

# Instructionally Related Activities Funds Request Spring 2020

## ▼ Submitter

### Submitter Name

LaSonya Davis

### Submitter Email

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## ▼ 1. Basic Details

### Activity Title

CSU Channel Islands Nursing and Allied Health Vulnerable Populations Symposium

### Activity/Event Date

April 18, 2020

### Date Funding Needed By

Jan 2020

### Previously Funded?

- ☒ No  
☐ Yes

### Additional Proposers

Dr. Aaron McColpin, Nursing  
FYI, Was funded for a similar activity Spring 2017 however the focus and collaborators have changed. This conference is planned to continue every other year.

### Academic Program/Center/Organization Name

Nursing and Health Science Programs; Student Nurses Association; CI Chapter of Sigma Theta Tau Int. Nursing Honor Society at Large

### Estimated total Course Fee revenue

\$1000

### Amount Requested from IRA

\$4986

## Estimated Number of Students Participating

150 and 100-150 outside guest some

## ▼ 2. Brief Activity Description

Describe the activity and its relationships to the educational objectives of the students' program or major

### Brief Activity Description

This symposium is designed to enhance and develop leaders in the field of Nursing and other Allied Health Majors. As stated in the Channel Islands Nursing Program objectives, the main focus of this event is to identify and evaluate population health issues by focusing on health promotion and disease prevention throughout the life span including assisting individuals, families, groups, communities, and populations (CSUCI Nursing Program Student Learning Outcome, 2017). The activity also closely aligns with the CI Mission Pillars of Multicultural Perspectives, Integrative Studies, International Affairs, and Community Engagement. This program will provide a platform for interdisciplinary student, at all level of academia, to exchange dialog, collaborate, and engage in scholarly activities to improve health outcomes at local, national, and global levels.

Please provide a list of administrative support work needed to fulfill the goals of the proposal. Indicate the estimated time of year and amount of time needed for each work item to the best of your ability:

### Administrative Time

Assistance with booking rooms and services. This will take place in January prior to the start of the semester.

## ▼ 3. Learning Outcomes and Relation of IRA to Course Offerings

All IRAs must be integrally related to the formal instructional offerings of the University and must be associated with scheduled credit courses.

1. Please list all classes that directly relate to the proposed activity.
2. For each class listed, describe in detail how exactly the IRA activity will be integrated with the class's activities, how often/ on what expected date(s), and to what extent

### Learning Outcomes and Relation of IRA to Course Offerings

The participants will:

1. Identify and discuss issues that impact health on the local, national, and global levels.
2. Apply theoretical concepts to the practice and care of vulnerable populations.
3. Explore health related research at graduate levels of academia and professional practice.
4. Explain current trends in health care policy and practice.

## ▼ 4. Activity Assessment

Describe the assessment process and measures that the program will use to determine if it has attained its educational goals.

**Please note that a report will be due at the end of the semester.**

### Description of Assessment Process

Participants will be asked to fill out an evaluation form at the end of the event in return for proof of attendance, raffle items, or nursing continuing education units.

## ▼ 5. Activity Budget

Please enclose a complete detailed budget of the entire activity. Indicate specific items that you are requesting IRA to fund.

You should use either the Regular Activity budget (for events on campus) or -- if your event involves any travel-- you MUST use the IRA Travel Budget Form.

You can download both of the IRA Excel Budget sheets at <http://www.csuci.edu/ira/application.htm>.

### **Activity Budget**

[2020 Nursing Conference IRA Budget.xlsx](#)

## ▼ 6. International Trips

If your event is an international trip submitted through the Center for International Affairs, you must include copies of:

1. Complete Center for International Affairs/ UNIV 392 proposal
2. The program budget as submitted to the Center for International Affairs (to ensure congruency between the two budgets)
3. as well as a copy of the course syllabus

### **Center for International Affairs Budget**

### **Copy of Center for International Affairs Proposal**

### **Course Syllabus**

### **Certification**

☐ I certify that students attending this trip are not previous or repeat attendees of a prior International UNIV 392 Trip

## ▼ 7. Sources of Activity Support

Please list the other sources of funding (including course fees), and exact expected amounts of additional support for the activity. Please indicate if there are no other sources of funding

### **Other Sources of Funding**

The Student Nursing Association and The CI Sigma Theta Tau Int. Nursing Honor Society at Large Chapter will contribute \$1500 towards purchase of food (breakfast/lunch) and raffle items for the event.

## ▼ 8. Promoting Participation

### **What is your intended audience and how do you intend to market this to your students?**

This symposium is designed for any and all students interested in the health care of vulnerable and underserved communities at the local, regional, national, and global levels. This forum will also provide an opportunity of students from local institutions

(graduate and doctorate levels) as well as faculty to present their work via poster or podium format. The aim is to provide CI students the opportunity to engage in scholarly discussions and learning activities with health care experts and academic scholars.

**If this is an event that is off campus, how do you plan to bring back the benefit of this event to campus?**

n/a

## ▼ 9. Approval and Acknowledgement

### Program Chair/Director

Landry, Lynette

### Dean

Wyels, Cynthia (Arts & Sciences)

**Program Chairs and Deans may inform proposer of any staffing capacity needs or limitations (optional comments below):**

### Conditions and Considerations

- ☐ **Artist/Performer/Speaker Fees & Honoraria:** On the Activity Budget, please indicate whether the vendor's price was set by you/CI Representative, or is a fee that was set by the vendor.
- ☒ **Large Event:** For a large event, consultation with the campus Event Coordinator's office at (805)437-8548 is required.
- ☐ **Field Trip:** Sponsor must comply with all policies found at:  
<http://www.csuci.edu/rm/programs/academic-field-trip-guidelines-and-forms.htm>. If approved, Identified Risks of Participation and Release Agreement must be submitted for each student to the Program Office (Public Folders-HR Forms).
- ☐ **Involves Human Subject Data Collection for Public Dissemination -Requires IRB Approval :** If Project Sponsor proposes to conduct research with human participants, the proposal may be subject to Institutional Review Board for the Protection of Human Subjects (IRB) review. All research that involves any type of interaction with human subjects - from simple surveys to complex biomedical procedures - must be reviewed and approved by the IRB prior to starting the research. Data for "Public Dissemination" indicates interviews/surveys that result in a journal/poster session/newsletter, etc.
- ☒ **IT Requirements:** If your activity has IT requirements, coordination with and approval from IT Administration is required.
- ☐ **International Travel:** Requires International Travel application be submitted to Center for International Affairs. Include copy of CIA budget and course syllabus in your IRA application. Must utilize the University's Foreign Travel Insurance Program (FTIP) and follow all International Travel Guidelines listed at: <http://www.csuci.edu/rm/insurance/foreign-travel.htm>
- ☐ **Risk Management Consultation:** Events that involve or engage students directly with a performer or artist (i.e. in a workshop or other than as a passive audience member) will require consultation with Risk Management. Requires proof of correspondence with Risk Management.
- ☒ **Space/Facilities Services Requirements:** Consultation and coordination with Facilities Services is required.

### Acknowledgement

- ☒ I acknowledge that I have reviewed and accepted the Conditions and Considerations herein. Please check off boxes as appropriate. Please note that late applications will not be reviewed by the committee.

## ▼ Chair Review

### Recommendation

- ☐ I recommend approval of the IRA Funds Request described on this page

☐ I DO NOT recommend approval of the IRA Funds Request described on this page

**Comments**



▼ **Dean Review**

**Recommendation**

- ☐ I recommend approval of the IRA Funds Request described on this page
- ☐ I DO NOT recommend approval of the IRA Funds Request described on this page

**Comments**

