement her Executive Leadership DNP Comprehensive Project entitled "Practice Transition: Regulatory Orientation for Academic Leaders" at Chamberlain University.

It is a pleasure observing Ann's growth in this program! Please let me know if you need any additional information. My email address is: tleiker@chamberlain.edu

Respectfully,



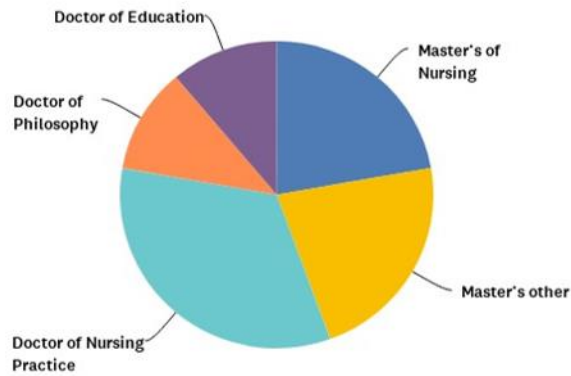
Tona L. Leiker, PhD, APRN-CNS, CNE
Director, Regulation & Accreditation



Appendix X. Pre-Orientation Baseline Demographic Data Snapshot

Q1: What is your highest level of education?

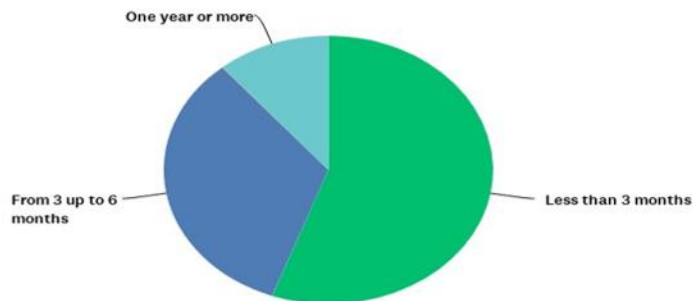
Answered: 9 Skipped: 0



Powered by SurveyMonkey

Q2: How long have you been in your new role?

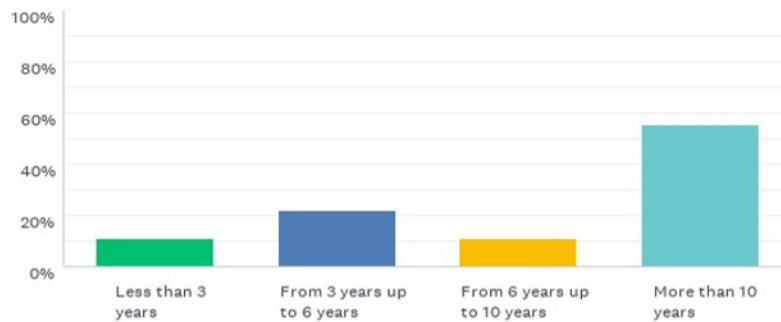
Answered: 9 Skipped: 0



Powered by SurveyMonkey

Q3: How long have you worked in higher education administration?

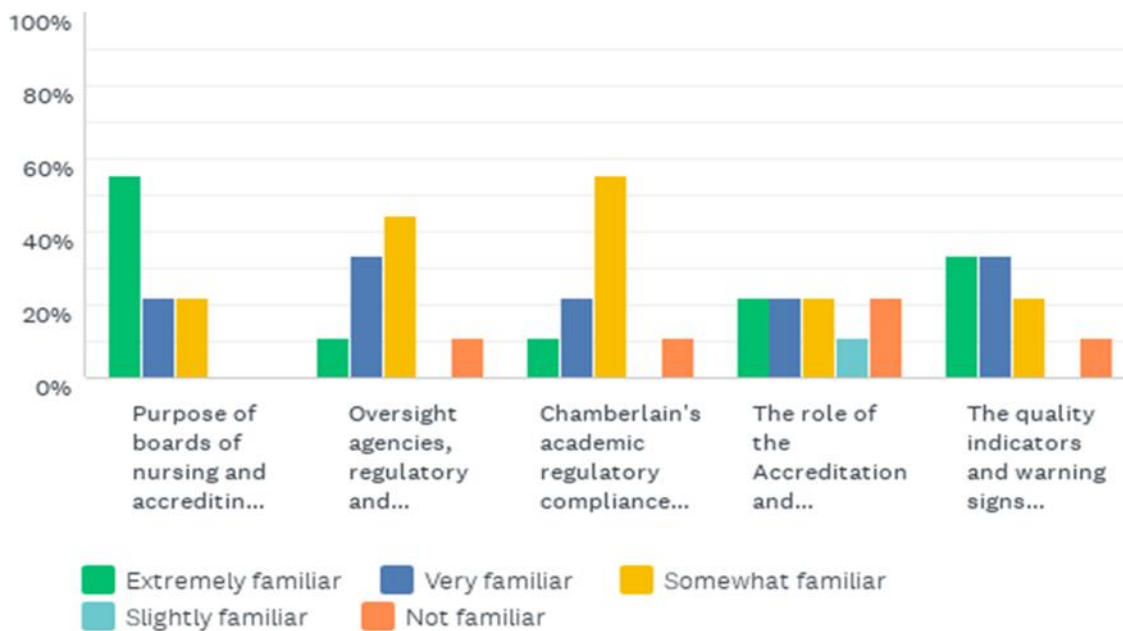
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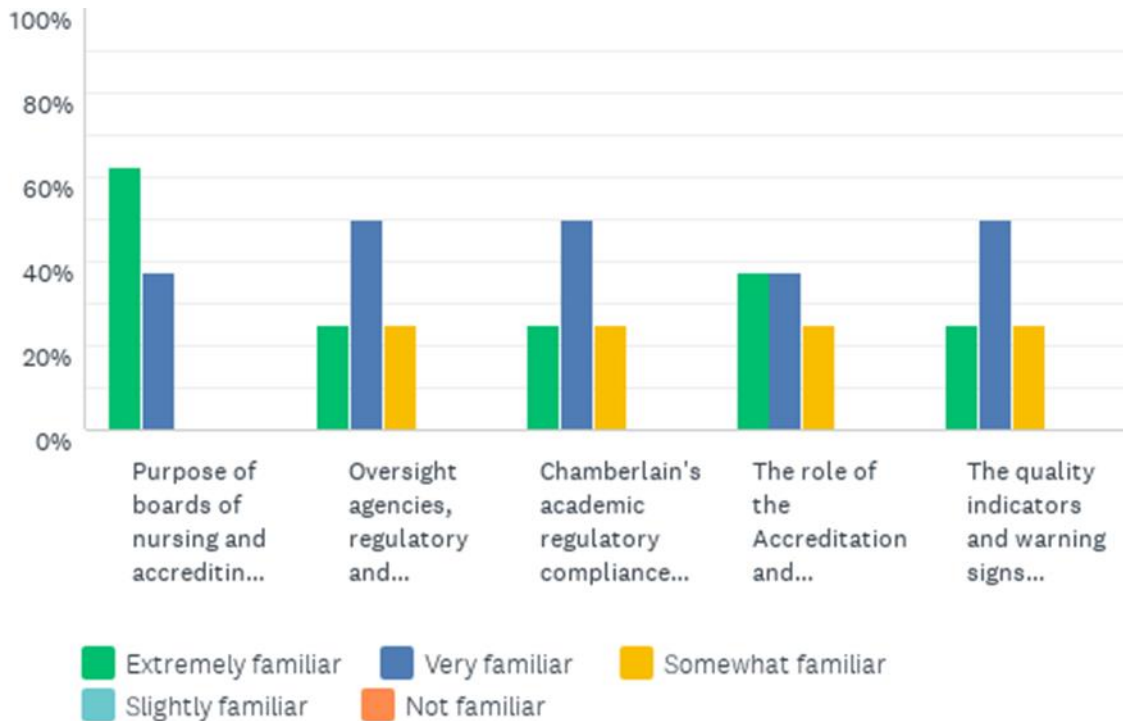
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Appendix Y. Comparison of Pre- and Post-Orientation Results – Level of Familiarity

Pre-Orientation:

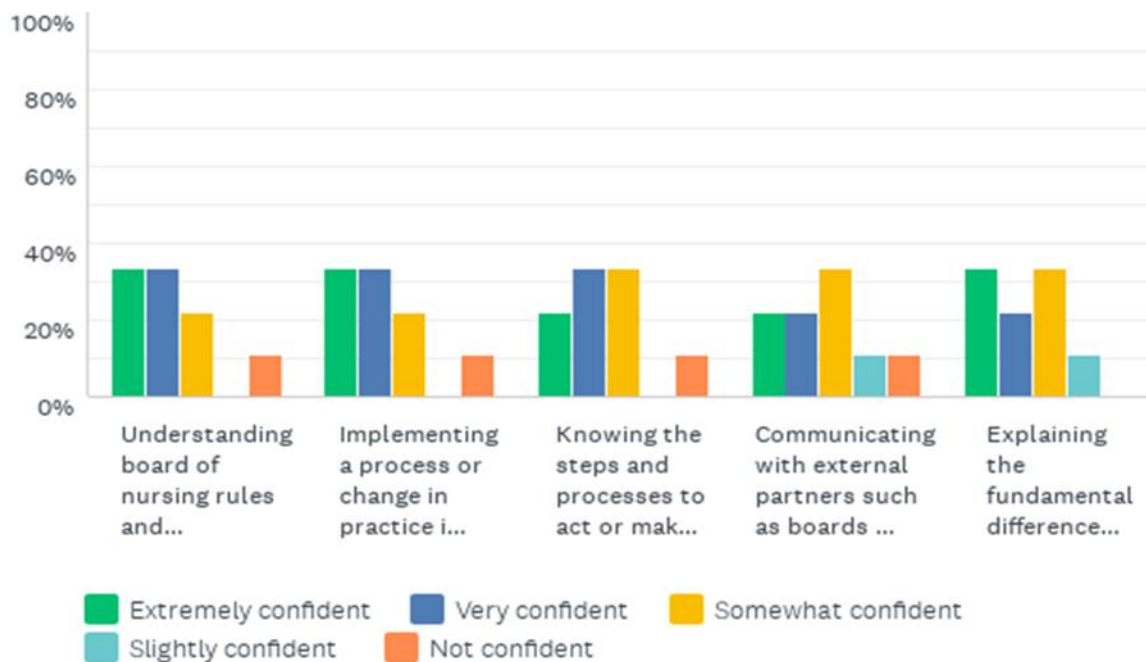


Post-Orientation:

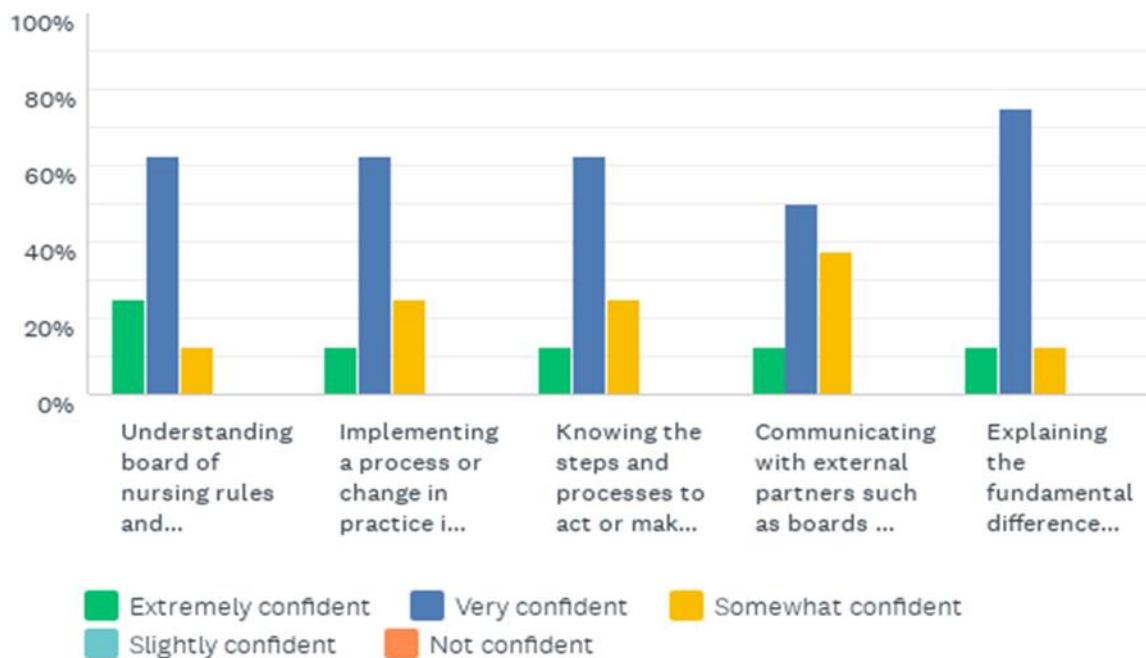


Appendix Z. Comparison of Pre- and Post-Orientation Results – Level of Confidence

Pre-Orientation:



Post-Orientation:



Appendix AA. Pre- and Post-Orientation Comparison Data Results

Pre- and post-orientation comparison data for levels of familiarity at the *very familiar* or *extremely familiar* levels:

	Pre-Orientation – very or extremely familiar	Post-Orientation - very or extremely familiar	Percent Increase
Purpose of boards of nursing (BON) and accrediting agencies	78%	100%	22%
Oversight agencies, and the regulatory and accreditation approvals held by Chamberlain University	44%	75%	31%
Chamberlain’s academic regulatory compliance program structure and policies	33%	75%	42%
The role of the accreditation and regulation team (APR) and how they support you	44%	75%	31%
The quality indicators and warning signs associated with nursing education programs	67%	75%	8%

Pre- and post-orientation comparison data for levels of confidence at the *very confident* or *extremely confident* levels:

	Pre-Orientation – very or extremely confident	Post-Orientation - very or extremely confident	Percent Increase
Understanding board of nursing rules and regulations for nursing programs	67%	87.5%	20.5%
Implementing a process or change in practice in your role that supports compliance with regulatory requirements and accreditation standards	67%	75%	8%
Knowing the steps and processes to act or make decisions to address relevant issues that may arise on the campus	55%	75%	20%
Communicating with external partners such as boards of nursing or regulators	44%	62.5%	18.5%
Explaining the fundamental differences and similarities between the BONs and the accrediting bodies	55%	87.5%	32.5%

Appendix BB. Kirkpatrick Model

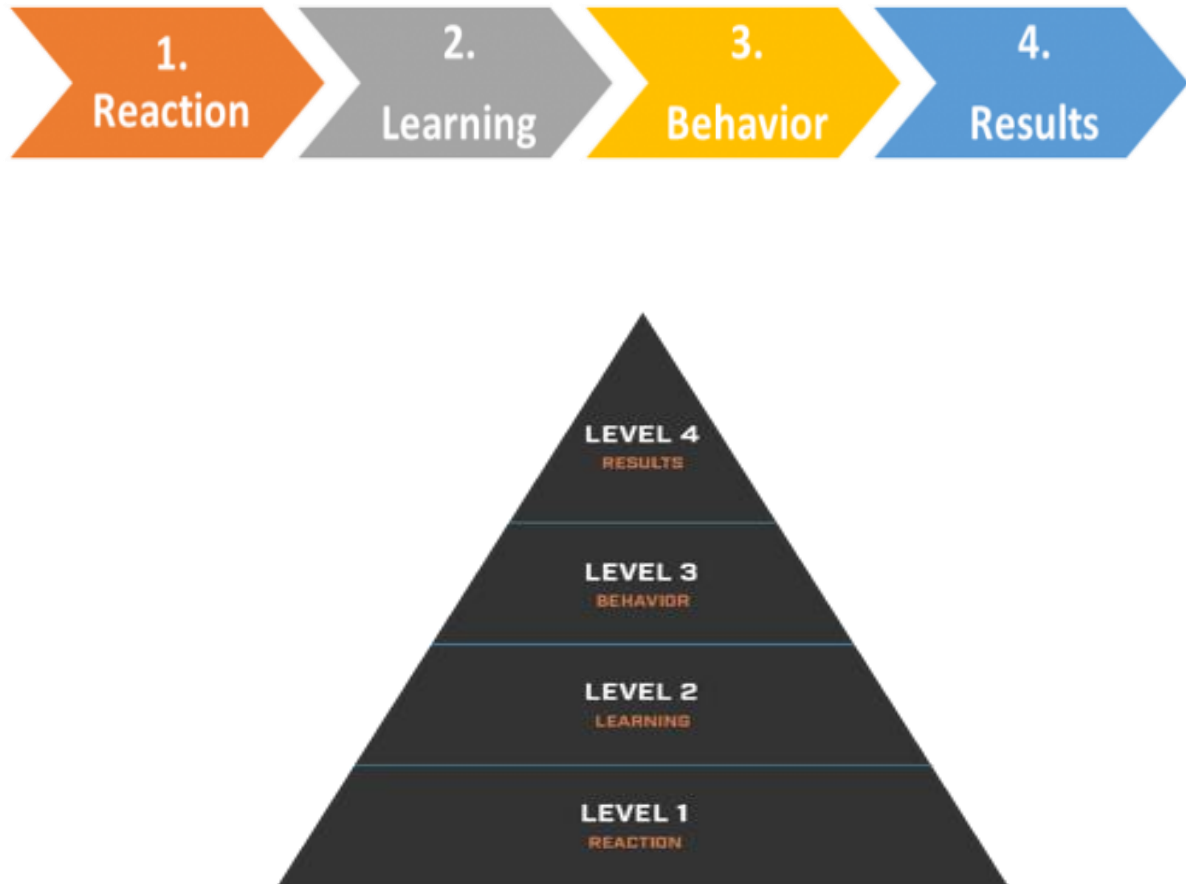


Image sources:

Ardent Learning. (2020). *Industry insights: What is the Kirkpatrick model? Learn the 4 levels of evaluation.* <https://www.ardentlearning.com/blog/what-is-the-kirkpatrick-model>

Kurt, S. (2016). *Kirkpatrick model: Four levels of learning evaluation.*

<https://educationaltechnology.net/kirkpatrick-model-four-levels-learning-evaluation/>