March 16, 2015

Edward M. Barbanell
Associate Dean
Undergraduate Studies
Sterling Sill Center
195 Central Campus Drive
Salt Lake City, Utah 84112-0511

Dear Ed,

Attached you will find the College of Nursing Proposal for an Undergraduate Program Fee.

This proposal explains the expenses of products and services used in the Intermountain Healthcare Simulation Learning Center as well as an evaluation of the direct student benefit of having a program fee as opposed to course fees.

Please contact me if you would like more information or have any questions.

Sincerely,

Shayla DeGooyer
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College of Nursing
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The College of Nursing Undergraduate Program Fee Proposal

The College of Nursing is implementing a new curriculum for the undergraduate program beginning Fall 2015. The College of Nursing is proposing a program fee of $500 to be charged to the undergraduate students beginning Fall 2015 semester for simulated learning in the Intermountain Healthcare Simulation Learning Center. We feel the students will be less impacted by this fee if we were to charge $125 to the students each semester during their program. The new curriculum will be offered as a face to face, 4 consecutive semester program. Students will be admitted in Fall and Spring semesters. The program fees will only affect undergraduate traditional nursing students for Spring and Fall admission cycles.

The benefit for the students will be the use of the Intermountain Healthcare Simulation Learning Center as an additional clinical learning site. Community clinical learning sites are limited due to the number of nursing students in the state of Utah, all seeking the same types of clinical experiences for their student nurses. The national standard for clinical learning is between 900 to 1,200 clinical hours for undergraduate nursing students in preparation for practice. Research shows that increased patient care clinical hours are associated with better nursing student preparation for nursing practice. A recent longitudinal randomized, controlled study by the National Council of State Boards of Nursing showed that the use of clinical simulation learning for up to 50% of clinical hours has no difference in preparation than the use of community clinical sites. The College of Nursing proposes using simulated learning for 25% of their total clinical learning experience.

The use of simulated learning experience is directly associated with supply and personnel cost (simulated patient actors, also called ‘standardized patients’). In order to create a realistic hospital setting and patient experience, standardized patients are needed along with hospital supplies and disposable equipment. Please see the attached breakdown of expenses per semester and per course. The costs are broken out per semester and per course to reflect actual usage charges throughout the program. A program fee, rather than course fees, would allow us to purchase and prepare the needed simulated supplies and hire the standardized patients prior to the semester beginning. These associated costs are specific to each cohort and do not generate revenue to be carried forward. Each cohort will use all supplies purchased for their simulated learning experience.

Nursing tuition differential is being used for faculty salaries, standardized testing assessments, and software licenses for simulated electronic charting. The standardized testing assessments are given each semester (and tied to various courses) to prepare the undergraduate nursing students for their ‘boards’ (an examination for licensure as a registered nurse through the National Council Licensure Examination, or NCLEX). These standardized tests are purchased through ATI (Assessment Technologies Inc). The cost for these standardized testing assessments is roughly $50,000 per year. The software licenses allow nursing students’ access to SimChart™, which assists these students to learn electronic patient charting. The cost for SimChart licenses are $11,328 per year. Therefore, a program fee would allow us to purchase and prepare additional necessary supplies and standardized patients for the undergraduate nursing students’ simulation experiences.
Comparative data from peer institutions and programs with regards to both fees and expenses is proprietary information and we are unable to give comparative data. However, we are able to include the simulation fee structure for a peer institution with an academic health center on the east coast outlining their cost structure to run a simulation learning center. This shows high costs in offering simulated learning experiences to healthcare professionals and educational purposes. Please see the attachment titled University of Maryland Simulation Cost Structure.

The current undergraduate nursing program is undergoing a curriculum revision to be implemented Fall 2015. In the current curriculum we have course fees totaling $550 per student. The program fee we are proposing total $500 per student. The cost reduction of $50 is due to the careful analysis of costs for simulated supplies and standardized patients. In addition, the program fee would benefit the student by allowing a consistent fee assessed twice within the program, as opposed to course fees that would fluctuate semester to semester. The program fee would also allow the Intermountain Healthcare Simulation Learning Center more time to purchase and prepare for the students simulated learning experience. Students support the use of simulation learning in place of community clinical sites for 25% of their patient clinical learning experiences. Please see the attached simulation assessment findings from past student simulation evaluations.

The administrators of the Intermountain Healthcare Simulation Learning Center have carefully tracked the utilization of supplies by undergraduate students during the past two years. This data was used to show expenses per semester and per course. A summary of those expenses is attached along with the detailed spreadsheets of actual supplies and exact costs. Cost adjustments for the new curriculum, new simulation scenarios and the use of simulated medical supplies are anticipated. It is also anticipated that maintenance, upgrades, rental fees, standardized patient costs and parking will increase. We propose a 2 year review to evaluate that the proposed fees are in-line with the actual expenses accrued in the new nursing undergraduate curriculum.