



CORONAVIRUS RESOURCES FOR NURSE EDUCATORS

AACN has developed a resource center to highlight key information sources about the Coronavirus. The page will be updated regularly to include details on new webinars, CDC updates, and work underway at our nursing schools to raise awareness on prevention and preparedness efforts. Visit [AACN's Coronavirus Resource Center](#).

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CONSIDERATIONS FOR COVID-19 PREPAREDNESS AND RESPONSE TO U.S. SCHOOLS OF NURSING

Taking into consideration the current spread of COVID-19 within the United States, AACN is providing the following information to Schools of Nursing to help guide decision-making and to support efforts to maintain quality nursing education programs during this challenging time. The content below was prepared on AACN's behalf by Dr. Tener Goodwin Veenema from Johns Hopkins University with input from our colleagues at the Association of American Medical Colleges.

On March 11, the World Health Organization (WHO) formally declared COVID-19 a pandemic (WHO, 2020). As of March 30, there were over 756,000 confirmed cases across the globe with more than 36,000 deaths. AACN is committed to ensuring the safety of faculty and students and recognizes the importance of continuity of teaching and learning throughout the outbreak. Given the rapid spread of COVID-19 within the United States, the following updated information is provided to schools of nursing to help guide decision-making:

- **CDC Updated Guidelines for Institutions of Higher Education:** On March 18, the CDC issued updated guidance for Institutions of Higher Education (IHE), which recognizes that working together with local health departments, schools can play an important role in slowing the spread of diseases and protecting vulnerable students, staff, and faculty by helping to ensure a safe and healthy learning environment. Guidance for IHEs is organized into three categories based on the level of community transmission: 1) when there is no community transmission (preparedness phase), 2) when there is minimal to moderate community transmission, and 3) when there is substantial community transmission. **Consult with your local health department to determine what level of transmission is currently occurring in your community.**
- **Suspension of Nonclinical Courses:** Many IHEs have already elected to suspend in-person classes through the end of the spring semester to protect the health and well-being of faculty, students, and staff. Each school of nursing should follow institutional policies and local public health agencies' recommendations. **Where local outbreaks are occurring, local public health decisions must be followed, and schools will be obligated to not convene in-person classes, large group meetings, etc. Schools may choose to be more restrictive than local public health agencies require.** You are strongly encouraged to put into place what is needed to move all coursework online and to develop your communication strategy. **Graduation ceremonies and all school-related events involving greater than ten people should be postponed or cancelled.**

Schools should implement their contingency plan for all classroom-based work Resources to consider: Moving course content to online course software platforms; use Zoom, WebEx, GoToMeeting, and similar platforms to host e-lectures; pre-record lectures to send to students; and increase access/license online content to

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enhance and deliver knowledge through digital and mobile resources.

- **Clinical Placements and Patient Interactions:** Student nurses are valuable members of the healthcare team, who contribute to the provision of care in hospitals and community healthcare settings. In these situations, student placements and level of involvement in the patient care arena is determined by school policies and healthcare institutional policies that consider well-established

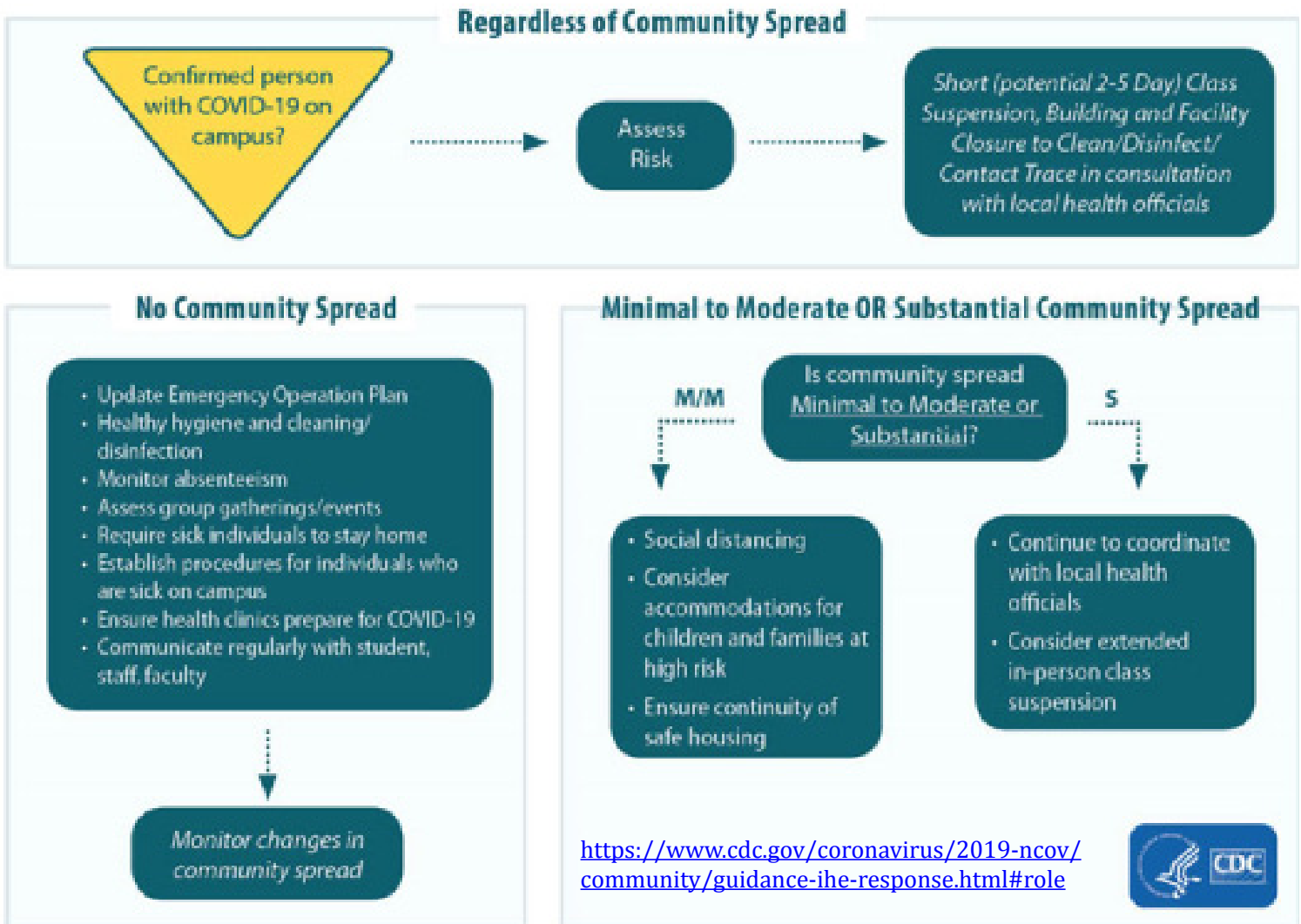
transmissibility data and morbidity/mortality data. For COVID-19 (as of March 25, 2020), critical data regarding transmissibility, morbidity, and mortality is still evolving, even as we need to make important decisions. *Therefore, it may be advisable as decisions are made to continue clinical experiences in healthcare facilities, in the interest of student safety, to limit student direct care of known or suspected cases of COVID-19 infection until better epidemiologic data are available. For now, other than limiting direct care of COVID-19 patients, students in*

clinical settings may continue their roles as part of the care team. Schools should communicate regularly with their local health departments and healthcare facilities for updated guidance and make changes to this policy as needed. Local flexibility based on public health guidelines, the needs of the community partners, and the public is key.

Schools of Nursing are encouraged to develop contingency plans should future restrictions on clinical placements occur. These plans may include the expanded use of

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Institutions of Higher Education (IHE) Decision Tree



<https://www.cdc.gov/coronavirus/2019-ncov/community/guidance-ihe-response.html#role>



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simulation, telehealth, and virtual reality in keeping with best practices and guidelines from state boards of nursing and other regulatory bodies; the use of online resources for teaching clinical care; and online group chat features.

- **Personal Protective Equipment (PPE):** Concerns persist regarding the shortage of personal protective equipment in the U.S. It is recommended that *student clinical placements that require the use of PPE should be deferred in order to protect the nation's supply of PPE.*
- **Educational experiences that require faculty and/or student travel** such as study abroad programs, medical and nursing mission trips, and online nursing programs with on-site immersion experiences: Schools of Nursing should follow the CDC and Department of State travel advisories to postpone or cancel all international travel. Schools should postpone all domestic travel for now as the outbreak spreads.
- **Teaching:** Each School of Nursing should review the infection control and prevention content contained within its curriculum and consider *expanding the amount of content covered and the frequency with which it is offered. Infection control and prevention content can be threaded through multiple courses and programs or offered* as just-in-time training. This information is critical to helping keep nurses and nursing students safe. At a minimum, basic infection control and prevention topics to cover include:
 - Surveillance and Detection
 - Isolation, Quarantine, and Containment
 - Standard, Contact and Airborne Precautions
 - Proper Handwashing, Cough, and Respiratory Etiquette

- Selection and Appropriate Use of Personal Protective Equipment (PPE)
- **Surge Capacity as Outbreak Intensifies:** Pandemic contingency staffing plans may include the potential use of nursing students should the outbreak accelerate to the point that our current national nursing workforce is unable to meet the demand for healthcare services. *While we hope that this situation is not realized, schools of nursing are advised now to develop plans and protective actions should the pandemic worsen.*
- **Illness:** Faculty, students, and staff who are ill or develop COVID-19 [symptoms as defined by the CDC](#) *need to stay home* from school, clinical placements, and work. They should contact their primary healthcare providers (call before going to the office or emergency department, wear a facemask), and then notify their school and occupational health officer if they recently have been in the clinical setting.
- **Emotional/Mental Health/Well-Being Support:** Everyone is affected by the pandemic, and the nursing education community is encouraged to follow the three C's of disaster response: Communication, Collaboration, and Cooperation. Working together, we can strengthen our contribution to the response effort, sustain business continuity, and build our resilience for future events. Schools of Nursing are encouraged to remain vigilant of the emotional and mental health burden that this outbreak is creating on faculty, students, and staff, and should ensure that resources are available for anyone who needs support.
- **Resources for Faculty, Students, and Staff:** The Centers for Disease Control and Prevention (CDC) is our "gold standard" for evidence-based information in the U.S., and they have developed a dedicated [COVID-19](#)

[web page](#). Nurses should visit this site for updated guidance on the rapidly evolving pandemic. The CDC also has released specific guidance for [Institutions of Higher Education](#). For other helpful resources, see [AACN's Coronavirus Resources for Nurse Educators](#).

The nursing education community is committed to ensuring the safety of faculty, students, staff, patients, families, and communities. **Nursing is Public Health**, and we play a leading role in reducing confusion and correcting the epidemic of misinformation that is circulating regarding COVID-19. We must remain calm, use our best judgment, apply the scientific principles of disease containment to community and clinical care, and continue our commitment to improving individual and population health outcomes.

CALL TO ACTION TO MEMBER SCHOOLS

Donate PPE to Your Local Community Healthcare Facilities

AACN is calling on all member schools to donate personal protective equipment (PPE) supplies to their community healthcare facilities to help compensate for the lack of PPE. With COVID-19 spreading, this equipment is critical to healthcare providers who are being forced to reuse or make their own PPE equipment, which puts themselves and others at risk.

Please talk to your administration, take inventory, and provide any available supplies now to offset the demand our healthcare providers need.

As academic nursing leaders, we must do everything we can to ensure that our nation remains healthy and strong through the duration of this public health challenge.

Q&A with Tener Goodwin Veenema

In consideration of the COVID-19 pandemic and its impact on public health, we are presenting excerpts from our interview with Dr. Tener Goodwin Veenema, professor at Johns Hopkins University, first published in the March-April 2019 issue of *Syllabus*. At present, Dr. Veenema is assisting AACN as we work to help schools navigate the response to COVID-19.



TENER GOODWIN VEENEMA, PhD, MPH, MS, RN, FAAN

Tener Goodwin Veenema, PhD, MPH, MS, RN, FAAN, is a professor of Nursing and Public Health at the John Hopkins University. She was the 2017-2018 Distinguished Nurse Scholar-in-Residence at the National Academy of Medicine (NAM). Through the program, she participated in a year-long leadership opportunity working at the National Academies of Sciences, Engineering, and Medicine and influencing health policy.

Dr. Veenema is an internationally recognized expert in disaster nursing and public health emergency preparedness. As president and chief executive officer of the Tener Consulting Group, LLC, she served as senior consultant to the U.S. Government, including the departments of Health and Human Services, Homeland Security, and Veterans Affairs, the Administration for Children and Families, and most recently the Federal Emergency Management Agency. Her decision-support software and information technology applications for disaster response have been presented at conferences around the globe. Her scholarship includes the leading international text in the field, *Disaster Nursing: Disaster Nursing and Emergency Preparedness for Chemical, Biological and Radiological Terrorism and Other Hazards* (Springer, 3rd Edition, 2013).

Dr. Veenema is a recipient of the International Committee of the Red Cross Florence Nightingale Medal, the highest international distinction a nurse can achieve, and the Visiting Fulbright U.S. Scholar Award.

How did you first become interested in the field of disaster nursing and emergency preparedness?

When I was 15 years old and started volunteering in the emergency department of Mt. Sinai Hospital in Hartford Connecticut! I was the first-ever candy striper to be allowed to volunteer in the emergency department. I fell in love with the pace of emergency health services, the challenge of never knowing what was going to come through the door, and the ability to be there when people

really needed help. Many years later while working as a pediatric nurse practitioner in the ED, I started reading a lot about chemical, biological, radiological, nuclear and explosive (CBRNE) emergencies, and I quickly realized that most healthcare workers were not prepared to deal with these types of events. I was always a voracious reader, so I educated myself on disasters, large-scale public health emergencies, and CBRNE events.

How is “preparedness” quantified?

In my field, that’s the million-dollar question! Many federal officials, scientists, and members of the medical and public health communities are continuing to work to identify better metrics for evaluating health systems and workforce preparedness. The reality is that you find out whether you were prepared after the event occurs. I live by the mantra that it is okay to hope for the best, as long as you are prepared for the worst!

Which types of emergencies are nursing-intensive events?

There are few disasters or public health emergencies that are *not* nurse intensive events. Nurses will be needed across all sectors and disciplines to respond to disaster events. Catastrophic events such as pandemic influenza, a bioterrorist attack, or a nuclear event will create a significant burden to the U.S. healthcare system and any of these events will be especially nurse intensive. Disaster nursing is “everyone’s subspecialty.”

In general, have you found that nurses are ready and willing to respond to a large-scale radiation release?

According to my research and that of others, nurse willingness to respond to a large-scale radiation release will be multifactorial. It will depend on the nurse’s perception of personal safety and sense of clinical competence, which is directly related to knowledge, skills, and abilities, and the safety of family and friends.

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Q&A with Tener Goodwin Veenema

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Are nurse roles and responsibilities generic across all emergency events?

Nurses' roles and responsibilities will vary depending on the type, scope, and duration of the disaster event. When we categorize disasters and large-scale public health emergencies, we place them into one of four "buckets." Recent history confirms that the burden of disasters and public health emergencies is increasing. Nowhere is this burden more evident than on the U.S. healthcare system, public health departments, and their staff. Hurricanes Irma, Harvey, and Maria (2017); Hurricanes Florence and Michael (2018); western wildfires; mudslides; tornadoes; a volcanic eruption in Hawaii, to name just a few, have all contributed to revealing persistent gaps in health systems readiness. The ubiquitous threat of emerging and re-emerging infectious diseases, a growing wave of social unrest and urban gun violence in U.S. cities, concern for the electrical grid, and recent and widespread breaches in cybersecurity also contribute to a rapidly evolving threat profile to population health. The role of the nurse will vary depending on the type of disaster event, where it occurs, how long it lasts, and how it relates to the type of organization for which the nurse works or responds.

Are U.S. schools of nursing adequately preparing the next generation of nurses for public health emergencies?

There is great variability across what U.S. schools of nursing are teaching. Most are not providing comprehensive disaster and public health emergency content and much of the current nursing workforce may not have received adequate education and training regarding how to respond and how to care for patients and communities

in the event of a major event. In particular, current federal and state radiation/nuclear preparedness plans may be built upon false assumptions of readiness that would have serious implications for national preparedness and the National Health Security Strategy.

What are some reasons why radiation and nuclear emergency preparedness are not being taught in schools of nursing?

In a study we conducted in collaboration with AACN in 2018 of almost 800 US schools of nursing, the primary reasons cited by respondents were *inadequate time in the curriculum, topic not mandated in BSN or MSN Essentials document, topic not mandated by state board of nursing, no qualified faculty to teach, and no perceived risk of this type of event for our area.*

Thematic analysis of the open-ended responses revealed that respondents indicated that *it never occurred to them to teach radiation/nuclear content*, respondents *were not sure why their school did not teach radiation/nuclear content, they teach other disaster preparedness but not this topic specifically, or they believe it is taught elsewhere on campus.* Nearly one in three respondents indicated that this topic is either *not relevant to their school, there is no perceived risk of this type of event in their area*, or they indicated that *the topic is not relevant to nurses.*

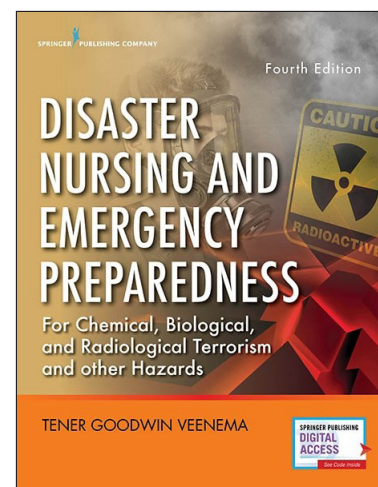
What can AACN member schools do to increase the awareness of the need for radiation/nuclear emergency preparedness?

The first step is to ensure that their school has a radiation/nuclear annex to the school's current emergency operations management plan and that they drill to test their own level of preparedness. Curriculum committees should review their current disaster and public health

emergency preparedness content and ensure that it is threaded throughout all nursing programs of study. Faculty should seek and incorporate high quality resources for teaching this content (e.g., ASPR TRACIE, the National Library of Medicine Disaster Information Management Center, CDC Office of Emergency Preparedness and Response) into their courses. My textbook *Disaster Nursing and Emergency Preparedness for Chemical, Biological, Radiological Terrorism and Other Hazards* is also a great place to start! [The Society for the Advancement of Disaster Nursing](#) is another resource and has toolkits that can be downloaded into courses for free.

What National Academy of Medicine (NAM) activities should schools of nursing be aware of?

All of them! The National Academy of Medicine explores healthcare topics relevant to Congress and the nation in an independent and unbiased scientific approach. Consensus studies, national workshops, and standing committees and forums provide current, valid, and reliable reviews of the evidence to inform practice, education, and policy. Nurses should be vigilant of their published reports and use them to inform their work.



CAUTION ON HOMEMADE MASKS FOR HEALTHCARE WORKERS

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It's heartening to see so many people wanting to respond to the shortage of masks for those on the frontlines of the coronavirus pandemic by sewing homemade masks from fabric and a pattern. How schools of nursing respond during this crisis is key to fostering appropriate community responses. We're concerned that some schools are encouraging people to make these cotton masks for nurses and other frontline health care workers and that some hospitals are saying they will take them.

Homemade masks are not protective grade, even when made of 100% cotton and with careful use of the template that simulates the surgical mask design. Cotton is not an adequate barrier and can get moist, acting like a wick to allow the virus to travel via moisture from the outside of the mask to the wearer's face. And [proper fit](#) of any mask is crucial for protection. Making face shields might be more helpful to frontline healthcare staff.

Many are saying "it's better than nothing", which is why the [CDC](#) said bandanas or scarves could be used if proper masks were not available. The [WHO](#) does not agree, and we believe the outrage from many frontline staff was warranted, as the CDC's recommendation was not evidence based. In fact, we do have [evidence](#) that cotton masks have significantly higher rates of infection from other pathogens.

Dr. Friese participated in a meeting with respiratory protection experts last week. The group did think that the barrier of homemade cotton masks could be strengthened if a liner of polypropylene can be made and inserted between the wearer's face and the cotton mask. But we are not there yet. If you have a school of engineering, you might consider engaging them in designing and testing such a solution. But even with an insert, the mask must be able to be washed in hot water and soap and changed regularly.

Cotton masks could be helpful for some non-health care workers:

- Someone who has tested positive for the virus and is isolated at home but trying not to spread it to others with whom they live.
- People with compromised immune systems who have to be around others—but they really should stay home.
- Someone who has a cough and is in public during this allergy season. It would reduce the ability of the person's cough to project the droplets into the air. There is growing evidence that the virus can also be spread through small particles. But again, anyone with a cough should be staying home.
- People who are scared and insist on wearing N95 respirators and surgical masks they were able to find, even though they don't need them and are depleting the supply of protective-grade masks available for health care workers on the frontlines.
- Should the CDC expand recommendations for mask use for the general public, as we think it may, cotton masks may blunt the damage and direct industry-tested protection to health care workers.

If you're intent on continuing to make masks, make sure you're adhering to the pattern, paying attention to materials, and letting the end user know that the mask is not protective grade. *But make that end user your community instead of health care workers.* Consider asking your community to search their homes and businesses for protective-grade surgical masks and N95 respirators (masks) or even higher-grade respirators (elastomeric respirators, for example) and swap them for one or two homemade masks. You can then donate the industry-tested masks to local hospitals.

We must get appropriate PPE to frontline workers and prevent this shortage of PPE from happening again. We can settle for nothing less. Urge the president to invoke the Defense Production Act for quickly increasing our supply of medical-grade masks, as he now has done for ventilators. And start thinking about how we can be better prepared for the next pandemic. You can read our JAMA blog about the latter here: <https://jamanetwork.com/channels/health-forum/fullarticle/2763478>. It's a couple weeks old and the science and numbers have changed, but the fundamental points remain relevant. Dr. Friese is available to answer questions via email.

SUSAN BAKEWELL-SACHS APPOINTED CHAIR OF AACN BOARD OF DIRECTORS



Susan Bakewell-Sachs, PhD, RN, FAAN, dean and vice president for nursing affairs at Oregon Health & Science University (OHSU) School of Nursing, has been appointed Chair of the AACN Board of Directors. Dr. Bakewell-Sachs began her two-year term as AACN's highest elected official on March 23.

"As Board Chair, I look forward to working collaboratively to continue AACN's lead role in academic nursing during this extraordinary time and to supporting nurse leaders across the country. AACN will remain a catalyst for excellence and innovation in nursing education, research, and practice," said Dr. Bakewell-Sachs. "I am fully committed to working with my fellow Board members to advocate for quality nursing education and research while amplifying the impact AACN has on improving the nation's health and health care."

Dr. Susan Bakewell-Sachs is a nationally recognized scholar and clinical expert in the care of prematurely born infants, as well as a distinguished leader in academic nursing. Prior to assuming her current role at OHSU in 2013, she served as nursing faculty at the University of Pennsylvania; program director, professor and dean at The College of New Jersey (TCNJ) School of Nursing, Health & Exercise Science; and Interim Provost and Vice President of Academic Affairs at TCNJ. A strong nurse advocate, she was the director of the Robert Wood Johnson Foundation's (RWJF) New Jersey Nursing Initiative, chair of the New Jersey Association of Baccalaureate and Higher Degree Programs, member of the March of Dimes National Nursing Advisory Council, and on the steering committee of the Oregon Action Coalition. Dr. Bakewell-Sachs was an RWJF Executive Nurse Fellow, Cohort 2007, where her leadership development project focused on strategic effectiveness and nursing education.

In support of AACN's mission, Dr. Bakewell-Sachs has served on the Governance Task Force, as chair of the Program Committee and the Clinical Nurse Leader (CNL) Steering Committee, member of the Government Affairs Committee, and state grassroots liaison for New Jersey and Oregon, among other key roles. A graduate of AACN's Leadership for Academic Nursing Program, she has helped shape many of the association's signature programs through her service on the Board, including the advancement of the CNL role, support for academic-practice partnerships, and the re-envisioning of the AACN *Essentials*.

"During my tenure as Board Chair, I will support coalition building and AACN's leadership around addressing faculty and workforce needs, building inclusive learning environments, and accelerating the move to competency-based education to improve practice, research, and education," added Dr. Bakewell-Sachs.

Joining Dr. Bakewell-Sachs on the AACN Board of Directors are these continuing and new members: Chair-Elect **Cynthia McCurren** from Grand Valley State University; Treasurer **Lin Zhan** from the University of Memphis; Secretary **Jean Leuner** from Auburn University Montgomery; **Jean Giddens** from Virginia Commonwealth University; **Judith Karshmer** from Arizona State University; **Jerry Mansfield** from Mount Carmel Health System; **Victoria Niederhauser** from the University of Tennessee Knoxville; **Randolph Rasch** from Michigan State University; **Julie Sanford** from the University of Mississippi Medical Center; **Jan Strom** from Aurora University; **Terri Weaver** from the University of Illinois at Chicago; and **Marge Wiggins** from the Maine Health System. In addition, AACN's President and Chief Executive Officer **Deborah Trautman** serves as an ex-officio member of the AACN Board.

To read more about AACN's 2020 election results, [click here](#).

AACN PRESIDENT DEBORAH TRAUTMAN REPRESENTS ACADEMIC NURSING AT WHITE HOUSE BRIEFING ON COVID-19

Dr. Deborah Trautman, AACN President and Chief Executive Officer, represented academic nursing at a White House briefing held March 18, 2020 with President Donald Trump, Vice President Mike Pence, and members of the Coronavirus Task Force. Dr. Trautman was invited to attend this meeting, along with a handful of other nursing association leaders, to share details about nursing's critical role in preventing the spread of COVID-19 and to discuss what support is needed to keep the nursing workforce safe and remain fully engaged in treating patients throughout the country.

"As we look at the challenge before us, it is imperative that the safety of the public, our nurses, and our nursing students, are top of mind," said Dr. Trautman in remarks prepared for this briefing. "AACN's member deans, faculty, and students are leaders in their communities who are committed to ensuring that our nation remains healthy and strong through the duration of this public health challenge. AACN looks forward to working with the Administration to address the needs of the nursing workforce."

The White House convened this meeting to discuss what is needed to protect healthcare providers on the frontlines of addressing COVID-19 and to better determine what equipment and protections are needed to keep nurses safe. Read more about the work of the task force and the [Coronavirus Guidelines for America](#).

COVID-19 POLICY UPDATES AND COLLABORATIONS

[AACN Applauds as the COVID-19 Stimulus Bill Becomes Law](#)

AACN applauds the swift passage of H.R. 748, the Coronavirus Aid, Relief, and Economic Security (CARES) Act and the President's action to sign it into law. This \$2 trillion stimulus package is a massive bipartisan effort to address the economic impact of COVID-19, which includes support for academic nursing and the healthcare workforce who are on the frontlines fighting this public health challenge.

[Policy Brief: U.S. Nursing Leadership Supports Practice/Academic Partnerships to Assist the Nursing Workforce during the COVID-19 Crisis](#)

This policy brief is the collaborative effort of nursing leaders who propose and support academic-practice partnerships between healthcare facilities and pre-licensure registered nursing and practical/vocational nursing programs across the country during the COVID-19 crisis. This is one potential model to consider. It is not mandated, rather an innovative approach to meeting academic and workforce needs.

[Statement Regarding Nurse Practitioner Students and Direct Care Clinical Hours](#)

In light of the COVID-19 pandemic, AACN, CCNE, and 13 other organizations reaffirm that all nurse practitioner (NP) students are required to complete a minimum of 500 supervised direct patient care clinical hours over the course of the NP program. In addition, clinical hours are distributed to support competency development that represents the needs of the chosen population. If additional clinical hours are required by the institution or a certification organization (above the minimum 500 supervised direct patient care clinical hours), these additional hours may be completed as simulation, if students have completed the direct patient care clinical hours that are necessary and required for them to be fully prepared to practice as an NP in the population focus area.

[AACN and OADN Collaborate on COVID-19 Response Webinars](#)

AACN and the Organization for Associate Degree Nursing (OADN) are collaborating to offer free webinars focused on academic nursing's response to COVID-19. This information-rich webinar series offers timely advice and guidance on how to adapt nursing education programs and curriculum for students learning outside of the traditional classroom while also sharing best practices on how to keep students, faculty, and communities safe during the coronavirus outbreak. Webinars are offered live and on-demand (for those who cannot attend the live sessions). AACN has expanded capacity in these webinars from 1,000 to 3,000 participants to accommodate nursing faculty and students from university and associate degree program. To find out more, click [here](#).

UNIVERSITY OF MARYLAND SCHOOL OF NURSING COLLECTING HOMEMADE MASKS

Hospital systems in the United States have been and will continue to be challenged to meet the needs of patients who may be COVID-19 positive. In light of this, the Centers for Disease Control and Prevention recently issued guidance approving the use of cloth masks. The University of Maryland School of Nursing is collecting such masks to be delivered to the University of Maryland Medical Center (UMMC). In just one week, over 400 masks were sewn and delivered to UMMC, with more masks arriving each day. You can find links to instructions, a PDF template, and collection details [here](#).



Unlike the N95 masks, these masks are not designed to prevent COVID-19; however, if constructed properly they can provide minimal protection and will prevent some transmission. Please note that:

- To avoid contamination of masks or other people while transporting them, if you currently are feeling sick or have been exposed to anyone with symptoms, do NOT make masks at this time.
- Cloth masks will not be used for COVID-19 positive or COVID-19 suspected patients; only approved PPE will be used for hospital staff who provide care to these patients.
- Cloth masks are sewn using CDC specifications.
- Cloth masks can be used for non-clinical staff who desire a barrier but do not require PPE for their role and work.
- Cloth masks can be distributed to patients in the hospital or at discharge who desire a mask and do not require PPE, which will help to conserve the hospital's PPE.
- There are two variations of the mask – folded and fitted – and both are options when creating these masks.
- Sewing experience, not expertise, is required to fabricate these correctly.

Place the completed masks in a sealed plastic bag that can be wiped down by the health care group and then run through their sanitizing processes. If you don't have sealable bags, just seal them up as best you can. Please place a note in the bag or write on the bag how many masks are included.

[CDC STRATEGIES FOR OPTIMIZING THE SUPPLY OF FACEMASKS](#)

Opportunities

UNIVERSITY OF SOUTH FLORIDA COLLEGE OF NURSING

The College

Founded in 1973, the USF College of Nursing is one of 14 colleges that comprise the University of South Florida and is an integral part of USF Health. Serving more than 2,200 undergraduate, master's, and doctoral students each year, the college is recognized as a leader in nurse education and community outreach.

Doctorally Prepared Psychiatric/ Mental Health NP Faculty

Position Summary

This non-tenure earning position will teach in the undergraduate and/or graduate programs, conduct scholarly activity, mentor nursing students, and engage in college, university, community, and professional service activities commensurate with the rank of assistant or associate professor.

Minimum Qualifications

Qualified candidates will possess an earned doctorate in nursing, with a demonstrated record of achievement in teaching, academic scholarship, and service; a master's degree in nursing; be eligible to practice as an RN in the state of Florida; must meet university criteria for appointment to the rank of assistant or associate professor.

Must hold current national certification as a Psychiatric/Mental Health Nurse Practitioner.

Preferred Qualifications

Experience with technology supported educational methods (online and blended format); demonstrated ability to work effectively with community partners; and experience with simulation learning.

[Apply here Job ID 24785](#)

For more information, contact Hannah Mark-Serieux at hmserieux@usf.edu or (813) 974-8005.

CRNA Faculty – Open Rank

Position Summary

This non-tenure earning position will teach in the CRNA Program, conduct

scholarly activity, mentor graduate nursing students, and engage in college, university, community and professional service activities commensurate with the rank of assistant to full professor.

Minimum Qualifications

Doctoral degree from an accredited institution or the highest degree appropriate in the field of specialization with a demonstrated record of achievement in teaching, academic research, and service. Normally will have produced creative work, professional writing, or research in professional journals. Must meet university criteria for appointment to the rank of assistant to full professor.

Doctorate in nursing or related discipline and current national certification as a Certified Registered Nurse Anesthetist; must be eligible to practice and have current clinical practice as a CRNA/ARNP in the state of Florida.

Preferred Qualifications

One year prior post-secondary teaching experience in a college/school of nursing, demonstrated expertise in teaching/developing curriculum in pharmacology, physiology, pathophysiology and nurse anesthesia-related curriculum. Experience with technology-supported educational methods (online and blended format); demonstrated ability to work effectively with community partners. An established record of scholarly work and/or external funding; experience with simulation learning; evidence of independent and collaborative scholarship or creative work supported by publications, presentations, and or their equivalent.

[Apply here Job ID 24791](#)

For more information, contact Hannah Mark-Serieux at hmserieux@usf.edu or (813) 974-8005.

Family Nurse Practitioner / Adult- Gerontology Primary Care NP

Position Summary

This position will teach in the graduate clinical programs, conduct scholarly activity, mentor graduate nursing students, and engage in college, university, community, and professional service activities commensurate with the rank of assistant to full professor.

Minimum Qualifications

Doctoral degree from an accredited institution or the highest degree appropriate in the field of specialization with a demonstrated record of achievement in teaching, academic research, and service. Normally will have produced creative work, professional writing, or research in professional journals, and be a recognized authority in the field of specialization. Must meet university criteria for appointment to the rank of assistant to full professor.

Qualified candidates will possess an earned doctorate in nursing; hold current practice and national certification as a Family Nurse Practitioner or Adult-Gerontology Nurse Practitioner; be eligible to practice as an APRN in the state of Florida.

Preferred Qualifications

A PhD or DNP in nursing; prior post-secondary didactic, simulation, or clinical teaching in a college/university; experience with technology-supported educational methods (online and blended format); demonstrated ability to work effectively with community partners; an established record of scholarly work and/or external funding.

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For more information, contact Hannah Mark-Serieux at hmserieux@usf.edu or (813) 974-8005.

Open Rank Tenure Track Faculty

Position Summary

This is a tenure-earning position, and the individual will be responsible for the conduct of research and attainment of external funding to support an established program of research. This position will also have a teaching assignment across the curriculum as appropriate; and engage in college university, community, and professional service activities commensurate with the rank of assistant to full professor.

Minimum Qualifications

Doctoral degree from an accredited institution or the highest degree appropriate in the field of specialization commensurate with experience or rank,

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Opportunities

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with a demonstrated record of achievement in teaching, academic research, and service. Normally will have produced creative work, professional writing, or research in professional journals, and be a recognized authority in the field of specialization. Must meet university criteria for appointment to the rank of assistant to full professor.

Qualified candidates will possess a PhD in nursing or a closely related health sciences field and have an established program of research with either secured or high potential for securing external funding. Experience with technology-supported educational methods (online or blended format); a demonstrated ability to work effectively with community partners is preferred. Registered nurse applicants will be expected to maintain licensure as a Registered Nurse in the state of Florida.

Preferred Qualifications

A PhD in nursing or related field; an established program of research supported by publications and presentations is highly preferred.

[Apply here Job ID 24790](#)

For more information, contact Hannah Mark-Serieux at hmserieux@usf.edu or (813) 974-8005.

RUTGERS UNIVERSITY SCHOOL OF NURSING

As one of the nation's largest, most comprehensive nursing schools, Rutgers School of Nursing is dedicated to the pursuit of excellence in education, research, evidence-based health care delivery, and the promotion of community health. The school educates close to 1,800 undergraduate and graduate students at four campus locations in Newark, New Brunswick, and Blackwood, NJ, as well as online. Our

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Specialty Directors

- Program Director and Faculty -- Nurse Midwifery and dual Nurse Midwifery/ Women's Health
- Specialty Director and Faculty -- Family Nurse Practitioner
- Specialty Director and Faculty -- Adult Gerontology Acute Care Nurse Practitioner

Faculty

- Adult Gerontology Acute Care Nurse Practitioner
- Family Nurse Practitioner
- Family Nurse Practitioner -- Emergency Care
- Psych/Mental Health
- Full-Time Clinical Teaching Faculty

To view a complete list of faculty positions, please visit nursing.rutgers.edu/careers

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UNIVERSITY OF TOLEDO COLLEGE OF NURSING

Make a Difference!

Join a dynamic, innovative, student-centered faculty team, The University of Toledo College of Nursing.

Open positions include the Department Chair of Adult, Family and Population Health. See our website for additional faculty opportunities: utoledo.edu/jobs
Questions can be directed to Martha Sexton, Ph.D. R.N. Associate Dean of Academic Affairs, martha.sexton@utoledo.edu

UNIVERSITY OF MISSOURI-ST. LOUIS COLLEGE OF NURSING

The University of Missouri-St. Louis College of Nursing is seeking applications for tenured/tenure track, and doctorally prepared non-tenured teaching faculty. We are searching for faculty leaders committed to shaping the future of nursing and healthcare through education, research, practice and policy.

Current positions:

- Tenured/Tenure Track and Non-Tenure Track positions.

Expertise in all areas will be considered, with the following areas encouraged:

- Health care systems and policy
- Health informatics
- Adult Health
- Adult/Geriatric Nurse Practitioner
- Women's Health Nurse Practitioner
- Psych/Mental Health Practitioner

Teaching faculty with expertise in a clinical area* (Master's degree will be considered)

Qualifications:

- Commitment to excellence in nursing education. All candidates should be able to teach in the undergraduate and graduate programs in their area of expertise.
- Doctoral degree in nursing or a related field
- Tenure track/tenured faculty – Demonstrated potential for extramurally funded program of research as evidenced by publications and/or successful funding record
- Advanced practice certification for NP faculty positions
- Eligibility for Missouri RN license

Please visit our website for further information on how to apply.

www.umsl.edu/divisions/nursing/Employment/index.htm

Opportunities

MOVING YOUR ADMISSIONS PROCESS ONLINE



AACN's NursingCAS continues to add member schools to its Centralized Application Service. In 2019, over 40 schools of nursing joined NursingCAS, with 275 programs now participating and 53,000 applicants in the last cycle. NursingCAS is a free service for AACN member schools and provides a cloud-based admissions software and student application. AACN and NursingCAS can assist with quickly shifting your admissions process online during this time of transition for universities. A recent article in *University Business*, "6 considerations for moving admissions processes online" provides insight on the benefits of moving towards cloud-based processes in admissions. These benefits include the ability to seamlessly transition to a remote work environment and to increase program visibility to prospective students. If you need assistance adding additional programs to NursingCAS, or would like to schedule a demo call, contact [Stephanie Wurth](#), AACN Director of Strategic Partnerships.

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April 3 | 1:00-2:00 PM (ET)

[COVID-19 Series: Techniques to Teach Assessment Online NOW!](#)

April 6 | 2:00-3:00 PM (ET)

[Public Health: Nursing Education and the COVID-19 Pandemic](#)

April 8 | 2:00-3:00 PM (ET)

[Innovations in Professional Nursing Education: Competency Based Education and the University of Wisconsin-Milwaukee's Flexible Option](#)

April 16 | 2:00-3:00 PM (ET)

[Pressure Injury Risk Assessment and Prevention](#)

April 22 | 2:00-3:00 PM (ET)

[Multi-Mini Interviews – A Holistic Admissions Assessment Tool](#)

April 28 | 2:00-3:00 PM (ET)

[A Framework for Integrating Immunization Education into Prelicensure Nursing Programs](#)

April 29 | 2:00-3:00 PM (ET)

[Innovative Primary Care Nursing Academic Practice Partnership](#)