UNIVERSITY OF SOUTH CAROLINA
College of Nursing

Blueprint For Academic Excellence

2012-2013

Our Mission:
Develop competent, caring nurse leaders to advance the profession of nursing through the integration of teaching, research, and service to improve client health and well-being outcomes.

Blueprint for Academic Excellence at USC

College of Nursing

2012 – 2013

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Dean and Professor

Spring 2012

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Mission: Develop competent, caring nurse leaders to advance the profession of nursing through the integration of teaching, research, and service to improve client health and well-being outcomes.

Vision: To achieve prominence as a national leader in the collaborative use of revolutionary and innovative professional nursing practices.

Core Values:
- **Innovation** - Cultivating flexibility, creativity, and adaptability
- **Integrity** - Upholding honesty and promoting trustworthiness
- **Caring** - Perpetuation of an atmosphere of compassion, empathy, and kindness
- **Excellence**- Relentless pursuit of quality in research, teaching, service, and practice
- **Leadership** - Empowering others to achieve a collaborative vision
- **Professionalism**- Congruence of competency, engagement, and ethical behaviors

2012-2013 Strategic Planning Goals:
- Transform Nursing Education
- Sustain Research Excellence
- Nurture a Thriving Practice Environment
- Maximize Resources
- Maximize Core Missions through Effective Technology

Threaded through the long-term goals are *two strategic priorities* included to assure goal effectiveness:
- Effectively Market the Core Mission Activities
- Lead through Collaboration with Key University and External Partners

Top ten nursing programs: Universities of Washington, Pennsylvania, California-San Francisco, North Carolina-Chapel Hill, Michigan, Illinois-Chicago, & Pittsburgh; Johns Hopkins; Yale; and Oregon Health Science University.

Peer programs: Universities of Kentucky, Alabama-Birmingham, Kansas (KUMC), Florida, & Colorado.

College of Nursing strengths: a vibrant strategic plan; excellent faculty & staff; outstanding student applicant pool for all programs; quality educational programs, including on USC-Lancaster & USC-Salkehatchie campuses; state-of-the-art simulation & on-line course capabilities; productive core of nurse researchers; practice plan with exciting faculty opportunities; experimental curriculums addressing faculty & clinical site shortages (Dedicated Education Unit & site for the NCSBN landmark patient simulation study); SC Center for Nursing Leadership; Office for Healthcare Workforce Research in Nursing; an active development Partnership Board; & a 55-year history of uninterrupted national accreditation of all nursing programs.

Points to work on next year include: successful transition between Deans; recruitment of tenure-track faculty; renovation of expanded space in the clinical simulation lab; reclamation of 6th floor to allow expansion space; providing sufficient support for nurse researchers; revitalization of PhD program aligned with research foci; and seek additional resources to support growth within the college.

Overview of the USC College of Nursing 2009-2012 Strategic Plan

The USC College of Nursing began a new format for strategic planning in the 2005-2006 academic year, utilizing a process that includes input from faculty, staff, students and external stakeholders. For the past seven years, the CON has featured a one-page map with clearly identified mission, vision, goals and strategic priorities. Under the direction of the CON Dean and assisted by a skilled strategic planning consultant, the first 3-year plan was developed in 2006. Annual reviews of this plan are conducted with revisions to the plan as some strategic priorities were met during that particular year and others changed in level of importance. In essence, the mission and vision stayed the same, but the goals were adjusted and priorities were redefined. Using this methodology, the CON has been very successful in meeting defined goals, tying the budget to the strategic plan, and aligning the work of all faculty and staff to the overall plan. Annual reviews for faculty and staff are measured by linking individual work and success to that of the CON via the strategic planning process. Annual evaluation of a particular year's action plans has been acknowledged with the 2011-2012 Strategic Map included in this document.

As the faculty and staff reviewed the effectiveness of this year's plan, it is important to note that during the last three fiscal years, the University has continued to have to adapt to unforeseen and unprecedented state budget cuts -- and in spite of this challenge, the CON faculty and staff have taken a bold approach to the future -- our vision being to be counted among the leading colleges of nursing in this nation by taking a revolutionary approach to the delivery of nursing education in the classroom, the clinical setting and in scholarly work.

How we intend to accomplish this is mapped out through our innovative 2009-2012 Strategic Plan, and the USC College of Nursing Blueprint for Academic Excellence.
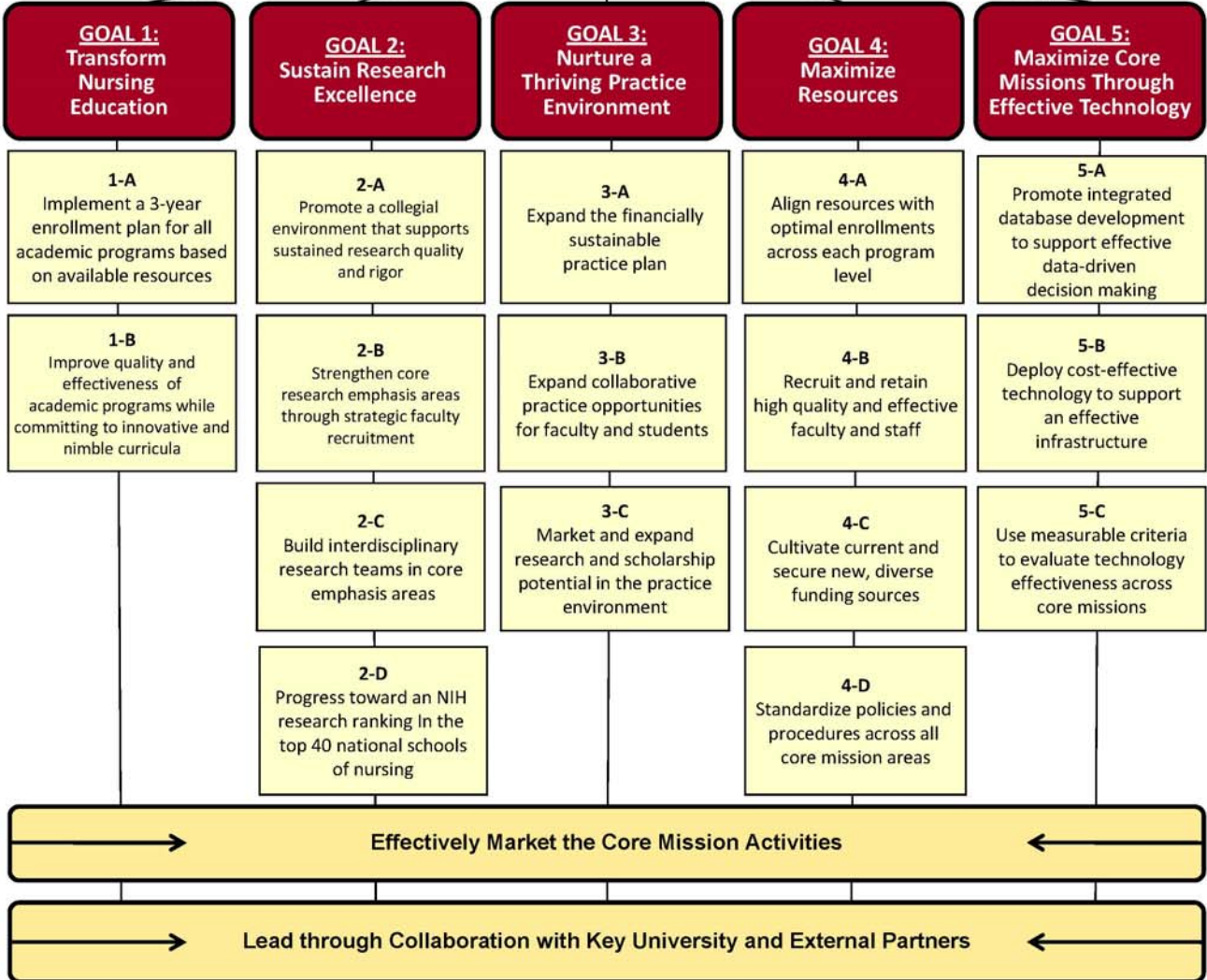
University of South Carolina
College of Nursing Strategic Map: 2012-2013

MISSION: Develop competent, caring nurse leaders to advance the profession of nursing through the integration of teaching, research, and service to improve client health and well-being outcomes.

VISION:
To achieve prominence as a national leader in the collaborative use of revolutionary and innovative nursing practices.

GOAL 1: Transform Nursing Education	GOAL 2: Sustain Research Excellence	GOAL 3: Nurture a Thriving Practice Environment	GOAL 4: Maximize Resources	GOAL 5: Maximize Core Missions Through Effective Technology
1-A Implement a 3-year enrollment plan for all academic programs based on available resources	**2-A** Promote a collegial environment that supports sustained research quality and rigor	**3-A** Expand the financially sustainable practice plan	**4-A** Align resources with optimal enrollments across each program level	**5-A** Promote integrated database development to support effective data-driven decision making
1-B Improve quality and effectiveness of academic programs while committing to innovative and nimble curricula	**2-B** Strengthen core research emphasis areas through strategic faculty recruitment	**3-B** Expand collaborative practice opportunities for faculty and students	**4-B** Recruit and retain high quality and effective faculty and staff	**5-B** Deploy cost-effective technology to support an effective infrastructure
	2-C Build interdisciplinary research teams in core emphasis areas	**3-C** Market and expand research and scholarship potential in the practice environment	**4-C** Cultivate current and secure new, diverse funding sources	**5-C** Use measurable criteria to evaluate technology effectiveness across core missions
	2-D Progress toward an NIH research ranking In the top 40 national schools of nursing		**4-D** Standardize policies and procedures across all core mission areas	

Effectively Market the Core Mission Activities

Lead through Collaboration with Key University and External Partners

Rev. 03/05/2012

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USC College of Nursing
2012-2013 Strategic Plan

Goals for the 2012-2013 Academic Year - The College of Nursing works from a 3-year strategic plan, with goals and action plans updated annually. Therefore, the five goals listed below are key foci for the next academic year -- although they may well take more than one year to complete. In fact, with the exceptions of Goal 2-D and Goal 4-D, the remainder of the 2011-2012 strategic map has been updated as action plans that are still underway and extending into the next academic year *(See 2012-2013 Strategic Map on previous page)*. There have been no changes in the mission, vision, or goals this year – and these remain in congruence with those set by the University Board of Trustees and the Provost. The primary emphases for 2011-2012 were to stabilize financially and to assure quality and effectiveness for NCLEX improvements and a successful Commission on Collegiate Nursing Accreditation (CCNE) reaccreditation. NCLEX-RN annual pass rates for first time test-takers were well above the national average for 2011 (94.5% for USC CON). The CCNE reaffirmed and extended accreditation of the bachelor's and master's degree programs in nursing to 2021. The CON is one of five baccalaureate programs selected nationally as a participating site in the National Council of State Boards of Nursing (NCSBN) National Simulation Study, a landmark comparative effectiveness RCT of simulated and traditional clinical nursing learning experiences. The state of the USC College of Nursing is sound.

The following outlines the 2012-2013 CON Strategic Goals and related Action Plans and incorporates metrics that support those of the USC Provost.

Goal 1 – Transform Nursing Education

The United States is facing a revolutionary transition in the healthcare delivery model. While the recession has created a market where older and part-time nurses have decided to work longer or full-time, the nursing shortage still exists across the country and here in South Carolina. What we have seen is a temporary relief in the shortage, but as noted from the American Association for College of Nursing (AACN): "In the latest December 5, 2011, *Health Affairs* journal, an article titled *Registered Nurse Supply Grows Faster than Projected Amid Surge in New Entrants Ages 23-26* was published. This article focused on a large cohort of younger nurses entering the profession and the impact this may have on the future workforce. Funded by the Gordon and Betty Moore Foundation, this study was conducted by Drs. David Auerbach, Peter Buerhaus, and Douglas Staiger who found a 62% increase in the number of 23-26 year olds who became registered nurses (RNs) between 2002 and 2009. Though welcome news, given the rapid aging of the nursing workforce, **the study authors do not conclude that nursing shortage is over** given the growing demand for nursing care by older adults, new opportunities for nurses through healthcare reform, and the need for more highly educated RNs."

"To this point, the authors recognize the following in the article:
- Considerable uncertainty persists about whether or not interest in nursing will continue to grow in the future
- The aging of the population is likely to increase demand for RNs at a greater rate than in the past.
- Full implementation of the Affordable Care Act and expanding roles for nurses in primary care will likely increase demand for RNs and result in future shortages.
- Ongoing bottlenecks in nursing education (i.e. faculty shortages, insufficient clinical training sites) could narrow the future pipeline of nurses below optimal levels."

"Dr. Auerbach and colleagues also were concerned that though the number of RNs prepared each year is increasing, schools of nursing may not be 'preparing the workforce ideally suited for population needs.'" (AACN)

"In response to what this new article may mean in relation to the nursing shortage, study coauthor Dr. Peter Buerhaus, Director of the Center for Interdisciplinary Health Workforce Studies at the Institute for Medicine and Public Health at Vanderbilt University Medical Center, shared the following comments:

'The surge in young RNs reported in the article is the first really positive news that eventually we might be able to replace the retiring Baby Boom nurses. This replacement, however, is not going to happen over the next few years, and the real impact may not be realized until the next decade. While it is truly fantastic that we are finally seeing some evidence that the supply of RNs is likely to grow, this growth will only occur as long as younger people remain interested in nursing, and there is no guarantee that this will continue. Further, since we do not know specifically how much the demand for RNs will increase over the next decade, we are truly flying blind with respect to being able to project the size of a future nursing shortage. I personally do not feel confident that even if we are able to sustain the trends reported in *Health Affairs* that the supply of RNs will match the large increases in demand that are unfolding during this decade. **Taking actions now that would stop the flow into the nursing profession would be very risky and an unwise gamble. By no means does our article come anywhere close to suggesting that we curtail the pipeline of new nurses into the workforce, which may indeed threaten the health of the nation**.'(AACN)"

"AACN outlines what the findings mean in relation to the ongoing and projected shortage of registered nurses.

- Though the study identifies a large infusion of younger nurses into the profession, the authors do not contrast this gain with the impending wave of RN retirements that has long been projected. With the median age of RNs currently 46 years old and the largest cohort of nurses now in their 50s, a significant portion of the nursing workforce is expected to retire over the next 10-15 years. Without a clear assessment of how many older nurses are leaving the profession compared with the number of younger entrants, it is difficult to determine the size of future shortages.
- Compounding this issue is the fact the current downturn in the economy has disrupted typical RN employment patterns with retired nurses coming back to work and part-time nurses assuming full-time roles. When the economy recovers and old work patterns resume, even more nurses are expected to leave their positions, which will further reduce the supply of working RNs.
- **The study used projections that depend upon continued, robust interest and growth in the number of new nursing professionals entering the pipeline, which may not be the case in the long run. The authors cite 'considerable uncertainty' in whether or not this level of interest will persist in the coming years. In fact, misleading reports about the end of the nursing shortage may indeed signal prospective nurses to seek careers in other fields.**
- Though interest in nursing careers remains strong, the demand for nursing services is expected to expand rapidly given the aging of the population and the need to provide care to more than 30 million newly insured citizens following the full implementation of healthcare reform. Diminishing the pipeline of new nurses at this critical junction may leave the nation ill-equipped to meet the emerging demand for nursing care, which could limit access to essential healthcare services.
- **Though the overall RN population is increasing, the nursing profession must take steps to ensure that this growth produces nurses with the right competencies that**

reflect current practice expectations. The Institute of Medicine is calling for at least 80% of the RN population to be baccalaureate prepared by 2020. A concerted effort must be made to direct funding and resources to programs that produce nurses that satisfy this mandate.

- In addition to the nursing shortage, the projected shortage of physicians will also put a strain on the healthcare system and increase the demands placed on RNs and other providers. By 2020, the Association of American Medical Colleges projects a shortage of more than 90,000 physicians needed to provide primary care and specialty services.
- The healthcare system is transforming and, fortunately, the system is changing in a way that will increasingly reward providers for quality and prevention of avoidable complications, mortality, readmissions, etc. Nurses are vital to an organization's ability to survive, let alone thrive in such an environment, and many more will be needed to implement quality and patient safety measures. (AACN)"

With the Institute of Medicine's (IOM) report on *The Future of Nursing,* the demand for nurses with baccalaureate and higher degrees is well documented – necessitating an increased number of admissions and graduations within this College of Nursing to help meet the healthcare needs of the citizens of this state and beyond. The CON faculty has worked hard to address the shortage, doubling upper division enrollments and increasing the number of graduates across all nursing programs. With the focus remaining on quality and effectiveness, all program curricula are under review, reorganization of the PhD program is underway, and the faculty members are actively engaged in re-thinking the way nursing education is delivered. The goal is for the USC College of Nursing to become recognized as a national leader in innovative educational programs.

Goal 1: Transform Nursing Education:

Initiative 1-A – Implement a 3-year enrollment plan for all academic programs based on available resources.

Action Plan:

- **Strategy 1. A.** Develop a defined, but flexible 3-year enrollment plan across all programs utilizing defined metrics.
  - **Strategy 1.A. 1**. Determine cap or growth for undergraduate upper division admissions (includes Columbia, Lancaster, and Salkehatchie campuses)
    - **Strategy 1.A.1.1.** Develop a transition plan to determine feasibility, budget requirements, and a proposed timeline for undergraduate upper division admissions twice per year
    - **Strategy 1.A. 1.2.** Increase enrollment at Salkehatchie and Lancaster as resources (numbers of faculty, sufficient physical space, adequate clinical facilities for students, availability of integrated learning technology/support, access to state-of-the-art patient simulation labs, and additional funding) allow
  - **Strategy 1.A. 2.** Align PhD recruitment with faculty in CON core research emphasis areas researchers
  - **Strategy 1.A.3.** Assure alignment of DNP program with current national criteria
  - **Strategy 1.A.4**. Continue to grow the DNP & PhD programs as available resources allow

Initiative 1 - B – Improve quality and effectiveness of academic programs while committing to innovative and nimble curricula.

Action Plan:

- **Strategy 1.B.1** Align curricula relevant with current and future health reform and workforce issues
- **Strategy 1.B.2**. Maintain success strategies to insure NCLEX pass rates on first write at or above 90% via ATI test analyses and targeted curricular changes
- **Strategy 1.B.3.** Continue to implement program evaluation plan with a particular focus on improving Freshmen-Sophomore retention rates, six-year graduation rates, and numbers of doctoral degrees awarded
- **Strategy 1.B.4**. Continue to assist faculty to excel in distributed learning pedagogy while expanding this technology, as appropriate, across all nursing program curriculums
- **Strategy 1.B.5.** Expand capacity for high fidelity simulation in the Center for Student Learning to accommodate increased numbers of students and enhanced use of simulation to insure that all students have practice with critical patient care scenarios not commonly seen in the clinical setting
- **Strategy 1.B.6.** Determine the feasibility and budget requirements for a revised MSN program based on the AACN Essentials for Master's Education in Nursing
- **Strategy 1.B.7**. Determine SC current and future needs for advanced practice nurse education, and if appropriate, develop the transition plan from the NP-MSN program to an NP-DNP program

Goal 2 – Sustain Research Excellence

Research is a critical element in both health promotion and maintenance. Nurses bring a unique perspective to the research arena that combines both art and science in generating new knowledge to provide solutions for complex health care issues. In this era of increasing demand for interdisciplinary research, nurses make contributions from multiple perspectives especially in the area of translational research and evidence-based practice. The USC CON plays a critical role in contributing to the health care of South Carolinians through its progressive and visible research programs.

The IOM *Future of Nursing Report* devotes an entire chapter to the need for nursing research. The web link is provided here for viewing the chapter.

http://thefutureofnursing.org/sites/default/files/7%20Recommendations%20and%20Research%20Priorities%20(227-242).pdf

To provide a quick overview of the research priorities set forth in this landmark IOM report, and to assist in defining the importance of supporting and developing the USC CON research office infrastructure, faculty, and PhD program, a few bullet points are included.

Scope of Practice
• Comparison of costs, quality outcomes and access associated with a range of primary care delivery models.
• Examination of the impact of expanding the range of providers allowed to certify patients for home health services and for admission to hospice or a skilled nursing facility.

• Capture of intended and unintended consequences of alternative reimbursement mechanisms for APRNs, physicians and other providers of primary care.

Teamwork
• Identification and testing of new or existing models of care teams that have the potential to add value to the healthcare system if widely implemented.
• Identification and testing of educational innovations that have the potential to increase health care professionals' abilities to serve as productive, collaborative care team members.

Technology
• Identification and testing of new and existing technologies intended to support nursing decision-making and care delivery.
• Capture of the costs and benefits of a range of care technologies intended to support nursing decision-making and care delivery.
• Development of a measure of "meaningful use" of IT by nurses.

Research Priorities for Transforming Nursing Education
• Analysis of how alternative nurse faculty/student ratios affect instruction and acquisition of knowledge.
• Capture of how optimal nurse faculty/student ratios vary with implementation of new or existing teaching technologies, including distance learning.
• Identification of the features of online, simulation, and tele-health nursing education that most cost effectively expands nursing educational capacity.
• Identification of the staff and environmental characteristics that best support the success of diverse nurses working to acquire doctoral degrees.

Research Priorities for Transforming Nursing Leadership
• Identification of the skills and knowledge most critical to leaders of healthcare organizations such as accountable healthcare organizations/healthcare homes/medical homes/clinics.
• Identification of the characteristics of mentors that have been (or could be) most successful in recruiting and training diverse nurses and nurse faculty.

With the three defined focus areas of research for the USC College of Nursing – Health Promotion/Risk Reduction, Vulnerable Populations, and Health Care Systems – we are poised to address many of these IOM recommendations through the following Initiatives and Action Plans.

> **Initiative 2 -A: Promote a collegial environment that supports sustained research quality and rigor.**
>
> *Action Plan:*
>
> - **Strategy 2A.1.** Continue to strengthen the College of Nursing research infrastructure:
>   - **Strategy 2.A.1.1.** Enhance faculty research development through activities such as mock review by senior scientists of a minimum of 95% of external research applications, visiting scholars, research camp and customized individual research consultations
>   - **Strategy 2.A.1.2.** Sustain current high level of pre-award support to enhance award application quality and competitiveness

- **Strategy 2.A.1.3.** Continue to develop post award management processes through enhanced CON interdepartmental collaboration, improved new investigator training and ongoing grants management support, and improved PI/PD accountability and regulatory compliance
- **Strategy 2.A.1.4.** Enhance standardization of CON research processes through the use of approved and published policies and procedures
- **Strategy 2.A.2.** Continue to strengthen faculty research expertise and mission engagement
  - **Strategy 2.A.2.1.** Increase faculty participation in external research reviews at a rank-appropriate level
- **Strategy 2.A.2.2.** Strengthen faculty expertise by increasing interactive engagement with other campus departments on their research initiatives

Initiative 2 -B: Strengthen core research emphasis areas through strategic faculty recruitment.
Action Plan:

- **Strategy 2.B.1.** Successfully recruit tenure track faculty for the following positions:
  - Endowed Full Professor for Vulnerable Populations core & Associate Professor in Oncology for Risk Reduction/Health Promotion core
  - Assistant Professor for Health Care Systems
- **Strategy 2.B.2.** Obtain funding through the USC Faculty Replenishment Initiative for a tenure-eligible Associate Professor position for Health Care Systems Core

Initiative 2- C: Build interdisciplinary research teams in core emphasis areas.

Action Plan:

- **Strategy 2.C.1.** Sustain submission of a minimum of 75% of all CON primary sponsored research applications with interdisciplinary project teams
- **Strategy 2.C.2.** Sustain a minimum of 75% of all annual CON research-focused publications with interdisciplinary authorship
- **Strategy 2.C.3.** Sustain promotion of faculty research expertise to potential internal and external partners through enhanced publicity of faculty research activities and accomplishments

Initiative 2 - D: Progress toward a national NIH research ranking within the top 40 schools of nursing.

Action Plan:
- Addressed with strategies for initiatives 2-A, 2-B, and 2-C.

Goal 3 – Nurture a Thriving Practice Environment

The profession of nursing requires cutting edge clinical competence and practice expertise. USC CON faculty and students contribute to this aspect of the mission through a variety of practice and consulting ventures, assuring the people we serve exceptional nursing practice. The practice plan provides for student/faculty scholarship, clinical practice/mentoring, and community outreach to increase access to

care for vulnerable populations. The number of faculty members participating in the faculty practice plan has continued to grow annually.

It is important to note that the Children and Family Healthcare Center has been designated this year as South Carolina's first Advanced Nurse Practitioner-run autonomous practice *Medical Home*.

Initiative 3- A: Expand the financially sustainable practice plan.

Action Plan:

- **Strategy 3.A.1**. Expand Children and Family Health Care Center clinic patient census by marketing to all HMO and Medical Homes in the SC Midlands area
- **Strategy 3.A 2**. Maintain current and seek new practice contracts with minimal overhead expenses
- **Strategy 3.A. 3.** Streamline clinic operations for cost savings
- **Strategy 3.A.4**. Collaborate with the CON Center for Nursing Leadership to expand continuing education programs as part of the faculty practice contracts
- **Strategy 3.A.5.** Implement electronic health records (EHR) by summer 2012
- **Strategy 3.A.6.** Assure compliance with required DHHS, CMS Division annual reporting of meaningful use data to secure continued funding for EHR technical support

Initiative 3 – B: Expand collaborative practice opportunities for faculty and students

Action Plan:

- **Strategy 3.B.1.** Promote opportunities for collaborative practice partners using data provided by the CON Center for Nursing Workforce Research (OHWRN)
- **Strategy 3.B.2**. Internally publicize practice opportunities
- **Strategy 3.B.3.** Follow up on potential practice plan opportunities

Initiative 3- C: Expand research and scholarship potential in the practice environment

Action Plan

- **Strategy 3.C.1**. Market to faculty and students the research opportunities in the practice site, especially utilization of the EHR data
- **Strategy 3.C.2.** Consult with research faculty on the types of data that need to be incorporated into the EHR record

Goal 4 – Maximize Resources

In order for the USC CON to remain the state's flagship nursing program, all available resources must be closely aligned with the mission and vision and a clear plan for additional resources required being developed and implemented.

Initiative 4 - A: Align resources with optimal enrollments across each program level.

Action Plan:

- **Strategy 4.A.1.** Enrollment management aligned with budget is discussed in Initiative 1-A
- **Strategy 4.A.2.** Based on national criteria, appoint PhD and DNP program directors to lead the evaluation of and define recommendations for these programs in order to increase recruitment and retention of both tenure track faculty and qualified students

Initiative 4 - B: Recruit and retain high quality and effective faculty and staff.

Action Plan:

- **Strategy 4.B.1.** Utilizing the CON 5-year budget projection model, determine hiring strategy to match academic, research and practice needs for the college
- **Strategy 4.B.2.** Attend to the needs of current faculty/staff through shared governance activities, faculty/staff development, and support for faculty travel
- **Strategy 4.B.3.** Improve and increase marketing materials and web services for successful recruitment of a diverse faculty and staff
- **Strategy 4.B.4.** Recruit key hires for tenure track and clinical faculty who reflect diversity, core mission and core research focus areas

Initiative 4 - C: Cultivate current and secure new, diverse funding sources.

Action Plan:

- **Strategy 4.C.1.** Research and tenure track faculty are all on aggressive trajectories to achieve external funding
- **Strategy 4.C.2.** Faculty/staff in the SC Center for Leadership and Center for Nursing Workforce Research (OHWRN) office are actively seeking external contracts and consultations
- **Strategy 4.C.3**. Full-time faculty members participate in the practice plan and are encouraged to look for opportunities to build their practice portfolios
- **Strategy 4.C.4.** Director for Development has an aggressive advancement plan in place to meet the CON capital campaign goals

Initiative 4 - D: Standardize policies and procedures across all core mission areas.

Action Plan:

- **Strategy 4.D.1.** Review and revise CON policies/procedures for accuracy & appropriateness
- **Strategy 4.D.2.** Utilize a standard template for policy/procedure documents
- **Strategy 4.D.3.** Align the approval process for CON policies/procedures with existing College and University protocols
- **Strategy 4.D.4.** Develop a standard mechanism for communicating information about policies/procedures to the faculty/staff/students, as well as developing a standardized and accessible location for these documents

Goal 5 – Maximize core missions through effective technology

Initiative 5 – A: Promote integrated database development to support effective data-driven decision making.

Action Plan:

- **Strategy 5.A.1.** Continue to integrate college policies and processes into automated systems
  - Aligned with Strategy 4.D, once policies and procedures are identified, they will be moved into automated processes
  - Currently accomplished utilizing Central 360 and various university systems that will eventually be combined into concurrent systems eliminating redundancy and allowing data consolidation
  - Upgrade CENTRAL 360
- **Strategy 5.A.2.** Examine data structures and optimize opportunities to mine data
  - Conduct full survey of data structures available internally and once datasets are identified and coded, begin to mine data that those overseeing core missions need for their operations.
- **Strategy 5.A.3.** Consolidate data into normalized tables to ease access and manipulation of data
  - Once data structures are identified and the survey completed, work on restructuring data tables can begin and will ease the process of accessing relevant data
- **Strategy 5.A.4.** Develop adaptive reports to aid administrators in making well analyzed decisions
  - Current reports for administrators are basic and more information is needed to make critical decisions about the operations of the college; thus, reporting capabilities will be expanded and new reports will be created that are easier to access and understand.
- **Strategy 5.A.5.** Expand the CON database to centralize data across all departments
  - CON data sources span diverse systems, necessitating the need for consolidation to increase responsiveness and eliminate redundancy
  - Major systems that do not link are: SAM, Accounting Service Intranet, College Internal Databases, ATI, Registrar & IMS. There are other smaller systems that can also be integrated.

Initiative 5 – B: – Deploy cost-effective technology to support an effective infrastructure.

Action Plan:

- **Strategy 5.B.1.** Provide targeted technology support (hardware and processes) to support CON core missions
  - FY 2012 – 2013 has many initiatives set to address core mission technology needs; with key upgrades: the Practice EMR, Central move to the web, Sharepoint designed Intranet, Web redevelopment and deployment & Integrated B-Line simulation server consolidation.

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- **Strategy 5.B.2.** Evaluate current processes and determine if technology investment can create future cost savings and productivity enhancements
  - Seek technology investments to create costs savings & productivity enhancements for the college.
  - Research new technologies and university partnerships to realize scale gains by utilizing university shared resources.
- **Strategy 5.B.3.** Monitor technology spending and look for opportunities that benefit college functional areas
  - Utilize those resources with the greatest impact by evaluating all technology needs and implementing those most critical to CON operations.
  - Consult joint administration on all major IT projects and work with other USC partners to realize cost savings.
- **Strategy 5.B.4.** Offer increased training on existing systems to maximize value
  - Develop a training plan for all new technology deployments and standard manuals created for their operations.
  - Evaluate existing systems and provide training for faculty/staff.
- **Strategy 5.B.5.** Support the CON distributive learning initiatives with effective technology
  - IT staff will continue to support college distributive learning initiatives, evaluate new technologies, and make recommendations to key college stakeholders.
  - Evaluate CON infrastructure to determine effectiveness of DL and what additional resources need to be applied.

Initiative 5 - C: Use measurable criteria to evaluate technology effectiveness across core missions.

Action Plan:

- **Strategy 5.C.1.** Maintain inventory of current technology deployments and analyze the effectiveness of technology use within the CON
  - Create a centralized repository of college technology resources (to include asset tracking abilities) allowing access to all college faculty and staff
  - Complete an analysis of current technology informing CON administrators as to the level of effectiveness – including noted redundancy and points for increased efficiency.
- **Strategy 5.C.2.** Design feedback loops to implement results from evaluation into process revisions
  - Develop survey to measure CON internal-user satisfaction with IT deployments and utilize findings to determine effectiveness and changes needed.
- **Strategy 5.C.3.** Examine academic programs and determine technological impact from the student perspective
  - Poll CON students regarding satisfaction with the technology at the college
- **Strategy 5.C.4.** Evaluate the effectiveness of the evaluation process

- Implement an evaluation process to be evaluated at the end of the AY by the Office of Research and Evaluation to determine process improvements and utilize finding to develop the next strategic plan.

Unit Statistical Profile

1. Number of entering freshman for classes Fall 2008, Fall 2009, Fall 2010, Fall 2011 and their average SAT and ACT scores.

Enrollment			TOTAL Freshman
semester			
A. Fall 2008	Number		188
	SAT Total Score	Average	1138
	ACT Composite Score	Average	25
B. Fall 2009	Number		220
	SAT Total Score	Average	1139
	ACT Composite Score	Average	25
C. Fall 2010	Number		264
	SAT Total Score	Average	1155
	ACT Composite Score	Average	25
C. Fall 2011	Number		280
	SAT Total Score	Average	1169
	ACT Composite Score	Average	25

2. Freshman retention rate for classes entering Fall 2008, Fall 2009, and Fall 2010.

		Freshman-Sophomore Retention Rates		
		2008 Cohort	2009 Cohort	2010 Cohort
Started	Ended			
↓	↓	Returned '09	Returned '10	Returned '11
Nursing	Same School	74.5%	74.3%	68.7%
	Other School	13.3.%	11.9%	14.5%
	Total	87.8%	86.2%	83.2%

3. Sophomore retention rate for classes entering Fall 2007, Fall 2008, and Fall 2009.

		Sophomore-Junior Retention Rates		
		2007 Cohort	2008 Cohort	2009 Cohort
Started	Ended			
↓	↓	Returned '08	Returned '09	Returned '10
Nursing	Same School	73.3%	73.8%	77.3%
	Other School	11.8%	15.5%	18.0%
	Total	85.1%	89.3%	95.3%

4. Number of majors enrolled in Fall 2008, Fall 2009, Fall 2010 and Fall 2011 by level: undergraduate, certificate, first professional, masters, or doctoral (headcount)

Majors Semester	Undergraduate	Masters	Certificate	Professional	Doctoral	TOTAL
Fall 2008	1,065	84	16	0	74	1,239
Fall 2009	1,008	89	19	0	65	1,181
Fall 2010	1,007	127	28	0	56	1,218
Fall 2011	1,045	135	27	0	61	1,268

5. Number of entering first professional and graduate students Fall 2008, Fall 2009, Fall 2010, and Fall 2011 and their average GRE, MCAT, LSAT scores, etc.

Enrollment			TOTAL
			New Graduate
semester			
A. Fall 2008	number		39
	GRE Analytical	Average	21
	GRE Quantitative	Average	581
	GRE Verbal	Average	497
	MAT Quantitative	Average	400
B. Fall 2009	number		43
	GRE Analytical	Average	17
	GRE Quantitative	Average	545
	GRE Verbal	Average	461
	MAT Quantitative	Average	357
C. Fall 2010	number		81
	GRE Analytical	Average	10
	GRE Quantitative	Average	512
	GRE Verbal	Average	439
	MAT Quantitative	Average	414
C. Fall 2011	Number		45
	GRE Analytical	Average	12
	GRE Quantitative	Average	560
	GRE Verbal	Average	496
	MAT Quantitative	Average	417

6. Number of graduates in Fall 2010, Spring 2011, Summer 2011 by level (undergraduate, certificate, first professional, masters, doctoral)

Degrees Awarded	Baccalaureate	Masters	Certificate	Professional	Doctoral	TOTAL
Semester						
Fall 2010	0	20	4	0	1	25
Spring 2011	220	5	1	0	4	230
Summer 2011	4	2	0	0	0	6
TOTAL	224	27	5	0	5	261

7. Four-, Five- and Six- Year Graduation rates for three most recent applicable classes (undergraduate only).

		Graduation Rates								
		2003 Cohort			2004 Cohort			2005 Cohort		
Started	Ended									
↓	↓	4-Year Grad	5-Year Grad	6-Year Grad	4-Year Grad	5-Year Grad	6-Year Grad	4-Year Grad	5-Year Grad	6-Year Grad
Nursing	Same School	17.4%	32.4%	32.0%	26.0%	40.5%	40.5%	40.5%	45.5%	46.5%
	Other School	13.0%	26.6%	27.5%	13.3%	22.5%	23.7%	14.0%	20.5%	23.5%
	Total	**30.4%**	**58.9%**	**59.9%**	**39.3%**	**63.0%**	**64.2%**	**54.5%**	**66.0%**	**70.0%**

8. Total credit hours and grade distribution generated by your unit regardless of major) for Fall 2010, Spring 2011 and Summer 2011. **(NOTE: Summer 2011 data are incorrect, as classes at the undergraduate and graduate levels were taught)**

	Total Credit Hours	A	B+	B	C+	C	D+	D	F	W	WF
Fall 2010	2203	35.0%	10.4%	40.9%	5.9%	5.6%	0.7%	0.2%	0.5%	0.8%	0.1%
Spring 2011	2079	38.0%	15.0%	36.3%	3.9%	4.5%	0.7%	0.2%	0.9%	0.6%	0.0%
Summer 2011 (See NOTE above)	0	0	0	0	0	0	0	0	0	0	0

9. Percent of credit hours by undergraduate major taught by faculty with a highest terminal degree.

Semester	% Credit Hours by Faculty by Faculty w/highest terminal degree
Fall 2009	32.91%
Spring 2010	44.73%
Fall 2010	11.48%
Spring 2011	37.59%
Fall 2011	28.47%

10. Percent of credit hours by undergraduate major taught by full-time faculty.

Semester	% Credit Hours by FT Faculty
Fall 2009	68.99%
Spring 2010	65.68%
Fall 2010	65.93%
Spring 2011	57.39%
Fall 2011	60.32%

11. Number of faculty by title (tenure-track by rank, non-tenure track (research or clinical) by rank) as Fall 2009, Fall 2010 and Fall 2011 (by department where applicable).

Tenure Track Faculty	Fall 2009	Fall 2010	Fall 2011
Professor	2	3	4
Associate Professor	6	3	2
Assistant Professor	7	4	4

Research Faculty	Fall 2009	Fall 2010	Fall 2011
Professor	1	1	1
Associate Professor	1	0	0
Assistant Professor	0	0	0

	Fall 2009	Fall 2010	Fall 2011
Instructors	0	1	0

Clinical Faculty	Fall 2009	Fall 2010	Fall 2011
Professor	2	1	1
Associate Professor	9	9	8
Assistant Professor	8	11	11
Instructor	2	1	2

	Fall 2009	Fall 2010	Fall 2011
Adjunct Faculty	58	66	74

12. Current number and change in the number of tenure-track and tenured faculty from underrepresented minority groups from FY 2010.

Tenure Track and Tenured Faculty	Ethnicity	Current #	Change
Professor	Hispanic	1	0

JULY 1, 2010 – JUNE 30, 2011

Scholarship, Research, and Creative Accomplishments:

1.   The total number and amount of external sponsored research proposal submissions by agency for FY2011.

<u>**RESEARCH**</u> **(10)**

American Cancer Society (1)
Heiney, Sue, PI; Adams, Swann; Tavakoli, Abbas; Wells, Linda. *Adherence and Social Connection: Breast Cancer African American Women.* $2,084,199. (Submitted: 03/18/2011).

American Nurses Psychiatric Foundation (ANPF) (1)
Baliko, Beverly, PI. *Assessing Intimate Partner Violence-Related Mild Traumatic Brain Injury in Adult Women*. $4,659. (Submitted: 02/11/2011).

Centers for Medicare and Medicaid Services (1)
Messias, DeAnne, PI and Fore, Elizabeth, Co-I. *Navegantes para Salud: Improving Healthcare Access and Utilization among Hispanic Women and Children.* $200,000. (Submitted: 06/23/2011).

National Institutes of Health (NIH) (6)
Adams, Swann, PI. *A Geospatial Investigation of Breast Cancer Health Disparities.* $1,235,226 (Submitted: 09/23/2010).

Baliko, Beverly, PI. *Intimate Partner Violence-Related Mild Traumatic Brain Injury (MTB) in Abused Women.* $395,150. (Submitted: 11/08/2010).

Boyd, Mary, PI and Baliko, Beverly, PI. *Job Loss, Stress-coping, and Mental Health: Gender/Racial Differences*. $395,150. (Submitted: 10/12/2010).

Heiney, Sue, PI; Adams, Swann; Tavakoli, Abbas; Wells, Linda. T*reatment Adherence and Social Connection: Breast Cancer African American Women.* $2,521,082. (Submitted: 01/28/2011).

Messias, DeAnne, Consortium PI; Parra-Medina, Deborah, PI. *Subaward: ENLACE: A Promotora-Led Physical Activity Intervention Trial for Latinas in Texas.* $602,000 (Submitted: 02/05/2011).

Snyder, Rita, PI; Huynh, Nathan, PI; Cai, Bo, Tavakoli, Abbas. *Reducing Medication Administration Process Redesign Risk through Computer Simulation.* $388,518. (Submitted: 09/27/2010).

United States Department of Justice (DOJ), Office of Justice Programs (DJP), National Institute of Justice (NIJ) (1)
Hein, Laura, PI and Scharer, Kathy, PI. *LGBT Victims of Violence: A Community-Based Family and Legal Intervention.* $498,358. (Submitted: 03/29/2011).

FY2011 NON-RESEARCH (7)
Health Resources and Services Administration/Bureau of Health Professions (3)
Burgess, Stephanie, PD. *Expanded Primary Care Service to an Urban Area (Competing Continuation).* $708,548. (Submitted: 01/13/2011).

Poslusny, Susan, PD. *Advanced Nursing Education Traineeship (ANET) FY 2011.* Formula Based Budget. (Submitted: 12/10/2010).

Poslusny, Susan, PD. *Nurse Faculty Loan Program (NFLP) FY2011.* Formula Based Budget. (Submitted: 02/11/2011).

Robert Wood Johnson Foundation (1)
Shake, Eileene, PI. *Robert Wood Johnson Foundation Executive Nurse Fellows.* $35,000. (Submitted: 01/18/2011).

University of South Carolina Office of the Provost (3)
Hewlett, Peggy, PI. *Proposal for a Cluster Hire in the College of Nursing: Meeting the Demand for Health Care System Researchers.* $300,000. (Submitted: 01/14/2011).

Hewlett, Peggy, PI. *Proposal for a Director of the PhD Program in Nursing Science: Meeting the Demand for Nurses with a Doctoral Degree.* $150,000. (Submitted: 01/14/2011).

Hewlett, Peggy, PI. Proposal for a Director of the Doctorate in Nursing Practice/Nurse Practitioner Program: Meeting the Demand for Advanced Practice Nurses. $150,000. (Submitted: 01/14/2011).

	Number of Applications	Total Potential Research Dollars	Total Potential Non-Research Dollars	Grand Total
SUBMITTED: FY2011 TOTAL:	**17**	**$8,324,342**	**$1,343,548**	**$9,667,890**

2. **Summary of external sponsored research awards by agency for FY2011.**

AWARDED FY2011:

RESEARCH: (10)
Endowed Chair Funds/Internally Funded (2)
Snyder, Rita, PI; Huynh, Nathan, PI; Valafar, Homayoun, PI. *Medication Administration Process Analysis (MAPA) Pilot Project.* (04/21/2010 -). Counted FY2010.

Snyder, Rita, PI and Huynh, Nathan, PI. *MAP Computer Simulation Pilot Study.* (10/02/2010 -). $5,000.

National Institutes of Health (NIH) (5)
Culley, Joan, PI; Svendsen, Erik, PI; Tavakoli, Abbas. *Mass Casualty Triage Validation Study.* (08/01/2010 – 07/31/2012). $178,550.

Heiney, Sue, PI. *Teleconference Group: Breast Cancer in African Americans (STORY) – Transfer from Palmetto Health.* (05/01/2010 – 04/30/2011). No Cost Extension.

Heiney, Sue, PI. *Teleconference Group: Breast Cancer in African Americans (STORY) – Administrative Supplement.* (08/01/2010 – 04/30/2011). No Cost Extension.

Messias, DeAnne, PI. *ENLACE: A Partnership to Promote Physical Activity Among Mexican Immigrant Women.* (01/20/2009 – 02/28/2011). No Cost Extension.

Messias, DeAnne, PI. *The Hispanic Health Research Network: Enhancing Practice-Based Research Capacity.* (09/25/2009 – 08/31/2011). No Cost Extension.

South Carolina Research Foundation (SCRF) (1)
Culley, Joan; Register, Beth; Tavakoli, Abbas, Mentors; Smith, David, PI. *Magellan Scholars: Effect of Technology and Connectedness on Community-Dwelling Older Adults.* (05/01/2011 – 04/30/2012). $2,881.

USC Office of the Vice President for Academic Affairs & Provost (1)
Scharer, Kathy, Co-I and Smith Bradley, PI. *Preparing for NIH Funded Studies of the Triple P-Positive Parenting Program for Teens.* (05/16/2010 – 04/30/2011). Counted FY2010.

USC Research Consortium on Children & Families (1)
Scharer, Kathy, PI and Smith, Bradley, PI. *Comparing Effectiveness of Level 3 Versus Level 4 Teen Triple P-Positive Parenting Program for Family Weight Reduction.* (04/15/2010 – 04/14/2011). Counted FY2010.

NON-RESEARCH: (6)
Health Resources & Services Administration/Bureau of Health Professions (HRSA/BHPr) (4)
Burgess, Stephanie, PD and Fuller, Sara, PD. *Expanded Primary Care Services to an Urban Area.* (07/01/2010 – 03/31/2011). No Cost Extension.

Hewlett, Peggy, PD. *Nurse Faculty Loan Program (NFLP).* (07/01/2010 – 06/30/2011). $34,070.

Hewlett, Peggy, PD. *Advanced Education Nursing Traineeship (AENT).* (07/01/2010 – 06/30/2011). $50,899.

Hewlett, Peggy, PD. Leave No Qualified Nursing Student Behind. (07/01/2010 – 06/30/2011). $303,255.

Medical University of South Carolina/Duke Endowment (1)
Hewlett, Peggy, PD. *South Carolina Office for Healthcare Workforce Analysis and Planning (Year 3).* (11/04/2010 – 11/30/2011). $28,672.

South Carolina Governor's Office (1)
Hewlett, Peggy, PD. *SFSF – Auditorium Renovation and Improvement.* (07/01/2009 – 06/30/2012). Counted FY2010.

	Number of Applications	Total Research Dollars	Total Non-Research Dollars	Grand Total
AWARDED: FY2011:	**16**	**$186,431**	**$416,896**	**$603,327**

3.   TOTAL EXTRAMURAL FUNDING PROCESSED THROUGH SAM FY 2011: $425,051
FEDERAL EXTRAMURAL FUNDING PROCESSED THROUGH SAM FY 2011: $394,879

4.   Amount of sponsored research funding per faculty member in FY2011 (by rank, type of funding; e.g., federal, state, etc., and by department if applicable).

RESEARCH:

PROFESSOR:
Rita Snyder   11200-E229   Internal/Endowed Chair Funds/Non-Competitive
$5,000

RESEARCH PROFESSOR:
National Institutes of Health (NIH):
Sue Heiney   11200-FA11   R01/Extramural/Federal/Competitive
No Cost Extension

Sue Heiney   11200-FA12   Admin. Supplement/Extramural/Federal/Competitive
No Cost Extension

ASSOCIATE PROFESSOR:
National Institutes of Health (NIH):
DeAnne Messias   11200-FA09   R21/Extramural/Federal/Competitive
No Cost Extension

DeAnne Messias   11200-FA10   R03/Extramural/Federal/Competitive
No Cost Extension

ASSISTANT PROFESSOR:
National Institutes of Health (NIH):
Joan Culley   11200-FA13   R21/Extramural/Federal/Competitive
$178,550

South Carolina Research Foundation:
Joan Culley   11200-KA09   Magellan Scholars/Intramural/Local/Competitive
$2,881

SUBTOTAL RESEARCH
        $186,431

NON-RESEARCH:
PROFESSOR:
Health Resources & Services Administration/Bureau of Health Professions (HRSA/BHPr):
Peggy Hewlett   11200-FJ18   Training/Extramural/Federal/Competitive
        $50,899
Peggy Hewlett   62030-T046   Loan/Extramural/Federal/Competitive
        $34,070
Peggy Hewlett   11200-FJ20   Training/Extramural/Federal/Competitive
        $303,255

MUSC/The Duke Endowment:
Peggy Hewlett   11200-KL02   Training/Extramural/Philanthropic/Competitive
        $28,672

CLINICAL PROFESSOR:
Health Resources & Services Administration/Bureau of Health Professions (HRSA/BHPr):
Stephanie Burgess   11200-FJ17   Training/Extramural/Federal/Non-Competitive
No Cost Extension

ASSOCIATE PROFESSOR:
None
        $0

ASSISTANT PROFESSOR:
None
        $0

NON-RESEARCH SUBTOTAL:
        $416,896
RESEARCH TOTAL:
        $**186,431**
NON-RESEARCH TOTAL:
        $416,896
GRAND TOTAL:
        $603,327

5.   Total sponsored research expenditures per tenured/tenure track faculty for FY2011, by rank and by department, if applicable.

*Expenditures as of June 30, 2011 from Datawarehouse.

RESEARCH:

PROFESSOR:

Snyder	11200-E228	$0.00
Snyder	11200-E229	$4,529.20

RESEARCH PROFESSOR:

Sue Heiney	11200-FA11	$21,341.85
Sue Heiney	11200-FA12	$22,120.75

ASSOCIATE PROFESSOR:

DeAnne Messias	11200-FA09	$36,113.39
DeAnne Messias	11200-FA10	$11,368.59
Kathleen Scharer	11200-E230	$8,929.00

ASSISTANT PROFESSOR:

Joan Culley	11200-FA13	$128,311.46
Joan Culley (David Smith, Magellan Scholar)	11200-KA09	$972.00
RESEARCH TOTAL:		**$233,686.24**

NON-RESEARCH:

PROFESSOR:

Peggy Hewlett	11200-FS00	$916.21
Peggy Hewlett	11200-KL02	$77,298.53
Peggy Hewlett	11200-FJ18	$34,392.28
Peggy Hewlett	11200-FJ20	$57,362.72
CLINICAL PROFESSOR		
Stephanie Burgess	11200-FJ17	$67,644.34
NON-RESEARCH TOTAL:		**$237,614.08**
GRAND TOTAL:		**$471,300.32**

6. **Number of patents, disclosures, and licensing agreements in fiscal years 2009, 2010, and 2011.**
   2009: None
   2010: None
   2011: None

CEU Report
College of Nursing
Center for Nursing Leadership
Columbia USC
January 1 - December 31, 2011

Campus	School / Division	Department	First Name	Last Name	Phone	Email	Program Name	Type of CEU's Issued (CEU, CMEU, CLEU)	Begin Date	End Date	Education Hours	Participant Count
Columbia	College of Nursing	Center for Nursing Leadership	Ellen	Synovec	777-4889	synove@mailbox.sc.edu	Building Your Clinical Faculty Toolbox – Tools You Can Not Be Without	CNEU	1/4/11	1/4/11	5	43
Columbia	College of Nursing	Center for Nursing Leadership	Ellen	Synovec	777-4889	synove@mailbox.sc.edu	The Mystique of Leading and Managing: Where will the Health System Take Us	CNEU	1/5/11	1/7/11	18.25	13
Columbia	College of Nursing	Center for Nursing Leadership	Ellen	Synovec	777-4889	synove@mailbox.sc.edu	10th Annual Geriatric Symposium	CNEU	2/5/11	2/5/11	6	199
Columbia	College of Nursing	Center for Nursing Leadership	Ellen	Synovec	777-4889	synove@mailbox.sc.edu	2011 Tillary Ann Parson's Lectureship – Improving Patient Safety Through Nursing Research	CNEU	2/11/11	2/11/11	5.25	91
Columbia	College of Nursing	Center for Nursing Leadership	Ellen	Synovec	777-4889	synove@mailbox.sc.edu	2011 Nursing Summit: Leadership in an Era of Perpetual Change	CNEU	3/25/11	3/25/11	5	152
Columbia	College of Nursing	Center for Nursing Leadership	Ellen	Synovec	777-4889	synove@mailbox.sc.edu	8th Annual Nursing Excellence Conference - Current and Future Trends for Nursing Excellence	CNEU	3/31/2011	3/31/2011	4.25	179
Columbia	College of Nursing	Center for Nursing Leadership	Ellen	Synovec	777-4889	synove@mailbox.sc.edu	8th Annual Workshop for NA Training Coordinators and Instructors	CNEU	4/13/2011	4/13/2011	6	158
Columbia	College of Nursing	Center for Nursing Leadership	Ellen	Synovec	777-4889	synove@mailbox.sc.edu	Dementia Dialogues	CNEU	3/31/2011	3/31/2011	7.5	12
Columbia	College of Nursing	Center for Nursing Leadership	Ellen	Synovec	777-4889	synove@mailbox.sc.edu	Dementia Dialogues	CNEU	6/30/2011	6/30/2011	7.5	23
Columbia	College of Nursing	Center for Nursing Leadership	Ellen	Synovec	777-4889	synove@mailbox.sc.edu	Dementia Dialogues	CNEU	9/30/2011	9/30/2011	7.5	7
Columbia	College of Nursing	Center for Nursing Leadership	Ellen	Synovec	777-4889	synove@mailbox.sc.edu	Dementia Dialogues	CNEU	12/30/2011	12/30/2011	7.5	9
Columbia	College of Nursing	Center for Nursing Leadership	Ellen	Synovec	777-4889	synove@mailbox.sc.edu	Enhancing Leadership Skills Through Self-Awareness	CNEU	4/10/2011	4/27/2011	10	13
Columbia	College of Nursing	Center for Nursing Leadership	Ellen	Synovec	777-4889	synove@mailbox.sc.edu	Instructor Toolbox, Part I Renew and Replenish your Clinical	CNEU	8/10/2011	8/10/2011	1.5	21
Columbia	College of Nursing	Center for Nursing Leadership	Ellen	Synovec	777-4889	synove@mailbox.sc.edu	Instructor Toolbox, Part II Renew and Replenish your Clinical	CNEU	8/10/2011	8/10/2011	4.75	54
Columbia	College of Nursing	Center for Nursing Leadership	Ellen	Synovec	777-4889	synove@mailbox.sc.edu	Instructor Toolbox, Part III Renew and Replenish your Clinical	CNEU	8/11/2011	8/11/2011	2.33	46
Columbia	College of Nursing	Center for Nursing Leadership	Ellen	Synovec	777-4889	synove@mailbox.sc.edu	The Role of Nursing in the Future	CNEU	11/10/2011	11/10/2011	0.83	47
										TOTAL	99.16	1067

SOUTHCAROLINA
Continuing Education & Conferences

Appendix A

Unit Statistical Profile

1. Placement of graduate students, terminal masters and doctoral students, for the three most recent applicable classes.

Degree	Placement	Current Position
Cert	DHEC	Other
Cert	USC Upstate	Faculty
Cert	WJB Dorn VA Medical Center	Staff Nurse
Cert	USC College of Nursing	Other
Cert	ALT Mental Group	Nurse Practitioner
Cert	New Hanover County Health Department	Nurse Practitioner
Cert	USC Upstate Health Services	Supervisor
Cert	Network Geriatrics Services	Nurse Practitioner
DNP	not employed	enrolled as a PhD student at another institution
DNP	Virginia Commonwealth University Health Systems	Nurse Practitioner
DNP	Texas Children's Hospital	Nurse Practitioner
DNP	Extended Care Physicians	Nurse Practitioner
DNP	Psychiatric Services of Carolinas	Nurse Practitioner
DNP	Carolinas Healthcare Systems	Nurse Practitioner
MSN	Carolina Pines Regional Medical Center	Staff Nurse
MSN	Palmetto Primary Care	Nurse Practitioner
MSN	no employment information	
MSN	Roper St. Francis Healthcare	Staff Nurse
MSN	no employment information	
MSN	no employment information	
MSN	John A. Martin Primary Healthcare Center	Head Nurse
MSN	Carolinas Healthcare Systems	Staff Nurse
MSN	Carolinas Hematology and Oncology Associates	Staff Nurse
MSN	Greenville Healthcare System	Staff Nurse
MSN	Lexington Medical Center	Staff Nurse
MSN	Lexington Medical Center	Staff Nurse
MSN	Carolinas Medical Center - Main	Staff Nurse
MSN	no employment information	
MSN	Lexington Medical Center	Staff Nurse
MSN	Palmetto Health Baptist	Staff Nurse
MSN	Presbyterian Hospital	Staff Nurse
MSN	Lexington Medical Center	Staff Nurse
MSN	Medical University of South Carolina	Staff Nurse
MSN	The Regional Medical Center	Staff Nurse

MSN	no employment information	
MSN	Lexington Medical Center	Staff Nurse
MSN	Chester Regional Medical Center	Nurse Practitioner
MSN	McLeod Regional Medical Center	Staff Nurse
MSN	Columbia Cardiology	Nurse Practitioner
MSN	Palmetto Health Heart Hospital	Staff Nurse
MSN	Beaufort Memorial Hospital	Staff Nurse
MSN	Lexington Medical Center	Staff Nurse
MSN	Faster Care	Nurse Practitioner
MSN	Premier Inpatient Medicine	Hospitalist
MSN	Doctor's Care	Staff Nurse
MSN	Palmetto Primary Care Urgent Care Center	Nurse Practitioner
MSN	Bon Secours St. Francis Hospital	Staff Nurse
MSN	Palmetto Health	Nurse Practitioner
MSN	Greenville Healthcare System	Staff Nurse
MSN	Tuomey Healthcare System	Staff Nurse
MSN	Palmetto Primary Care	Nurse Practitioner
MSN	Palmetto Health Baptist	Staff Development
MSN	Providence Heart Hospital	Staff Nurse
MSN	Carolinas Hospital System-Aynor Medical Center	Nurse Practitioner
MSN	Lexington Medical Center	Staff Nurse
MSN	Med-Trans Corp	Staff Nurse
MSN	Spartanburg Regional Hospital System	Teacher
MSN	CVSA Minute Clinic	Nurse Practitioner
MSN	no employment information	
MSN	Bon Secours St. Francis Hospital	Staff Nurse
MSN	no employment information	
MSN	Minute Clinic	Nurse Practitioner
PhD	WJB Dorn VA Medical Center	

2. Number of undergraduate and graduate credit hours in Fall 2010, Spring 2011, and Summer 2011, stated separately, taught by tenured and tenure-track faculty, by instructors, by non tenure-track faculty (clinical and research) and by temporary faculty (adjuncts).

	Nursing					
	Fall 2010		Spring 2011		Summer 2011	
	Undergraduate	Graduate	Undergraduate	Graduate	Undergraduate	Graduate
Professor	0	25	0	22	0	0
Associate Professor	0	168	660	108	0	1
Assistant Professor	1041	291	501	98	0	0
Instructor	0	39	0	3	0	0
Clinical Professor	0	105	0	35	0	2
Clinical Associate Professor	1551	207	1200	246	70	140
Clinical Assistant Professor	2791	0	3141	11	102	3
Clinical Instructor	524	0	402	0	0	0
Adjunct	2971	177	1427	291	0	216
Graduate Assistants	521	0	624	0	0	0
Non-Applicable	301	138	1046	198	0	10
No HR Data	0	0	668	0	0	0
Total	9700	1150	9669	1012	172	372

Appendix B
Student Retention –

Undergraduate Program

1. **Have you assessed your retention methods and activities to determine their effectiveness in retaining freshmen and sophomores?**

   There are surveys done which look at the numbers of students in each class annually and there are discussions regarding difficulties incurred, but no formal process to determine retention effectiveness for students at this level. Obviously, we keep a close handle on the Junior and senior students—by virtue of small clinical groups, this process is easier. A tool could be developed to generate numeric values for retention which could include quality, by measuring GPA.

   - Which retention methods are effective and why do you believe they work?

     Having the faculty notify Academic Affairs staff that students are having difficulties allows interventions before things have progressed too far. This is happening with regularly within the nursing courses. Promoting the ACE center is helpful for students working through organizational issues and poor study habits. Promoting involvement in nursing organizations and community health care initiatives promotes a stronger bond between faculty and students in the upper division. Encouraging students to become involved in the Dean's Advisory Council gives them a broader perspective on the college. Promotion by all faculty of events such as the Back to School Bash promotes a sense of community. University 101(especially the nurse-specific sections) is very effective in helping the freshmen acclimate to the university setting. Open-door policies of the CON administration allow students to pursue issues that bother them.

   - What retention methods have you tried that are ineffective?

     Assigning faculty as mentors was ineffective. Due to the high number of students and the faculty workload, communications proved to be difficult and students frequently did not follow up with faculty invitations for meetings. There was a lack of clear cut expectations for the faculty mentors that likely impacted the level of effectiveness.

2. **Describe the advising in your college. How do you determine the effectiveness of your college's advising? Are there any additional advising activities needed to provide students the assistance they need to navigate through the Carolina Core and major to graduate on time?**

   Incoming freshmen are advised by professional advisors hired by the college after orientation. The curriculum is fairly structured, so some group work is done. After the initial orientation advisement, the students are notified each semester when the

advisement sessions will be available, and they sign up for specific times. Lower division students are advised alone or with one other student, while upper division students are advised in group settings. The first advisement for the upper division is done after orientation to the upper division. There are open times for students that prefer individual advisement. Drop-in times are publicized via blackboard for mid-semester student issues. Appointments are available throughout the semester. Reminders are sent out via the blackboard communities set up as lower division and upper division and all graduate levels.

Currently there is one professional advisor for freshmen, another for transfer students and sophomores and a third advisor for upper division. The advisors for lower division follow their students through freshman and sophomore levels. As the numbers of students has increased over 100% in the past seven years, the third professional advisor was added this past AY.

There is no formal process to assess effectiveness of advising. Students self-refer to administrative staff if they believe there are issues and those are very rare at this point, indicating that advising seems to be going well

The Cross Campus Advising staff is utilized heavily for the students who are not progressed to the junior class to consider options for change of major.

We currently do not have an evaluation tool for advising effectiveness. This process will be developed in the next AY.

3. **What types of student support do you find to be most beneficial to your students in terms of retention and successful progress toward their degrees?**

Individual support seems to be very beneficial for students who have issues.
Group support and creation of an atmosphere where the students can share their concerns seems to be the best for the majority of the students.
Graduate Program

Advising begins at new student orientation. Each student receives a program of courses (POC) that lists courses to be taken by semester in order to complete the program. This preliminary POC was developed from the major and request to go full-time or part-time as stated on the application. Each student meets with an advisor and discusses the scheduled courses. Changes are made if necessary and the student receives a copy of the POC. Students are invited to attend individual advising sessions during USC advising. If students are following the POC, they are not required to come in for advising. If they want to change the POC, they must meet with the graduate advisor. The graduate advisor is available throughout the semester for individual advising.

Each graduate student completes the Program Assessment Questionnaire at the time of graduation. There is a section on this questionnaire that asks student satisfaction with

specific support services, one of which is advising. The College standard is a score of 3.0 on a 4.0 scale. Students consistently rate advising above the standard.

The most successful advisor is good at making changes to meet the specific challenges faced by students – such as the sudden death of husband in auto accident, preterm delivery of a 2 pound 9 ounce baby, two students diagnosed with breast cancer, surgery to remove a mass on the pancreases, husband losing a job, and break-up of marriage. Any of these events could result in dropping out of school unless the advisor is able to work with the student to develop a plan for successful graduation.

Appendix C

Student Graduation and Placement –

1. Have you assessed your degree programs to determine if program requirements are reasonable in terms of time toward graduation**?**

    The undergraduate curriculum was reviewed in summer 2010 to address recent accreditation requirements and length of program. During 2011-2012, the undergraduate curriculum is being reviewed for required hours in the nursing major. The graduate curricula are currently under review.

    a. What changes have been made?

        In 2010-2011, the undergraduate curriculum was reduced by six credit hours to be more in line with the university requirements.

    b. What further changes are needed?

        There is a doctoral faculty task force appointed to complete two reports. One is the program evaluation report required by the CCNE accreditation agency as a mid-cycle update on the Doctorate in Nursing Practice program that is due June 1, 2012. The second report from this task force is for the evaluation of the PhD program and is also due to the Dean's office by June 1, 2012. Both of these reports will assess many variables, and recommendations forthcoming will undoubtedly lead to changes in the DNP and PhD programs, recruitment and retention of students, and faculty recruitment and teaching assignments.

2. Outline what measures you have put in place to assist students with intern placement and job placement.

    This has not been an issue of major concern for most of our undergraduate students, as healthcare agencies aggressively recruit them for externships and/or employment. While the recession has caused some slow down in employment for our undergraduates, we receive few reports of them not having secured a job within 3-6 months of graduation. The majority of them have jobs in hand upon graduation.

    At the graduate level, our advanced practice registered nurse students (APRNs), whether prepared at the master's or the doctoral level, have extensive rotations through a variety of practice settings. Those graduating with a master's have a minimum of 500 clinical clock hours required in the curriculum. Graduates from the DNP program have a minimum of 1,000 clinical clock hours required. While not labeled internships, it is through these clinical rotations that many of the students find employment opportunities. The Office of Academic Affairs posts employment

opportunities and requests on the student list-serve, which is updated as requests are received. Close to 100% of our graduate students find immediate employment upon finishing the program.

3. Outline the measures that you use to track graduates with baccalaureate, masters, and doctoral degrees.

Baccalaureate and master's graduates are being tracked using Educational Benchmarking, Inc. Nursing Exit and Alumni surveys. The exit survey is administered annually and the alumni survey every three years. Tracking of all other graduates, (DNP and PhD) has not been formalized (other than a CON-developed alumni survey administered every three years. The numbers of graduates have been relatively small and they tend to stay in touch with the advisors over time. A formal tracking procedure will be developed for these graduates this AY.

Appendix D

Distributed Learning (DL) –

Outline the CON involvement with DL:

MSN, DNP, and the Nurse Practitioner certificate programs are delivered almost entirely online to accommodate the needs of adult learners. Students can access courses from any computer and complete required learning activities at their convenience within designated deadlines. Requirements to travel to campus are minimal. In clinical courses, students may be required to come to campus once or twice during the semester to have their clinical skills checked off by the faculty member. Flexibility of asynchronous online learning allows the College of Nursing to reach students throughout the state of South Carolina and in adjacent states. The courses are highly interactive and contain innovative and collaborative learning activities such as clinical blogging, multimedia student presentations and peer critiques, role play exercises, synchronous web team meetings with instructors.

Selected undergraduate courses for the upper and lower divisions are also offered online and through live videoconference to facilitate delivery of instruction to USC Lancaster and USC Salkehatchie, to alleviate classroom scheduling challenges at USC Columbia, and to introduce undergraduate students to alternative modes of teaching and learning. These classes are also recorded so the students can watch them at a later date. This is done in conjunction with the Palmetto Programs group which maintains the Distance Education rooms at the remote campuses and the videoconference bridge.

The following courses are delivered to groups of over 200 students on three USC campuses.

NURS J201: Introduction to Human Genetics
NURS 400: Evidence-Based Nursing Practice
NURS J428: Nursing Leadership and Management
NURS J431: Community Health Nursing

NURS J311: Introduction to Health Assessment is delivered in a blended mode. Students access multimedia course materials, take assessments and collaborate on projects online through the Blackboard course management system. They meet with the instructors in a lab setting once a week to practice health assessments skills.

The CON utilizes four primary technologies for Distributive Learning: Adobe Connect meetings, Adobe Presenter recorded lectures, Blackboard, and Videoconferencing.

One of the key reasons for our success in DL has been to create Blackboard template for use across our courses which facilitates ease of use for our students. Blackboard is our CMS and handles all class administrative duties. It handles all grading and student information for the course. Most lectures are recorded via Adobe Presenter and have links posted to them within Blackboard. Professors also conduct live virtual meetings using Adobe Connect. This allows student/professor interaction in a media rich environment.

Faculty members meet with the Director of Distance Learning to learn how to setup their course for online teaching and delivery. This ensures our courses are consistent for the student and results in a higher satisfaction rate with the technology. The director is an integral part of the process that helps turn the traditional class into one that fits with the online learning environment. This is a critical person to have for distance education, along with an IT team to manage many of the technology issues that arise.

The entire DNP graduate curriculum is available asynchronously via Adobe Connect and Blackboard. This has been available online for several years and demand for the program has steadily increased.

Measures have you taken to expand the availability of DL courses in your college?

The CON faculty members have made a commitment to provide quality online education in order to compete in a crowded marketplace. There is a special emphasis on "quality." Both graduate and undergraduate expanded their online offerings since the summer of 2011, and all DNP courses are available online and have moved many of our undergraduate courses to an online setup to increase capacity. The college also has partnered with the Palmetto Programs to utilize the videoconference rooms at Lancaster and Salkehatchie for our distance needs. This allows us to leverage shared resources instead of purchasing expensive equipment that already exists elsewhere at the university.

In the Fall of 2011, NURS J201: Introduction to Human Genetics was offered through a combination of classroom instruction and videoconferencing. In the Spring Semester of 2012, this course was adapted to fully online delivery. Another first-time online offering in Spring 2012 is NURS J428: Nursing Leadership and Management. Both courses are delivered to nursing students at USC Columbia, USC Lancaster and USC Salkehatchie. A new graduate course for Spring 2012 is NURS 728: Acute Care Nursing of Children.

What measures have you taken to insure the quality of DL courses?

To ensure quality of the learning experience, all nursing online courses are designed using the same "template," which provides course site structure and organizes course navigation. It facilitates course development process for the faculty member and makes

navigation and information retrieval easier for the students. The course template was developed using "best practice" identified in the online education literature.

A number of policies regarding online teaching and learning have been developed by the administrators in the Division of Academic Affairs and approved by the Graduate Council. The newest policy requires the faculty teaching online courses to give the Director of Online Learning access to their Blackboard courses, to conduct midterm evaluations and to take appropriate steps to improve the courses in response to midterm evaluation results.

A policy for a five-year peer review of online courses is currently under development.

From a technical standpoint we monitor the technology and correct problems as soon as possible. Technical issues can quickly frustrate the student and lead to a negative outcome so we test everything beforehand and do our best to keep the systems up and running.

If applicable, describe the challenges your college has faced in taking distributed learning courses to scale.

The challenges in maintaining and expanding distributed learning programs at the College of Nursing relate to faculty development in an area of new technology. To address this challenge, courses were developed in a step-wise fashion and in a partnership with the Director of Online Learning and the Director of IT. Together, with the Assistant Dean for Graduate Studies, they assisted the faculty in learning new teaching methods, mastering new technologies, and understanding the nuances of online pedagogy.

Maintaining quality in regularly offered courses is challenging, as the updates require careful review and revision from a different perspective than faculty members are accustomed to in more traditional course formats. The structure of the entire course is involved and must be attended to with a new set of skills.

Have your faculty members participated in offering virtual laboratories?

Although the nursing online courses did not offer the "virtual laboratory" experiences in the strict sense of this expression, two graduate courses offer online simulation experiences that emulate the experiences students would receive in a face-to-face lab session.

In an Advanced Nursing Leadership Course, innovative use of web cams and virtual meeting technology allowed students to practice advanced conflict management skills that they had learned about and discussed. To demonstrate proficiency, students generated role-playing scenarios simulating real-life clinical dilemmas and challenged other teams to explore ways to handle these situations appropriately. The resulting interactions were recorded and posted for review and critique.

In another graduate online course, students participated in synchronous online role play activity, designed as a question-and-answer session with the "management team" after the submission and presentation of proposals for implementation of new software. This activity was conducted in an Adobe Connect meeting room and allowed the participants to develop professional face-to-face presentation and communication skills.

What measures do you use to ascertain their success?

Both of the activities described above are evaluated at their completion through online surveys and are consistently found to be very effective. Data collection resumes with each course offering.

Another measure of success is the number of publications in peer-review journals and presentations at national and international conferences by CON faculty and staff based on these activities.

Papers published in peer-reviewed journals:

Baliko, B. & Polyakova-Norwood, V. (2009). Teaching and Assessing Face-to-Face Communication Skills Online. Published in the proceedings for Proceedings for *25th Annual Distance Teaching and Learning Conference*. August 5-7, 2009. Madison, Wisconsin.

Culley, JM, Polyakova-Norwood, V, & Effken, J. Preparing Graduate Nursing Students for 'Meaningful Use' was submitted for publication as an editorial in the *Online Journal of Nursing Informatics*. Submitted for review.

Joan M. Culley and Vera Polyakova-Norwood (*2012*) *Innovation* CENTER: Synchronous Online Role Play for Enhancing Community, Collaboration, and Oral Presentation Proficiency. *Nursing Education Perspectives*: January 2012, Vol. 33, No. 1, pp. 51-54. **doi:** http://dx.doi.org/10.5480/1536-5026-33.1.51.

Culley, JM. & Polyakova-Norwood, V. (2010). Online role play activities for developing oral presentation proficiency. Published in the proceedings for 26th Annual Conference on Distance Teaching & Learning. August 4-6, 2010. Madison, Wisconsin.

Papers presented at conferences:

Baliko, B & Polyakova-Norwood, V. (2011). *Speaking Up Virtually: Teaching Face-to-Face Communication Skills Online.* EDUCAUSE Learning Initiative 2011 Annual Meeting, Washington, DC. February 14-15, 2011.

Baliko, B & Polyakova-Norwood, V. (2009). *Teaching and Assessing Face-to-Face Communication Skills Online*. Twenty-Fifth Annual Distance Teaching and Learning Conference, Madison, WI. August 5-7, 2009.

Culley, JM. & Polyakova-Norwood, V. (2011*) Transforming Nursing Practice Through Meaningful Use of Technology in Education.* Twenty-Ninth Annual International Nursing Technology Conference, Rutgers College, Boston, MA, June, 2011.

Culley, JM. & Polyakova-Norwood, V. (2010). *Online Role Play Activities for Developing Oral Presentation Proficiency.* 26th Annual Conference on Distance Teaching & Learning. Madison, Wisconsin, August, 2010.

Culley, JM. & Polyakova-Norwood, V. (2010) *Synchronous Role Play Activities to Create a Real World Context For Enhancing Connectedness, Group Process Skills and Oral Presentation Proficiency In An Online Graduate Applied Technology Course*, Twenty-Eighth Annual International Nursing Technology Conference, Rutgers College, Newark, NJ March, 2010.

Appendix E
USC Connect and Community Engagement –

Outline the measures your college will take to encourage use of USC Connect.

The CON incorporates numerous placements in healthcare agencies for both acute care and community health clinical learning experiences. Students also choose from a variety of sites as extrinsic experiences in health care. Nursing students participate in the Nursing Student Association at local, state, and national levels as well as the USC chapter of the nursing honor society, Sigma Theta Tau. A study abroad program is planned for spring 2013 to the Netherlands. CON students are very involved with the interdisciplinary IHI Open School Chapter. This group includes participation from among all of the USC health science schools. Additionally, there is student representation on the Partnership Board for the College, offering an excellent leadership experience. There are opportunities for the students to participate in leadership and legislative interactions within required courses at the undergraduate and graduate levels.

Describe the college's plans to support faculty use of reflection in the classroom and develop expertise in integrated learning.

The CON undergraduate faculty uses guided discussions at the conclusion of all clinical and simulated learning experiences when students are asked to reflect on their feelings, thoughts, actions, insights for the future, and overall performance. All students participate in journal writing as the basis for real and virtual discussions. There are multiple examples of student using reflection in the graduate courses, some of which are discussed in the section on Distributed Learning.

How many of the CON classes involved service learning?

Seven undergraduate courses involve service learning.

And international experiences?

Only rarely, although the new course, Service Learning in Health Care, was developed and added to the program of study as an elective for the current Spring 2012 semester.

What additional opportunities does your college plan to provide for engaging students beyond the classroom?

Using the IOM *Future of Nursing* report recommendations, the faculty will be expected to develop multiple leadership opportunities for the students at the graduate and undergraduate levels.

Appendix F
Faculty Hiring/Retention and PhD Programs –
Unit Statistical Profile

1. Number of faculty hired and lost for AY 2009, AY 2010, and AY 2011 (by department if applicable, and by rank.) Give reason for leaving, if known.
   New Hires AY 2009:

Number	Rank	Track	Begin Date
1	Assistant Professor	Tenure	08/16/2009
2	Assistant Professor	Clinical	01/01/2010

Retirements/Resignations AY 2009:

Number	Rank	Track	Reason
2	Associate Professor	Tenure	TERI period end
2	Assistant Professor	Tenure	Personal/Family
1	Research Associate	N/A	Other Employment
1	Professor	Clinical	PT Faculty
1	Associate Professor	Clinical	Relocation
1	Associate Professor	Clinical	Other Employment
1	Assistant Professor	Clinical	Other Employment

New Hires AY 2010:

Number	Rank	Track	Begin Date
1	Associate Professor	Tenure	08/16/2010
1	Assistant Professor	Clinical	08/16/2010

Retirements/Resignations AY 2010:

Number	Rank	Track	Reason
1	Associate Professor	Tenure	TERI period end

New Hires AY 2011:

Number	Rank	Track	Begin Date
1	Assistant Professor	Clinical	8/16/2011
1	Instructor	Clinical	8/16/2011

Retirements/Resignations AY 2011:

Number	Rank	Track	Reason
1	Professor	Clinical	Temporary PT
1	Associate Professor	Clinical	Relocation
1	Associate Professor	Clinical	Internal Transfer
1	Assistant Professor	Clinical	Retirement

2. Number of post-doctoral scholars (Ph.D., non-faculty hires) in FY 2009, 2010, and 2011. *None.*

3. Anticipated losses of faculty by year for the next five years. Supply reasons for departure if known; e.g., TERI period end, conventional retirement, resignation, etc. Describe planned hiring over the next five years (by department if applicable).

Anticipated Losses:

Number	Rank	End Date
1	Clinical Professor (TERI period end)	05/31/2014

Planned Hiring:

Number	Title
1	Clinical Assistant Professor
1	Assistant Professor
1	Associate Professor
1	Professor

4. Outline your college's actions to improve graduate education, to improve its NRC and other rankings.
5. Describe your methods for placing your Ph.D. and other terminal degree students in tenure track positions at high ranking institutions.

As described in Goals 1 and 2, as well as in Appendix C – there is a Doctoral Program task force working on a full assessment of the PhD and DNP programs with two reports due by June 1, 2012. Quality and outcome measurements for both programs will be a primary focus and recommendations for changes in curriculums will emerge. These data, along with the very focused development of the research faculty and initiatives within the CON already described will inform questions 4 and 5 above.

Appendix G
Funding Sources

Rsp	Dfund	Dfund Description	Beginning Balance	Ending Fund Balance
		FY 2008 - 2009 Year End 'E' Funds Operating Position June 30, 2009		
31	11200E100	SLED FEES	0.00	-6,204.58
31	11200E150	CON RESEARCH INCENTIVE	166,516.88	121,540.26
31	11200E207	TYRELL START-UP FUNDS	3,000.00	3,000.00
31	11200E209	RIA FACULTY RESEARCH START-UP FUNDS	0.00	0.00
31	11200E212	FACULTY RESEARCH START-UP FUNDS	842.95	0.00
31	11200E214	FACULTY RESEARCH INCENTIVE FUNDS -KS	27,049.06	20,971.51
31	11200E215	FACULTY RESEARCH INCENTIVE FUNDS -DM	2,267.81	475.30
31	11200E216	FACULTY RESEARCH START UP FUNDS-BB	6,000.00	5,166.85
31	11200E217	FACULTY RESEARCH START UP FUNDS-JHP	2,915.00	2,901.06
31	11200E218	FACULTY RESEARCH START UP FUNDS-LS	2,480.70	1,842.46
31	11200E219	FACULTY RESEARCH START UP FUNDS-JA	1,016.64	1,016.64
31	11200E220	START UP FUNDS FACULTY RESEARCH	2,882.00	2,882.00
31	11200E221	FACULTY RESEARCH STARTUP FUNDS	0.00	4,980.00
31	11200E222	FACULTY RESEARCH STARTUP FUNDS	0.00	4,916.54
31	11200E223	FACULTY RESEARCH INCENTIVE-HEINEY	0.00	3,000.00
31	11200E224	FACULTY RESEARCH INCENTIVE-SCHARER	0.00	3,000.00
31	11200E250	OAA GRADUATE STUDENTS	2,712.85	0.00
31	11200E401	NURSING SUMMIT	50,000.00	0.00
31	11200E403	POPULATION BASED STUDY OF INT PARTNER	0.00	7,045.37
31	11200E700	NURSING STUDENT COMPUTER FEE	27,647.24	73,715.24
31	11210E100	CON INFORMATION RESOURCE CENTER	15,470.15	17,557.12
31	11210E200	FACULTY RESEARCH INCENTIVE FUNDS-OR	191,826.81	177,107.55
31	11210E201	FACULTY RESEARCH INCENTIVE FUNDS-CTR	20,552.25	20,552.25
31	11210E202	FACULTY RESEARCH INCENTIVE C.M.	0.00	0.00
31	11210E203	FACULTY RESEARCH INCENTIVE FUNDS-LM	5,703.18	1,049.82
31	11210E400	CPR CERTIFICATION TRAINING	70.44	70.44
31	11230E201	FACULTY RESEARCH INCENTIVE FUNDS-GF	467.99	0.00
31	11230E203	FACULTY RESEARCH INCENTIVE FUNDS-MB	0.00	0.00
31	11230E204	FACULTY RESEARCH INCENTIVE FUNDS-JH	2,698.21	2,101.11
31	11230E205	FACULTY RESEARCH INCENTIVE FUNDS-WAL	821.23	0.00
31	11230E206	FACULTY RESEARCH INCENTIVE FUNDS-MM	2,282.66	0.00
31	11230E207	FACULTY RESEARCH INCENTIVE FUNDS-KP	169.49	0.00
		TOTAL	**535,393.54**	**468,686.94**

FY 2009 - 2010 Year End 'E' Funds Operating Position June 30, 2010

Rsp	Dfund	Dfund Description	Beginning Fund Balance	Ending Fund Balance
31	11200E100	SLED FEES	-6,204.58	0.00
31	11200E150	CON RESEARCH INCENTIVE	121,540.26	121,640.71
31	11200E207	TYRELL START-UP FUNDS	3,000.00	2,835.00
31	11200E212	FACULTY RESEARCH START-UP FUNDS	0.00	0.00
31	11200E214	FACULTY RESEARCH INCENTIVE FUNDS -KS	20,971.51	19,356.42
31	11200E215	FACULTY RESEARCH INCENTIVE FUNDS -DM	475.30	363.66
31	11200E216	FACULTY RESEARCH START UP FUNDS-BB	5,166.85	5,035.75
31	11200E217	FACULTY RESEARCH START UP FUNDS-JHP	2,901.06	2,901.06
31	11200E218	FACULTY RESEARCH START UP FUNDS-LS	1,842.46	752.32
31	11200E219	FACULTY RESEARCH START UP FUNDS-JA	1,016.64	1,016.64
31	11200E220	START UP FUNDS FACULTY RESEARCH	2,882.00	0.00
31	11200E221	FACULTY RESEARCH STARTUP FUNDS	4,980.00	8,129.04
31	11200E222	FACULTY RESEARCH STARTUP FUNDS	4,916.54	9,916.54
31	11200E223	FACULTY RESEARCH INCENTIVE-HEINEY	3,000.00	3,000.00
31	11200E224	FACULTY RESEARCH INCENTIVE-SCHARER	3,000.00	-20.00
31	11200E225	RESEARCH INCENTIVE - RITA SNIDER	0.00	31,696.56
31	11200E226	FACULTY RESEARCH INCENTIVE FUNDS	0.00	4,425.51
31	11200E227	ENDOWED CHAIR AND DISTINGUISHED PROFESSO	0.00	-2,728.35
31	11200E250	OAA GRADUATE STUDENTS	0.00	0.00
31	11200E401	NURSING SUMMIT	0.00	0.00
31	11200E403	POPULATION BASED STUDY OF INT PARTNER	7,045.37	5,744.58
31	11200E700	NURSING STUDENT COMPUTER FEE	73,715.24	115,711.24
31	11210E100	CON INFORMATION RESOURCE CENTER	17,557.12	21,718.72
31	11210E200	FACULTY RESEARCH INCENTIVE FUNDS-OR	177,107.55	169,133.46
31	11210E201	FACULTY RESEARCH INCENTIVE FUNDS-CTR	20,552.25	20,552.25
31	11210E203	FACULTY RESEARCH INCENTIVE FUNDS-LM	1,049.82	0.00
31	11210E400	CPR CERTIFICATION TRAINING	70.44	70.44
31	11230E201	FACULTY RESEARCH INCENTIVE FUNDS-GF	0.00	0.00
31	11230E204	FACULTY RESEARCH INCENTIVE FUNDS-JH	2,101.11	2,101.11
31	11230E205	FACULTY RESEARCH INCENTIVE FUNDS-WAL	0.00	0.00
31	11230E206	FACULTY RESEARCH INCENTIVE FUNDS-MM	0.00	0.00
31	11230E207	FACULTY RESEARCH INCENTIVE FUNDS-KP	0.00	0.00
		TOTAL	468,686.94	543,352.66

FY 2010 - 2011 Year End 'E' Funds Operating position June 30, 2011

Rsp	Dfund	Dfund Description	Beginning Fund Balance	Ending Fund Balance
31	11200E150	CON RESEARCH INCENTIVE	121,640.71	120,120.97
31	11200E207	TYRELL START-UP FUNDS	2,835.00	0.00
31	11200E208	DOCTORAL FACULTY SUPPORT	0.00	4,500.00
31	11200E214	FACULTY RESEARCH INCENTIVE FUNDS -KS	19,356.42	9,989.13
31	11200E215	FACULTY RESEARCH INCENTIVE FUNDS -DM	363.66	0.00
31	11200E216	FACULTY RESEARCH START UP FUNDS-BB	5,035.75	5,035.75
31	11200E217	FACULTY RESEARCH START UP FUNDS-JHP	2,901.06	0.00
31	11200E218	FACULTY RESEARCH START UP FUNDS-LS	752.32	0.00
31	11200E219	FACULTY RESEARCH START UP FUNDS-JA	1,016.64	0.00
31	11200E221	FACULTY RESEARCH STARTUP FUNDS	8,129.04	8,129.04
31	11200E222	FACULTY RESEARCH STARTUP FUNDS	9,916.54	0.00
31	11200E223	FACULTY RESEARCH INCENTIVE-HEINEY	3,000.00	1,785.00
31	11200E224	FACULTY RESEARCH INCENTIVE-SCHARER	-20.00	0.00
31	11200E225	RESEARCH INCENTIVE - RITA SNIDER	31,696.56	41,567.50
31	11200E226	FACULTY RESEARCH INCENTIVE FUNDS	4,425.51	3,885.11
31	11200E227	ENDOWED CHAIR AND DISTINGUISHED PROFESSO	-2,728.35	0.00
31	11200E228	CSL PILOT RESEARCH STUDY	0.00	0.00
31	11200E229	MAP SIMULATION PILOT STUDY	0.00	4,529.20
31	11200E230	RESEARCH CONSORTIUM - KATHY SCHARER	0.00	8,929.00
31	11200E231	FACULTY RESEARCH SUPPORT	0.00	0.00
31	11200E403	POPULATION BASED STUDY OF INT PARTNER	5,744.58	0.00
31	11200E700	NURSING STUDENT COMPUTER FEE	115,711.24	137,735.70
31	11210E100	CON INFORMATION RESOURCE CENTER	21,718.72	24,852.48
31	11210E200	FACULTY RESEARCH INCENTIVE FUNDS-OR	169,133.46	167,594.77
31	11210E201	FACULTY RESEARCH INCENTIVE FUNDS-CTR	20,552.25	0.00
31	11210E400	CPR CERTIFICATION TRAINING	70.44	0.00
31	11230E204	FACULTY RESEARCH INCENTIVE FUNDS-JH	2,101.11	875.72
31	15240E906	CAROLINA LIFE ACTION	0.00	135.00
		TOTAL	543,352.66	539,664.37

University of South Carolina Foundations
USC Educational Foundation Project Income Statement
FY 10/11

		Actual
Revenues		
01-410000	Gifts	$286,750.31
02-410000	Gifts	$13,662.00
03-410000	Gifts	$58,034.95
Total Revenues		**$358,447.26**
BEGINNING FUND BALANCE		$0.00
NET SURPLUS/(DEFICIT)		$358,447.26
ENDING FUND BALANCE		$358,447.26

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Appendix H
Research –

In FY2011, the College of Nursing submitted (10) and was awarded (10) research applications with interdisciplinary teams including faculty from Public Health, Medicine, Psychology, Engineering, and Social Work. The College of Nursing continues ongoing research with current interdisciplinary teams and seeks to foster development of additional interdisciplinary, collaborative research teams. The College of Nursing is working to maintain and create opportunities for new, future interdisciplinary collaborations and will continue to submit interdisciplinary applications, recruit additional tenure track research faculty (nurses and non-nurses), and increase publicity of research activities and interdisciplinary efforts.