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The University of North Carolina  
Nursing Enrollment, Degrees  
Conferred, & Examination Results

2012

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The University of North Carolina  
General Administration

June 2013

## Executive Summary

- Since 2007-08, overall enrollment in bachelor's, master's, and doctoral nursing degree programs has grown from 4,636 to 5,724 (+31%).
  - Undergraduate nursing enrollment has increased from 3,127 to 3,931 (+26%)
  - Masters and post-master's nursing enrollment has increased from 1,391 to 1,689 (+18%)
  - Doctoral nursing enrollment has decreased from 118 to 104(-12%)
  
- Since 2007-08, the total degrees conferred for nursing graduates at all levels increased from 2,022 to 2,330 (+15%).
  - The number of BSN and Post-Baccalaureate degrees grew from 1,597 to 1,821 (+14%)
  - The number of master's and post-master's degrees grew from 415 to 483 (+16%)
  - The number of doctoral degrees in nursing grew from 10 to 26 (+160%)
  
- In 2012, a total of 1,036 UNC nursing program students took the nursing exam (NCLEX-RN) for the first time and 94% passed (976).
  
- One campus did not meet Board of Governors' NCLEX-RN pass rate standards for North Carolina's Board of Nursing pass rate standards. Updates to the campus' corrective action are included in this report.

## Introduction

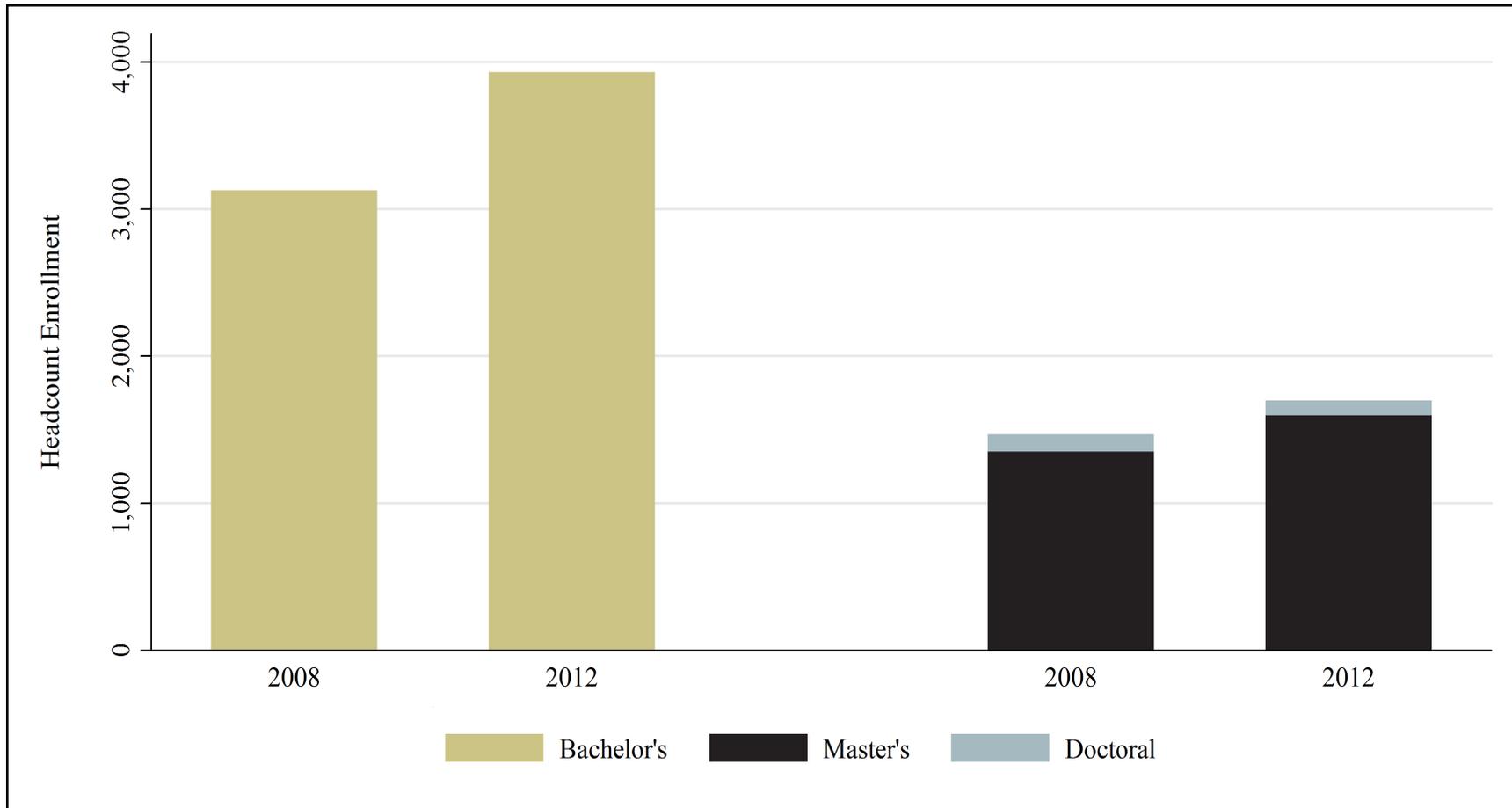
Nursing continues to be a cornerstone of UNC's commitment to serving North Carolinians, and our institutions and programs constantly evolve to meet the changing needs of the healthcare system. As the provision of healthcare becomes increasingly complex, UNC has responded by increasing capacity to prepare registered nurses and advanced practice nurses. Practice-focused doctorate programs (DNPs) are being developed across the country to prepare nurses for clinical practice and executive roles, and provide advanced educational training and research. In compliance with the UNC Strategic Directions plan adopted in February 2013, six campuses were approved by the Board of Governors (BoG) to develop DNP programs that will begin enrolling students in Fall 2013.

When reviewing all major indicators of program success (enrollment, degrees conferred, and examination results), UNC's nursing programs operate effectively, efficiently, and prepare their students for professional success. Since the 2007-08 academic year, enrollment has increased across all nursing degree programs by 31%, the number of degrees conferred has increased by 15%, and in 2012, students taking the North Carolina nursing exam (NCLEX-RN) had a 94% first-time passing rate. All of the UNC nursing programs performed well on the state nursing exam, with just one campus falling below the BoG's rigorous standards. Yet even at this one campus, test results are trending upwards and show steady improvement over time.

## UNC Nursing Enrollment

Over the past five years, undergraduate enrollment in nursing programs at UNC campuses has continued to grow with baccalaureate enrollment increasing by 26%. During this time, master's-level enrollment grew by 18% and doctoral enrollment had a slight decrease of 14 students (-12%). These changes can be seen in Figure 1 and the data are presented in Appendix A.

Figure 1 - UNC Nursing Enrollment, 2008 and 2012



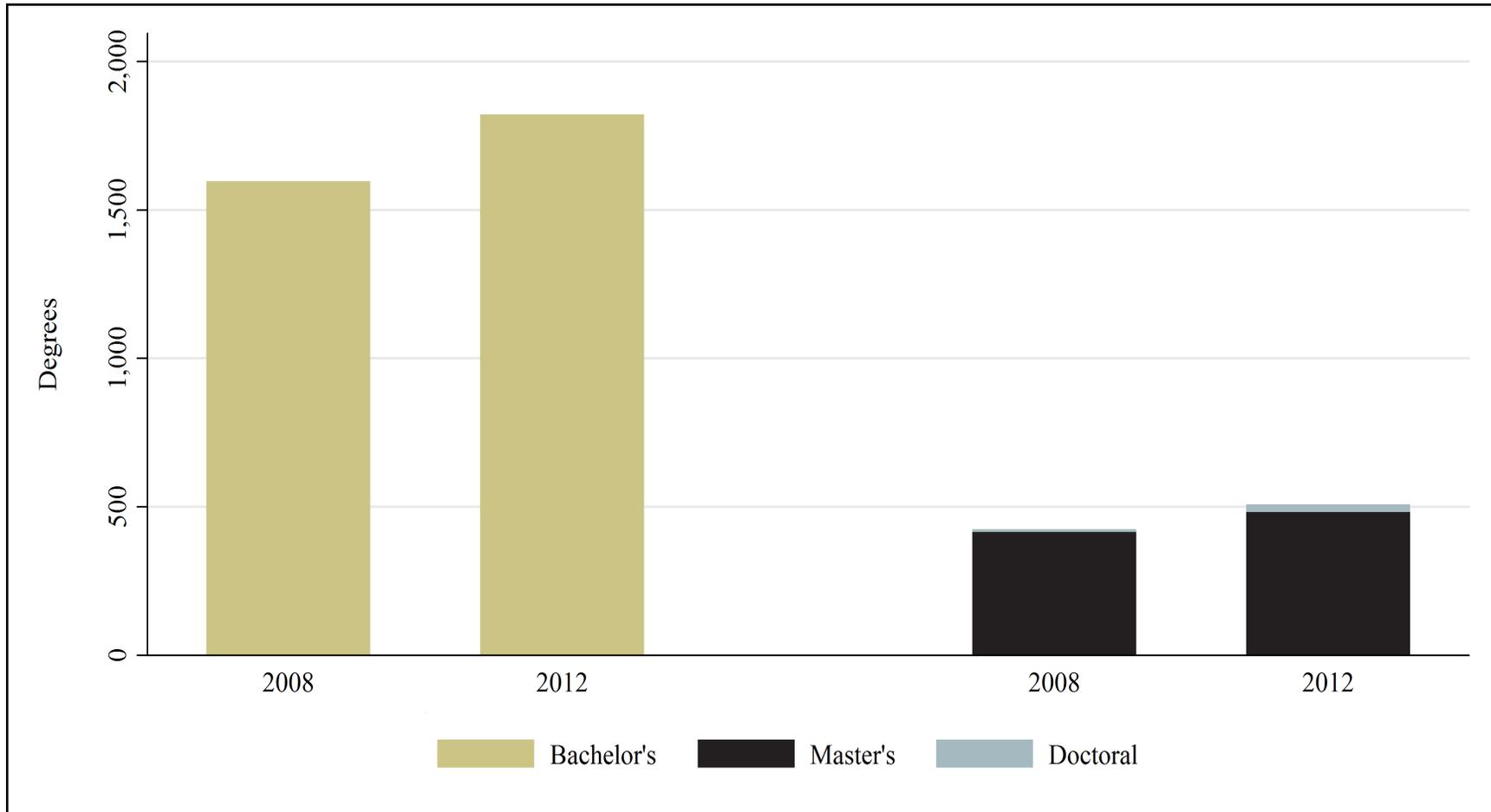
- Since 2007-08, enrollment in bachelors, masters, and doctoral nursing degree programs has grown from 4,636 to 5,724 (+31%)
  - Undergraduate enrollment in nursing programs has grown from 3,127 to 3,931 (+26%)
  - Master's level enrollment has grown from 1,391 to 1,689 (+18%)
  - Doctoral enrollment has grown from 118 to 104 (-12%)

## UNC Degrees Conferred

Increasing the nursing degrees produced was central to the 2004 recommendations issued by both the North Carolina Institute of Medicine and the Committee on the Future of Nursing. Not only has UNC been able to meet these demands, but our institutions and programs have sustain this growth and continued to increase degree production. Overall, nursing degrees continued their upward trend, with total degrees conferred by UNC nursing programs increasing 15% over five years. Highlights of the growth in degree production include (full data by degree type and campus for the past five years are included in Appendix B):

- The number of bachelor's and post-bachelor's degrees grew from 1,597 to 1,821 (+14%)
- The number of MSN degrees grew from 415 to 483 (+16%)
- The number of doctoral degrees in nursing grew from 10 to 26 (+160%)

Figure 2 - UNC Nursing Degrees Conferred, 2008 and 2012



- Since 2007-08, the total degrees conferred on nursing graduates at all levels increased from 2,022 to 2,330 (+15%)
  - The number of bachelor's and post-bachelor's degrees grew from 1,597 to 1,821 (+14%)
  - The number of MSN degrees grew from 415 to 483 (+16%)
  - The number of doctoral degrees in nursing grew from 10 to 26 (+160%)

## UNC Nursing Examinations & Annual Reporting Requirements

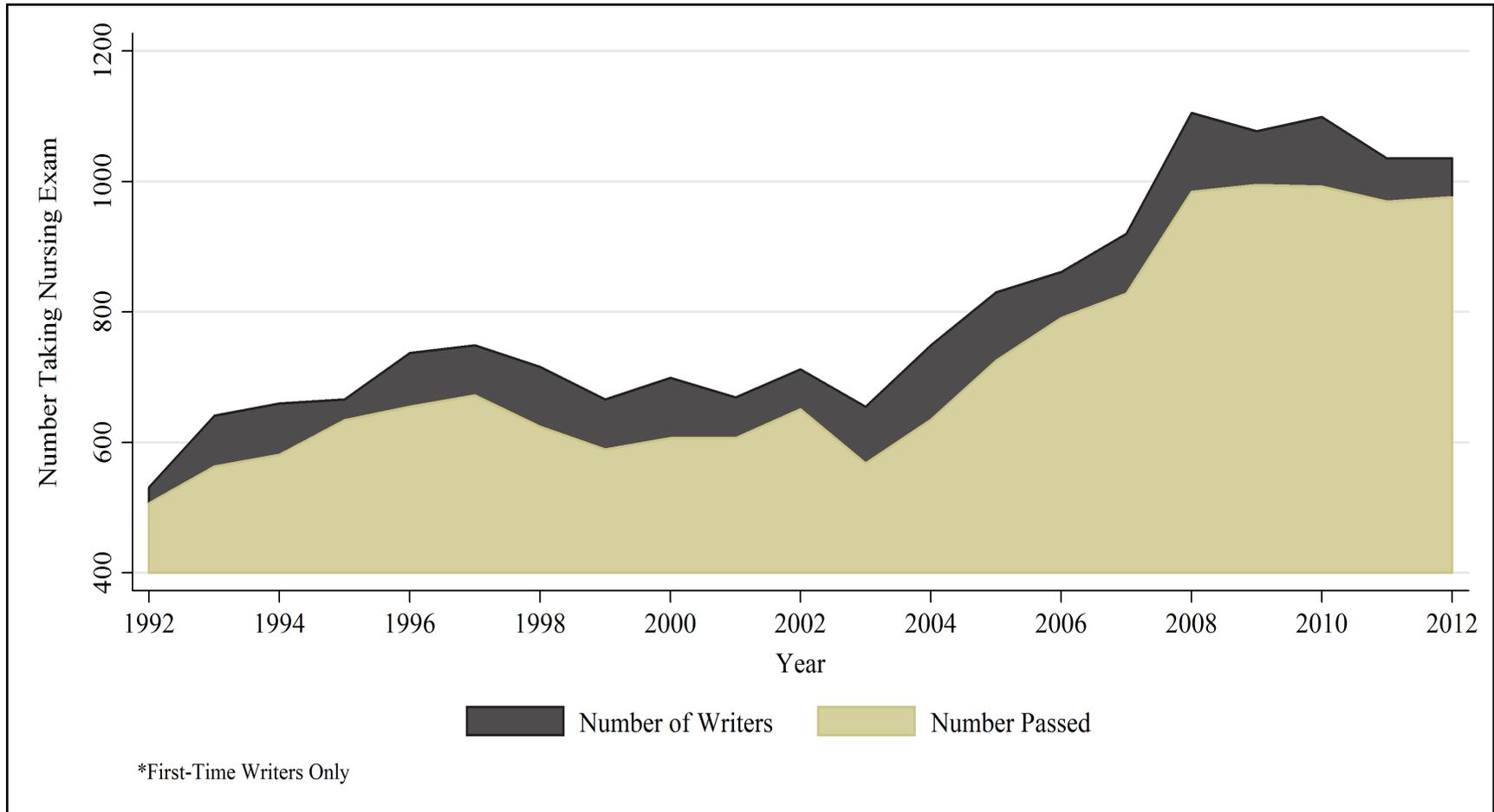
In May 1990, the University of North Carolina Board of Governors adopted the following policy and performance standards for UNC nursing programs:

A requirement that the President will consider, jointly with the Chancellor, an evaluation of the leadership, faculty, admissions policies, and curriculum of any program whose graduates do not achieve for two consecutive years an annual passing rate of 85% for first-time writers, and a requirement that the President will ask the Board to initiate program termination procedures for any program having a first-time passing rate of less than 75% for two consecutive years.

This report on enrollment and passing rates for licensure for the UNC nursing programs is prepared annually in accord with Board policy. Of the UNC nursing students who took the NCLEX-RN exam for in 2012, 94% passed the examination the first time (see Figures 3 and 4, with the data presented in Appendix C). This is above the 92% state-wide passing rate for first-time writers. Figure 5 presents campus-level data for the total number of first-time writers passing the NCLEX-RN exam in 2012.

Only one UNC campus, North Carolina A&T, did not achieve the BoG minimum pass rate of 85%. Additionally, North Carolina A&T was below the NC Board of Nursing standard for NCLEX-RN examiners. However, in accordance with the action plan reviewed by the BoG last June, the campus has shown steady improvement. An updated action plan from North Carolina A&T is presented in Appendix D.

Figure 3 - Number of Students Taking & Passing Nursing Exam, 1992 through 2012



- In 2012, 1,036 UNC nursing students took the North Carolina nursing exam (NCLEX-RN) for the first time and 976 of them passed, a 94% pass rate.
- In 2012, the total number of first-time test takers passing the exam was 976, a slight increase over 2011 but down from 2009's high of 995.

Figure 4 - UNC Nursing Examinations, Percent Passing 2011 and 2012

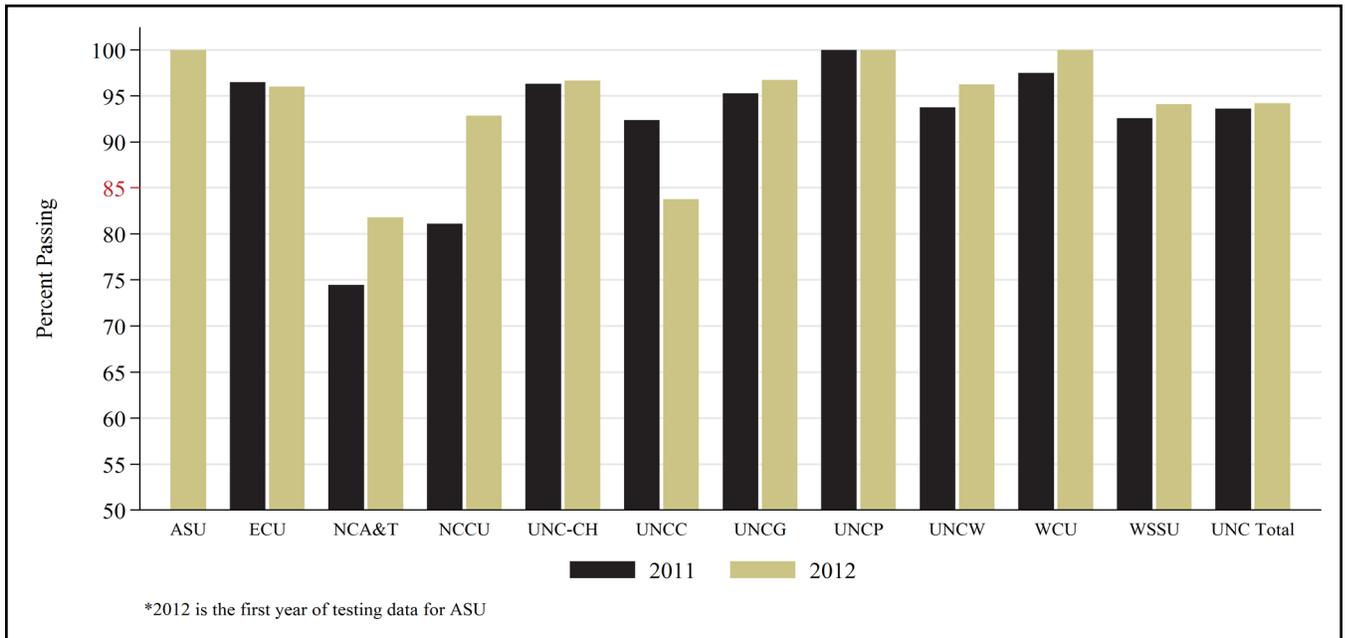
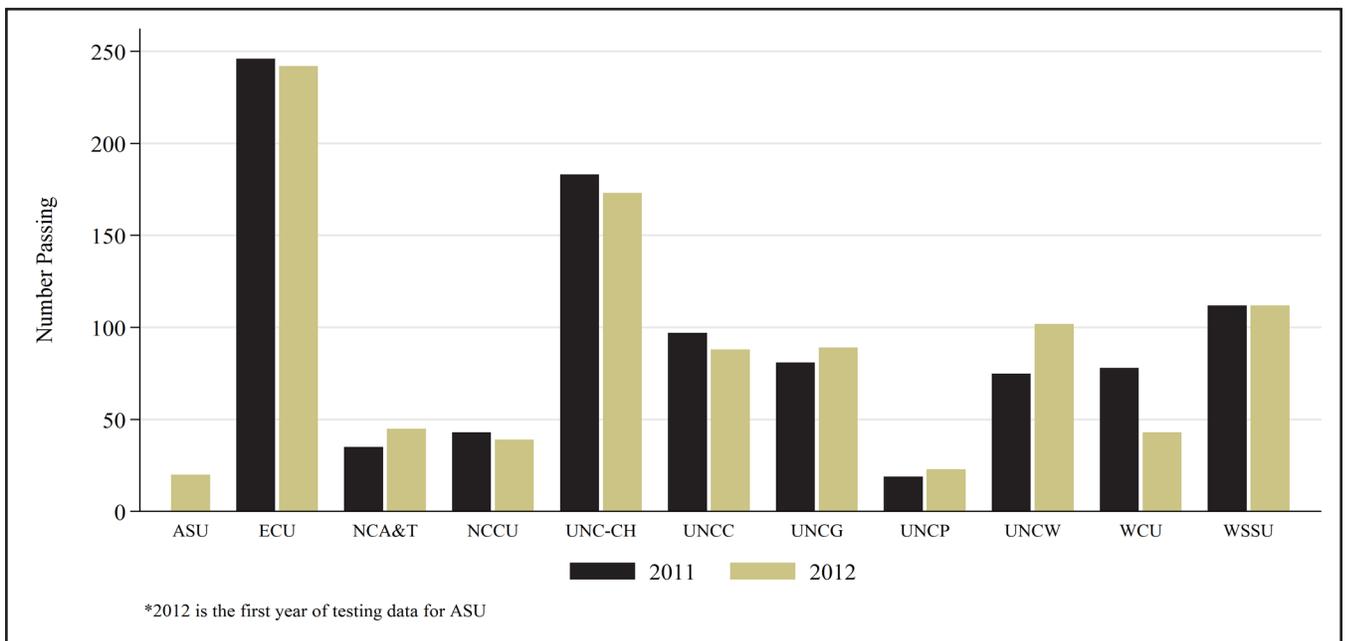


Figure 5 - UNC Nursing Examinations, Number Passing 2011 and 2012



- In 2012, three UNC institutions had a 100% passing rate for all first-time test takers of the North Carolina nursing exam.

## Corrective Actions at UNC Institutions

### *North Carolina A&T*

North Carolina A&T's nursing program has failed to meet the minimum passing rates on the NCLEX-RN set by the BoG and the NC Board of Nursing. The passing rates for the campus over the past five years, along with the BoG minimum passing rates and Board of Nursing three-year averages since 2008, are as follows:

Table 1

#### *NC A&T Pass Rates & Standards, 2008-2012*

	2008	2009	2010	2011	2012
<i>NC A&amp;T Passing Rates</i>	91%	88%	61%	74%	82%
UNC BoG Minimum	85%	85%	85%	85%	85%
<i>NC A&amp;T Passing Rates (3-year averages)</i>	81%	88%	80%	74%	72%
NC Board of Nursing Minimum (3-year averages)	83%	83%	83%	83%	84%

The low passing rate in 2010 contributed to a three-year average passing rate of 72%, which was below the Board of Nursing standard of 84% for first-time writers from 2010-12. The NC Board of Nursing requires programs to perform at or above 95% of the national passing rate each year. The three-year average passing rate of 72% resulted in the Board of Nursing placing the nursing program at NC A&T on warning status for the second year in a row.

For the 2011 nursing report, North Carolina A&T provided a detailed self-assessment and a corrective action plan to the BoG, which the campus has begun to implement. Though the passing rate has improved 21% when compared to 2010, the three-year average, 72%, is still below the Board of Nursing standards and the 2012 annual passing rate of 82% is below the UNC BoG standard.

An updated continuous quality improvement and self-monitoring plan was provided to UNC GA on March 15, 2013 (Appendix D). The plan focuses on four critical areas (faculty, students, curriculum & instruction, and facilities) and provides immediate and long-term action plans. In 2012, North Carolina A&T submitted plans to improve NCLEX-RN pass rates, with the

commitment to meet BoG and Board of Nursing standards by 2013, with the possibility of new student admissions being suspended and program elimination if goals are not met.

### *Fayetteville State University*

In 2009, the Chancellor at FSU suspended new enrollment in the nursing program due to low NCLEX-RN passing rates. The 27 students enrolled at the time of this corrective action graduated in 2010 with a 100% passing rate, but there are no passing rates to report since this graduating class. President Ross, in consultation with the Educational Planning Committee, endorsed FSU's request to the Board of Nursing to restart their nursing program in 2011 with smaller class sizes (25-30) and a commitment to improve quality and student preparedness. FSU enrolled new students in 2011 and the first program graduates will be taking the NCLEX-RN exam in the second half of 2013. Once these results are published by the Board of Nursing, UNC GA will review them and future results will be closely monitored.

## Expanding Nursing Education at UNC

As health care provision becomes more complex and fast-paced, the nursing profession is recognizing the need for more advanced education for providers to meet the industry demands and train the next generation of nursing professionals. As with pharmacy, physical therapy, psychology, medicine and audiology, nursing is adopting a practice-focused doctorate as the appropriate level of graduate education for many advanced-practice registered nurses. The doctor of nursing practice (DNP) prepares nurses for direct clinical practice and for executive roles in areas that support clinical practice, such as administration, organizational leadership, academics, and health policy.

In February 2013, six UNC institutions were approved to offer new DNP degree programs: ECU, UNC-Chapel Hill, UNCG, WSSU, and a consortia involving UNCC and WCU. Five of these campuses will begin offering courses in Fall 2013. This effort will produce new advanced-practice registered nurses and expand the knowledge and skills of existing ones to serve the people and students of North Carolina.

## Appendix A

**Nursing Enrollment, Fall 2008 to Fall 2012**

		2008	2009	2010	2011	2012
<b>ASU</b>						
	B	41	36	53	143	179
<b>ECU</b>						
	B	622	616	614	635	673
	M	482	485	511	534	568
	D	27	30	29	28	30
<b>FSU</b>						
	B	95	74	36	109	251
<b>NCA&amp;T</b>						
	B	118	123	93	154	119
<b>NCCU</b>						
	B	128	103	102	129	142
<b>UNC-CH</b>						
	B	387	409	376	379	331
	M	166	202	238	274	314
	D	59	55	55	45	41
<b>UNCC</b>						
	B	296	287	269	314	322
	M	201	210	223	228	221
<b>UNCG</b>						
	B	340	307	405	326	337
	M	288	311	297	313	301
	D	32	33	32	33	33
<b>UNCP</b>						
	B	132	107	93	95	134
<b>UNCW</b>						
	B	207	219	252	280	269
	M	52	62	77	66	78
<b>WCU</b>						
	B	216	237	240	188	334
	M	83	92	102	110	102
<b>WSSU</b>						
	B	545	459	685	595	840
	M	119	103	96	111	105
<b>UNC Total</b>						
	B	3,127	2,977	3,218	3,347	3,931
	M	1,391	1,465	1,544	1,636	1,689
	D	118	118	116	106	104
		4,636	4,560	4,878	5,089	5,724

UNC-GA/SDF.PR006C

## Appendix B

## Degrees Conferred in Nursing Programs, 2007-08 to 2011-12

	2007-08	2008-09	2009-10	2010-11	2011-12
<b>Bachelor's</b>					
ASU	9	34	43	17	44
ECU	238	276	283	271	284
FSU	86	41	34	9	43
NCA&T	56	57	53	48	34
NCCU	46	64	48	63	48
UNC-CH	220	222	246	222	227
UNCC	174	203	213	192	227
UNCG	165	156	167	148	145
UNCP	47	56	34	38	41
UNCW	97	101	102	113	139
WCU	81	90	106	136	120
WSSU	378	403	477	552	469
<b>Total</b>	<b>1,597</b>	<b>1,703</b>	<b>1,806</b>	<b>1,809</b>	<b>1,821</b>
<b>Master's</b>					
ECU	84	118	114	147	131
UNC-CH	57	55	61	63	101
UNCC	81	40	54	77	65
UNCG	108	96	93	102	91
UNCW	8	19	2	23	18
WCU	28	29	29	33	34
WSSU	49	45	60	32	43
<b>Total</b>	<b>415</b>	<b>402</b>	<b>413</b>	<b>477</b>	<b>483</b>
<b>PhD</b>					
ECU	1	1	3	3	4
UNC-CH	8	6	5	6	16
UNCG	1	4	4	8	6
<b>Total</b>	<b>10</b>	<b>11</b>	<b>12</b>	<b>17</b>	<b>26</b>
<b>UNC Total</b>	<b>2,022</b>	<b>2,116</b>	<b>2,231</b>	<b>2,303</b>	<b>2,330</b>

## Notes:

- 1) Nursing selected as CIP 5138
- 2) RN to BSN, BSN, and Post-Baccalaureate degrees coded as Bachelor's
- 3) Post Master's Certificate and MSN coded as Master's

**APPENDIX G**

**The University of North Carolina Nursing Examination (NCLEX-RN) Results, 1992 to 2012 (First-Time Writers Only)**

	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	
<b>Appalachian State</b>																						
# of Writers																					20	
# Passed																					20	
% Passed																					100%	
<b>East Carolina</b>																						
# of Writers	88	130	117	131	136	165	111	127	120	147	165	134	161	181	194	220	248	257	268	255	252	
# Passed	85	118	106	126	115	153	104	118	109	136	160	109	134	170	192	209	237	248	260	246	242	
% Passed	97%	91%	91%	96%	85%	93%	94%	93%	91%	93%	97%	81%	83%	94%	99%	95%	96%	96%	97%	96%	96%	
<b>Fayetteville State</b>																						
# of Writers																	22	61	40	27	0	0
# Passed																	14	24	35	27	0	0
% Passed																	64%	39%	88%	100%	n/a	n/a
<b>N.C. A&amp;T</b>																						
# of Writers	31	33	39	45	81	62	56	53	48	37	56	52	43	67	54	51	54	57	54	47	55	
# Passed	27	28	30	39	64	48	48	44	37	29	43	39	35	46	37	43	49	50	33	35	45	
% Passed	87%	85%	77%	87%	79%	77%	86%	83%	77%	78%	77%	75%	81%	69%	69%	84%	91%	88%	61%	74%	82%	
<b>N.C. Central</b>																						
# of Writers	9	27	17	50	31	45	49	47	32	36	38	37	37	40	38	43	40	55	47	53	42	
# Passed	9	22	14	48	28	37	39	31	30	29	31	30	24	26	31	39	36	48	38	43	39	
% Passed	100%	81%	82%	96%	90%	82%	80%	66%	94%	81%	82%	81%	65%	65%	82%	91%	90%	87%	81%	81%	93%	
<b>UNC-Chapel Hill</b>																						
# of Writers	107	117	112	110	119	114	134	123	123	134	161	160	152	160	155	178	187	179	220	190	179	
# Passed	104	104	106	107	113	109	129	110	114	126	151	149	147	150	152	166	182	174	209	183	173	
% Passed	97%	89%	95%	97%	95%	96%	96%	89%	93%	94%	94%	93%	97%	94%	98%	93%	97%	97%	95%	96%	97%	
<b>UNC-Charlotte</b>																						
# of Writers	97	120	110	101	103	105	73	77	92	71	76	83	88	88	87	58	90	102	110	105	105	
# Passed	92	96	90	96	95	95	64	71	76	67	65	74	63	68	84	55	82	82	93	97	88	
% Passed	95%	80%	82%	95%	92%	90%	88%	92%	83%	94%	86%	89%	72%	77%	97%	95%	91%	80%	85%	92%	84%	
<b>UNC-Greensboro</b>																						
# of Writers	89	85	102	79	77	91	78	95	91	84	80	75	80	87	86	84	93	91	88	85	92	
# Passed	84	75	91	76	71	88	68	85	75	77	78	71	64	81	80	77	83	86	75	81	89	
% Passed	94%	88%	89%	96%	92%	97%	87%	89%	82%	92%	98%	95%	80%	93%	93%	92%	89%	95%	85%	95%	97%	
<b>UNC-Pembroke</b>																						
# of Writers																	37	30	41	20	19	23
# Passed																	25	24	36	19	19	23
% Passed																	68%	80%	88%	95%	100%	100%
<b>UNC-Wilmington</b>																						
# of Writers	30	38	58	47	69	51	62	45	56	54	51	38	47	53	70	69	100	81	96	80	106	
# Passed	30	37	50	46	59	45	53	38	44	49	46	34	35	50	67	61	90	75	85	75	102	
% Passed	100%	97%	86%	98%	86%	88%	85%	84%	79%	91%	90%	89%	74%	94%	96%	88%	90%	93%	89%	94%	96%	
<b>Western Carolina</b>																						
# of Writers	30	39	34	39	33	43	32	39	45	43	41	42	42	41	55	53	54	58	58	80	43	
# Passed	28	39	33	38	32	33	29	37	39	41	36	30	37	36	47	41	50	55	57	78	43	
% Passed	93%	100%	97%	97%	97%	77%	91%	95%	87%	95%	88%	71%	88%	88%	85%	77%	93%	95%	98%	98%	100%	
<b>Winston-Salem</b>																						
# of Writers	50	52	71	64	88	73	121	60	92	63	44	34	99	113	122	105	148	116	111	121	119	
# Passed	48	44	61	58	78	64	90	55	83	53	41	32	96	98	101	98	127	106	96	112	112	
% Passed	96%	85%	86%	91%	89%	88%	74%	92%	90%	84%	93%	94%	97%	87%	83%	93%	86%	91%	86%	93%	94%	
<b>Total UNC Writers</b>																						
# of Writers	531	641	660	666	737	749	716	666	699	669	712	655	749	830	861	920	1,105	1,077	1,099	1,035	1,036	
# Passed	507	563	581	634	655	672	624	589	607	607	651	568	635	725	791	828	984	995	992	969	976	
% Passed	95%	88%	88%	95%	89%	90%	87%	88%	87%	91%	91%	87%	85%	87%	92%	90%	89%	92%	90%	94%	94%	

Data made available from NC State Board of Nursing website

Appendix D



**North Carolina Agricultural and Technical State University  
School of Nursing  
Report of Updates on Program Action Plan 2012**

**Submitted  
to  
Dr. Suzanne Ortega  
Senior Vice President for Academic Affairs  
University of North Carolina**

**Prepared  
By  
Dr. Inez Tuck  
Dean, School of Nursing**

**March 15, 2013**

**North Carolina Agricultural and Technical State University  
School of Nursing  
Updates on Program Action Plan 2012**

This report updates the Continuous Quality Improvement and Self-Monitoring Plan submitted to UNCGA on May 24, 2012. The report is divided into the four areas: faculty, students, curriculum and instruction, and facilities. Each of the items requested in the Program Action Plan 2012 document has been included.

*Faculty*

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- **Fill vacant faculty positions**

Two faculty members retired from the School of Nursing in 2011-2012. In the fall of 2012, we hired Dr. Lorraine Anderson, a new tenure-track assistant professor, a former faculty member at Norfolk State University and a Virginia Commonwealth University doctoral graduate. We also benefited from an internal transfer of a full professor to the School, although this is likely to be a short-term appointment. In January 2013, we hired Dr. Cynthia Bacon, a new doctoral graduate from the School of Nursing at the University of North Carolina at Chapel Hill. One of our clinical faculty, Dr. Schenita Randolph, a recent PhD graduate, successfully competed for a tenure track assistant professor position. This year we had a net gain of one faculty member.

We are currently recruiting faculty to have a full complement of faculty for fall 2013. We are seeking to fill two tenure eligible positions at the rank of associate professor to serve as the Associate Dean for Academic Affairs and the Director of Nursing Research and Innovation. These two positions are critical for our strategic goals, bring and will strengthen our academic programs long term. Three faculty positions (one 12 month) are in the specialty areas of women's health, nursing informatics, genetics/genomics, and diabetes in keeping with our strategic goal to engage in more STEM/Technology activity on campus. These faculty will bring vital content knowledge to our undergraduate program.

Two additional clinical faculty will retire in May and we will replace them with specialists in women's and adult health nursing, areas needed to make sure that students are taught by content experts. These searches will be local ones.

- **Faculty development on instructional/examination strategies**

In 2011-2012, we contracted with Dr. Frances Eason, a professor of nursing at East Carolina University, to review our comprehensive mid-term and final examinations. Her reviews were positive and she reported that most test items were well constructed. The exams were returned for faculty review. We also had a small group of faculty who participated on a taskforce to conduct peer reviews of teacher made exams. Their feedback to faculty was instructive as well.

This year, we have contracted with a different consultant who will again review the final examinations for all our clinical courses, provide a written report, and integrate the findings in a faculty development training scheduled for April 11 and 12, 2013. Loretta Manning, the lead consultant, has considerable experience in helping schools “turn around” their NCLEX pass-rates. She has consulted at our peer institutions, Winston-Salem State University and University of North Carolina at Greensboro. Ms. Manning reports that we should see an immediate increase in faculty’s knowledge of testing and item writing. We are looking forward to having the upcoming training.

- **Develop individual faculty development goals and strategies**

For the second year, I have met with faculty in the fall semester to review their goals and strategies as part of their three year work plans. In these meetings, I also determine the resources needed by each faculty member and consider requests for personnel and financial support. We discuss potential mentors, consultants, and collaborators and their faculty development needs. I conduct annual performance appraisals at the end of the academic year. This is a time for faculty to update their goals and document their outcomes. This method of providing faculty support is an approach that I have used for over 15 years and find that it facilitates faculty work, provides them with needed support, and has a high likelihood of generating the desired outcomes. Accountability for outcomes and expectations for professional development are the results of these efforts.

- **Hire Associate Dean of Academic Programs**

We recruited over the past year for this position through a national mailing to all nursing schools, ads in journals and *The Chronicle of Higher Education*, on the web pages of professional organizations, and at national and regional conferences. The number of dean vacancies across the country has made it a challenge to recruit qualified applicants for an associate dean’s position. We are pleased that our efforts have resulted in two viable candidates for the position. They will be having on-campus interviews in April. I’m hopeful that one of these candidates will be a good fit and that we can fill the position for fall of 2013.

### *Students*

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- **Revise admissions and progression policies**

The Admission, Progression and Retention and the Student Affairs Committees have spent considerable time updating our policies to insure we are admitting the most qualified students. Our required high school GPA remains at 3.0 or higher on a 4-point scale for our pre-nursing majors, however, we increased the required SAT score from 800 to 930 (comparable ACT scores) in 2012. The number of applications to the program remains high. A recent report from our Associate Vice Chancellor for Enrollment Management indicates that 544 completed applications have been submitted for nursing for fall 2013. We are sorting through the data to determine the number of applicants who meet our new qualifications and to determine if there will be a decline in the number of

freshman qualified for the pre-nursing major based on the new criteria. The number who intends to enroll may decrease based on the negative report of our NCLEX pass rates.

Admission to the upper division is competitive and not guaranteed. We have counseled students into other majors if they did not meet our admission criteria or struggled in the sciences and in other prerequisite courses. Metrics used for admission to the upper division include completion of all pre-requisite courses at a grade of C and above, the consideration of cumulative science and math GPAs in the decision, and greater scrutiny of the number of course withdrawals and retakes.

We have reviewed our progression policies and revised them as needed. We are monitoring more closely the academic performance of our students. Students who are not performing well and have one course failure are moved to probationary status and required to participate in an Intensive Structured Intervention for Success program (I.S.I.S.) facilitated by two experienced faculty. Progression policies are strictly adhered to and has resulted in the dismissal from the program students who have earned two failing grades of D and below in the major. Although, this is not a new policy, students and faculty are being held accountable and are taking more seriously the level of effort required to be successful. We had 13 new academic and program policy changes recently approved by the Faculty Senate on February 26, 2013.

- **Implement academic coaching model**

Nursing courses are taught once per year in sequence and faculty met with students primarily to assist with course registration and provide career counseling. Interactions between faculty and student were predictable at the time of preregistration for the next semester. The Dean felt that this was not a good use of faculty expertise especially during this time of low NCLEX pass rates and that students could benefit more by faculty sharing their knowledge and expertise and guiding their study skills and remediation efforts. The Dean asked the academic advisors in the Office of Student services to provide group advisement for course registration and allow faculty time to work closely with students on mastery of content. The academic coaching model evolved as a result of this decision.

Last year, the Dean convened a small group of faculty to develop the academic coaching model and present it to the total faculty. Since we instituted the model, we have had several sessions outlining the roles and responsibilities of academic coaches, coaching strategies, processes for monitoring students' progress, and developing remediation plans. Faculty were assigned 6-8 juniors and seniors to coach and many faculty worked with students beyond the academic year and served as their academic coach until students tested in 2012. A few were engaged with students longer if they needed additional assistance to overcome knowledge deficits. Students demonstrate their knowledge by meeting benchmarks on web-based national standardized tests, an important tool for the academic coaches. We believe that the academic coaching model was instrumental in increasing our most recent NCLEX-RN pass rates.

We have continued the focus on academic coaching in the 2012-2013 academic year. Several faculty development sessions focused on “how” to serve as coach, explored additional teaching strategies, and provided guidance as to how to fully use the web-based resources of Kaplan, a NCLEX preparation review that we use throughout the program. The academic coaching model requires 100% of the faculty to be engaged with junior and senior students. We intend to have our students prepared to test soon after graduation and academic coaches are working with course faculty now to make sure that students meet the benchmarks on the predictive tests for NCLEX-RN success.

- **Establish a Dean’s student advisory group**

We are in the process of updating the School’s by-laws to include the Dean’s Student Advisory Council. We plan for the group to meet for the second time in April to review the membership and functions of the council. The group is expected to become more active in the 2013-2014 academic year. Although the council was not as active this year, we provided opportunities for dialogue with students. Currently students are informed of major program and policy changes in August in their required orientation/immersion session. The Dean has met periodically with classes during the year to update the students and answer their questions. The Advisory Council when fully implemented will provide an avenue for students to voice their concerns, participate in decision making, and be kept abreast of changes in the school.

- **Establish criteria for reward and recognize students**

In May 2012, we offered to award the junior and senior student who participated fully in academic coaching a subscription for a nursing software program and a computer tablet. In this inaugural year, we felt that this incentive was warranted. We decided this year not to offer incentive in hopes that we could champion the merits of academic coaching. We have focused more on helping students assume responsibility for their own learning and on student success. The Dean has agreed to contribute to the senior class gift if there is 100% participation in the NCLEX review courses and completion of senior exit survey.

- **Develop recruitment/marketing plans to increase admission of highly-qualified students**

Our recruitment activities have increased exponentially over the past 12 months. Our faculty, academic advisors, former students, and administrators have participated in university and school sponsored events. We are working closely with the Associate Vice Chancellor for Enrollment Management and have participated in University recruitment activities.

See the list below for a sampling of recruitment activities for this year:

- Ten University sponsored “Aggie Nights” across the southeast US
- High school career days in Sanford, NC, Atlanta, GA, and Los Angeles, CA

- Campus recruitment events: Upward Bound, Career Exploration Fair, Hispanic Readiness Initiative, Colors of Innovation. Admitted Students Open House, High School Counselor Conference
- Six hospital career days
- Three community colleges
- Dixie Classic Fair
- Twenty one campus department chair contacts
- Twenty information sessions held in the School of Nursing

Our marketing activities are limited to exhibit tables at regional and national professional conferences and at recruitment events. Our marketing efforts are limited by available resources. We intend to work more closely with University staff.

- **Increase number of scholarships available through contributions**

This has been an area of increased activity and positive outcomes. We are very pleased to be one of the recipients of the largest donation from a non-alumni given to the University to create the William Frank Hooker and Clara Hooker Black Scholarship Fund. The gift was given jointly to the Schools of Nursing and Education to support up to five scholarships per year. The nursing alumni association is establishing an endowed scholarship and an alumnus has endowed a nursing scholarship this spring. We were left funds in an estate and the Henry J. Kaiser Family Foundation has made an award to the Addie B. Olden Scholarship Fund, due to the efforts of a former Dean. A local health system has been asked to support to students in the future. We are encouraging alumni and partners to provide additional scholarships to upper division traditional students to reduce their work obligations.

- **Establish a plan to recruit and retain students in accelerated pre-licensure options and BSN completion entry option**

The centralized Office of Student Service now has a greater capacity to recruit and advise students. Our recruitment activities listed above include efforts to recruit to these two entry options. The coordinators have been involved in these activities and respond to telephone and e-mail inquiries about the program in a timely manner. We are attempting to follow-up on these inquiries with multiple contacts. We have recently created fact sheets and marketing materials. Our coordinator of the accelerated second degree entry option is contacting department chairs in various departments on campus and local colleges and universities to alert graduating students of the option.

An important initiative for us is partnering with the community colleges. The coordinator of the BSN Completion entry option is in dialogue with seven community colleges. We have signed an articulation agreement with Vance Granville Community College this spring and are actively engage in conversations with other community colleges in adjacent counties. We received our first Vance Granville application this week. Our goal is to have 6-8 articulation agreements in place as a feeder system for our BSN

Completion entry option. We also received an AHEC Mobility grant to explore an off-campus site for registered nurses in a local health care system.

We are slowly beginning to see the results of these efforts and while our numbers of applications have not risen dramatically, we have greatly enhanced the visibility of the School. We believe that over time, we will reap the benefits of the increased recruitment efforts. We are seeking additional employer donated scholarships to make these options more attractive to prospective students and to increase the retention rate.

### *Curriculum and Instruction*

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- **Identify gaps in course content and integrate necessary content in courses and monitor progress**

We revised the curriculum and it was approved by the Academic Affairs Committee of the Faculty Senate in the spring of 2012. The identified gaps were corrected in the revised curriculum. We are still working with faculty to integrate content and this will be an on-going process. Some courses were taught this year and will be revised as needed. The remaining courses are scheduled to be taught for the first time in 2013-2014. We have attempted to incorporate as much of the identified missing content as possible into the transition curriculum for our current seniors.

This class of graduating seniors will graduate under the majority of the old curriculum except in those courses we could make changes. For this reason, we are requiring the current seniors to take a content focused NCLEX-RN review course in addition to the one focused on testing strategies. The work done with their academic coaches will supplement some of the gaps identified and each student has an individual action plan for success which identifies areas needing further remediation.

- **Enhanced monitoring of student progress**

Academic advisors monitor the progress of pre-nursing majors. There are three nursing courses in the first two years, and the students are monitored more closely when enrolled in those courses. We track students' grades in all lower division courses. Specialty leaders provide updates on student progress in the nursing major at midterm and periodically throughout the semester. Academic coaches are notified of students' progress. They also work with students using web-based instructional materials and therefore have immediate data regarding the students' progress. Periodic reports are shared by the faculty facilitators of I.S.I.S, the intervention for those students with prior academic difficulty.

- **Reduce student/faculty ratio from 10:1 to 8:1 in Fall 2012**

Our admission procedures have been more clearly defined and the most qualified students are admitted to the program. We are focused on the quality of the class rather than its size and intentionally admitted fewer students, those who met all the admission criteria and are likely to be successful in the major and pass the licensure examination on the first

attempt. The Board of Nursing mandates that ten students is the maximum size for clinical groups, however most nursing programs have lowered their ratios in order to provide students with the best learning experience. Because we admitted fewer students into the major and with our intensive advisement and monitoring of progression, we were able to implement an 8:1 ratio in most clinical sections this year. There were a few groups with nine or ten students. This was true of pediatric nursing which was impacted by the number of faculty available in this specialty. We plan to reduce the ratio even further to 6:1 in selected courses in the fall of 2013. As we fill our faculty vacancies, we hope that all clinical groups will have 6-8 students per clinical group. Students will benefit from individualized instruction in these smaller clinical groups.

- **Increase quality of instructor-constructed exams**

In 2011-2012, teacher made midterm and final examinations were reviewed internally by a task group of faculty who had prior training in testing strategies and test item writing. The task force provided feedback to faculty and corrections were made. We also hired a consultant who reviewed tests and wrote a brief report. Her positive evaluation of the majority of the tests confirmed that test items were written at high levels of application, integration, and synthesis. There were some lower level questions mostly on the junior level as expected. More application and synthesis items were evident at the senior level.

The National Council of State Boards of Nursing revises the test plan every three years based on national survey data. The examination in 2013 will reflect the new test plan. In order to help faculty to become familiar this plan as well as to continue to upgrade their skills in test writing, we have planned a two day training in April with a team that has worked with many programs to increase NCLEX pass rates. We look forward to this faculty development session.

- **Evaluate quality of instruction through peer assessments in Fall 2012**

Three experienced faculty from the Schools of Education and Business and Economics agreed to provide peer assessments for selected faculty. We completed eight classroom observations in the spring of 2012 and plan to complete six more this spring. The observers assessed the following: classroom management, teaching style, command of content, and interaction with students. Overall, the faculty observed received high ratings on the evaluation tool and only few recommendations for corrective actions.

- **Meet with colleagues in other departments to review pre-requisites**

The Dean and faculty have met with the Chairs of the Biology Department and of Family and Consumer Science to discuss some of the nursing prerequisite courses. We have discussed the feasibility of offering sections of courses specifically for pre-nursing majors. We also provided enrollment data so they can more adequately plan for these service courses that are often overly subscribed. We will continue to discuss the level of content and appropriateness for the major. We have implemented curriculum changes in the major nursing courses and felt that it was important to delay additional changes in

prerequisites. We also will have more qualified students admitted to the freshman and sophomore classes using the new criteria and therefore better able to handle more difficult science courses.

- **Appoint faculty leaders in nursing specialties**

The Dean appointed six specialty leaders to oversee the curriculum implementation and to work more closely with faculty teaching in the specialty content of psychiatric-mental health, pediatrics, women's health, adult health, community health and the nursing core curriculum. These faculty are meeting monthly with their "team" of full- and part-time faculty. They have been instrumental in orienting new full- and part-time faculty (only six part-time faculty over the year) and making sure that academic policies are followed. We are particularly interested in ensuring the "scaffolding" of course content based on the guiding principles of our curriculum.

- **Review program outcomes and student success measures to ensure consistency with curriculum revisions and strategic plan**

As we prepare our self-study for our 2014 accreditation visit, we are reviewing program outcomes and student success measures (both revised this year). We are also participating in University quality improvement activities and documenting outcomes for SACS. A taskforce started writing our strategic plan in 2011 and it was completed early in 2012. There is consistency between the goals and strategies of the strategic plan and program outcomes.

- **Explore and secure additional clinical sites**

The number of clinical sites is adequate for our smaller class size. We anticipate that we will increase our class size in the future and additional placements will be required. An experienced faculty has been appointed as clinical site coordinator/liaison to negotiate clinical placements for our students and to seek new clinical sites. The work is on-going.

- **Implement curriculum changes and update program evaluation plan**

We have implemented curriculum changes for the incoming junior class and our senior class had a transition curriculum that allowed them to benefit from new content areas in nursing informatics, ethics and interprofessional collaboration. The time to graduation was not impacted by the implementation of the new curriculum. Some courses will be taught for the first time in the 2013-2014 academic year.

Our Faculty Evaluation Committee and 12-month faculty began revising our program evaluation plan in the summer of 2012 with the assistance of Dr. Cynthia Capers, former Dean of the School of Nursing at the University of Akron, as consultant. We had a draft of a comprehensive plan to share with faculty when they returned in the fall. We have continued to refine the plan and are in the process of finalizing our program and student learning outcomes and measures. We anticipate that the systematic program evaluation

plan will be complete in May of 2013. We are using the plan to prepare for an upcoming accreditation visit. Data collection and analysis are a priority and we continue to collect a wide array of student data. The Office of Institutional Research will provide some support and we hope to engage the services of a biostatistician to assist in updating and consolidating our databases. We are interested in developing better predictive models of program and NCLEX-RN success. We believe that our data will provide critical indicators to guide our efforts in the future.

- **Implement goals of strategic plan**

We are primarily focusing on the strategic goals related to improving the quality of instruction. In terms of our goal of creating an intellectual climate (Goal #1), we are focusing on recruiting highly qualified students and faculty. Much effort is focused on the second strategic goal of excellence in teaching, research and engagement. Our academic coaching model, the curriculum revisions made, enhanced teaching strategies, improved approaches for testing, and the upgrade of our simulation lab are designed to increase teaching excellence. We have made strides in enhancing our research (Goal #3), and community engagement and entrepreneurship (Goal #4). We intend to diversify our student body (Goal #5) and increase operation efficiency (Goal #6).

### *Facilities*

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- **Expand simulation, clinic, and computer labs in Fall 2012**

We began renovation for a new simulation center in Hines Hall, an adjacent building, in the fall of 2012 and expect to have the lab opened by summer 2013. The renovations are funded by Title III and will allow for adult and pediatric simulations using high fidelity equipment in a dedicated lab. The U. S. Department of Education, Institutional Development and Undergraduate Education Services administer the Title III Program. The Title III Program supports the Department of Education's commitment to improve educational opportunities for minorities and disadvantaged students.

When completed, the simulation center will have two large simulation rooms with mirrored operator rooms and two debriefing rooms with the capacity of 12-14 students. A small room will allow students to have two work stations to access web-based programs for instruction. Another room will allow students to practice with medical devices and equipment. There is an office available for the Director of Simulation and Virtual Learning who will be on-site when students are using the simulation lab. The space will have state-of-the-art audiovisual capability to capture simulations and to project to the debriefing spaces and for later review by faculty and students. When the simulation equipment is relocated to the new lab, the spaces vacated in the nursing building will allow the clinical learning center to expand. The additional space and resources will strengthen our lab instruction. We are discussing future computer needs in the School and have not updated the computer lab.

- **Increase number of classrooms and offices for new faculty**

There are three classrooms in the School of Nursing building and classes are assigned first to those spaces. When we need additional classrooms, we request space on campus. The classrooms on campus are managed as part of the University inventory and we may request rooms in a near-by building (Hines Hall) and new classrooms buildings across campus. Nursing classes are taught primarily on Mondays and Fridays to allow three clinical days for students' practice. The courses are taught in blocks of 90 -180 minutes (1.5 -3 hours). It is difficult to reserve rooms across campus where most courses are taught in 50 minute blocks. For this reason, nursing classes are generally housed in separate buildings.

Office space is limited in the building and the suites are designed with small private offices. We will need to convert a small classroom into an office suite when we recruit additional faculty. While this will meet the need for additional office space, we will lose a small classroom.

- **Provide space for students to interact outside of the classroom**

There is no common area in the building for students to meet and the layout of the building and our teaching needs have made it difficult to create such a space. We have converted a small room on the ground level that accommodates 10-12 students as a study area and it is well used. Students often meet in our 16 seat capacity computer lab. We encourage our students to use the facilities of the University library and our student peer tutors meet there. We are exploring other opportunities for our students to interact including a possible learning community in one of the campus dormitories. We will explore the feasibility of such an option for 2014.

- **Construct new nursing education building**

The School of Nursing remains second on the list of capital improvement projects for the University and a new building is warranted to meet our needs. We are fully using all the space in our current building as well as classroom space and computer labs across campus as available. The new high fidelity simulation lab is being constructed in a near-by building. We have difficulty controlling the building temperature; an observation recently noted by our visiting accreditors, and we occasionally have issues with building maintenance. We continue to work closely with our facilities department to solve these issues. We are housed in a building constructed in 1922, although it has been remodeled and in many ways is a well preserved campus building.

Having a well-designed nursing building will facilitate instruction but also will have a positive effect on students, faculty, and alumni. It will also serve as an indicator of the support of the University for the nursing program.