Helene Fuld Health Trust, HSBC Trustee

1998-1999 Report

Today’s Nursing Students

Tomorrow’s Health Care
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“Nurse practitioners in the future will be what family doctors were in the olden days. They’ll know you and your kids and your family and what you’re going through in your life right now, and they’ll be able to help you see a specialist and explain to you what the specialist says. They’ll be the ones who coordinate your care holistically. When I realized that, I got very excited about becoming a nurse.”

Fuld Fellow Elsa Arp DeHart
Over the past 15 years, there have been seismic changes in the field of health care, and the ground has not stopped shaking. No one knows exactly how the current forces will reshape the health care landscape in the first decade of the 21st century, but we expect the impact to be enormous.

The Helene Fuld Health Trust recognizes that nursing care and the support of nurses is of monumental importance in the dynamic health care field. As Trustee, HSBC Bank USA, a worldwide financial institution, is in a special position to act as the fiduciary and is proud to administer a trust that provides opportunities and training for nursing students.

Our mission as sole Trustee of the Helene Fuld Health Trust is to carry out the intent of Trust’s founder, Leonhard Felix Fuld, to support nursing students. The challenge for those of us who oversee the Trust is to stay current with how the needs of nursing students have changed and to forge grantmaking strategies that are responsive to those changes. Though the programs we fund are diverse, they all have the same ultimate goal: Their aim, like the stated purpose of the Trust, is “the improvement of the health, welfare, or education of student nurses.”

With several decades of experience in making grants to the nursing community, we have been well aware that nursing was in the process of changing dramatically, because the health care system had changed dramatically. We determined that we needed to know more about the impact of change at the student nurse level, about how the changes in health care are affecting nursing education in general and student nurses in particular.

In 1997, The Conservation Company (TCC), a management consulting firm that serves foundations and nonprofit organizations, was retained to assist in a complete needs assessment of the field, starting with a review of the literature and ending with an evaluation of programs headed by nurse edu-
icators and leaders. The most compelling component of the needs assessment was a series of roundtable discussions and in-depth interviews TCC conducted with experts in the field of nursing and nursing education and, most important, with nursing students themselves. By talking—and listening—directly to nursing students, we found out what their immediate needs were and what they thought would be the needs of their colleagues and of nursing schools around the country in the near future. Three themes emerged: educational mobility, curriculum and faculty development in community-based care, and leadership development.

**Educational Mobility**

There is a fierce debate in the field about the minimum level of education necessary for an RN, since so many different educational programs—diploma, associate degree, baccalaureate—lead to the licensure exam. Whatever level of education nurses now have, many feel a need to get higher degrees. Because financial aid for nursing students from public and private sources has decreased, the Trust is trying to target the most disadvantaged students and, by providing financial aid and incentives, encourage them to get that higher degree.

The other aspect of educational mobility we are trying to help with is articulation. Our goal here is to make it easier for nursing students to enter any degree program, complete it, and then move on to a higher degree program, without having to spend time and effort repeating courses. So we have made several articulation grants to groups working with state and regional nursing associations to align course requirements and modify requirements to remove barriers to nurses’ educational advancement.

**Curriculum and Faculty Development in Community-based Care**

For many reasons—including the rise of managed care—health care is increasingly delivered not in hospitals or other acute care facilities, but in community-based settings. The curricula of most nursing schools haven’t yet caught up to the changing demands of managed care or the needs of community-based care. One challenge with curriculum development is providing clinical experiences for nursing students in community settings. It’s much easier for schools to organize that kind of hands-on experience in the hospital and much more difficult to do it in scattered sites around a city or a rural area. So they need support for developing and evaluating ways to create such practicums. This is one of the best ways to teach community-based care.

With faculty development, the dilemma for nursing schools is that they have faculty members who were trained under a hospital-delivery system and therefore need to be retrained to teach community-based care effectively. In many cases, faculty members themselves benefit from experience and training in community-based settings.

**Leadership Development**

Nurses represent the largest profession in the health care workforce, currently more than 2.5 million strong. However, their voice was not adequately heard in the health care debates of the 1990s, and they have suffered as a result. Many cost-cutting efforts resulting from managed care are made at the expense of nurses, who are frequently overloaded with work and underpaid for what they are worth. In our discussions with nursing experts and leaders, many said quite forcefully that as health care policy and systems continue to change, nurses must be at the table when decisions affecting the field are made. But they won’t be at the table unless we help develop leadership skills in nursing educators and students.

Those are the three targets for our current refocused grantmaking program. We believe the new program has many strengths, but two stand out: It was formulated through a process that involved the active participation of a broad range of stakeholders, and it takes a forceful role in preparing today’s nursing students to meet tomorrow’s health care needs.

On the threshold of the new century, nursing students and educators face a future where the only certainty is change. That is both challenging and exciting. Nurses have great opportunities for the future—in advanced practice, in primary care, and in the public policy arena. By supporting nursing students today, the Helene Fuld Health Trust is helping to prepare the nurses of tomorrow for a broad range of roles, both familiar and unpredictable, in hospitals, communities, clinics, and capitals across the United States.

Roberta Grossman, Esq.
Vice President and Senior Trust Officer
HSBC, Trustee
October 1999
“The Fuld Trust has made many significant contributions to nursing programs throughout the nation—including ours. I’m glad to see the Trust expanding to embrace broader issues in nursing education.”

—Sherry Fox
Chair
California Association of Colleges of Nursing
California State University
Nursing became a profession in the United States during the Civil War and expanded during the public health movement of the 1880s and 1890s. The first nurses were trained in apprenticeship programs in hospitals, and up until World War II, nearly all nursing education leading to an RN occurred in hospital-based diploma schools.

But the post-war years brought tremendous changes, including the baby boom, an influx of veterans into colleges via the GI Bill, and a nursing shortage caused in part by armed services nurses retiring to raise families. In 1947, President Harry Truman’s Commission on Higher Education called for breaking down geographic barriers and bringing a college education within easy access of every American and helped fuel the community college movement. In 1949, the Brown Commission, sponsored by the Carnegie Foundation, recommended that nursing schools move away from the apprenticeship system and toward planned academic degree programs in colleges and universities.

Today, three kinds of basic education programs prepare most graduates for the National Council Licensing Exam for Registered Nurses. Diploma programs, usually hospital-based, take two to three years to complete and focus on hands-on nursing practice with a major clinical emphasis. Associate degree programs, offered in junior and community colleges, offer a technical course of study with a balance of theory and practice. Baccalaureate programs, which can be either generic, for basic students applying for licensure, or specific, a Bachelor of Science in Nursing (BSN) primarily for RNs returning to school. Both types offer general liberal arts courses and focus on nursing theory with some practice.

According to the latest published figures in the field, from Nursing Data Source, in 1995, there were 1,516 nursing education programs (enrolling 261,219 students) leading to an RN: 59 percent were associate degree programs; 34 percent, baccalaureate programs; and 8 percent, diploma programs.

Graduate programs have experienced explosive growth. Between 1985 and 1995, the number of master’s programs rose from 167 to 306, and the number of students enrolled, from 19,315 to 35,707. Likewise, the number of doctoral programs and students enrolled in them almost doubled during the decade, from 33 programs with 1,788 students in 1985 to 64 programs with 3,230 students in 1995. Schools are also rushing to meet the demand for nurse specialists. In 1992, only one school offered a concentration in acute care, for example, but by 1995, 26 did.

Over the past few decades, the job market for nurses has been cyclical, with a glut in the mid-1980s preceding today’s impending shortage, particularly of clinical nurse specialists. Forecasting the job market for nurses will become even more difficult as the health care system is restructured, and experts in the medical field continue to disagree. For example, the United States Bureau of Labor Statistics projects a need for 765,000 additional RNs by the year 2005 to meet the health needs of the nation’s aging Baby Boomers. At the same time, the Pew Health Professions Commission forecasts a loss of 200,000 to 300,000 nursing jobs between 1995 and 2005, when half the nation’s hospitals—with 60 percent of the country’s patient beds—are expected to close.

Although no one can predict the exact nursing education programs that will be required by the health care system in the future, two things are clear. First, demand for baccalaureate and master’s programs will continue to grow, since the health care system increasingly requires more nurses prepared at these levels who can work independently, function in community settings, and effectively manage the primary health care of patients. Second, the nursing profession must continue to develop education programs that are integrated into the continuum of practice yet flexible enough to evolve along with the changing needs of the nursing profession and the health care delivery system.
In 1935, Dr. Leonhard Felix Fuld and his sister, Florentine, contributed $5,000 each to create a foundation to honor the memory of their mother, Helene Shwab Fuld, who had died in 1923. Born in New York City in 1883, Dr. Fuld attended Columbia University, from which he received his bachelor’s degree, law degree, and doctorate. Although he worked as an editor, civil servant, and securities analyst, his lifelong passion was public health and sanitation.

During her lifetime, Helene Fuld had also been passionately interested in health issues, and the foundation named for her was originally dedicated to the “relief of poverty, suffering, sickness and distress.” In 1961, Dr. Fuld limited the foundation’s focus to “the improvement of the health and welfare of student nurses,” a mission he had been thinking about for some time. In 1959, he told the Trenton Sunday Times Advertiser: “After careful consideration and because of my intense interest in sanitation and health, I chose to pinpoint my efforts in the field of nurse health, which had received comparatively little attention up to that time.” Throughout the course of his involvement with making grants to nursing schools, Dr. Fuld often visited the schools—several of which renamed themselves in honor of his mother—and spoke with nursing students in an effort to learn more about their needs and to ensure that high standards were being met.

As the country recovered from the Depression, Dr. Fuld and his sister both made further contributions to the foundation. After World War II, with the economy booming, the Fuld foundation’s assets grew geometrically—from $4.8 million in 1952, to more than $35 million in 1965. In 1961, Dr. Fuld—concerned that the foundation continue after his death or incapacity—decided that he would eventually turn the assets over to a charitable trust to be known as the Helene Fuld Health Trust. Four years after his death in 1965, the Trust was established with Marine Midland Bank as sole trustee. Marine Midland’s name was changed to HSBC Bank USA in 1999.

Dr. Fuld developed his interest in supporting student nurses at a time when most nursing education was given in hospital-based diploma programs. From the 1950s through the 1970s, the Trust focused on funding facilities and scholarships at a small number of hospital-based diploma schools. During the Trust’s first three decades, however, the nation’s nursing education system underwent profound changes. Although they were a rarity until well after World War II, baccalaureate and associate degree nursing programs came into their own in the 1950s. Since the early 1970s, these programs have become the dominant ones for preparing RNs in the U.S., and the Trust’s grantmaking has changed accordingly.

As the Trust’s assets have grown and the number of eligible nursing school applicants has increased, so has the number of grants requested and approved. The Trust made six grants in 1952, 77 grants in 1982, and 116 grants in 1996. By the end of fiscal year 1999, the Trust had made nearly 3,000 grants totaling more than $100 million to about 1,000 schools of nursing in 50 states and several foreign countries. With the proliferation of new types of nursing education programs, the Trust redefined the limits of its mission to permit funding of programs leading to any degree in nursing.

Today, with more than $154 million in assets and an annual grant budget of over $6.5 million, the Helene Fuld Health Trust, HSBC, Trustee, is the nation’s largest private foundation devoted exclusively to supporting student nurses and nursing education.
“Leadership development and scholarship support for nursing students are both critical focuses for funding right now because so much grant money has gone to mid-career and post-basic education programs. Very little has gone into nursing to develop leaders or focus on leadership within the basic nursing education programs. So I think it is a smart and appropriate move the Trust has made.”

—Marla Salmon
Dean
Nell Hodgson Woodruff School of Nursing
Emory University, Atlanta
“I have students with no insurance, and they pray to God every day that they don’t get sick or their kids don’t get sick. We had a class in stress reduction, and some students wrote, ‘My biggest stressor is: Where is the rent going to come from next month?’ They may be the best students in the world, but we don’t see a true picture of what they could really do if they didn’t have such financial pressure on them.”

—Socorro Roman
ASN Program Director
Ivy Tech State College
Gary, Indiana
Articulation

Association of California Nurse Leaders, Sacramento

The Trust awarded $100,000 to the Association of California Nurse Leaders to enable the California Strategic Planning Committee for Nursing (CSPCN) to enhance educational mobility for California nurses by developing a statewide plan for seamless articulation from LVN to AD, AD to BSN, and BSN to master’s degree or advanced practice. The committee's efforts build on the work of the 1990-91 Faculty Articulation Task Force, which formalized statewide articulation agreements providing easier access to baccalaureate programs for associate degree nurses.

California is often a harbinger of things to come in the rest of the country. Managed care hit California first, for example. Today the state ranks 50th in the nation in the ratio of RNs to patient population. And though California has often had to import nurses from outside the state, it is now facing an acute nursing shortage, particularly of baccalaureate and advanced practice nurses.

“One reason is that California is unique in having such a small number of baccalaureate programs,” says Patricia McFarland, executive director of the California Association of Nurse Leaders. “We have about 70 associate degree nursing programs and only about 23 BSN programs, so we are really skewed on how we educate nurses.” In fact, 80 per cent of California’s RN entry graduates come from associate degree programs.

“When we approached the Trust for funding to help us move forward on an articulation model,” McFarland says, “we knew we had to clear several educational pathways for nursing students.” One goal is to create avenues for those who choose to go straight into a BSN program. Another is to streamline the route for AD nursing students to finish their bachelor’s degree in a timely manner. “We know that many students have to take the AD route, either because of economic reasons or because in our rural areas, this is their only access to nursing education.”

EDUCATIONAL MOBILITY

There is general agreement that nursing education would benefit from enhanced educational mobility, so that students at all levels can more easily acquire a higher degree in nursing. The two major barriers that prevent motivated students from pursuing a higher degree are cost and the poor coordination between programs. The Trust has decided to attack both barriers: first, by providing scholarship money to help financially pressed nursing students at all levels move on to a higher degree; and second, by funding projects that improve articulation and coordination among various levels of education programs.

During fiscal year 1999, the Trust made $2,042,408 in new grants to support 36 organizations and programs that encourage nursing students to earn higher degrees in nursing. The bulk of the award—more than $1.8 million—went to 34 nursing programs across the country for targeted financial aid to economically disadvantaged students pursuing higher degrees. The Trust is especially interested in LPN/LVN-to-AD, LPN/LVN-to-BSN, RN-to-BSN, and RN-to-MSN programs.

The Trust also awarded two major articulation grants in this area. It gave $100,000 to the Association of California Nurse Leaders to develop a statewide articulation plan to facilitate nursing students’ transitions between all levels of nursing education in the state. The Trust also granted $116,000 to the D.C. Consortium for Nursing Education and Practices to develop a similar articulation plan for the District of Columbia.

Roberta Grossman, Esq.
Vice President and Senior Trust Officer
HSBC, Trustee
Deborah Allison
Fuld Scholarship Recipient

“My husband had always pushed me to go back to school. When he was diagnosed with cancer, I realized he was right. Here I was, 42-years-old, with a teenage son, and I hadn’t really worked in 17 years—except for volunteer work in the schools,” says Deborah Allison, 44, an associate degree student at Ivy Tech State College in Gary, Indiana. “And I had Social Security telling me my [widow’s] check would stop in two years when my son turned 16. What are you going to do?”

What Allison did, two months after her husband died in 1997, was enroll in the LPN program at Ivy Tech.

“Originally, I was just going to finish the program and go get a job because I definitely needed an income,” Allison recalls. She was frantically trying to finish school full time before her Social Security check stopped. But several of the nursing instructors asked her to consider going on to the ASN program. “I told them, ‘I have no money to go to school. I can either go to school or I can go to work, but I can’t do both because I have nobody to help get my child back and forth—and he’s not old enough to drive yet.’

But with help from her instructors, Allison tried to find a way. She moved her federal Pell grant up to cover summer school classes—her last classes—so she could graduate from the LPN program in August of 1998.

“I was just trying to piece this together and figure out how to work my budget to be able to get my books and go to school full time without having to work full time.” The cost of required textbooks alone was running between $400 and $500 a semester—not counting the extra reference books Allison needs. With her patchwork of funding, she completed her LPN and the prerequisite courses for the ASN program. “But that was it,” she says. “I didn’t have any more funds.”

That’s when Allison learned about the Fuld scholarships—from Socorro Roman, Ivy Tech’s ASN program director. In 1998, the school had received a $50,000 grant from the Helene Fuld Health Trust to provide financial aid to nursing students in need. “When Mrs. Roman told me about the Helene Fuld and said I should apply, I was pretty sure I wouldn’t make it, even though I do have decent grades.”

But Allison did make it, and received a $1,000 grant. “I was shocked when I found out how much I had gotten. It was very surprising, because at that time I was applying for help from school, which gives you $200 or $300 toward books, and for an Indiana nursing scholarship to get another $300 or $400.”

With her Fuld scholarship, Allison was able to finish the bulk of her coursework this past summer—a heavy workload, she points out. “Especially in the summer, because you’re taking all your medical-surgical courses over 9 or 10 weeks instead of 16,” she explains. “Plus, it’s a lot more homework and more extensive care plans because these are the courses where you are learning all your body systems and the diseases that attack each one. So you’re in class five days a week, studying eight hours a day—usually more. With the volume of material we had to learn, I didn’t think I could split myself between work and school and my son.”

This fall, Allison is in school three days a week, so she will probably work part time as an LPN. She is stretching her budget as far as she can until she graduates in December. Her biggest temptation: reference books. “Whenever I see a nursing reference book now, I say to myself, ‘Are you absolutely sure you need this book?’

Because when it comes to reference books, I’m a book-o-holic.”

After graduation, Allison hopes to work with geriatric or cancer patients. “I get along well with that age group,” she says, “because I see them as people, not just bed numbers or room numbers.”

Looking back on the past two and a half years, Allison is blunt: “If I had not gotten a Helene Fuld grant, there’s no way I could have gone on to the ASN program because I literally would not have been able to afford it.”

Easing the financial burden most nursing students struggle with makes a tremendous difference in the quality of their work and their lives, according to Allison. “That’s why the Helene Fuld grants are such a welcome reprieve,” she explains. “When you’re doing a care plan that can take six to eight hours to put together, you say to yourself, ‘Thank God someone else is helping me pay my school fees so that I don’t have to work a 40-hour week.”'
The Trust funding supported two regional workshops in April and May of 1999 to establish curricular distinctions among the programs and to clarify the obstacles to educational mobility. To prepare for the workshops, CSPCN surveyed all nursing programs in the state on mobility and articulation issues and distributed the survey results to workshop participants, who included educators, employers, and student representatives. “We included students in each workshop to get the perspective of nurses who are dealing with educational mobility issues right now,” says McFarland.

At the first workshop, McFarland asked Lynn Gates, 50, a master’s candidate at California State University, Sacramento, to speak on the obstacles she had faced over 20 years of trying to complete her nursing education. After 13 years as an LVN, Gates, who lives in a rural area, hit a snag when she tried to enroll for her associate degree at age 30. “The closest AD program was an hour and a half away, by narrow mountain roads that are treacherous to drive in daylight,” she says. As bad as the roads were, the requirements were worse. “They wanted me to retake all my science courses, including algebra and chemistry.” Without conflicting requirements, she believes she could have had her MSN in ten years.

But worse than conflicting requirements, says Gates, is the overcrowding in the few BSN programs California has. “There are only about 23 baccalaureate programs in the state, and most of them get 300 applications for 50 places every semester. A lot of nursing schools are so impacted, they have to select students by lottery,” she says.

CSPCN may have a partial solution to that problem if its new articulation plan is adopted. “The only place we can really increase enrollments is by encouraging AD nurses to continue for their bachelor’s degree—and make use of the unused capacity in the educational system for this level of education,” says CSPCN Coordinator Sherry Fox. She anticipates that many ADNs will choose to continue to the advanced practice level, “once we get them back into a responsive and flexible educational system that prepares them for higher-level jobs in the real world.”

According to Fox, one of the innovative aspects of CSPCN’s workshops is bringing employers and educators together to hammer out an articulation plan. Traditionally, educational mobility has been left to educators. But the LVN and RN who choose to continue their education come up against significant barriers at work as well as at school. “Our workshop participants embraced all sides of the issue of mobility,” Fox reports, “and we expect to have a comprehensive plan that shows how employers and educators can work collaboratively to enhance the education levels of nurses.” In addition, the plan will provide students with clearly defined role descriptions. RNs will be able to map a long-term education and career plan and know in advance what mechanisms and supports are available for them to make it a reality. They will be able to assess the feasibility—and the job benefits—of continuing their education.

In the fall of 1999, following the draft of a statewide plan, CSPCN held a statewide workshop to refine the draft, then presented the revised plan to roughly 1,000 nurses at a statewide summit in October. In working on the plan over the past two years, CSPCN has found that educators, employers, and public officials seem ready to move forward on educational mobility, and they anticipate success in making their new articulation plan a reality.

Financial Aid

Ivy Tech State College Northwest, Gary, Indiana

Ivy Tech draws its students from northwest Indiana, an area of small towns and cities struggling with a depressed, steel-based economy. The school received a $50,000 grant from the Trust for financial aid to economically disadvantaged students enrolled in the LPN-to-Associate of Science in Nursing (ASN) degree program.

“We are located in, and we serve, inner-city Gary,” says ASN Program Director Socorro Roman. “We want LPNs living in the community to go through the ASN program and stay in the community because the need for ASN nurses is so great here.” The college’s demographics reflect its community. Ivy’s students are 66 percent white, 27 percent black, 7 percent Latino, with an average family income of $17,860. Unlike the city of Gary, however, the ASN student population is 91 percent female, average age 35, the majority of them single mothers. Some 70 percent have to work full time (at least 40 hours a week) while they go to school, and another 15 percent must work part time.
“Our students come in with a lot of personal issues and tremendous financial pressure on them,” says Roman. In fact, Ivy applied for a Fuld grant specifically to help its neediest students reduce their weekly work hours and their stress levels. Since the ASN students received their Fuld scholarships, Roman and her fellow faculty members have noticed students’ weekly journals showing a decreased level of stress. “The entries indicate that their not being so concerned about finances is allowing them to focus more on their learning.”

Roman is not surprised by LPN students’ success in the ASN program. “I worked with LPNs at Indiana University’s School of Nursing, so I knew they were great, great students in the clinical area,” she maintains. “What we work on here is to enhance their learning in theory.”

“We have seen a tremendous growth in our students who have moved on to a higher level,” says Roman. Graduate surveys show that ASN students have overwhelmingly remained in their previous place of employment but have moved up to higher-level positions. Three graduates are working on master’s degrees, and between five and ten have begun studying for BSN degrees. Ivy’s ASN program currently has articulation agreements with Purdue University, Calumet, and Indiana University Northwest. “This is what we are always trying to promote,” Roman says. “Just as they came into the LPN program knowing they were going to continue into the ASN program, they can go on working toward a bachelor’s degree.”

Roman, who began her training in an associate degree program and is currently working on her Ph.D., understands the difficulties student nurses face. “We are also using a testing method that allows us to monitor students’ progress throughout the program so we can prepare them better for their boards, which is a major concern in our state as well as in the rest of the country,” Roman explains. “Because our students deal with such stresses, we have had some major difficulties in raising our pass rate—and that is what’s really going to show if they have been successful or not.”
American Association of Colleges of Nursing, Washington, D.C.

With the support of a $126,000 grant from the Trust, the American Association of Colleges of Nursing (AACN) in Washington, D.C., created and conducted two three-day workshops on how to develop community-based nursing education models for baccalaureate programs. AACN’s 543 member institutions represent 81 percent of all baccalaureate and higher-degree programs in the United States.

To generate interest in the workshops, AACN sponsored a Deans’ Education Session at the association’s annual meeting in Washington, D.C., in October 1998. Some 278 deans of nursing schools attended the session. “We wanted to interest the deans in having a faculty team participate in the project,” says Joan Stanley, AACN director of education policy. “We expected to answer their concerns that switching to a community-based curriculum might jeopardize their accreditation or their approval by state boards or make it harder for their graduates to pass licensing exams.” But what they expected was not what occurred.

“Right after our session, we had lines of schools trying to sign up.” More than 130 deans asked that their schools participate in the program. AACN signed up the first 100 schools to attend its two June workshops and put the remaining schools on a waiting list. AACN had planned that each workshop would accommodate a maximum of 50 teams with up to three faculty members on each team. “But because of the overwhelming response, we expanded the workshops to 65 teams,” Stanley says, “and wound up with 154 faculty members from 64 institutions at our Orlando workshop and 148 faculty from 63 institutions at our workshop in Long Beach.”

Before they came to the workshop, the teams had to do an assessment of their community and their institution. “We asked them to select a neighborhood that might be a potential site for clinical experiences,” Stanley says. “Once they got to the workshop and heard what other people had done, a lot of them changed their ideas on what a community is.”

Curriculum and Faculty Development in Community-Based Care

For most of this century, nursing school curricula have been shaped by the need to prepare nurses to practice in hospitals. The rise of managed care, however, has shifted the focus of health care from treatment to prevention and the locus of care delivery from hospital to community. Since the early 1990s, many nursing schools have been reforming their curricula to emphasize community-based clinical experiences. But change comes slowly. A recent survey by the National League for Nursing found that most nursing students’ clinical experiences are still in acute care settings.

To quicken the pace of this needed change, the Trust made grants totaling $2,494,731 during fiscal year 1999 to support not only national and regional initiatives, but also individual schools’ innovative programs in curriculum and faculty development in community-based care.

Among the grants the Trust has awarded in this area was $536,000 to a set of national and regional initiatives by the American Association of Colleges of Nursing, Community-Campus Partnerships for Health, Community College of Philadelphia, and the Southern Regional Education Board. The Trust also awarded $1,960,000 in grants to diploma, associate, baccalaureate, master’s, and doctoral programs. These grants to schools support such innovative projects as a model community-based care curriculum, student preceptorships and clinical training at community health agencies, summer internships for students in home health care, and opportunities for faculty to train and practice at a nurse-managed clinic.

Roberta Grossman, Esq.
Vice President and Senior Trust Officer
HSBC, Trustee
"We work in a school here in North Philadelphia where the student population is 96 percent African-American. One day, a second-grader turned to me after he had been treated by one of our African-American student nurses, and he said, ‘My nurse looks like me!’ It was the first time he had ever had that experience.”

—Elaine Tagliareni
Associate Professor of Nursing
Community College of Philadelphia
At each workshop, seven core faculty members who had instituted community-based education at their own institutions presented all the large sessions. Then, the session broke into small groups, with the core faculty members assigned to various teams to ask questions, explore ideas, and design strategies for implementing community-based education back home. According to Stanley, “We had them work through six steps, with each team creating a presentation, and addressing six questions, such as: Why is community-based education important to your institution? What are some of the barriers to implementing it at your institution?” On the final day, the teams had a walkabout with poster presentations, so everyone could see what everyone else proposed to do when they got back home.

The teams plan to go back to their institutions, present what they heard and what plan they’re proposing to their faculty and administration, and implement the curriculum projects over the coming year. A key tool each team took home from the workshops was a video showing how to do a neighborhood assessment step by step. The video was created by core faculty member Peggy Matteson, associate professor of nursing at Northeastern University in Boston. Matteson is also one of two core faculty who will provide teams with technical support via phone, fax, and email throughout the academic year. “Obviously, if they’re doing a major revision, it will take longer than one academic year,” Stanley notes.

In late spring of 2000, AACN will publish a monograph that includes the workshop content, several innovative models selected from the ones the teams are implementing, and a set of Best Practices based on feedback from the teams. “We’ve asked them to send in a short description of the changes they are actually implementing and tell us what steps they’ve taken, what’s worked, what hasn’t worked, and why,” Stanley explains. AACN will distribute the monograph to a wide range of nursing education programs, including baccalaureate and AD schools of nursing.

AACN will not be bringing the teams back together under its Fuld grant. “But because the participants really want follow up, we’re proposing to focus our next baccalaureate conference on community-based education and have some teams present their models,” Stanley reports. “It will give people a chance to see what others are doing and to feel their excitement and enthusiasm for this new curriculum.”

**Community College of Philadelphia, Philadelphia**

“In 1993, we became convinced that our next move was to develop a community-based focus for the AD curriculum, even though, traditionally, associate degree nursing was done at the bedside. But the truth is, the bedside has moved,” says Elaine Tagliareni, associate professor of nursing. The college is using its $132,000 Fuld grant to design and hold conferences in Atlanta, Chicago, and Las Vegas for associate and baccalaureate nurse educators on how to organize, manage, and integrate community-based health care experiences into nursing curricula.

Community College of Philadelphia (CCP) has a history of developing innovative curricula in its AD nursing program. In 1993, with a grant from the local Independence Foundation, the nursing program began developing a community-based approach they named The 19130 Zipcode Project. “Because Philadelphia is just too big, we chose the neighborhood surrounding our school in North Philadelphia, a highly vulnerable inner-city neighborhood,” says Tagliareni. Since 1996, every nursing student has spent six weeks in one community agency in the zipcode. The Zipcode Project’s effect went far beyond the neighborhood, however. It strengthened articulation pathways with local baccalaureate programs, as community-based care became the common ground to encourage transfer to RN-BSN programs.

The 1999-2000 national dissemination conferences funded by the Fuld Trust build on the success of the 19130 Zipcode Project. Faculty from CCP, together with their baccalaureate colleagues from Philadelphia, present concurrent sessions at the two-day conferences and distribute a book on the Zipcode Project titled *Teaching in the Community: Preparing Nurses for the 21st Century*, written by the faculty and edited by Tagliareni. “The point of the conference is to reframe participants’ thinking,” says Tagliareni, “give them ideas on how one curriculum began to experiment, and help them feel free to redesign their own curriculum.”

Each conference is tightly focused—for the first day, participants concentrate on a single existing curriculum. But presenters encourage participants to speak about their own experiences in developing community-based curricula. “One of the most interesting things at
the Atlanta conference was hearing how schools are doing it so differently, based on their own community’s needs,” says participant Elizabeth Mahaffey, sophomore coordinator, Hinds Community College in Jackson, Mississippi.

One advantage of the conferences, Tagliareni believes, is that they invite AD and baccalaureate faculty to attend together as a team from the same community. “Our students used to see their AD education as separate from baccalaureate education,” says Tagliareni. “We try to show that it’s a bridge, and community-based care has done that.” In fact, more than 30 percent of CCP nursing students now go on to the baccalaureate degree. In some baccalaureate programs in Philadelphia, the students receive credit for community-based experiences on the AD level. “When they come from CCP, some baccalaureate programs let them go back to the agencies they worked in as AD students and take it to another level. That’s my dream,” Tagliareni says. “Their work needs to build so students will see the difference they make.”

The students’ work makes a great difference, especially in a neighborhood as needy as the one around the college. “In the hospital, if our students don’t show up, the patients still get their care needs met,” says Tagliareni. “But if our students don’t show up at the Head Start program where we work, then the follow-up for the immunizations doesn’t happen because the Head Start nurse has 400 children to take care of.”

Ultimately, both the local community and nursing students benefit from the CCP curriculum programs. “Our overarching goals are to teach students how to be good nurses, to expand the existing primary health care services simply by our presence, and to improve the chances that these services will be followed up,” Tagliareni explains. “You know, the founders of associate degree education were radical thinkers, but over the 50 years AD education has existed, a lot of faculty have gotten segmented in their thinking. One thing we hope we give them in our conferences is permission to change that way of thinking about curriculum to match the spirit of the AD nurses, who are innovative and creative and usually thinking outside the box.”

Community-Campus Partnerships for Health, San Francisco

With the support of a $155,000 grant from the Trust, the Community-Campus Partnerships for Health conducted a four-day service-learning training institute for nursing educators and students in 1999 and will develop model curriculum components. Service learning is a form of community-based education that combines specific learning objectives and community service, with learning objectives set by nursing faculty and students and the community agency they’ll be working with.

The Community-Campus Partnerships for Health’s Partners in Caring and Community program held a four-day institute in Leavenworth, Washington, on integrating service learning into the nursing curriculum. The institute’s methodology is self-directed team learning through a mentor approach. Taking part in the institute were nine service-learning teams and three mentoring teams—with a faculty member, student, and community partner on each team. “We had one graduate, one baccalaureate, and one associate degree mentor team,” says Associate Director Kara Connors, “and we matched service-learning teams with mentors by the degree program.”

Teams arrived with a proposal they had outlined for a service-learning project, then spent three days working with their mentors in small groups to discuss the issues impacting effective development of partnerships and developing a service-learning curriculum. On the last day of the conference, the teams presented their action plans for integrating service learning into the curriculum when they go home. To support their implementation efforts, the mentor teams will provide feedback and advice via email and teleconferencing, then meet for a day-long institute in Washington, D.C., in spring 2000 at Partners in Caring’s national conference.

According to Connors, one of the critical components of the service-learning process is the struggle to merge student learning objectives with the community agencies’ concerns. “It’s a process that always presents challenges, but it always works out,” says Connors. “And how that happens is critical, which is why having the three stakeholders at the conference is important. It’s an exciting dialogue, going back and forth to ensure that each stakeholder’s needs are fulfilled.”

Student mentor Laura Goldzung agrees. “I was so impressed by how
open and honest the students were with their faculty member about what they expected to get out of their education,” says Goldzung, a first-year student at Northern Virginia Community College.

“Participating in this conference was really important to the students. They had put so much work into their proposals that it was really exciting to see the different levels, the student and the faculty member and the community member, working together so hard to reach a common goal.”

Although clinical experience such as blood pressure monitoring may be a part of service learning, most service learning is focused on larger social issues that have an impact on the health of a particular population. “For example, there’s a nurse midwifery program that works with a women’s shelter as its community partner. The students work with victims of domestic violence, talking with them about survival skills, safe houses, how to keep themselves safe,” Connors explains. “In the future, when those nurse midwives are providing clinical care, they will notice and question certain marks or bruises because they will understand the social context of domestic violence.”

Many service-learning programs link with senior centers and community clinics, but they can connect with almost any community-based agency and develop a new area for the curriculum. Connors cites the examples of the University of Colorado’s baccalaureate nursing program and its work with a clinic for Latinas in Denver. “Students provide care to immigrants as part of the nursing school’s capstone nursing seminar for undergraduate and graduate students,” Connors explains. “But they’re also trying to develop a social justice track for the nursing curriculum and use advocacy and community-organizing skills in their work with the clinic. With service learning, you see students taking on roles and responsibilities they never would have in a classroom setting.”

Student mentor Ann Hardy echoes that conviction. “Service learning really stretches the boundaries of nursing, and that was important for me,” says Hardy, a master’s candidate in psychiatric nursing at the University of Virginia and a student mentor at the conference. “Being in psychiatric nursing, I think it’s really important, now that much of mental health care is community based, that students participate in experiences that demonstrate psychiatric nurses’ roles in prevention.

“I was in Tennessee in the 1980s, when half the school nurses were fired. I remember how painful it was because all of a sudden these kids were not receiving any health care. The only health care they got was at school. That has stayed with me. So any way I can, I will work to keep school nurses where they’re needed—and that is in the public schools. And I’m thankful to the Fuld Trust for giving us the opportunity to do this.”

—Virginia Adams
Dean
School of Nursing
University of North Carolina, Wilmington
and wellness programs, in psychosocial rehabilitation, and in collaborative practice models, instead of just in acute care settings.”

**Southern Regional Education Board, Atlanta**

The Southern Regional Education Board (SREB) is using its $123,000 grant to increase the capacity of nursing education programs in 15 Southern states to prepare baccalaureate program graduates to work effectively in public schools by developing curriculum guidelines and conducting workshops for faculty. The project has four objectives:

- create a set of faculty guidelines for preparing nursing graduates to work in public schools;
- develop a set of competencies for entry-level practice with school-aged children;
- disseminate appropriate resources to support implementation of the guidelines; and
- offer workshops to help 60 nurse educators and 60 school nurses to collaborate on expanding learning opportunities for students and improving delivery of health services.

At six different sites across the region, SREB is conducting workshops focused on developing effective partnerships between nursing schools and school nurses. “We selected as sites six institutions that had already been involved in working with school nurses, like East Carolina University, for example, where Carol Cox has been working closely with school nurses in Pitt County for more than 20 years,” says Dr. Eula Aiken, SREB executive director. “In fact, we used Carol’s statement of competencies as background for the workshops and linked them to the national standards from the National Association of School Nurses.”

Each workshop is limited to 20 participants—10 teams, each consisting of a nurse educator and a school nurse from the same community. “The most innovative aspect of our program is the partnership of nurse educator and school nurse, seeing how they can work together more efficiently to help a beginning graduate move more quickly and competently into the workplace,” says Aiken. “It’s a model we have used for years—bringing together someone from academia with someone from practice—because it’s a model that works. Having regional coordination helps, too, because we have people coming from Texas to a workshop in Florida, so we get this wonderful cross-pollination of ideas.”

After each workshop, the SREB team refines the competencies. “From these six workshops, we’re going to put out a model curriculum and say, ‘This model should be able to work in any baccalaureate program in the southeastern U.S. Then we’ll take it from there,’” says Dr. Virginia Adams, dean of the School of Nursing, University of North Carolina, Wilmington, and chair of the project’s advisory committee. “I’m sure we can generalize it to other regions later.”

The demands on nurses in the public schools have been changing dramatically. “Twenty years ago, schoolchildren with catheters or tracheotomies would have been in a special school of some kind. Today they are in the general school population,” says workshop participant Dr. Gloria Taylor, assistant professor of nursing at Georgia’s Kenesaw State University. “I believe that inclusion is good for all parties involved, but it leaves school nurses with many more medically fragile children—children with diabetes, cerebral palsy, severe asthma, and other chronic diseases—who require medications and procedures throughout the day.”

“School nurses today are responsible for the assessment, delegation, and supervision of so many complex medications and treatments,” says Carol Cox, workshop leader and professor of nursing at East Carolina University. “In one of our school systems, with 20,000 children, we give as many as 5,000 meds.” It’s one reason Cox has worked so diligently preparing the competencies she believes are required for entry-level school nurses today.

A regional conference near the end of the project will promote wide dissemination of the guidelines for nursing education programmers and the essential competencies for entry-level practice in public schools. Aiken and her team believe, from the enthusiastic responses to the workshops that the time is ripe. Says Carol Cox: “The University of North Carolina at Charlotte sent a faculty representative to our workshop who said he knew nothing about school health. But after the workshop, he spoke to his dean and said, ‘We must immediately send a team of faculty from pediatric nursing and community health to East Carolina for them to learn all they can about how to build bridges and partnerships with the schools and implement this within our curriculum.’ Because he felt, as I do, that schools are the venues of the future for pediatric learning and a big portion of community health.”
Leadership Development

Many in the nursing profession know the Helene Fuld Health Trust as the sponsor of the Fuld Fellowships for emerging nurse leaders, which the Trust has funded since 1986. When the Trust began concentrating on leadership development, many nursing organizations followed suit. In June 1999, the American Nurses Association held a meeting on Leadership in Nursing attended by major nursing-related organizations. In the course of the meeting, the group agreed on the crucial importance of leadership development for the profession and discussed ways to address the need.

We believe that if nurses are to influence national health care policy and legislation, they must play more significant leadership roles on the national stage. As the average age of RNs and nursing students rises—and their careers shorten—the need to develop the leaders of a new generation has become critical.

Consequently, we have committed ourselves to supporting leadership development for nursing students through grants to nursing organizations, schools, and programs and through the Fuld Fellowship program. As a part of this initiative to support leadership development programs for nursing students, the Trust awarded $277,000 in grants to the Center for the Health Professions in San Francisco and $200,000 to the American Academy of Nursing in Washington, D.C. During fiscal year 1999, the Trust awarded $606,401 to support leadership development.

Roberta Grossman, Esq.
Vice President and Senior Trust Officer
HSBC, Trustee

Center for the Health Professions, San Francisco

The Center for the Health Professions, based at the University of California, San Francisco, is using its $277,000 Fuld grant to launch the Leadership Initiative for Nursing Education (LINE) for baccalaureate nursing schools. LINE seeks to teach a select cadre of nurse educators how to create an innovative leadership curriculum; train them as instruments of change, who can go back to their institutions and integrate the new curriculum across all areas of nursing education; and provide technical on-line support throughout the academic year.

“Historically, the system has sent nurses the message that they’re not important, they’re not valued. So nurses have not been willing to question traditional methods, to take risks, to think aggressively about doing things that have never been done before,” says Edward H. O’Neil, the Center’s director. “But nurses already have great ways of doing all those things. We just need to call it out, call out that great talent that many individual nurses have, as well as change the expectations they have of themselves.”

With that idea in mind, the Center developed a five-day intensive institute for nurse educators. The institute is filled with experiential sessions designed to show educators how to develop leadership skills in themselves and in their students. “You can’t just lecture people on leadership and expect an emotional transformation, but you can put them through a series of planned experiences, outdoor experiences, a whole range of psychometric exercises where you can show people how they can be leaders,” O’Neil explains. “Then you can work with them—just as you would with so-called ‘natural leaders’—to improve specific skills that leaders must have, like being self-aware, giving and receiving feedback, communicating, visioning, goal-setting, and developing and using team structures.”

According to O’Neil, “Before you can expand your leadership capacity, you need to understand your existing capacity—not just your strengths but your needs.” So Day 1 begins with sessions on personal skills assessment. “Are you a natural collaborator or a natural competi-
“The issue of entitlement in the broader health care system and in the psyche of nurse leaders is a one of the thorniest issues in leadership training. You can train till the cows come home, but if a person doesn’t feel entitled to lead, it won’t make any difference. To have a big, deep, empowering affect, you must couple training with a change in the potential leader’s sense of self.”

—Edward H. O’Neil
Director
Center for the Health Professions
University of California, San Francisco
tor? Do you avoid conflict or embrace it? You need all the insights you can get into yourself as a leader,” O’Neil maintains.

Day 2 focuses on using conflict to promote change. Because change always engenders some conflict, handling it well is critical to being an effective leader. “A lot of conflict is based around negotiations, because most people think of negotiations as a zero-sum game, a win/lose situation. We really need to approach negotiations as transformative opportunities to reframe the question: What can each of us contribute here? What’s our larger purpose?” O’Neil says. “All those skills can be taught and can help you manage conflict in a friendly way. What’s important is that the leader use her or his best skills to bring the negotiation to a successful conclusion.”

Over the course of the five days, the focus of the sessions shifts from developing the Fellows’ personal leadership competencies, to examining the common ground shared by nursing education and the workplace, to creating the curriculum that each will take home. To ensure that the new curriculum adequately prepares students for the workplace, the institute adopted a curriculum template that promotes three competencies: to work effectively within and across complex boundaries; to think and act from the perspective of a system; and to communicate, negotiate, lead, and facilitate change within health care organizations. During the last two days of the institute, Fellows revise their curricula and devise strategies for change management back home.

To support its Fellows as instruments of change at their home institutions, LINE offers them help throughout the academic year. In the end, however, any leadership training for nursing students has to grapple with the issue of entitlement—feeling that you have a right to lead. “A lot of nurses are very well read on leadership theory. They can give you all kinds of critiques of scenario planning or strategic thinking. But they haven’t given themselves the power to use those skills,” O’Neil maintains.

The greatest beneficiaries of LINE are the nursing students whose leadership skills will be cultivated by the new curricula the program helps to create. And the final test of the program will be its ability to empower those students. “Because if you don’t feel personally entitled to lead, I don’t care how many of the skills you have,” O’Neil says. “You will not go out and change things.”

American Academy of Nursing, Washington, D.C.

“Nurses are selected for fellowship in the Academy because of their outstanding leadership in the profession and in health care more broadly,” says American Academy of Nursing President Joyce Fitzpatrick. “We feel a need to invest in preparing future leaders for the profession. And we believe very strongly that it’s important to begin developing leadership skills at the student level.”

In 1996, the Academy and the American Nurses Foundation set aside funds to begin exploring the issue of leadership development. They established the Institute for Nursing Leadership (INL) and created a comprehensive plan for a series of leadership institutes at five levels: undergraduate and graduate students—the project the Trust is funding; practicing nurses; middle-level managers; and senior leaders who already hold key positions in nursing but who need to prepare for leadership positions in health care beyond nursing.

Utilizing a $200,000 grant from the Trust, the Institute for Nursing Leadership has supported the design of five modules of a leadership curriculum for undergraduate and graduate nursing programs and is testing them. In addition, for graduate students only, the Academy conducted its first two-week Summer Immersion Leadership Forum—linking health issues, policy development, and effective leadership strategies—at George Mason University in Washington, D.C., in the summer of 1999. The second forum will be held in summer of 2000.

Under the grant from the Trust, five different institutions are developing the modules and five others will test them throughout the 1999 academic year. The five modules are Development of Peer Coaching Between Junior and Senior Nursing Students, Integrating a Systems Perspective into Leadership Development of Senior Nursing Students in Community-based Health Care Environments, Finding Your Voice as a Leader, Leadership Skills in Professional Organizations, Paradigms of Leadership: Conflict, Negotiation, and Resolution.

By design, the modules involve hands-on learning. “Nursing is a practice discipline where you learn by doing—a principle we believe in very strongly,” Fitzpatrick explains. “Similarly, we believe that to learn to lead, you have to practice playing a leader, you have to experience leading in some way.” In one module, Finding Your Voice as a Leader,
“Leadership these days is not about relying on one person to tell us the answer. It’s about involving a group of people in figuring out what the question is and how they want to go about answering that question. It is very much about working with other people. And all the skills you need for working with other people, you can learn to get better at.”

—Ellen Schall
Martin Cherkasky Professor of Health Policy and Management
Robert F. Wagner Graduate School of Public Service
New York University
students practice leading through interactive videotaped scenarios and other exercises. In another, Leadership Skills in Professional Organizations, leaders of professional organizations help students develop and practice such skills as running a meeting, moving to consensus, managing conflict, and creating a positive environment.

Building skills builds confidence, Fitzpatrick points out. “Much of each module is really focused on building confidence. You have to have confidence in yourself as a leader before you can participate in the broader health policy arena.” And that is where the other half of the Academy’s leadership initiative for students—the two-week immersion forum with national health care policy leaders—fits in. Forum speakers included nurse leaders, academic experts, consumer advocates, and high-level public officials.

More and more schools of nursing are moving in the direction of teaching health policy at the graduate level, according to Fitzpatrick, and this kind of immersion program can be an important reinforcement. “Today, almost every program has at least one course on health policy, and these ideas are being built into courses on a broad level,” says Fitzpatrick, noting that “an involvement in public policy is one factor common to all those I would describe as nurse leaders.”

Once all the curriculum modules have been tested, the Academy will make them available to nursing schools. “We already know that giving nursing schools tested modules on leadership development will be extremely helpful to them,” says Fitzpatrick. “Because, in the past, nurses have not participated to the extent that they should have in the national health care debate. But in the end, where we need to be as a profession is clearly at the health policy table where the decisions are being made about the future of health care in our country.”

**Fuld Fellowship Program: Reshaped and Refocused**

The Trust has funded the Fuld Fellowship program since 1986, sending more than 550 outstanding nursing students from across the U.S. to prestigious international health care conferences. In 1998, HSBC, the Trustee, approved the restructuring of the program and retained The Conservation Company to oversee its redesign. To create and implement a more structured leadership development agenda for the Fuld Fellowship program, the Trust chose New York University’s
"Of the 21 Fuld Fellows, I’m probably the oldest,” says Angela Garcia, 50, “and I’m probably the only one versed in complementary therapies.” Over the past 30 years, Garcia has been trained and certified as a master-level Reiki practitioner; for 18 years, she has been a certified Jin Shin Jyutsu practitioner; and she has completed the first level of training in healing touch.

Now is an exciting time to get into medicine, according to Garcia, “because they are actually absorbing my profession—complementary therapies—into mainstream medicine.” She prefers the term “complementary” to “alternative” therapies because she sees what she does as a complement to more traditional medical care. “I by no means want to take anything away from acute care or medication,” she emphasizes. “I believe in all modalities that help heal people or allow people to heal themselves.”

A mother of three children, Garcia has been interested in nursing for as long as she can remember. “I’ve always done volunteer work—providing palliative care to make people comfortable,” says Garcia, who has volunteered extensively in nursing homes, hospices, and churches. “I’ve seen how much of a difference what I do has made in people’s lives. I tried to start studying for a nursing degree several times, but major life crises—including my husband’s death—stopped me.”

What finally galvanized Garcia into enrolling in nursing school? “I came to the realization that to do what I really want to do with complementary therapies, I need the credibility of a professional degree.”

In May, Garcia will graduate with an associate degree in nursing from Pensacola Junior College, in Pensacola, Florida. “I planned from the beginning that this was my entry-level step” says Garcia, who had been advised to enter a bridge program to her BSN at the University of South Alabama. “So while I’ve been pursuing my associate degree, I’ve also been taking classes towards my BSN.” After graduation, she plans to practice part time while she completes the bridge program toward her BSN. Eventually, she plans to get her master’s degree and become a nurse practitioner specializing in geriatric patients and working in hospice care.

“I’d like to deal with end-of-life issues,” she says. “The elderly are a sorely neglected population. They’re not touched much, and my modality actually touches the physical body, and I think that helps them feel cared for,” Garcia explains. “Some day, I’d like to be in a position to enlighten other nurses about end-of-life issues and simple things that are palliative in care, like touching. Because, many times, the only person with the patient whose life is ending is the nurse.”

Although she came late to nursing, Garcia has already accomplished a great deal. In addition to being chosen as a Fuld Fellow, her academic achievements include being invited to lecture on complementary therapies at the Florida Nurses Association, serving as vice president of the student nurses association, and being a member of Phi Theta Kappa and the National Honor Society.

In New York for a week of fellowship activities, Garcia was enthusiastic about the leadership development workshops. “I’ve gotten a lot out of this fellowship already, a lot of new information about networking, about organization, about community, about how to approach people in the profession,” she says. “The point is to learn how to get what you need to accomplish your vision.”

The highlight of the week in New York for Garcia was the Fuld Fellows’ visit to the Chinatown Community Clinic. “It’s a wonderful example of a medical community absorbing tradition, understanding that tradition has importance to the patients, and using it to work in helping them heal,” she says. “They already have people doing acupuncture, for example, and they’re planning on bringing more modalities into the clinic.”

Garcia expects complementary therapies to form an integral part of her nursing practice, since she has a natural affinity for both. “I love nursing. I have a passion for it,” she says. “And I’m so glad I’ve chosen this avenue to be able to do what I want to do for the rest of my life, because it’s where my heart is.”
Robert F. Wagner Graduate School of Public Service, which developed the program in cooperation with the university’s Division of Nursing in the School of Education.

In selecting Fuld Fellows, the Trust seeks out candidates with demonstrated leadership potential who would benefit from a set of structured experiences in leadership development. Fellows are nominated by their deans and then chosen by an advisory committee coordinated by the Trust. In 1999, 21 Fuld Fellows were selected from diploma, associate, and baccalaureate degree programs across the country.

The 1999 Fuld Fellows were a widely diverse group, coming from all parts of the country, ranging in age from 20 to 50, with strikingly different personal and professional backgrounds. “Because the class that was chosen was so diverse, they could begin to see immediately that there isn’t only one way of being a nurse,” says Ellen Schall, Martin Cherkasky professor of health policy and management at the Wagner School. Or, as Fuld Fellow Angeline Kimiko Fujioka puts it, “When we all got together, it was like we had gone to fifty different countries just within this group!”

Today’s Fuld Fellowship Program

“We’re trying to get these emerging nurse leaders to think critically and strategically about the role they want to take up in nursing, not just clinically, but as a leader in whatever organization or institution they are working in, as well as in the nursing field,” Schall explains. To that end, the fellowship program revised some of the programs and set three overall goals: develop individual Fellows’ capacity for leadership; broaden their knowledge of health care systems, including financing and delivery; and deepen their understanding of the effects of policy on health care delivery and nurse practice, as well as mechanisms for influencing policy.

To lead the Fellows to these goals, the team designed five components for the 1999 the program:

- **New York Leadership Retreat**—a week of workshops, exercises, site visits, speakers, panels and discussions
- **International Experience in London**—where the Fuld Fellows attended the International Council of Nurses conference
- **Fall Capstone Policy Retreat**—a three-day health policy meeting
- **Mentor Program**—an ongoing effort to help Fellows choose a mentor, benefit from mentoring relationships, and eventually become mentors to others
- **The Alumni Network**—a formalized way for current and future Fellows to keep in touch, exchange ideas, and stay connected to one another and to the Trust beyond the Fellowship year.

**New York Leadership Retreat**

“We set up the week in New York to concentrate on building individual capacity for leadership and the skills related to it—self-awareness, communications skills, and teamwork—through workshops, discussions, site visits, and several kinds of exercises,” says Anne Smith, from NYU’s Wagner School, who was one of the leaders of the retreat. The NYU team also worked out an overall conceptual framework of three themes for the future of nursing going into the 21st century: community-based care, cross-cultural competency, and interdisciplinary teams. “So at one level we were building skills and at another level laying the groundwork for those themes,” explains Professor Hila Richardson, of the NYU Division of Nursing. “Some site visits—like the Chinatown Health Clinic and the Henry Street Settlement—exposed the Fellows both to community-based practices and to cross-cultural competency.”

From day one, the NYU team emphasized the importance of the Fellows’ learning to clarify and articulate a personal vision for their future careers as nurse leaders. Leadership exercises helped participants develop their personal vision, while group exercises, including an Outward Bound experience, helped cultivate teamwork skills.

Site visits to the Henry Street Settlement House and the Chinatown Health Clinic exposed the Fellows both to innovative roles for nurses in community-based settings and to the importance of cultural competency in nursing practice, policy, and leadership. For example, during the visit to Henry Street, Carol Raphael, executive director of the Visiting Nurse Service (VNS) of New York, discussed the role of the renowned Lillian Wald, who founded the Henry Street Settlement House and created the VNS at the turn of the century. “Lillian Wald is a great example for us because she didn’t set out to start the VNS. But she
"It's taken me a long time to get here," says Elsa Arp DeHart, 41, wife, mother of four, and grandmother of a two-year-old. In her 15 years in Alaska, she has worked at everything from bookkeeping to bartending to Sunday school teaching. She is a lay midwife as well as an American Nurses Association scholar and a member of Sigma Theta Tau. DeHart lives in Kodiak, a small town 14 hours by ferry from Anchorage, where she will graduate in December with a BSN from the University of Alaska. 

"Actually, for many years, I was the kind of person who hated hospitals and traditional medicine," DeHart admits. Because Kodiak is a fishing port, it has a lot of uninsured residents. It also has a large immigrant population, many of them illegal, according to DeHart. Seeing such need, DeHart became a lay midwife. "I remember, as a midwife, sitting in the doctor's office and seeing these poor women come in pregnant and sick," DeHart says. "The receptionist would say, 'It's $300 for the doctor to see you.' Well, they don't have $300 cash, they have no money, they have no benefits. So they'd turn up to deliver their babies in the emergency room."

After becoming a midwife, DeHart helped fight for regulations to certify lay midwives in Alaska. "We wanted to require some level of competence and knowledge—like what nursing did a long time ago," DeHart explains. But once the laws she had fought for went into effect, DeHart found herself severely restricted in what she was allowed to do. "I'd have moms calling me up, saying, 'Oh, the baby's got an earache! The baby's got a fever! What can I do?' But I wasn't allowed to handle that," she recalls. "I wanted to do more. So I said, I'll go to nursing school and be a CNM [Certified Nurse Midwife] so that I can do the things I want to do. And that's how I started."

Before she entered nursing school, DeHart was still skeptical. "But when I started my clinicals, my first fundamentals class, I got really excited, because I could see the holistic nature of nursing—not what you necessarily see out in the world, but what it can be in its purest form," she says. "From that I could just see that nursing was going to be the future of health care. You'll go to your family nurse practitioner the way people used to go to the family doctor in the olden days."

With that insight, DeHart was committed to becoming a nurse—despite financial pressure, family needs, and the enormous physical distances of Alaska. Because Kodiak is so far from Anchorage, each year DeHart attends school she has to move herself and her two younger children to the city for the academic year. Her husband and two older children stay in Kodiak, where the family runs a trucking and construction business. "It's taken me a long time to get through," she says. "I went one year, and I couldn't go back for two years after that."

Despite the hardships, DeHart never seems discouraged. When she arrived in New York as a Fuld Fellow for a week of leadership development workshops, she was eager to see, do, learn everything. "I just want to grab everything I can and take it back with me to Kodiak," she says. "I'm very excited about my fellowship, because everybody I've talked to at the leadership retreat has been so enthusiastic, so dedicated to what they do. It's so invigorating, so stimulating, I'll go back to this in my mind for years."

DeHart also enjoyed her experience in London, because it gave her a chance to meet people from all over the world. "Our culture at home is such an interesting mix," she explains. "Kodiak is predominantly minorities—mostly Asian, Filipino, and many, many Hispanics—so that is the clientele I'll be working with. So I want to meet people from those cultures, see how their health care systems work, learn what people expect more or less, get a flavor of what nursing is like the world over."

After she graduates and passes the boards, DeHart plans to work as an RN in Kodiak. "I want to get out there and work—with women, children, families." She wants to take some time off from school, then start studying to become an advanced nurse practitioner. "Eventually, I'd like to get my CNM," she says. "I don't know yet how I'll make that happen because there are no schools near me, but I trust that I'll find a way."
got into a situation on the Lower East Side where such great need became apparent to her that she seized the opportunity to build something,” says Richardson. “Part of what we are trying to teach the Fellows is that, yes, you should have a vision of what you want to do, but keep yourself open, so you can take advantage of unexpected opportunities.”

Several nurse speakers and panelists spoke to the Fellows about their experiences as nurse leaders. Margaret McClure, senior vice president of nursing programs at Mt. Sinai/NYU Medical Center, spoke on the role of practicing nurses as both caregivers and integrators, performing a key informational and coordinating role within the health care delivery system. “When Margaret McClure spoke, she gave many of the Fellows, for the first time, a vision of the important leadership role that nurse administrators can play,” Richardson notes, “because they bring together all the clinical components that are important to the patient’s care and outcome.”

McClure’s talk had a profound affect on Fuld Fellow Darin Roark, who has a degree in business, a talent for administration, and a passion for clinical nursing. “If I go into administration, I’m afraid I won’t be allowed to do clinical work,” he says. “But Margaret McClure said today that combining the two was something she enjoyed through much of her career. She told us that you can do both.”

London Experience

The London component of the fellowship program had three aims: to give the Fellows an international perspective on health policy and professional nursing practice issues, to reinforce leadership concepts and skills introduced in New York, and to explore the link between the health care field and public policy that they would explore further in the October Capstone Retreat.

The Fellows began their experience at the International Council of Nurses Conference with Nursing Students Day, where they had the chance to network, share ideas and experiences, and participate in panels and discussions of current issues with a diverse group of nursing students from around the world. They received an overview of the British health care system during sessions with the Office for Public Management, which provides management and leadership consulting to the National Health Service. They also visited practices in varied sites all over London. At the conference itself, the Fellows heard a presentation from the chief nurse of the Royal Hospitals NHS Trust, who is restructuring the nursing services based on the concepts of shared governance and patient-centered care. Throughout the week, they heard presentations from nurses from African, Asian, and northern European countries.

“I was surprised by several things we learned in London,” says Fellow Elsa Arp DeHart. “First, since I come from a midwifery background, I always thought that Britain and Europe were way ahead of the States in nursing practice as well [as midwifery]. Actually, they are where we were ten—or even twenty—years ago,” she maintains. “On the other hand, the developing nations, which one would expect to be way behind, are actually practicing nursing in many ways that we in the States are working toward. They focus on the community and on individualized home care, and one never even sees a physician until one is almost ready to require hospitalization.”

Capstone Retreat, Mentor Program, and Alumni Network

Speakers in New York and London—as leaders in nursing and health care—tied their individual presentations to the larger system of public policy analysis and change. “Throughout the week in New York, we tried to get them to think about how, when they go back to school, they will explore a policy issue differently, to see that nurses have a role in making health policy,” says Schall. At the close of the London conference, to focus the Fellows on the policy arena, they were given a policy-related assignment to complete before the Capstone Retreat in October.

During the fall, in addition to the health policy assignment, the Fellows focused on the final two steps of the program: the Mentor Program and the Alumni Network. “From the very beginning, we introduced mentoring as one of the components of the Fellowship week so they would have it in their minds, but we didn’t give them a whole lot of information about it until the end of the first week,” Richardson says. “The point of both the Mentor Program and the Alumni Network is to give the Fellows something structured to take away with them, to use post-fellowship to give them connections and professional support.”
“The fantasy people have about mentors is that they are like fairy godmothers. You’re just going about your life, and someone sees your talent, taps you on the shoulder, and then brings you along throughout your career,” says Schall. Mentoring is more complicated than that.

“What we try to get the Fellows to understand is that a variety of networks and people can help you. If you’re strategic and thoughtful, you can get a lot of help at different points in your life from a lot of different people who aren’t necessarily everything to you, but who can help you think through career dilemmas and choices.” The NYU team will help each Fellow form a mentor relationship before the end of the Fellowship year.

Peer mentors can also help—which is where the Alumni Network comes in—to alert one another to opportunities and leadership positions today and in the future. “I teach in this graduate school of public service,” Schall says, “and I tell my students, ‘Pay attention to your cohort, because as you move up in the world, your cohort is also moving up and can be enormously helpful to you—whether you’re looking for jobs, trying to scope out a situation, whatever you’re trying to do.’”

In a wrap-up session on their last day in New York, the NYU team leaders asked the Fellows what idea or understanding they would take away from the week-long retreat. The following is a sample of the Fellows’ responses:

“You asked us, ‘What do you want to take away with you from this week?’ When I said, ‘I’d like to have a clear idea of where I’m going,’ people laughed,” Fellow Carrie Milligan told the group. “But I think I’ve done it. Maybe I don’t know what my path will be to get there, but I now know where I’m going.”

“When I came here, I wasn’t thinking anything about a personal vision,” said Fellow Terrian Smith. “But now I realize to fulfill your personal vision, you have to be flexible. Don’t stick to a rigid timetable or a rigid idea, or you won’t see the opportunities as they appear. I learned that it’s really important to take a risk.”

“We’ve met so many people here who have achieved so much. I’ve learned that leaders are really approachable,” Elsa DeHart said. “And from them, from my peers here, and from our work for just one week, I have received confirmation that we do have the ability to lead.”
Angela B. Garcia
Pensacola Junior College, Florida

Amber D. Harris
Truman State University, Missouri

Kristen L. Hiscox
Medical College of Georgia, Georgia

Erin M. McCourt
Quinnipiac College, Connecticut

Michelle D. McKenney
Howard University, District of Columbia

Carrie D. Milligan
University of Oklahoma, Oklahoma

Paula F. Neher
James Madison University, Virginia

Darin C. Roark
University of Wisconsin, Wisconsin

Danae N. Scarborough
North Carolina Central University, North Carolina

Faina Sherman
San Jose State University, California

Terrian A. Smith
Syracuse University, New York

Laura S. Tauscher
Seton Hall University, New Jersey

Linda M. Wesp
Loyola University, Illinois

Nicole Williams
Villanova University, Pennsylvania
Educational Mobility

Arizona State University, $45,000, to provide stipends to support RN students enrolled in the RN-MS track

Arkansas State University, $64,000, to enable LPN-to-ASN and -MSN economically disadvantaged students to attend school full time rather than part time, reduce their school related debt, graduate in fewer semesters, and begin practicing in community-based settings

Association of California Nurse Leaders, $100,000, for the California Strategic Planning Committee for Nursing to develop a statewide revised articulation plan to enhance and facilitate educational mobility for California nursing students and nurses among LVN, ADN, BSN and MSN programs

Blackhawk Technical College, $40,196, to provide financial assistance for four current LPNs as they complete their ADN educational and clinical requirements

California State University-Bakersfield, $53,480, to target financial aid to economically disadvantaged students pursuing higher degrees in nursing in the RN-to-MSN program

D.C. Consortium for Nursing Education and Practice, $116,000, to develop and implement an education articulation plan facilitating nursing students’ transition between all levels and all programs of nursing education within the District of Columbia

Eastern Kentucky University, $85,000, to offer monthly stipends to economically disadvantaged LPN-to-ADN students, encouraging them to decrease the number of hours worked and increasing the likelihood of completion in two semesters of full-time study

Florida State University, $60,000, to assist the mobility of RNs by providing scholarship support through the RN-to-BSN/MSN program

Indiana University, $50,000, to recruit and retain associate level RNs interested in advanced education by providing scholarships for full-time study

Ivy Tech State College, Northwest, $50,000, to provide financial assistance to LPN-to-ADN nursing students who work full time, to complete coursework requirements of the ADN program

Lawson State Community College, $48,000, to provide scholarships to economically disadvantaged students in order to enhance their mobility from the role of LPN to RN

McLennan Community College, $45,000, to award $3,000 scholarship to 15 LVNs enrolled in the associate degree program who will be encouraged to work fewer hours and devote more time to study in order to graduate as registered nurses committed to community-based health care

Middlesex Community College, $50,000, to provide up to $5,000 over two semesters for LPN-to-ADN students, enabling them to reduce their employment hours and devote more time to academic study

North Country Community College, $64,000, to provide financial support to economically disadvantaged LPNs continuing their education in an ADN program by reducing employment hours and increasing full-time study

Northern Essex Community College, $50,000, to provide living stipends to nine bilingual/bicultural LPNs who work full time, to enable them to reduce their work hours and to successfully complete the ADN-to-RN program in one year

Oregon Health Sciences University, $50,640, to fund four students in the RN-to-MSN gerontological fast-track program so that they can afford to attend school on a full-time basis, complete their program in a timely manner, and return to the community in leadership positions

Palm Beach Community College, $48,000, to help LPN transition students to finish their studies in two or three semesters by reducing their work hours

Saginaw Valley State University, $50,000, to provide financial support that will enable four to five RN-to-MSN students at Saginaw Valley State University to engage in one year of full-time study

Samuel Merritt College, $50,000, to support students in the RN-to-BSN program to continue their education in the RN-to-MSN program

Seminole State College, $66,092, to award 13 scholarships to economically disadvantaged, full-time students in the “fast track” LPN-to-RN program option

Shelby State Community College, $50,000, to provide under-represented minorities and disadvantaged students in the LPN Mobility Track the opportunity to attend school full time, limit their employment, and increase their exposure to community-based settings

Shenandoah University, $50,000, to provide financial support that would allow LPNs and RNs to study full time, complete their education more quickly, and enter nursing practice sooner

State University of New York at Buffalo, $50,000, to assist diploma and associate degree RNs to return full time to school for their master’s degree in a community-based specialty

Technical College of the Lowcountry, $50,000, to provide eight students with increased educational and employment opportunities, promote educational mobility for potential students, and serve as the foundation for an ongoing financial aid program for future students

University of Arkansas at Little Rock, $48,000, to award one-year grants strictly for targeted financial aid to economically disadvantaged students pursuing higher degrees in nursing through LPN/LPTN-to-ADN program

University of California, Los Angeles, $50,000, to increase the recruitment and retention of economically disadvantaged students in the RN-BS-MSN program by providing scholarships, counseling, and tutoring and ensuring a smooth transition into the master’s degree program
University of Illinois at Chicago, $55,000, to enable three minority students to attend the RN-to-MSN program full time and focus on community-based education.

University of Maryland, $50,000, to support economically disadvantaged students (especially those from under-represented groups in the nursing profession) to pursue full-time study in the RN-to-MSN program as they focus on community-based health care.

University of Southern California, $50,000, to provide scholarship support to economically disadvantaged and under-represented students, especially those interested in pursuing employment in community-based settings, and increase the RN-to-MSN program's enrollment.

University of Texas at Austin, $65,000, to provide scholarships to 19 outstanding, economically disadvantaged, culturally diverse RNs to obtain a master's degree focusing on community health.

University of Texas, Houston Health Science Center, $50,000, to support a pilot project for the recruitment and selection of four RN students to complete a BSN-to-MSN track with an emphasis in community-based care.

William Rainey Harper College, $50,000, to provide $500 stipends to ten under-represented, economically disadvantaged LPN-to-ADN students.

Wytheville Community College, $35,000, to secure supplemental financial aid for the benefit of LPN-to-ADN nursing students and reduce their hours of employment to concentrate on their education.

**Curriculum and Faculty Development in Community-based Care**

American Association of Colleges of Nursing, $138,940, to provide workshops, dissemination materials, and technical support for the development and implementation of community-based nursing education models for baccalaureate programs.

Augustana College, $100,000, to enhance nursing students' and faculty's understanding of community health.

Bellin College of Nursing, $72,000, to develop and implement a community-based care curriculum based on the experiences of nursing students and faculty working within the health care system of the Oneida Tribe of Indians.

Bluefield State College, $76,345, to develop an innovative Community Practiceicum and Family Practiceicum with curricula designed to enable professional nursing students to "think upstream" as they become involved in a community nursing practice that includes health promotion and education.

Boston College, $75,000, to develop an interdisciplinary faculty/student practice model that addresses the health care and spiritual needs of the homeless at a nurse-managed clinic.

Bunker Hill Community College, $75,000, to improve nursing faculty and curriculum development in community-based care, conduct a regional conference on the topic, and increase student practicums.

 Clarke College, $92,000, to support faculty development activities in community-based care, provide practice opportunities for faculty and students in community-based agencies, and develop learning modules in community-based care.

College of Health Sciences, $85,731, to revise the curriculum to incorporate service-learning, expand clinical training experiences to practice case management and service-learning principles, and involve faculty in active practice related to community-based care.

Community College of Philadelphia, $144,636, to design, plan, and implement conferences in Salt Lake City, Chicago, and Atlanta for associate and baccalaureate nurse educators on implementing successful strategies that move a nursing curriculum towards community-based health care.

Community-Campus Partnerships for Health, $155,000, to facilitate the integration of service learning into nursing education programs' curricula and increase the support for service learning in nursing education nationally, by conducting a service-learning training institute, supporting the development of model curriculum components, and distributing findings.

Covenant School of Nursing, $75,000, to fund a full-time nursing faculty position in a school-based clinic, increasing the number of nursing students able to work with a mentor in a community-based setting.

Decker School of Nursing, Binghamton University, $134,566, to design and implement the Helene Fuld Summer Institute in Rural Community Health Nursing, providing undergraduate and graduate nursing students and faculty experiences in rural community nursing.

Duke University, $97,000, to develop, implement, and evaluate a new educational model for teaching nursing students evidence-based approaches to long-term gerontological care.

East Central University, $16,500, to provide community-based experiences for nursing students and to develop their critical thinking skills by creating mentorships in rural settings, enhancing cultural competence in communicating with Native American clients, and fostering assessment skills.

Elgin Community College, $75,000, to support workshops, a conference, and other activities that enhance the professional competency of faculty nursing in community-based settings and student preceptorships at community health care agencies.

Greenville Technical College, $67,351, to develop a multiple option ADN curriculum that is community-based and provide faculty with "return-to-industry" time for re-focusing and re-tooling.

Helene Fuld School of Nursing in Camden County, $99,420, to develop a curriculum module that provides community nursing experiences for senior level students in the care of high-risk, low-income patients in Camden, N.J.

Intercollegiate Center for Nursing Education, $99,700, to develop faculty expertise and create curricular materials for a consortium of three schools, in order to improve undergraduate and graduate students' clinical training at the nurse-managed Children's Transition Clinic.

Jacksonville University, $99,788, to develop a community-based curriculum and establish collaborative relationships with the community through the establishment of a Wellness Center.

James Madison University, $117,321, to develop case management practicum experiences for nursing students through a partnership with the Harrisonburg Rockingham Free Clinic.

Johns Hopkins University, $65,000, to provide faculty from various nursing spe-
Maricopa Community College District Nursing Program, $100,000, to develop and implement a comprehensive model of community nursing practice that integrates culture, primary care, and community empowerment.

Kean University of New Jersey, $113,500, to develop and implement a comprehensive model of community nursing practice that integrates culture, primary care, and community empowerment.

Lamar University, $73,000, to train nursing faculty as case managers in a neighborhood clinic, Ubi Caritas, and provide students with hands-on learning opportunities in this community-based setting.

Lee College, $59,000, to provide nursing faculty and students language instruction in medical Spanish to improve their ability to perform health assessments for Spanish-speaking patients.

Lynchburg College, $43,000, to provide nursing faculty with training and experience in home health care nursing.

Maricopa Community College District Nursing Program, $100,000, to develop and implement a new nursing pathway with a community-based health care delivery focus for an integrated nursing program among five community colleges.

MCP Hahnemann University School of Nursing, $76,643, to enhance and extend the primary care center by establishing the 11th Street Partnership for Community Based Care, a collaborative effort between the School of Nursing and the residents of the 11th Street Corridor.

Metropolitan Community College, $56,983, to provide faculty with community-based experiences, resulting in the integration of community-based health in the curriculum and expanded clinical experiences for nursing students.

Minot State University, $89,588, to create an articulated, community-based educational model for psychiatric-mental health nursing to meet the needs of baccalaureate and associate degree students and clients in the state of North Dakota.

Montgomery County Community College, $92,225, to enhance faculty expertise and student experience in community-based care and to establish an on-campus Health Promotion Center for student practice.

Napa Valley College, $94,394, to enhance the community-based nursing skills among all faculty, update the curriculum, and implement the newly updated curriculum.

National Organization of Nurse Practitioner Faculties, $89,620, to conduct a pilot study for a faculty-to-faculty mentoring program that will promote faculty development in community health.

New York University, $138,000, to increase the number of faculty prepared to teach home health care, improve the preparation of advanced practice nurses in home health care, and stimulate baccalaureate student interest in the area.

Oglala Lakota College, $100,000, to provide wellness promotion/disease prevention opportunities for joint faculty/student practice sites through a collaboration with the Lakota Nation Wellness Team.

Ohio Valley General Hospital School of Nursing, $92,100, to develop, implement and evaluate a new model for a community-based nursing education course that will have students assess client needs and collaborate with multidisciplinary health care providers and community agencies to assist clients to achieve independence.

Owensboro Community College, $50,000, to establish a nursing preceptorship program that will provide nursing students with clinical training experiences in community-based health care facilities.

Pace University Lienhard School of Nursing, $52,000, to develop the community networks needed to ensure effective student clinical experiences and increase faculty involvement in clinical practice in community settings.

Penn Valley Community College, $45,939, to develop a nursing curriculum with a community health component and enhance preceptorships in community health care agencies.

Regis College, $81,605, to develop and implement an interdisciplinary model of nursing education in which all levels of nursing students work collaboratively with students and faculty from other health care disciplines to manage and deliver services at Rosie’s Place, a shelter for poor and homeless women.

Roxborough Memorial Hospital School of Nursing, $75,000, to develop a community-based curriculum, enhance faculty development, and augment community-based nursing student experiences through a mobile wellness center.

San Francisco State University, $99,990, to partner with a community-based clinic to develop an asthma education program, case management outreach procedures, and medical assistant training program.

Southern Regional Education Board, $123,000, to increase the capacity of nursing education programs in 15 Southern states to prepare graduates to work effectively in public schools, through developing curriculum guidelines and conduct workshops for faculty.

St. Mark’s - Westminster College, $70,212, to increase student clinical experiences in community-based health care settings by locating and developing at least 22 sites for student practice.

University of California, San Francisco, $99,990, to implement a faculty and curriculum development project through a partnership between the school and the Glide Health Clinic, a primary care provider.

University of Hawaii at Manoa, $75,000, to implement a model community-based curriculum and strengthen partnerships with the Hawaii Association for Home Care and other community service agencies.

University of Iowa, $83,120, to prepare nursing faculty members to teach community-based care, develop nurse-managed care coordination and case management for vulnerable populations, and provide more opportunities for community-based learning experiences for undergraduate and graduate students.

University of Massachusetts, $87,000, to develop an innovative undergraduate and graduate curriculum in psychiatric mental health nursing and to provide nursing students with experiences in a model school-based mental health program.

University of Northern Colorado, $79,700, to create a hypertension faculty practice clinic at the Sunrise Community Health Center, providing graduate and undergraduate nursing students a hands-on experience in managing health care in a community-based setting.

University of Pennsylvania, $137,500, to develop and disseminate a model master’s level curriculum that will prepare future nurse leaders capable of designing and managing successful community-based nursing programs.
University of South Florida, $95,000, to develop the curriculum and faculty in the area of community-based care and increase nursing students' clinical learning experiences with underserved rural and urban populations

University of South Florida, $95,000, to develop the curriculum and faculty in the area of community-based care and increase nursing students' clinical learning experiences with underserved rural and urban populations

University of Southern Indiana, $74,000, to establish a Center for Community Health Care Practice, through which community-based partnerships between nursing faculty, students, and health care providers will be established

University of Wisconsin at Madison, $116,000, to implement, evaluate and disseminate a clinical curriculum for undergraduate nursing students that is community driven, tailored to individual student needs and interests, cost-effective, self-sustaining, and replicable

University of Wisconsin at Madison, $116,000, to implement, evaluate and disseminate a clinical curriculum for undergraduate nursing students that is community driven, tailored to individual student needs and interests, cost-effective, self-sustaining, and replicable

University of Wisconsin at Milwaukee, $98,269, to implement and evaluate a new clinical training program that provides undergraduate nursing students experiences in community-based nursing within a comprehensive health care system

Waukesha County Technical College, $44,600, to construct practical, community-based learning opportunities for nursing faculty and students through the expansion of the nurse-managed Community Nursing Clinic’s health fair services

University of Portland, $79,000, to provide undergraduate nursing students and faculty community-based learning experiences and opportunities through “A Nuestra Salud,” a parish nursing project that provides Portland-area Hispanic families with health care education and teaches disease-prevention skills

University of South Alabama, $99,960, to provide students with the opportunity to deliver clinical services to three underserved groups: migrant farmworkers, chronically ill elders, and foster children

University of South Florida, $95,000, to develop the curriculum and faculty in the area of community-based care and increase nursing students' clinical learning experiences with underserved rural and urban populations

Waukesha County Technical College, $44,600, to construct practical, community-based learning opportunities for nursing faculty and students through the expansion of the nurse-managed Community Nursing Clinic’s health fair services

Leadership Development

American Academy of Nursing, $200,000, to develop a leadership curriculum for undergraduate and graduate nursing students, and implement a Summer Immersion Leadership Program for graduate nursing students

Center for the Health Professions, $277,000, to create and launch the Leadership Initiative for Nursing Education, a program that will enhance the leadership skills of baccalaureate nursing students by developing the leadership skills of nurse educators

Central Missouri State University, $27,805, to identify new leadership outcomes integrating both academic and practical standards, assess students' abilities according to newly developed outcomes, and redesign undergraduate curriculum

Clemson University, $75,000, to determine current leadership knowledge of senior nursing students and use findings to redesign associate and baccalaureate level curricula and develop an evaluation model that may be used nationally

Clemson University, $75,000, to determine current leadership knowledge of senior nursing students and use findings to redesign associate and baccalaureate level curricula and develop an evaluation model that may be used nationally

Central Missouri State University, $27,805, to identify new leadership outcomes integrating both academic and practical standards, assess students' abilities according to newly developed outcomes, and redesign undergraduate curriculum

Indiana University-Purdue University at Fort Wayne, $75,708, to develop and disseminate a national leadership education curriculum and to assist faculty with the integration of the curriculum into their nursing programs

Long Island University, $46,056, to supplement an existing required course on leadership and management with extensive one-on-one mentoring experiences in a clinical setting

Louisiana Technical University, $38,416, to develop and implement a leadership training program for associate degree nursing students in order to prepare them for the expanded roles of current nurses

Missouri League for Nursing, $71,000, to create the Missouri Leadership Council for Nursing Students and facilitate mentor relationships between students and Missouri League for Nursing members and other nurse leaders

Regional Nursing Centers Consortium, $63,938, to design and implement a leadership development program and curriculum at 18 of its nursing center members across a tri-state area

University of Texas at Arlington, $74,895, to offer an intensive educational program for nurse practitioners, building skills in leadership and fiscal and human resource management; and to revise nurse practitioner curricula to include skill development

University of Utah, $56,333, to provide leadership experiences to undergraduate and graduate nursing students by developing a baccalaureate fellowship program, providing mentors for master’s degree and doctoral students for independent projects, and revising the nursing curricula

University of Washington, $77,250, to pilot-test a statewide Summer Leadership Institute for senior baccalaureate students toward a self-sustaining annual program

Special Initiatives

Community College of Philadelphia, $7,800, to support the participation of nursing students and faculty in the conference “A Journey to Our Neighborhood—Emerging Practice and Career Paths for the Associate Degree Nursing Graduate” and the distribution of instructional materials at the conference

Foundation of the National Student Nurses’ Association, Inc., $40,000, to conduct a feasibility study and develop a plan for an endowed scholarship fund-raising campaign

Foundation of the National Student Nurses’ Association, Inc., $150,000, to support a capital campaign

Grantmakers in Health, $12,000

Helene Fuld College of Nursing of North General Hospital, $100,000, to create a computer lab for nursing student use

Indiana University, $15,000, to support the Nursing and Philanthropy Conference held in December 1997

London Lighthouse, $1,200, to support the work of London Lighthouse, a center for people facing the challenge of HIV and AIDS

New York Regional Association of Grantmakers, $7,100

New York University, $283,000, to reconceptualize and redesign the 1999 Helene Fuld Fellowship program and deliver an innovative and interdisciplinary leadership development program for nursing students during the summer and fall of 1999

New York University, $279,860, to revise the 1999 Fuld Fellowship Program and deliver an innovative and interdisciplinary leadership development program for nursing students during the summer and fall of 2000
The Helene Fuld Health Trust, HSBC, Trustee, is enthusiastic about meeting the needs of nursing students and addressing challenges in the nursing education field. Based on careful consideration of the many pressing needs in the field, the Fuld Trust concentrates its grantmaking in the following three areas:

**Educational Mobility (including Financial Aid)**

**Curriculum and Faculty Development in Community-based Care**

**Leadership Development**

Eligibility and evaluation criteria, application and review procedures, schedules, and typical grant sizes differ for each area of interest and are specified in the Trust’s latest guidelines.

**Eligibility**

Eligible nursing schools and educational programs include diploma, associate, baccalaureate, master’s, and doctoral programs and must be accredited and/or approved under the laws of jurisdiction in which they operate. Applicants must have tax-exempt, charitable nonprofit status as described in paragraph (1), (2) or (3) of Section 509(a) of the Internal Revenue Code and not a private foundation under Section 509(a).

Nonprofit organizations with programs that benefit nursing students and relate to nursing education are also eligible to apply for grants. Applicants must have tax-exempt, charitable nonprofit status as described in paragraph (1), (2) or (3) of Section 509(a) of the Internal Revenue Code and not a private foundation under Section 509(a). For projects involving collaboration among organizations, a nonprofit organization with 501(c)(3) status must submit the application and after being the lead agency for the project and be responsible for management of grant funds.

**Restrictions**

Nursing schools and educational programs that currently have an active grant will be ineligible to receive another grant for the duration of their grant’s funding period. Applications will be accepted for the year following the grant’s end date. For example, an organization with a grant end date within 2000 will be eligible to apply for a 2001 grant. The Trust does not make grants to organizations outside of the United States or to individuals.

**How to Apply**

Applicants must submit a two-page letter of interest along with an applicant data form, which can be found in the Trust’s latest guidelines, for the program area in which they wish to apply. After reviewing the letters of interest, the Trust will invite selected applicants to submit full proposals. Deadlines and requirements vary according to program area. Applicants should closely follow the instructions as specified in the Trust’s latest guidelines.

The Trust will not accept applications for new grants from current grantees that have not submitted all required grant reports.

**Typical Grant Size**

While there is no minimum or maximum grant size, each program area has a typical grant request range. Specific amounts can be found in the Trust’s latest guidelines. The Trust will consider funding requests above the typical grant ranges for exceptional projects with a far-reaching impact.

**Application Deadlines**

A complete schedule of each program area’s grant process can be found in the Trust’s latest guidelines. In fairness to all applicants, late submissions will not be accepted. Letters of interest, applicant data forms, and proposals submitted by fax will not be considered.

**Funding Use**

Funding is available for projects or programs at any stage. The grant may be used for, but is not limited to:

- staff and consultant salaries
- stipends and financial aid
- project-related supplies and equipment
- operating expenses directly related to the project

Grant funds may not be used to:

- cover ongoing general operating expenses, overhead, or administrative costs
- offset existing deficits
- substitute for funds currently supporting similar activities
- support endowments

For grants that support activities lasting more than one year, the continuation of funding after the first year is contingent upon the successful implementation of first-year objectives and the acceptance of reports describing what has been accomplished and how the funds were spent.

**Indirect Costs**

The Trust does not fund indirect costs; however, the Trust will fund certain operating expenses directly related to the project, after review.

**Funding Decisions**

Using the specific criteria established for each program area, the Trust Grants Committee, made up of trust officers of HSBC Bank USA, makes all final decisions regarding the award of grants. During the process of reviewing proposals, Grants Office staff and consultants may wish to learn more about an applicant’s request through telephone inquiries, meetings, and/or site visits.

**Contacting the Trust**

All questions or correspondences may be directed to:

Grants Manager
Helene Fuld Health Trust
HSBC, Trustee
50 East 42nd Street, 19th Floor
New York, N.Y. 10017
Phone: (212) 681-1237
Fax: (212) 681-1335

**Web site Address**

Further information on the Helene Fuld Health Trust, HSBC, Trustee, is available on the Trust’s Web site located at www.fuldtrust.org. The site is currently being updated and revised to allow online submission.
The Helene Fuld Health Trust is the nation's largest private foundation devoted exclusively to supporting student nurses and nursing education. The Trust is administered by HSBC, one of the world's largest banking and financial services organizations.

Helene Fuld Health Trust HSBC, Trustee
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