INTRODUCTION

In 2008, Sydney Nursing School (SNS) set out to improve its sustainability and reputation through (i) strategic realignment with government, industry and university priorities, and (ii) reinvigoration of SNS as university of choice for the education of high achieving students seeking to become registered nurses or seeking to extend their post-registration education. Part of the overall strategy was to implement a “whole-of-faculty” curriculum renewal project based on a series of processes that would enable SNS to reprofile all its programmes and align its research activities and staffing. This process was intended to stimulate community/profession/industry engagement, increase student numbers, embed financial viability and enhance staff satisfaction.

The primary objective of the project was to create an industry relevant learning environment where critical thinking and life long learning are encouraged, and in which high achieving students seeking to maximise their potential within health care in Australia and/or internationally could flourish. The secondary objective was the use of curriculum renewal as enabler of workplace organisational change.

Lengthy and extensive curriculum documents typically outline curriculum mapping efforts aligning the intended, delivered and received curriculum; coherence between learning aims, graduate attributes and assessment tasks; scaffolding the construction of knowledge through content modules and sequences; highlighting the development of graduate attributes and professional competencies; provision of simulated and real-work learning opportunities through on and off campus environments. However, little is written about the processes or systems that sit behind these statements or about the frameworks that support much of the curriculum work.

The “whole-of-faculty” approach to curriculum renewal at SNS necessitated the development of robust processes, grounded in critical questioning and evidence gathering, which would enable an increasingly complex cycle of development, implementation and evaluation to be achieved within extremely tight time frames. (The reason for this “whole of faculty” approach is clarified later and the timeframes are explicated in the appendix.)

Clearly commencing in 2008 the work described here predates the development of the University white paper and strategic plan. During the consultation processes however it became clear that there was an elegant consistency of approach between our faculty direction and values and those of the University’s major themes of Mutual Accountability and Engaged Enquiry. We have thus subsequently adopted the University nomenclature.
This report describes the systems and processes that have supported, and continue to support, curriculum renewal/design at SNS (meta-curriculum). Section One describes the systems and processes that have enabled renewal and Section Two includes a selection of evidence to date of that progress. Four years into this project, SNS is well on the way to achieving its stated objectives.

SECTION ONE: Systems and Processes

SNS has adopted an approach to innovation and excellence that is aimed at achieving success and long term sustainability. The curriculum renewal framework enables SNS to draw upon its unique knowledge in the field to pursue excellence in business and performance, while implementing a structured and systematic approach to assessing and improving performance of its systems and processes. Guidance is also taken from the directions of the University Strategic Plan, particularly Engaged Enquiry and Mutual Accountability, and University and Faculty graduate attributes.

The SNS Curriculum Renewal Central Framework may be conceptualised as having four major strands (Figure 1):

- **Alignment with External Imperatives: context** – for example, health system reform agenda, professional accreditation requirements, Academic Board/ SEG Faculty review processes, AUQA/TEQSA audits.
- **Engaged Enquiry: educational and philosophical positioning of the Faculty** - SNS curriculum rests on notions of: values driven; future-oriented; student-centred; community-engaged; pragmatic; integrated educational and disciplinary theoretical framework to guide all levels of curriculum; commitment to continuous improvement of staff capability; programme currency and excellence; evidence and evaluation. These positioning underpin both coursework and research. It was arrived at through a planned series of workshops amongst staff to ensure full faculty buy-in. The process was, of necessity, iterative in order to set the basis for our future direction – “who do we want to be” and “where do we want to go” as a precursor to “how do we get there”.
- **Strategy** – Development of Faculty strategic plan; embedding continuous engagement and alignment with Divisional Board and University strategic plans.
- **Mutual Accountability: governance** – Development of an organisational structure, committee structure, financial and resources accountability scheme, and processes for broad and ongoing stakeholder and student engagement. The structure provides confidence that strong compliance and accountability functional loops exist.
### Enquiry-Engagement-Action-Evidence

Part of the curriculum renewal framework involved the iterative development of a systematic action cycle, represented here as a system of Enquiry-Engagement-Action-Evidence (EEAE) (Fig 2.) For SNS this is a systematic process that connects strategic positioning (context, philosophy, strategic direction and governance), collective engagement (including staff, students, internal and external stakeholders), action in the form of the curriculum development and implementation and inclusion of evidence (the input through ongoing review including USE, TIPS and STEPS, quality circle review, and research).

Each EEAE cycle interacts with the central core of engagement with and realignment to external context, philosophy, strategy and governance (a two way interaction) and involves a process of ‘collective engagement’ designed to establish, nurture and sustain fruitful, supportive relationships and partnerships with key stakeholders (including students, staff, community members, industry partners, members of professional bodies, government representatives and colleagues from across the University) across multiple sectors.
Figure 2: Enquiry-Engagement–Action–Evidence Model (EEAE)

Figure 3 represents the dynamics of the EEAE cycle. (The table provided at Appendix 1 demonstrates the complexity of activities that occurred over a tight timeframe as part of the curriculum renewal process.)

Figure 3: The dynamic and iterative nature of the EEAE cycle.
1. ENQUIRY:

*Sustainability Drivers - Recognising the drivers for change & developing a shared vision of intended outcomes*

The basis for implementation of an extensive curriculum renewal model is a `shared vision’ developed within the community after extensive dialogue about (i) the key drivers for embarking on an ambitious program of renewal, (ii) the intended outcomes, and (iii) how the provisions for productivity, performance, efficiency and quality at all levels would be monitored, integrated, recorded and improved.

In 2008, SNS recognised that significant curricula changes were needed across all of its coursework programs to bring the faculty into alignment with contemporary industry requirements and political and economic realities. This assessment was based on student evaluation, student numbers, external reputation and financial imperatives for cost efficiencies.

The need in nursing/health care today is for graduates who are systematic in their thinking; have a regard for quality and safety as central to their work; are effective users of point of care and other technologies; are educationally prepared to respond effectively to emergency and uncertain situations; can recognise and escalate the needs of the deteriorating patient; are able to work in interdisciplinary and disciplinary teams across both community/ primary health care and acute care settings.¹

To ensure our programs would address these learning outcomes and graduate attributes, SNS embarked on an intensive, internal dialogue with the goal of producing a new Strategic Plan to guide change. The development of this plan was facilitated by the initiation and continuation of a series of organisational interactions:

- Governance and management level planning
- Faculty workshops & meetings, including developing shared values and educational and disciplinary conceptual frameworks
- Establishment of working groups, including Quality Working Party
- Curriculum development and implementation committees
- Targeted, strategic TIES & STEPS grants (Appendix 2)
- Monitoring and evaluation cycles

These ongoing activities enabled the development of a curriculum conceptual framework to underpin all SNS programmes (Appendix 3).

2. ENGAGEMENT

At the faculty level, each EEAE cycle is conceptualised and implemented (`actioned’) within the context of economic, political, social and cultural sub-systems at the nexus of higher

education and healthcare delivery systems in Australia. This approach facilitates strategic, outcome-focused engagement with all relevant external stakeholders. For SNS, this involved different processes for engagement with different curricula but includes, for example:

- Meetings at the Dean and Associate Dean level with key industry leaders, including Local Health District executives, Directors of Nursing, Nurse Unit Managers, Private health care providers, NGOs, AusAID and World Health Organisation (WHO)
- Staff - Student Liaison meetings (all subgroups, 2 x semester ongoing)
- External Advisory Boards for each of the programmes in planning phase and for ongoing monitoring
- An Academic Board Review which took place in 2009; and AUQA review in 2011
- Series of meetings with other faculty deans and senior university staff
- Curriculum accreditation processes for all programmes requiring accreditation with the NSW NMB to July 2010 and subsequently ANMAC for all Registered Nurse programmes and for the Nurse Practitioner programme, and Singapore Nurses Board in 2012 for our post-registration Bachelor of Nursing taught on-shore and in Singapore

3. ACTION:

a) Curriculum construction as vehicle for change

The educational and philosophical underpinnings that support SNS curriculum rest on the notions of the adult learner, lifelong and professional learning, the networked learner using digital media for learning, culturally diverse student cohorts and populations, and the person and their family in society. Education in nursing and the health disciplines is a human and situated practice strongly anchored around critical thinking and clinical and communication skills development, yet requires response to constant change in practice, over time and place.

SNS’s curriculum development focussed on integration, coherence of learning experience contributing towards personal, academic and professional learning and development. Inherent in this curriculum development are the contextualisation of Academic Board requirements (internally), graduate attributes (internal and external), and professional accreditation requirements (externally), as appropriate to a professional practice discipline.

Within these parameters the key informants are the philosophical underpinnings captured in the conceptual frameworks (both educational and disciplinary), the framework of practice thinking and the revised framework of Bloom’s taxonomy (Anderson & Krathwohl, 2001). (Appendix 4 - SNS pedagogical underpinning). These speak to teaching/learning principles, assessment, and nursing practice and healthcare context (Appendix 5 - Framework for Practice Thinking). Achieving Engaged Enquiry is seen as a hallmark of SNS student education and experience by embedding research enriched and community engaged learning experiences in curriculum and teaching approaches.
b) Curriculum Renewal as an agent of/for change

The curriculum renewal has implications for the overall functioning of the faculty. This includes not only a re-profiling and alignment of new staff appointments but also allows change to work practices, performance expectations and career planning for staff, development of agreed Faculty research directions, and resource allocation and budget accountability. This enables the process to inform resource renewal as well as greater efficiency and effectiveness in administrative processes.

For example, in the redevelopment of the Advanced Learning Masters programmes we embedded Graduate Certificates and Graduate Diplomas as mechanisms of attracting students and encouraging them through to higher level programmes. We embedded a research track within the specialist courses to enable graduates the possibility of entry to a PhD, and we maximized the common subjects across all offerings to both enable greater student mixing and to develop critical mass for financial stability of the overall suite of programmes. (The number of units of study was reduced from 194 in 2008 to 120 in 2011. There has also been an evaluation of the outcomes of the integration of the student groups into common subjects.) These programmes are about to undergo a further review to ensure AQF compliance. This will be complete by early 2013 to enable CRICOS materials to be available for later implementation. (Pathways and coherence)

The Bachelor of Nursing (Advanced Studies) enabled us to build a platform for educating high achieving students to the new primary healthcare direction consistent with national and international policy trends and to integrate more extensively with other areas of the university including Bioscience and Medical Science.

The Master of Nursing (Graduate Entry) and combined degrees enabled us to trial a new model maximizing the Divisional resource of the clinical schools at local health districts through the instigation of the “clinical homes” model where students spend prolonged periods on clinical placement in the one clinical school, better preparing them for transition to practice and providing opportunities for interprofessional learning and collaborative practice. Whilst work-integrated learning is foundational to all our pre-registration programmes, the clinical homes model extends this in an innovative, community-engaged way. (This programme has now been evaluated and a brief report appears in Appendix 6.)

All pre and post registration programmes have an emphasis on global health, with pre-registration programmes also offering an opportunity for an overseas practice experience. All programmes have significant numbers of international students whose experiences are drawn upon in class and practice settings. (global citizenship)

As well as the ongoing cycles of improvement there are at times significant external events that require the formalizing of the modifications and the opportunity for major realignments. The next major curriculum endeavour will be to bring together the profession accreditation cycles of the four accredited programmes, each currently on a different timeline, and to align
this review with the intended Academic Board / SEG audit process. This will enable even
greater rationalisation of resources and opportunities for integration. The plan is for the self
assessment to be submitted by June 2014, the curriculum redevelopment work to be
complete by August 2014 and the AB/SEG review during September/ October and the major
external accreditation processes to take place November/ December 2014.

Planning and process enable the effective use of faculty energy. The forward planning
outlined above should facilitate embedded curriculum renewal processes that continuously
adjust and improve.

The curriculum renewal process has provided the opportunity for SNS to effectively integrate
teaching, professional practice and research engaged enquiry (RELT and CELT). This root
and branch redevelopment since 2008, has taken an enormous amount of Faculty energy but
with the processes now embedded and understood we believe ongoing renewal will be much
more efficient and embed a balanced framework of teaching, research/scholarship and
service for our academics.

4. EVIDENCE:

Throughout the processes of curriculum renewal we have embedded evaluations and
research. We have initiated a quality circle process for all units of study for ongoing quality
improvement and have targeted university teaching and learning schemes each year to either
develop new teaching materials or to evaluate aspects of the curriculum change. (See
Appendix 7 listing of projects). CEQ, SCEQ, PREQ, USE results and peer feedback are all
regularly interrogated as part of the evidence component of the cycle. This, of course, then
moves the spiral through a further improvement turn towards engagement and action, all of
which is informed by the core of inquiry which constantly interrogates the context, philosophy,
strategy and governance on a two-way process where each informs the other.

SECTION TWO: Evaluations and Outcomes

AGS and CEQ teaching performance indicators (ITL report)

Australian Graduate Survey (AGS) and the Course Experience Questionnaire (CEQ). Key
Performance Indicators from the AGS and CEQ were used up to 2010 as part of the National
Learning and Teaching Performance Fund.

AGS and CEQ teaching performance indicators 2008-2011 for the Master of Nursing
(Graduate Entry) (MN):
• Overall satisfaction item as % agreement was 36% in 2008, 42% in 2009, 82% in 2010 and 81% in 2011. Of note, 2010 was the introduction of the revised MN, year 1.
• % agreement scores for international and local students rose substantially between 2008 and 2010, specifically on the ‘written communication scale’ from 40% in 2008 to 100% agreement in 2010.

SREQ data tables form ITL site
Comparison tables – all faculties

• SNS had the highest scores for ‘Quality of supervision’ in 2010 and 2009, 62.8 and 66.7 respectively.
• Scores for the ‘Research climate’ at SNS have almost doubled since 2005, from 18.0 to 32.6 in 2010.
• Overall satisfaction peaked at 63.6 in 2009, the highest recorded at the university, in any Faculty, from 2005-2010.

CEQ
• All items on the SNS CEQ increased from the scores in 2006 to scores in 2011, that is, a positive shift over time. Specifically, the overall satisfaction with the course in 2011 was 96% broad agreement up from 81% in 2006.

USE
• SNS had 35 reports and a total of 2310 survey item responses in 2010 on the USE student feedback form.²

These data inform changes to content and process and are an adjunct to the other feedback processes of industry engagement through external committees, focus groups and workshops, through regular student liaison meetings, through peer reviews of teaching and through student co-curricular activities such as SUNS and “Men in Nursing” organisations.

In 2011, 68% of units of study evaluated achieved the university’s overall satisfaction aspirational target re disagreement. Only three units were below the university agreed minimum and these have been reviewed for 2012

Professional development in learning, teaching and research - SNS facts compiled by ITL³:
• 19 SNS staff completed the ITL Principles and Practice program of university teaching and learning (P&P) since 2002.

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• 6 SNS staff completed the ITL Graduate Certificate in educational studies (HE) since 2003.
• 6 SNS staff completed the Development Program for Research Supervision (DPRS) between 2008-2010.
• Engagement by the majority of the faculty in TIES, TIPS, STEPS etc

Curriculum Renewal Evaluation at October 2012 – a point in the cycle of improvements:

Areas for focused improvement:
• Aboriginal and Torres Strait Islander student and staff participation (currently working with DVCISS)
• Greater staff capacity in the use of cutting edge digital media in teaching/learning (Hampered at this point by our difficulties with data points and access).

Resource Renewal evaluation:

Three important outcomes have been highlighted in this evaluation process.

• Divisional and other cross faculty integration is directly hampered by our geographic positioning on Mallett St rather than main campus, particularly but not only in clinical skills simulation laboratory teaching.
• The BN(AS) when fully loaded in 2015 will have absorbed all potential space for clinical and classroom teaching on Mallett St and lack of appropriate space into the future may jeopardise continued professional accreditation.
• The teaching spaces on Mallett St are highly unsuitable for post-graduate teaching in relation to furniture, computer faculties, internet access or classroom capacity.

This process has enabled us to provide evidence of these areas of disadvantage and to progress the case to the university for redress.

Conclusion:
The system and processes are working well for the Faculty and we are most interested in sharing our methodology more widely to those who may be interested. The opportunity to better align teaching / learning, research strengths, service to the professions, administrative systems, maximize efficiencies in teaching, attract greater numbers of high calibre students,
increase staff satisfaction and industry satisfaction and improve our financial position in a relatively short period of time is testament primarily to the dedication and hard work of the staff but also to the fact that we have developed a curriculum (and indeed faculty) renewal system that works.

Compiled on behalf of all the academic and professional staff of SNS by:
Vera Terry, Melinda Lewis, Assoc Prof Heather McKenzie and Prof Jill White
Appendix 1 – Iterative and dynamic implementation of the Curriculum Renewal Framework and EEAE over time.

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<td>Continuous improvement - CEQ, FREQ, SCEQ, USE, Quality circle, closing the loop etc</td>
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## Appendix 2 – Teaching and learning projects

### SNS Learning and Teaching Projects (TIES, TIPS, STEPs) 2008-2012

<table>
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<tr>
<th>Project Title &amp; Year</th>
<th>Lead/s</th>
<th>Amount awarded</th>
<th>Status</th>
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<td>2007 Large TIES</td>
<td>Maureen Ahern, Murray Fisher, Michelle Maw</td>
<td>$35,000</td>
<td>Completed 2009</td>
<td>Online modules developed Curriculum embedding Evaluation</td>
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<td>Nursing students’ numeracy skills: assessment and development</td>
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<td>2008 Large TIES</td>
<td>A/Prof Lynne Harris (Project Lead-FHS) Ms Melinda Lewis A/Prof Sandra West Ms Lynne Brown (FN&amp;M) Fran Everingham (FHS)</td>
<td>$124,000 ($50,000 central TIES funding, $53,000 FHS, $21,000 FN&amp;M).</td>
<td>Completed 2010</td>
<td>‘Study-Eze’ online resource containing student vignettes and materials supporting the transition to fast-tracked, master-level learning in degrees across both faculties.</td>
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<td>Achieving a match between declared and delivered curriculum (Faculty of Health Sciences / Faculty of Nursing &amp; Midwifery)</td>
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<td>2007 Small TIES, then 2009 Large TIES</td>
<td>A/Prof Maureen Boughton, Lynne Brown Lesley Halliday</td>
<td>$34,070</td>
<td>Completed 2010</td>
<td>Co-curricular sessions and resources 2009 VC Award 2009 ALTC Award</td>
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<td>A proposal to extend and further develop a programme that enhances both the academic capability and preparation for safe(er) clinical nursing practice for students from Culturally and Linguistically Diverse (CALD) backgrounds</td>
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<td>2008 Small TIES</td>
<td>Prof Trudy Rudge</td>
<td>$2,500</td>
<td>Completed</td>
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<td>Development of a cross Faculty Interprofessional Learning Orientation Package</td>
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<td>2008</td>
<td>Large TIES</td>
<td>The first Australian cohort of graduate-entry masters of nursing students: Mapping their transition into the workforce</td>
<td>Dr Jennifer Green, Dr Sue Ronaldson</td>
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<td>2008</td>
<td>Large TIES</td>
<td>Mobilising multimedia resources to support clinical learning in Nursing</td>
<td>Ms Michelle Maw</td>
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<td>2008</td>
<td>Small TIES</td>
<td>Implementation and Evaluation of GOSSiP – a Faculty based program to encourage the dissemination of “Scholarship In Practice”.</td>
<td>Prof Mary Chiarella</td>
<td>$9,250</td>
</tr>
<tr>
<td>2009</td>
<td>Small TIES</td>
<td>Reviewing the impact of a health assessment and clinical judgement unit of study on the perceived self-efficacy of post-graduate clinical nurses’</td>
<td>A/Prof Kim Foster, Ms Melinda Lewis, Dr Andrea Marshall</td>
<td>$9,235</td>
</tr>
<tr>
<td>2009</td>
<td>Large TIES</td>
<td>Mobilising emergency response: The use of high fidelity simulation to teach critical incident management in a nursing curriculum</td>
<td>Dr Jennifer Green, Elizabeth Leonard</td>
<td>$41,000</td>
</tr>
<tr>
<td>2009</td>
<td>Large TIES</td>
<td>The Question is the Answer! Facilitating critical thinking through higher-level questioning in the Bachelor of Nursing (Post-Registration)</td>
<td>Maureen Ahern, Melinda Lewis, A/P Sandra West</td>
<td>$48,467</td>
</tr>
<tr>
<td>Year</td>
<td>Project Title</td>
<td>Proposed Lead</td>
<td>Project Aims</td>
<td>Completion Status</td>
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<tr>
<td>2009</td>
<td>Large TIES: Watch, Learn, Go</td>
<td>Murray Fisher, Melinda Lewis, Kim Foster, Michelle Maw, Jenny Green, Hillary Gatward, Astrid Frotjold, Jennifer Hardy</td>
<td>Developing multi-professional learning resources to support clinical and communication skills development for health professionals</td>
<td>$94,088 ($73,750 TIES + Faculty contribution)</td>
</tr>
<tr>
<td>2009</td>
<td>Large TIES: Navigating the transition</td>
<td>A/Prof Lynne Harris (Project Lead-FHS), Ms Melinda Lewis, A/Prof Sandra West, (FN&amp;M), Dr Lynda Matthews (FHS), Dr Steve Cumming (FHS)</td>
<td>Strategies to support the student experience in combined and accelerated Master level programs in allied health and nursing (Faculty of Health Sciences / Faculty of Nursing &amp; Midwifery)</td>
<td>Project aimed to develop student resilience to better equip students to cope with the demands of the healthcare industry. Project remained at FHS as Nursing withdrew.</td>
</tr>
<tr>
<td>2010</td>
<td>TIPs: Emotional intelligence in pre-registration Master of Nursing students</td>
<td>A/Prof Kim Foster, Dr Heather McKenzie, Dr Murray Fisher</td>
<td>Emotional intelligence strategies to prepare healthcare students for clinical practice: an inter-professional project</td>
<td>$6,355</td>
</tr>
<tr>
<td>2011</td>
<td>STEPs: Emotional intelligence strategies to prepare healthcare students for clinical practice</td>
<td>A/Prof Kim Foster</td>
<td>Emotional intelligence strategies to prepare healthcare students for clinical practice: an inter-professional project</td>
<td>$34,280</td>
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</tbody>
</table>
| 2011 STEPs Clinical Homes | Dr Heather McKenzie | $50,000 | Phase 1 completed
Phase 2 ongoing | New clinical education model now fully embedded in three local health districts; evaluation with key stakeholders completed; establishment of key industry reference groups for ongoing management. |
## Appendix 3 – Curriculum Conceptual Framework

<table>
<thead>
<tr>
<th>STEP</th>
<th>Key Questions / Activities</th>
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</table>
| **1. Define your curriculum: boundaries, relationships, alignment and uniqueness** | Which curriculum or suite of curricula?  
What are the boundaries of curriculum, eg, professional accrediting bodies / external recognition and endorsement (discipline and national)?  
What are the key goals of the curriculum, eg development of critical thinking, reasoning and judgement?  
What overarching curriculum design or model/s may be adopted?  
State the level (bachelor, master), duration and pacing of the degree – is it accelerated/fast-tracked, leveraging on prior degrees or prior learning, combined with other degrees, sandwiched, nested for articulation between undergraduate and postgraduate etc.  
What is the target market for the degree and have you engaged the market and key stakeholders?  
What are the key drivers for change, at this time, and why?  
What are the distinctive features of this degree at this university?  
Align with national and peak bodies regarding qualifications frameworks (AQF) and quality enhancements, eg, TESQA or threshold concepts where relevant.  
Define and state your review cycle, eg generally 3 or 5 years.  
Plan your curriculum change evaluation strategies and improvement plans. |
| **2. Shared curriculum philosophy, determine theoretical frameworks** | Create and express your unique curriculum philosophy? Highlight core alignment with industry, university, school/faculty values and strategies.  
Will the philosophy extend across degrees, between bachelor and master or within a suite of advanced learning masters into capstone experiences?  
What is the theoretical (or conceptual) framework for curriculum? (Nursing adopted a ‘Framework for Practice Thinking’ (KCAE, 1984 & White, 1990))  
How will we ensure core knowledge, skills and values development will be scaffolded through years of a degree, enacted through units of study and assessed over time?  
How will you plan for the construction and sharing of knowledge, derived from current disciplinary-based research and/or the scholarship of learning and teaching to improve the student experience?  
Utilise educational schemas to articulate levels of learning and mastery scaffolds over time. (for example, revised Blooms Taxonomy of Educational Objectives (Anderson & Krathwohl, 2001) and Gibbs) |
| **3. Explore individual ideologies of education. Discuss and adopt collective pedagogical approaches for learning and teaching** | Invite academics to share their personal philosophies and ideologies about teaching and learning. Revisit and rearticulate over time as an evolving way of thinking and being as a lifelong learner, teacher and researcher. Fashion and refashion academic identities.  
Orient and transition newer teaching staff to the philosophical leanings and theoretical frameworks that are the signature of the discipline, school or faculty. |
| What is the predominant pedagogic design of this curriculum, eg inquiry-based learning? |
| What other approaches may support and align with this pedagogy, eg. Case-based learning, work-integrated learning, engaged inquiry? |
| Which combination of ‘isms’ may work best in your setting, eg. Cognitivism, costructivism, connectivism? |

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<th>4. Utilise curriculum development cycles (structures) to support workplace learning and change</th>
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<tr>
<td>Adopt a curriculum change and evaluation cycle. (for example, a model developed by Harris, Lewis, Cumming, Matthews &amp; Russell (2009) for health professional education. See Appendix X)</td>
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<tr>
<td>Create and align governance structures (for example, curriculum design steering committee, curriculum implementation working party etc).</td>
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<tr>
<td>Draft the implementation and evaluation plans</td>
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<tr>
<td>Regularly monitor progress against the plans and revise progress and plans accordingly.</td>
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<tr>
<td>Seek opportunities to enact project-based engagement through learning, teaching and eLearning project funding cycles within and outside the university, or disciplinary-based funding for curriculum development and evaluation.</td>
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<th>5. Adopt curriculum and information mapping and management tools / techniques</th>
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<tr>
<td>Map curricula elements for alignment and coherence against internal and external requirements and mandates, eg competencies and professional skills; graduate attributes etc</td>
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<tr>
<td>Use existing mapping tools (eg. Harden (2001) and curriculum mapping software such as CUSP, Compass etc). The initial curriculum map and how this changes over time will build the historical narrative for future users/stakeholders.</td>
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<tr>
<td>Ensure alignment with university policies on the delivery and assessment of coursework.</td>
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<th>6. Establish communication places and spaces for iterative developments</th>
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<td>Facilitate communication of ideas, outcomes and actions within the Faculty/School through the creation of formal, informal and virtual spaces.</td>
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<td>Establish a program of regular workshops, staff briefings and updates that facilitate consultative communication and critique.</td>
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<tr>
<td>Establish pattern of micro-level quality reviews of units of study; annual closing the loop reflections informing iterative re-designs, and whole of degree graduate and stakeholder feedback (macro and industry level engagement).</td>
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<tr>
<td>Plan semester-based workload and integrate student assessment tasks within programs to ensure efficient turn-around time and provision of feedback.</td>
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<th>7. Sustainable scholarship</th>
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<tr>
<td>Plan for scholarly activities around curriculum renewal. (For example, submit conference abstracts and scholarly papers from projects and curriculum endeavours to improve the student experience, or workplace cultural change using curriculum as driver)</td>
</tr>
<tr>
<td>Ensure curriculum processes are self-sustaining by embedding them in faculty values, strategic goals, governance and quality structures and the agency of current and potential staff members.</td>
</tr>
<tr>
<td>Maintain curriculum process flexibility and responsiveness by focussing on intersection of community, industry and institution, tempered by the demands of changing healthcare and higher education environments.</td>
</tr>
</tbody>
</table>

Pre-Registration
Adapted from Anderson & Krathwohl’s 2001 adaptation and revision of Bloom’s taxonomy

Registration and Experience

Grad. Cert.
Adv. Learn
Masters
Honours
Research Higher

Professional
Masters
Bachelor of Nursing (AS)
Appendix 5 – Framework for practice thinking and disciplinary conceptual framework

Figure 2b: Framework for Practice Thinking

Conceptual Framework

1. Integrated health care
   - Socio-political context
   - Social determinants of health
   - Management ethos and consequences
   - Models of care
   - International health care

2. Relationship centered care
   - Caring for and about patients
   - Framework for practice thinking
   - Evidence-based care
   - Leadership in practice

3. The person and their family
   - Patients’ values and beliefs
   - Experience of health
   - Experience of illness
   - Cultural understandings of health and illness

4. Educational philosophy & context
   - Adult learner
   - Critical reflection
   - Meta-cognitive skills
   - Learning for and from practice
   - Research mindedness

5. Nursing philosophy, discipline and practice
   - Ethical knowing
   - Empirical knowing
   - Personal knowing
   - Aesthetic knowing
   - Emancipatory knowing
   - Socio-Political knowing

While there is a right answer now, it may be wrong tomorrow due to alterations in the information climate affecting the decisions. (Siemens 2004)
Sydney Nursing School ‘Clinical Home’ model of clinical education

This new model was introduced in 2011 to transform clinical practice experiences of final year pre-registration nursing students. The intention was to extend, immerse and engage students during the semester in clinical settings in the community while continuing their direct engagement with particular units of study and course requirements. This approach is closely aligned with the view expressed in the University of Sydney White Paper that ‘students should be given as much opportunity as possible for community engagement and cross-disciplinary interaction’ (p 21).

The Model
In their final year, students are allocated to one of the Sydney-based hospitals where the University of Sydney has Clinical Schools. The clinical home model involves:

Semester one
- A two-week, on-campus intensive education program immediately prior to the extended placement. This program involves lectures, tutorial classes, extensive clinical simulation learning activities, independent learning activities and consultation with staff. The intention is to clinically prepare students for their forthcoming placements and also to deeply engage them in theoretical learning related to each of the four units of study in which they are enrolled.
- An orientation day for students at the hospital that will be their clinical home.
- 10-12 weeks of clinical experience in three different clinical settings.
- Attendance at weekly three-hour tutorial seminars run by SNS teaching staff in the Clinical School at the designated clinical home.
- A one week on-campus debriefing program.

Semester two
- Four week clinical placement mid-semester at the same ‘clinical home’ hospital. Students have some choice about the focus of this placement as it is attached to an elective unit of study. The intention is to enable a final preparation for professional practice experience in a clinical setting of particular interest to the student.
- Before or after this hospital placement, students undertake a two week placement in a community setting within the same local health district and, where possible, in a setting attached to the same hospital.

Evaluation
The model has been extensively evaluated in 2011 and 2012. SNS has modified the Clinical Learning Environment Evaluation Tools developed by Clare et al (2003) for this purpose. Evaluation with these tools focuses on (i) demonstrated successful partnerships between the University and health services; (ii) improved student engagement within workplace culture and sense of inclusion compared with 2010 final year student cohort; (iii) improved graduate perceptions of ‘readiness to practice’ compared with 2010 final year student cohort. In addition, interviews have been conducted with all key stakeholders. Final year student attrition rates and graduate retention rates in the first year of professional practice will also be monitored.

Student experiences
In 2011, 47 students completed the survey at the end of semester one and 50 at the end of semester two. A total of 10 students were interviewed in 2011. Findings strongly indicate that students feel they have benefited from the clinical home experience. Many found aspects of the first semester learning experience particularly challenging, but felt by the start of semester two that their confidence had significantly increased, and their engagement with, and interest in, the health care system had deepened. Many students experienced a sense of belonging within their
clinical home, and some have elected to return there for their new graduate transition year. Analysis of student interview data demonstrates that this model facilitates (i) deep learning that links theory with practice; (ii) personal perception of growth and achievement; (iii) skill and confidence building; and (iv) recognition of the importance for nurses of healthy workplace and patient/client relationships.

Student perceptions of their own readiness for professional practice
Two non-equivalent samples were surveyed to examine the difference in student clinical experience and preparedness for practice using the ANMC Competency Standards. The samples consisted of the final year 2010 Master of Nursing students who were completing their final semester (n=40) and final year 2011 Master of Nursing students who were measured at two time points, immediately after completing their semester 1 clinical home placement (T1n=47) and on completion of their final semester (T2n=50).

The Clinical Learning Environment Evaluation Tool consisted of 19 items where students were asked to rate the importance of each item and the performance of the clinical environment using a 5 point Likert scale (Not at all important – Essential). Table 1 reports the top 7 items that students identified as being the most important and their evaluation of the performance of the learning environment for these items across the two time periods. Six of the 7 items were well evaluated by the students (median ≥4). One item, "I was well prepared for this placement" was least well evaluated at T1 (median =3). As this was the first undertaking of the clinical home model this finding is not surprising. This item median did improve in this cohort at T2 (median=4).

Both samples, 2010 and 2011 completing students, were asked to rate their level of clinical competence against the ANMC Competency Standards using a 5 point Likert Scale (Not at all Confident – Very Confident). Table 2 reports the difference in self-ratings of ANMC Competency Standards between the 2010 cohort and the two time measures for the 2011 cohort. Not surprisingly a statistically significant difference was found between 2010 cohort (mean=158.2) and T1 (mean=171.6) 2011 cohort (F(138)=3.160; p=.046). No statistical difference was found between T1 and T2 (mean=169.3) of the 2011 clinical home cohort. Although there appears to be a reasonable mean difference between 2010 cohort with T2 2011 cohort, this was not found to be statistically different which could be due to the relatively small sample sizes.

Student interviews
Student interview data reveal that, although the education model is demanding and challenging for students, the program objectives are being met, and most students are enthusiastic about the benefits to them in terms of professional development and career opportunities. The following comments demonstrate some of the perceived benefits:

'It's helping me retain my practical skills and enhance my organisational skills in a way that clinicals at the end of each semester, with a significant gap between, don't. Now the time between learning and practicing is shorter and any shortfalls highlighted can be dealt with at the time rather than waiting until the next clinical experience.'

'It does really make you feel you're part of the working environment … you build a rapport with the nursing staff … I think I'm really well prepared.'

'I realised after the clinical home how much the theory and the clinical linked
into each other … at the time it was a bit overwhelming and … disjointed … but now having finished it and sort of brought everything together with the exams I realised it was linking all the way through but just had to get to the end to realise it.’

‘I started off feeling very insecure about my abilities to make decisions, take on a patient load, prioritise, [be] proactive about a patient’s care … by the end of it I was taking on four patients per shift, writing up all the notes, doing all the handover, consulting with the medical team … doing a much more comprehensive and confident job.’

Other key stakeholders

SNS teaching staff
Seven interviews were conducted in 2011 with SNS staff who had responsibility for the first two intensive learning weeks and then for weekly tutorial classes within the clinical homes. This model required a significant shift in the way units of study were organized and delivered, and a deep re-appraisal of content. Much of this work was done as part of the broader curriculum renewal and re-accreditation process. While some staff were cautious about the move to this model, they nevertheless engaged with the process and fully supported its implementation. Staff were concerned about potential student exhaustion and limited time for face-to-face theory learning. They were enthusiastic about opportunities to engage with students in clinical settings and potential of the model to increase student clinical confidence. One staff member teaching into this program generally felt that case-based learning comes to life for the students as it is situated within real-world settings. He claimed that ‘it is easier to engage students in high-acuity environments within hospitals. This is beyond case-based learning, it is real rather than hypothetical.’ Another felt that the approach was ‘legitimising content from the perceived (or imagined) environment for the student.’

Other comments include:

‘Being there with the students was … a special time … and other people on my team also said this. … You felt that you got to share with them about their clinical and we did spend a good half an hour of the three hours [tutorial] … to get feedback about their clinical and tie it into the tutorial theme.’

‘They were able to link in what they’d seen in reality with what they were learning in theory.’

Clinical staff
The clinical staff include nursing managers, registered nurses and clinical nurse educators. In the main, they have highlighted issues surrounding time the students spent on the wards and the configuration of the placement, and some of these issues have been addressed between the 2011 and 2012 models and plans are underway to address more in 2013. Planned initiatives include one orientation per four week rotation instead of four and more input from the clinical staff during the orientation. Some clinicians have also commented on the confidence and preparedness of Sydney Nursing School final year students as the following quotes demonstrate:

“I think some [students] are really well prepared. I think there’s definitely a level of difference… if they’re an extrovert, they’ll come up and be like, “I’m a Sydney Uni student. I’m final year. This is what I need to learn this year. Can I do this?” Um, I find they’re really well and it makes it easier because then you know they’re confident and they want to do it…”
“I think they have a bit more intuition and a little bit more confidence in asking questions, even if they’re silly questions. They’re not scared to ask what it is, but other students tend to do stuff and then ask questions. So I find SNS students are very good at asking before doing stuff which is I think a very important thing in nursing.”

“In the sense that they will get to know a setting they will call home, and if they come back next year and start to work in this hospital as new grads, they’ll be like, “Oh, I’ve been here for three months. I know where everything is.” They don’t feel completely lost.”

Clinical Facilitators
Students in each clinical home were supported by university employed clinical facilitators who supervised and coordinated their clinical learning experiences. They offered the following comments on this new model of clinical education:

“I think that worked. I think they did get a – made a connection over the time. When they’re going on shorter clinical placements they tend to go from one place to another, they haven’t been – necessarily been in the same institution every time. Whereas this time having some continuity – I think that does give them an opportunity to see the institution in a broader way, yes. And I would think that that probably will assist those hospitals in the future because it will give those students a better understanding of how those hospital’s work.”

“… four weeks in the ward the staff got to know them. The first week’s always a difficult week in any particular ward or any rotation, the second week the staff now have assessed them and they’re giving them responsibility and the third and fourth week is, I find, the most beneficial probably for them because the staff know them and they take them under their wing and they look after them. They engage them in things that are going on in the wards.”

Evidence of successful partnerships
The clinical homes revolve around hospitals located within four different local health districts (LHD) which support student’s experiences rotating through the clinical areas of high acuity, chronic conditions and mental health. Collaboration, cooperation and consultation are essential for the successful implementation of the model, which has led to the decision to establish partnerships operating through Steering Committees. An example of one established partnership configuration is:

- Northern area – consists of five hospitals (RNSH, Hornsby, Manly and Mona Vale and Macquarie) and community services within the LHD for mental health placements. This clinical home has an established operational Steering Committee titled Northern Sydney Local Health District (NSLHD) and The University of Sydney Clinical Home Placement Steering Committee with the following membership configuration:
  - Director Nursing and Midwifery – NSLHD
  - Director of Nursing and Midwifery from within NSLHD
  - Director of Nursing Mental Health Drug and Alcohol
  - Nurse Manager Clinical Leadership Centre for Training and Development (CTD)
  - Nurse Educator CTD (representative student placements)
• Representative from The University of Sydney (x 2 representatives)
• Primary objectives are:
  o To lead the implementation of The University of Sydney Clinical Home Placements Program
  o To facilitate discussion and agreement between key stakeholders with regard to The University of Sydney Clinical Home Program

SNS is currently engaged in discussions with two other LHDs to establish similar steering committee arrangements. We see these as critical to the sustainability of the clinical home model.
Section 1
Our purpose and values

Vision and Purpose

Our vision is to create and sustain a vibrant environment of engaged enquiry of the highest quality and impact; one which emphasizes the indivisibility of nursing and midwifery research, education, practice and policy. The purpose of our engaged enquiry is the advancement of health and wellbeing, through nursing and midwifery, at all levels from individual care to issues of global health.

Key Strategies

Our key strategies evolve from our vision and our commitment to the indivisibility of research, education, practice and policy.

Organisational Governance

From 2011, Sydney Nursing School (SNS) will bring strength to the Division of Medicine, Dentistry, Nursing and Pharmacy (MNDP) in the areas of curriculum review, development and reform, quality systems, clinical education/simulation and teaching of core health professional competencies. Through active and equitable representation in the Division, we look forward to generating cross-faculty and cross-discipline experiences for our students and staff participating in a working environment based on mutual respect and accountability. We anticipate development of our research output and impact through increased collaboration within the Division.

ENGAGED ENQUIRY

Learning and teaching

By 2014, the development of SNS’s full suite of coursework programs will be completed. Our learning and teaching is informed by the best available evidence for practice and uses current and emerging health policy as the foundation. Our Advanced Learning Masters courses have been designed to allow for a research stream which provides a pathway to PhD for clinicians.

We have a commitment to interprofessional learning for collaborative practice; learning with, from and about other health professionals and consumers, recognising the distinctive contribution of each. Our courses reflect SNS’s commitment to making a significant contribution to preparing current and future practitioners for leadership, advanced practice, research and careers in international health.

Research

Improving the health of populations, patients, clients and their families is a central focus of Nursing and Midwifery research. This focus is realized by establishing effective research partnerships within and between the health professions, and with those to whom the research findings will apply.

Our research contributes to the improvement of practice and policy and to the development
of the disciplines of Nursing and Midwifery. Innovative collaborations and multi-method approaches ensure that our research effectively translates into teaching and learning, the development of professional practice, service delivery and health policy.

Practice and Policy

The Faculty makes considerable contributions to the national and international development of professional practice and health policy. Important to this commitment are high level leadership on the Boards of professional registration/regulation and workforce authorities, Local Hospital Districts, the University Centre for Health Policy, and research leadership in midwifery and cancer nursing. We contribute to the development of practice by integration with our clinical partners through initiatives such as student teaching within clinical homes and through research and teaching relationships with senior clinicians, both as students and colleagues.

MUTUAL ACCOUNTABILITY

Physical Environment for engaged enquiry and interprofessional learning

Many of our initiatives relate directly to the wider University and government directions. The development of our Faculty and Division’s facilities are being planned mindful of governments’ directions and opportunities, including HWA initiatives and policy directions. A move onto the Camperdown Campus is critical for the effective and efficient use of simulation, interprofessional learning spaces and collaborative interdisciplinary research. Refurbishment plans of physical space are premised on our expectation of moving to the Camperdown Campus within a five year horizon.

Support

We are continuing with our offshore program in Singapore, with a renewal of the contract until 2015. In 2011, a key strategy area is to begin the friend and profile raising necessary to engage with donors and alumni for donations, endowment of Chairs, scholarships and infrastructure.

Financial Sustainability

The faculty has shown great financial restraint and managed to come in under budget and forecast for the past two years. Despite strong growth in our Pre-registration and Post-registration programs, the financial sustainability and independence of the faculty under the University Economic Model (UEM) will be secured by the introduction of a modest Bachelor of Nursing, with financial modeling indicating an above 50% net operating margin. This will enable greater staff diversity and increased resource availability for research growth.

Service reforms, systems implementation and administration reviews

In line with University service reform initiatives and enterprise solution implementations (eg Sydney Student); the Faculty will continue to review administrative structures and processes to make efficiency gains and productivity improvements. During this time, the Faculty will actively participate in reviewing, collaborating and coordinating administrative functions and key service activities within the Division MNDP.