

# ACADEMIC AFFAIRS PORTFOLIO AND OPERATIONS REVIEW

## SCHOOL/COLLEGE PHASE 1 TEMPLATE

Name of school/college: College of Nursing

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### Introduction

Schools and colleges are asked to begin their work with careful review of the reports, data sets and guidelines provided by the university. This template is intended to inform the Workload and Operations Phase as explained in the [Process Outline](#).

Schools and colleges are required to respond to the questions below and are free to provide additional comments and analysis where worthwhile. Please note that this template is only one of the deliverables from schools and colleges in Phase 1 and is not intended to present a complete picture on its own.

Responses to the questions in the latter part of this template should be informed by completed department/program templates. Schools/colleges are encouraged to distribute the department/program templates before beginning work on the questions below.

### Context for standard teaching load

First complete the [Faculty Category Overview](#) by articulating the categories of faculty employed in the school/college as well as the standard teaching load and other responsibilities for each faculty category.

Please provide the additional information needed to understand how the school or college defines or calculates instructional workload. Responses will vary by school/college but will typically address the questions below.

- What policies or practices impact faculty teaching load? The CON has a faculty workload document that serves as a framework for capturing all aspects of faculty work (teaching, scholarship, and service).

From time to time faculty will ask for reconsideration of the amount of workload units allocated to a given activity (teaching an extraordinarily large class or prep for a new course). Their requests for policy changes are considered by administration and if changes are warranted, to the extent practicable, the new guidelines are universally applied.

- What types of instruction are included in workload calculations? Is any credit-bearing instructional activity not counted?

Workload is allocated for classroom (lecture), seminar, clinical, and lab. Note that clinical teaching can occur in the Clinical Performance Lab or in an actual (off-site) clinical setting. Workload units (WLUs) are assigned on a 1 WLU for 1 credit of lecture or seminar. Clinical WLUs are assigned on a 1.5 WLU per 1 credit basis. (note – the CON is still pondering how we will allocate WLUs for DNP projects. There are occasionally independent / directed studies that do not receive WLUs. WLUs can also be assigned for curriculum leadership activities such as new course development and track leadership (e.g., midwifery track) and advising.

- Are other instructional activities such as thesis supervision and project oversight included in the standard teaching load?

DNP project chairs receive .5 WLU the year that the student is scheduled to defend. Masters scholarly project chairs and readers are not allocated WLUs.

- Is your standard instructional workload based on the number of courses taught or the number of credit hours? If based on the number of courses, are there any circumstances in which the credit hours have bearing (e.g., 2-credit courses)?

As described workload is based on credits and whether the course is clinical or lecture/seminar.

## Context for section sizes

Please review the [Course Section Size Report](#) and [Summary Data Tables](#). These reports show, for sections at each level (1000, 2000, 300, 4000, and graduate), the distribution of course sections by size.

Informed by this review, explain your understanding of the drivers behind this distribution of sizes. Responses will vary by school/college but will typically address the questions below.

- What policies or practices govern section sizes?

WA DOH Nursing Commission mandate, CCNE requirements, and clinical site limitations dictate the size of clinical sections. A clinical section could be as low as 4 students (based on clinical site capacity) to as high as 12 (based on CPL best learning practices). The most typical clinical section is 1 faculty to 8 students.

Classroom size is determined by faculty availability, classroom size, and best practices that support learning activities (e.g, lecture – receptive learning, seminar – dialogical learning, or lab – hands on coaching capacity).

- Are there externally imposed constraints from an accrediting or licensing agency? If so, explain.

As above. External entities include AACN (quality standards), ACME (midwifery quality standards), WA DOH Nursing Commission (quality standards, quality assurance, patient and provider safety), NONPF (NP quality standards), and clinical sites (willingness to host learners), ANA Scope of Practice (e.g., professional ethics).

- How does the physical inventory of rooms and their characteristics factor into section sizes? Are section sizes constrained by the size of a lab?

The size of lecture courses are limited by classroom size. For example – we have one person to teach pathophysiology in the Summer; we have one time slot that the students' very condensed program allows; and we have 72 students – which maximizes Pigott 103. If there are any students who have fallen out of sequence they cannot take the course and we must schedule an additional section or independent study. Whereas Engineering 200 is available (it has fixed seating and is not conducive to active learning); we are not able to schedule Pigott auditorium, and Bannan 102 (while air conditioned, it has fixed seating which is not conducive to active learning). In Bannan, due to limited seating, if new faculty who teach accompanying health assessment labs wish to attend lecture – they must stand for 2 hours in the back of the room.

- What pedagogical considerations inform preferred course section sizes?

Nursing lectures require deep listening and active learning (opportunities to debrief in dyads or small groups). Movable furniture is essential in even our largest class sections. Skills learning (e.g. CPL or on-site clinical) require active coaching and hands-on practice. Nursing knowledge can be very specialized (e.g. care of pregnant women, operating room nursing, care of psychiatric patients, community/public health). The nursing faculty shortage can make hiring quite difficult – especially when it comes to hiring specialized faculty for specific clinical teaching. When nursing students are in clinical sites they are caring for real patients, hence, the need for close clinical supervision by a clinically confident instructor is paramount.

If one or more of the course groupings provided in this report contains courses with different drivers for optimal section sizes such that a different method of grouping would be more informative, please identify the appropriate alternate way of categorizing course sections and provide this information to the Office of Institutional Research (IR). IR will then provide a revised report that will serve as the basis for your explanation to the questions immediately above. The section size categories (original or modified) will at a later stage be used as the basis for the [Scenario Planning Model](#).

We have documented the need for a new instructional method description entitled clinical education that would replace our current use of practicum/field experience and lab which are not included automatically in workload.

### **Commentary and recommendations regarding current status**

Making use of the information in the completed [Faculty and Staff Workload Profiles](#), please describe your sense of the equity of faculty and staff workload distribution. Responses will vary, but will generally address questions along the lines below:

- Is faculty workload relatively evenly distributed across your departments and programs?

Yes.

- Is there a difference between the adjusted teaching loads (standard load minus any releases and leaves, as calculated in the [Faculty Workload Overview](#)) and the actual teaching loads (as calculated in the [Faculty Course Sections Report](#))? What circumstances led to this?

We believe we have accounted for all faculty all courses and the appropriate work load associated with expected faculty effort for teaching, course coordination, clinical teaching, scholarship, administration and service in the College of Nursing.

- Are there departments or programs that face particular challenges and how would you propose to resolve these?

Our greatest challenges remain clinical placements, insufficient class room space, and hiring challenges due to nursing faculty shortage and discrepancies between academic and clinical salaries. Ongoing efforts are underway with clinical agencies to build stronger relationships, innovative solutions to clinical placement challenges. The Clinical Performance Lab (CPL) helps address some of our dependence on clinical agencies for student clinical placements. The CPL requires technical support from clinically competent personnel. We currently have a BSN prepared nurse working in a nine month faculty position with limited summer pay filling the CPL tech role. Her skillset is in high demand and we need to find a way to meet market pay scale and extend the position to twelve months fulltime. Although a BSN prepared nurse is appropriate to the function because she is in a faculty position without an MSN, annually we must seek an exemption from the WA Nursing Commission. We propose converting the position to a twelve month professional staff as a long term solution. We also need University support to address the challenges of finding sufficiently large classrooms to handle large lecture sections and adequately compete with market salaries for nurses. We find ourselves becoming a year round program and need to be able to offer twelve month contracts.

- Is the current distribution of staff resources within the school/college optimal for accomplishing the work of the school/college? If not, how would you revise?

With the anticipated growth of the DNP program we have been required to submit budget and hiring projections to NWCCU and the WA Nursing Commission that include additional staff, administrative and faculty hires. We anticipate staff needs to increase in tandem with increased student enrollments and program complexities.

Schools and colleges have a number of needs and responsibilities beyond the core academic functions of teaching, research and creative work, and scholarship. Examples include academic and career advising, marketing and student recruitment, technology management, and development/fundraising. The resources for such functions are in located within the school/college, centrally located, or managed through a blend of these.

- What observations and recommendations do you have regarding your ability—and the support you receive—in meeting all such needs and responsibilities?

Academic and career advising. Advising nursing students is becoming increasingly complex. The CON has highly stressed applicants who must compete to get in to nursing and pass challenging prerequisites. While in nursing their coursework and clinicals are very challenging, students must pass NCLEX and NP certification exams to enter their career. Addressing student (and parent) angst requires year round attention. We need to increase FTE for undergraduate and graduate student advising and hire an assistant dean for student services.

Marketing and student recruitment. At the BSN through DNP level we are challenged to increase the number of historically underserved ethnic minority students recruited in to nursing, targeted recruitment, counseling services, financial aid, and academic support (e.g., writing center, tutoring) would help.

Technology management. As described above we need to create a professional staff position for a clinical technician. We also need resources (both databases and personnel) to support data and outcomes management.

Development and fundraising. University support is needed in securing large gifts (e.g. endowed deanship- nationally, competition for deans is very high; an endowed deanship would be very attractive to high caliber candidates). Nursing is a high demand profession; our growth is limited in part by class room size and office space (tenure track and fulltime NTT faculty share offices). A new building would be very helpful.

Please provide an overview of the role of student workers in the school/college, responding to the questions below:

- What types of work do your student workers do? E.g., graders, administrative support, research support, etc. (This supplements the student worker information in the [Staff Workload Profile](#).)

General clerical duties (typing, filing, copying, mail distribution, data entry), run Scantron tests - (Note, if student worker is a nursing student – they do not deal with Scantrons), support in Clinical Performance Lab (reception desk and odd jobs), event planning and support, preparation of recruitment materials.

- What logic or strategy determines which departments/programs receive student support? Is this periodically adjusted? (The [Budgeted Resource Overview](#) contains student wages by department.)

The CON does not have departments. Support is divided between graduate, undergraduate, the CPL, and needs of the dean’s office. Because we have two facilities – the major division of work is geographically determined. It is actually a very flexible process and student helpers simply help out wherever they are assigned.

- To what extent do students replace staff support?

With low level clerical jobs, student workers generally serve as help to staff in carrying out repetitive (e.g., setting up and taking down equipment in the CPL) and cyclical tasks.

- Are your student wages/FTE more than you need, appropriate to your needs, or insufficient?

Appropriate to our needs.

#### Non-salary funding:

- The majority of the Portfolio and Operations Review is about people: faculty, staff, and students. What, if anything, is important to add regarding non-salary funding?

An important and escalating cost in the CON is helping students prepare for their licensure (NCLEX) exams. We rely on commercially available products to support student preparation. Annual costs are around \$100,000 per year. Consortium fees (coordination of clinical placements with hospitals and other schools of nursing) are approximately \$45,000 per year. Nurse kits for skills learning are approximately \$40,000 per year. Ongoing repair, maintenance, warranty costs, and replacements of simulated mannequins average out to \$10,000 annually and approximately \$75,000 in replacement costs (we replace a mannequin about every five years). Clinical travel costs for faculty (mileage, airfare, and lodging) and students (subsidized for sites beyond 100 miles) result in annual costs up to \$30,000. Accreditation costs are sporadic (5 to 10 year cycles) at about \$10,000 per cycle. In between there are occasional costs associated with NWCCU (e.g., \$1,000 in 2015 and 2016 for expedited program review fees).

Educational Benchmarking Inc. fees are approximately \$1500 annually (benchmarking nursing outcomes against other programs). Dues (AACN, NONPF, ACME, DOME, CNEWS, WIN, CCNE) annually add up to approximately \$10,500. Expected travel to AACN Meetings and Conferences (AACN) add up to \$18,000 annually. Standardized patients are primarily grant-supported; once funding goes away annual costs are projected at approximately \$10,000 per year.

## Opportunities for change

What else would you like to share regarding opportunities for change?

- If you had additional resources, what would you adjust operationally to improve? What would be the impact? At this time, we are not interested in academic program changes (refer to Phase 2 in the [Process Outline](#) for more about the academic program portfolio review), so focus your response on the other aspects of school/college operations.

We need more support for student advising, counseling, and tutoring. Nursing students are under a tremendous amount of stress associated with heavy coursework, and the rapid emotional growth associated with entering a highly competitive profession. We recruit a diverse student body who experience multiple life-related challenges (e.g., single parents, cultural diversity, head of household, living at a distance from family and friends, working a substantial number of hours). Ideally we would have an office of student services that attends to the academic and life issues of undergraduate through doctoral students.

We would expand global learning opportunities – especially at the graduate level enabling students to have a global clinical learning option. The greatest barrier we face currently are costs associated with insurance and University legal readiness to support this endeavor. We believe that global clinical learning is a win-win situation for our students and the countries they where they would be learning. This would result in underserved populations receiving enhanced care and our students experiencing different cultures.

We are in need of more robust outcomes management tools. This is particularly important for our various accreditation requirements and grant reporting.

We are going to need more 12-month faculty contracts as the CON is operating at near full capacity in the Summer. Once the APNI to DNP is in full swing – students will be enrolled for 4 quarters per year times for years.

- If you had fewer resources, what would you adjust operationally and what would be the impact? Again, in this phase, we are not interested in academic program changes.

It is quite challenging to imagine living with less since the CON is in such a growth trajectory and so regulated by external requirements. A reduction in resources would require a reduction in admissions.

- Are there ways that with your current level of resources, you could improve quality, effectiveness, or equity within your school/college?

In the CON we are very attentive to cost containment. For example, we negotiated over several months with faculty to identify the most efficient and cost effective means to prepare students for the NCLEX. We then went into two months of negotiations with vendors to bring the costs down. The net result is that we brought costs to \$403 per student (against a first bid of \$600 per student).

## **Other**

Please share any other information, concerns, or opportunities valuable to this process.

Thank you for asking, we believe we have covered it quite well above.

## **Attachments to the school/college report**

Attach any school/college policies relevant to this process, e.g., definitions of research activity, service expectations, or course release policy. Please list the documents below.