

ACADEMIC AFFAIRS PORTFOLIO AND OPERATIONS REVIEW

DEPARTMENT/PROGRAM PHASE 1 TEMPLATE

Name of school/college: College of Nursing

Name of department/program: Nursing

Date: April 25, 2016

Introduction

As the school/college reviews and builds out data sets provided by the university, it will also solicit, in a manner appropriate to the organization and culture of that school/college, the information needed from departments or programs for well-informed analysis and recommendations. Such material falls into two categories:

1. Workload and operations information that is held (or largely held) within the department/program rather than the school/college or central university data sources, such as faculty service performed within the department/program.
2. Information, perspectives, and concerns that the department/program believes should be considered as part of the broader review, such as challenges inherent to teaching within a particular discipline.

The questions below reflect the baseline information that meets the criteria above. Schools and colleges should feel free to add to these questions as appropriate. Please note that this template is part of the Workload and Operations phase; each department/program will have another opportunity to provide information relevant to the Portfolio Review.

Department/Program Review

Please address the questions below and add whatever information deemed relevant to this process.

To the extent that this information is not already available in the template for your school or college, advise regarding the parts of the workload for your faculty not captured by course load and credit generation measures. In particular, if there is any research/scholarship/creative work or service that distinguishes the contributions of the faculty in this department or program from others in the school/college and university, please describe it.

Response: In the CON, full time faculty are expected to work 35 WLUs. Tenure-seeking faculty members devote 6 WLUs to scholarship; tenured faculty members devote 5 WLUs to scholarship. Adjuncts are paid by the WLU and on a scale based on academic preparation. Generally, one credit of classroom teaching is equal to one WLU and one credit of clinical teaching is equal to 1.5 WLUs.

Most faculty in the CON are expected to and remain clinically current in order to teach at the undergraduate through graduate level. Clinical practice is done outside of work hours. Tenure line faculty members are expected to have a program of scholarship. It is rare for faculty to be sub-contracted (to another organization) for practice or scholarly activities.

Is there information that needs to be considered as a part of an analysis of the “teaching productivity” of the department or program? Are there differentiators in the kinds of instruction taking place or the population of students being educated that impact the ability of faculty to generate credit hours?

Response: Teaching in nursing involves clinical and classroom activities. Classroom size can be as small as a seminar of 7-10 students or as large as a lecture hall with 72 to 90 students. Clinical teaching takes place at the Clinical Performance Lab (CPL) or offsite at a clinical setting. In both cases, and as dictated by accreditation standards and the WA Nursing Commission, the typical ratio is 1 instructor to 8 students (range is 6 to 10 students). Usually one instructor accompanies 8 students to a clinical site and spends upwards of 12 hours with them in clinical teaching and supervision. Clinical teaching may occur on weekends or week days and take place during day, evening, or night shifts. In some cases of undergraduate teaching (e.g., community-based clinical or senior transition) the instructor will drive to as many as eight different sites to supervise student learning. Clinical teaching can also occur in the CPL in the form of simulated learning scenarios or laboratory skills training. The faculty to student ratio in the CPL tends to be 1:12.

What unrealized opportunities do you see? Are there ways that the contributions of the department/program to the mission and financial health of the university could be improved?

Response: The CON is oftentimes asked to provide clinical training, re-tooling, and testing of nurses. For example, we have been approached by the WA State Nursing Commission to serve as a site to help nurses educated outside of the United States learn aspects of nursing not covered in their home country. We have also been asked to verify competencies of nurses using the resources of the CPL.

There are life-long learning opportunities for nurses that we could explore. One interdisciplinary example would include STM and focus on the role of spirituality in healthcare and discernment in career planning. There are also opportunities to develop both post-baccalaureate and post-graduate certificate programs offering academic credits or continuing education units.

What particular constraints or challenges does the department/program face?

Response: One of our greatest concerns is the nursing faculty shortage. It is very challenging to stay on top of recruiting and retaining doctorally prepared faculty capable of teaching in high quality academic programs: (1) traditionally, nurses do not go back for their doctorate until their 40's. The good news is that this is changing – but not fast enough; (2) practice pays more than academia; (3) the faculty workforce is aging and retiring ; and (4) the much recognized nursing shortage and opportunity for a well-paid, meaningful, career has resulted in national expansion of nursing enrollments and a consequent increased demand for faculty.

Finding clinical placements for undergraduate and graduate students is a huge challenge. RN education must include clinical experiences and coursework in pediatrics, adult, maternity, geriatric, psychiatric,

and community nursing. Prior to graduating each student takes an additional senior transition course focused on one of these specialties. At the graduate level it can be impossible to find adequate clinical placements for nurse practitioner and midwifery students. Winter quarter 2016 was the worst ever. We had some midwifery students for whom we could not find a placement until the last week of the quarter. One possible solution to the midwifery clinical placement challenge is to enable the CON to explore the costs associated with facilitating students to practice internationally. If students were allowed to do supervised care in underserved countries, student learning would be enhanced and care to women in medically underserved communities would be enhanced.

Graduate student clinical placements can be as far away as Alaska or Montana. We compete with medical residents, physician assistants, and other nursing programs for nurse practitioner placements in primary care settings.

Is there anything else you would like to put on the record?

Response:

(1) We remain concerned about the NCLEX (nursing license exam) first time pass rates for BSN graduates of the CON. In AY 12-13 and 13-14 we dropped below 80% resulting in a letter of warning from the nursing commission (WA State Department of Health). While we achieved 100% for the APNI students in AY14-15; it was only 85% for the BSN grads. We have two groups of BSNs that graduate each year: those admitted as freshman graduate in June and transfers graduate in August. This past year we had around a 94% NCLEX first time pass rate for the June grads and around 76% for the August grads (averaging out to approximately 85%). There were a variety of decisions made prior to Dean Swanson's arrival that are still impacting outcomes in the undergraduate program. Most importantly there was a program revision implemented that required more detailed prior planning (the previous Associate Dean left the quarter before the new curriculum 'went live'). We are still in the midst of enacting the new curriculum and discovering the impact that missed details have had on program implementation. The impact on new graduates has as yet to be realized (we will graduate the first cohort educated within the new curriculum in August, 2016). Hence, we remain very concerned about stabilizing NCLEX pass rates until outcomes of the curriculum revisions are fully realized.

(2) The CON will admit the first cohort of Acute Care Nurse Practitioner graduate certificate students in June, 2016. The goal is 8 students for the first cohort.

(3) We have received positive review of the APNI to DNP program from NWCCU and the Washington Nursing Commission. We are submitting required updates to ACME and CCNE; these reports are essential to formalizing implementation but will not delay advertising, recruiting or admitting the first class of APNI to DNP students by June of 2017. When the program is fully operational we will go from an AY 16-17 graduate student head count of 213 to a projected AY 20-21 graduate headcount of 381.

(4) To keep up with growth in graduate programs we will need to hire approximately 18 additional full time doctorally prepared faculty members between now and AY 20-21. Two of those positions will be

for new administrative positions: Associate Dean for Scholarship and Faculty Development and Assistant Dean for Student Services. The CON has developed a projected five year budget and we are confident that revenues will exceed expenditures. Both the NWCCU and WA DOH Nursing Commission have approved the budget and hiring proposal and have specifically endorsed hiring and budgeting plans in their approval letters.

(5) We have requested an 18 month accreditation extension of the midwifery program from ACME until December, 2018. This will allow us to have switched over to the DNP program. As stated above, offering the midwifery program at the doctoral level will require submitting a substantial change notification to ACME. While this will not require a site visit – there are expenses and considerable paperwork involved. If the extension is granted, the midwifery program will undergo accreditation review in March, 2018.