



College of Nursing Strategic Plan 2009-2014

CON Strategic Plan Implementation, 2009-2014

Annual Review of Progress

Unit Mission

The mission of the University of Kentucky College of Nursing is to foster health and well-being among the people of Kentucky, the region, and the world through collaborative relationships that support excellence in nursing education, research, practice and service in an ever-changing health care environment.

Unit Objective	CON Objective 1.1 Recruit highly qualified students.
Related Goals/Metrics	<p>CON Goal 1. Attract, retain, and graduate outstanding and diverse students while engaging them in nationally prominent nursing education programs.</p> <p>CON Metric 1.1-1 Percent of males in the nursing student body will increase.</p> <p>CON Metric 1.1-2 Percent of entering minority and international students that matriculate will increase over the previous year.</p> <p>CON Metric 1.1-3 Students admitted to undergraduate professional nursing program will have a minimum cumulative and science GPA of 3.25 on 4.0 scale.</p> <p>CON Metric 1.1-4 The number of students who matriculate who meet the admission criteria for the DNP and PhD Programs will increase by 5% annually.</p> <p>UK Goal 1. Prepare Students for Leading Roles in an Innovation-driven Economy and Global Society.</p>
Related Mission Area	Education

Strategies (Not Required)

- Strategy 1.1.1 Refine admission criteria for direct admit to the major as freshman.
- Strategy 1.1.2 Assure that admission criteria support recruitment of highly qualified students.
- Strategy 1.1.3 Market graduate programs regionally, nationally, and internationally.
- Strategy 1.1.4 Target enrollment of high achieving minority, international, and male students.
- Strategy 1.1.5 Determine desirability and feasibility of offering CRNA program.

Assessment Method

Demographic data on nursing student body will be tracked, cumulative and science GPA for applicants to the undergraduate professional nursing program will be tracked, whether or not admission criteria for graduate programs were met will be tracked, and decision on offering CRNA program will be made.

Actual Results

Data Tables

Descriptive Results

Year 1

Benchmark - Fall 2008 11.2% or 76 of 679 nursing students were male

Fall 2009, 11% or 87 of 762 nursing students were male [same as benchmark].

Benchmark 2008-2009, 320 new students matriculated into the undergraduate and graduate programs. Of the 320, 26 or 8.1% were minority or international students, including 13 (8.2%) in the traditional BSN program [includes 1 international student], 4 (12.9%) in the second degree program, 4 (10.5%) in the RN to BSN program, 2 (3.1%) in the MSN program, 3 (27.3%) in the PhD program [includes 1 international student], and 0 in the DNP program

2009-2010, 301 new students matriculated into the undergraduate and graduate programs. Of the 301, 30 or 10.0% were minority or international students, including 18 (11.0%) in the traditional BSN program, 5 (17.9%) in the second degree program [includes 1 international student], 2 (5.6%) in the RN to BSN program, 0 in the MSN program, 1 (12.5%) in the PhD program [includes 1 international student], and 4 (7.7%) in the DNP program [increased by 4 students over benchmark]

Benchmark Fall 2008/Spring 2009 – a) Traditional BSN students, average cumulative GPA 3.42 and science GPA 3.34; b) 2nd degree BSN students, average cumulative GPA 3.0 and science GPA 2.75; and c) RN-BSN students, average cumulative GPA 3.09

Fall 2009/Spring 2010 – a) Traditional BSN students, average cumulative GPA 3.56 and science GPA 3.57; b) 2nd degree BSN students, average cumulative GPA 3.0 and science GPA 3.0; and c) RN-BSN students, average cumulative GPA 3.07[met]

Benchmark 11 of 17 or 64.7% of DNP matriculates (applied, admitted and enrolled in 2008-2009) met admission criteria; 5 of 8 or 62.5% of PhD matriculates (applied, admitted and enrolled in 2008-2009) met admission criteria; 5 of 8 or 62.5% of PhD matriculates (applied, admitted and enrolled in 2008-2009) met admission criteria.

1st year Strategic Plan 17 of 50 or 34% of DNP matriculates (applied, admitted and enrolled in 2009-2010) met admission criteria; 2 of 7 or 28.5% of PhD matriculates (applied, admitted and enrolled in 2009-2010) met admission criteria [decreased by 30.7% for DNP admissions and 34% for PhD admissions, not met]

Year 2

all 2010 12.35% or 93 of 753 nursing students were male. [increase of 6 male students over Fall 2009].

10-2011, 281 new students matriculated into the undergraduate and graduate programs. Of the 281, 33 or 11.7% were minority or international students, including 19 (11.8%) in the traditional BSN program [includes 2 international students], 4 (11.7%) in the second degree program, 2 (5.8%) in the RN to BSN program, 0 in the MSN program, 1 (16.6%) in the PhD program, and 7 (15.9%) in the DNP program [includes 1 international student]

all 2010/Spring 2011– a) Traditional BSN students, average cumulative GPA 3.63 and science GPA 3.51; b) 2nd degree BSN students, average cumulative GPA 3.13 and science GPA 2.94; and c) RN-BSN students, average cumulative GPA 3.04

1 of 44 or 30% of DNP matriculates (applied, admitted and enrolled in 2010-11) met admission criteria; 1 of 4 or 25% of PhD matriculates (applied, admitted and enrolled in 2010-11) met admission criteria.[decreased by 4% for DNP admissions and 3.5% for PhD admissions] (Note that in Spring 2011 PHD had 5 readmits. I do not factor readmits into this calculation. It is reflective of new applicants only.)

Year 3

Fall 2011 12.3% or 95 of 770 nursing students were male [increase of 2 male students over Fall 2010].

2011-2012, 278 new students matriculated into the undergraduate and graduate programs. Of the 278, 29 or 10.4% were minority or international students, including 14 (8.6%) in the traditional BSN program [includes 1 international student], 8 (24.2%) in the second degree program [includes 1 international student], 4 (11.1%) in the RN to BSN program, 1 (14.2%) in the PhD program [includes 1 international student], and 2 (4.8%) in the DNP program.

Fall 2011/Spring 2012 – a) Traditional BSN students, average cumulative GPA 3.63 and science GPA 3.51; b) 2nd degree BSN students, average cumulative GPA 3.03 and science GPA 3.21; and c) RN-BSN students, average cumulative GPA 3.17 [met for traditional program].

100% of 43 or 30% of DNP matriculates (applied, admitted and enrolled in 2011-2012) met admission criteria; 1 of 7 or 14% of PhD matriculates (applied, admitted and enrolled in 2010-2011) met admission criteria. [This reflects no change for DNP admissions and 11% decrease for PhD admissions over last year] (Note that DNP program had 3 readmits and PhD Program had 1 readmit, did not factor readmits into this calculation, reflective of new applicants only.)

Year 4

Fall 2012, 11.0% or 86 of 779 nursing students were male [decrease of 9 male students].

2012-2013, 279 new students matriculated into the undergraduate and graduate programs. Of the 279, 37 or 13.3% were minority or international students, including 19 (10.9%) in the traditional BSN program [includes 1 international student], 5 (23.8%) in the second degree program [includes 0 international students], 4 (12.1%) in the RN to BSN program

[includes 2 international students], 4 (30.8%) in the PhD program [includes 1 international student], and 5 (13.5%) in the DNP program [includes 1 international student].

Fall 2012/Spring 2013, a) Traditional BSN students, average cumulative GPA 3.63 and science GPA 3.59; b) 2nd degree BSN students, average cumulative GPA 3.21 and science GPA 3.25; and c) RN-BSN students, average cumulative GPA 3.13 [met for traditional program].

2012-2013, 10 of 36 or 28% of DNP matriculates (applied, admitted and enrolled in 2012-2013) met admission criteria; 2 of 12 or 17% of PhD matriculates (applied, admitted and enrolled in 2012-2013) met admission criteria.[This reflects a 2% decrease for DNP admissions and 3% increase for PhD admissions over last year, not met] (Note that DNP program had 2 readmits and PhD Program had no readmits, did not factor readmits into this calculation, reflective of new applicants only).

Year 5

Analysis of Results and Reflection**Improvement Actions****Year 1**

Although the number of male nursing students increased by 11, the total percentage remained the same. The number of minority and international students increased by 4 and the overall percentage increased by 1.9%. Students admitted to the traditional undergraduate nursing program continued to have strong cumulative (3.56) and science (3.57) GPAs. During 2009-2010 the undergraduate faculty refined the admission criteria for direct admit to the nursing major as a freshman. Students admitted to the 2nd degree undergraduate program and the RN to BSN program did not meet the minimum of a 3.25 cumulative and science GPA. In addition, the DNP and PhD students who met the admission criteria dropped precipitously from the benchmark year, 2008-2009. The College must continue to aggressively recruit to all programs in order to attract highly qualified students as well as more men and minority and international students.

Continue to prioritize recruiting at professional nursing meetings as well as advertisements to reach targeted populations – men, minority, and international students. Undergraduate Student Admission and Progression Committee, DNP Program Committee, and PhD Program Committee continue to monitor applicant pool and admission criteria. Submit program proposal on CRNA DNP option to Vice President for Health Affairs and Provost.

Year 2

The number of male nursing students increased by 6. The number of minority and international students increased by 3 and the overall percentage increased by 1.7%. Students admitted to the traditional undergraduate nursing program continued to have strong cumulative (3.63) and science (3.51) GPAs. Students admitted to the 2nd degree undergraduate program and the RN to BSN program did not meet the minimum of a 3.25 cumulative and science GPA. In addition, the DNP and PhD students who met the admission criteria continued to drop from the benchmark year, 2008-2009. The College must continue to aggressively recruit to all programs in order to attract highly qualified students as well as more men and minority and international students. In addition, admission criteria for the graduate programs need to be reviewed in relation to student success in their respective academic programs.

Continue to prioritize recruiting at professional nursing meetings as well as advertisements to reach targeted populations – men, minority, and international students. Undergraduate Student Admission and Progression Committee, DNP Program Committee, and PhD Program Committee continue to monitor applicant pool and admission criteria.

Year 3

The number of male nursing students increased by 2. The number of minority and international students decreased by 4 and the overall percentage decreased by 1.3%.

Continue to prioritize recruiting at professional nursing meetings as well as advertisements to reach targeted populations – men, minority, and international

Students admitted to the traditional undergraduate nursing program continued to have strong cumulative (3.63) and science (3.51) GPAs. Students admitted to the 2nd degree undergraduate program and the RN to BSN program did not meet the minimum of a 3.25 cumulative and science GPA. In addition, the DNP and PhD students who met the admission criteria continued to drop from the benchmark year, 2008-2009. The College must continue to aggressively recruit to all programs in order to attract highly qualified students as well as more men, minority, and international students. In addition, admission criteria for the graduate programs need to be reviewed in relation to student success in their respective academic programs.

Year 4

The number of male nursing students decreased by 9. The number of minority and international students increased by 8 and the overall percentage increased by 2.9%. Students admitted to the traditional undergraduate nursing program continued to have strong cumulative (3.63) and science (3.59) GPAs. With the exception of the 2nd degree students who met the 3.25 science GPA, students admitted to the 2nd degree undergraduate program and the RN to BSN program did not meet the minimum of a 3.25 cumulative and science GPA. In addition, the DNP and PhD students who met the admission criteria continued to drop from the benchmark year, 2008-2009. The College must continue to aggressively recruit to all programs in order to attract highly qualified students as well as more men, minority, and international students. In addition, admission criteria for the graduate programs need to be reviewed in relation to student success in their respective academic programs.

Year 5

students. Undergraduate Student Admission and Progression Committee, DNP Program Committee, and PhD Program Committees continue to monitor applicant pool and admission criteria.

Continue to prioritize recruiting at professional nursing meetings as well as advertisements to reach targeted populations – men, minority, and international students. Undergraduate Student Admission and Progression Committee, DNP Program Committee, and PhD Program Committees continue to monitor applicant pool and admission criteria.

Unit Objective	CON Objective 1.2 Provide academic resources and scholarly opportunities to support student retention and success.
Related Goals/Metrics	<p>CON Goal 1. Attract, retain, and graduate outstanding and diverse students while engaging them in nationally prominent nursing education programs.</p> <p>CON Metric 1.2-1 The NCLEX pass rate will exceed 90% of first time test takers.</p> <p>CON Metric 1.2-2 The Nursing Honors option for BSN students is implemented.</p> <p>CON Metric 1.2-3 Enroll 90% of graduate students whose career goal is to become a faculty member in the College of Nursing Graduate Teaching Certificate Program.</p> <p>CON Metric 1.2-4 Of MSN and DNP graduates who sit for national certification, at least 90% will be certified within a year of graduation.</p> <p>CON Metric 1.2-5 Within a year of graduation, 90% of PhD graduates will obtain positions in which research is a major component or will pursue postdoctoral work such as a postdoctoral fellowship or mentored scientists.</p> <p>CON Metric 1.2-6 Design and implement a minimum of 2 elective courses in the DNP Program addressing emerging issues in health care.</p> <p>CON Metric 1.2-7 Increase the number of nursing faculty engaged in The Center for the Advancement of Interprofessional HealthCare Education, Research and Practice initiatives.</p> <p>UK Goal 1. Prepare Students for Leading Roles in an Innovation-driven Economy and Global Society.</p> <p>UK Metric 1-5. Six-year Graduation Rate</p> <p>UK Metric 1-7. Licensure Exam Pass Rates</p>
Related Mission Area	Education

Strategies (Not Required)

- Strategy 1.2.1 Actively engage in advising of pre-nursing, nursing majors, and graduate students to support retention and timely graduation.
- Strategy 1.2.2 Formalize opportunity for undergraduate students to pursue "Nursing Honors" option
- Strategy 1.2.3 Implement BSN-DNP option in response to 2015 initiative for advanced practice nursing.
- Strategy 1.2.4 Prepare PhD graduates for research careers that generate high impact science.
- 1.2.5 Implement a graduate teaching certificate in nursing.
- 1.2.6 Actively engage in Interprofessional Education, Practice, and Research initiatives.
- 1.2.7 Assure that programs address emerging issues in health care (e.g., patient safety, emergency preparedness, geriatrics).
- 1.2.8 Redesign graduate courses to be offered in accessible formats that are responsive to the needs of students, including new graduates and adult learners.
- 1.2.9 Evaluate curricular and student needs for elective and specialty courses and seminars, with particular attention to interdisciplinary learning activities in each program and develop an implementation plan, as needed.

Assessment Method

NCLEX pass rate, enrollment of graduate students with a faculty career goal in College of Nursing graduate teaching certificate program, MSN and DNP certification rates, and PhD graduates who accepted a position in which research is a major component will be tracked. In addition, implementation of a Nursing Honors option for BSN students, number of additional elective courses in the DNP program, number of DNP courses offered in distributed format, and nursing faculty participation in initiatives of the Center for the Advanced of Interprofessional Health Care will be tracked.

Actual Results

Data Tables

Descriptive Results

Year 1

Benchmark 2008 NCLEX pass rate 95%, 93 graduates tested; Kentucky pass rate 91%; national pass rate 88%

2009 NCLEX pass rate 98%, 87 graduates tested; Kentucky pass rate 90%; national pass rate 90%

2009-2010 no action taken on the Nursing Honors option due to other priorities

1st year Strategic Plan 2009-2010 Certificate program will be implemented in 2010-2011

2009-2010 re-organized and offered in summer 2010 NUR 752 Culturally Competent Healthcare: Client, Clinician, And Organizational Perspectives; determined additional on-line courses suitable for electives in the DNP program available in the University during 2010 summer session; prioritized the importance of an elective that focused on proposal development and assigned development for offering spring 2011

Benchmark 2008-2009 11 of 49 Full-time Faculty (22.4%) faculty involved in Center initiative

2009-2010 14 of 54 Full-time Faculty (25.9%) faculty involved in Center initiatives

Benchmark of 2008 graduates, 26 of 26 (100%) were certified within a year of graduation [met]

1st year Strategic Plan of 2009 graduates, 37 of 38 (97.4%) were certified within a year of graduation [met]

Benchmark of 2007-2008 graduates, 67% of 6 PhD graduates obtained a research focused position

1st year Strategic Plan of 2008-2009 graduates, 63% of 8 PhD graduates obtained a research focused position [decreased of 4%, not met]

Of 2009-2010 graduates, 86% of 7 PhD graduates obtained a research focused position [increase of 23%, not met]

Year 2

2010 NCLEX pass rate ---97%, 129 graduates tested; national pass rate 88%, KY pass rate 89%[met].

2010-2011 no action taken on this Nursing Honors option due to other priorities.

Graduate teaching certificate program not completed this year due to retirement of lead faculty.

2010 - 2011 MSN and DNP graduates, 44 of 49 (90.0%) were certified within a year of graduation.

Of 2010-2011 graduates, 66% of 6 PhD graduates obtained a research focused position [decrease of 20%, not met] One graduate was a foreign student seeking licensure before obtaining a position. Of those with a position 4 of 5 (80%) had a research focused position; a decrease of 6% from previous year.

2010-2011 Two electives are offered in the DNP program, one a revised version of the cultural competence course, the other is a new course focused on proposal development offered for the first time Summer 2011.

2010-2011 15 of 59 Full-time Faculty (25.4%) faculty involved in Center for the Advancement of Interprofessional Health Care initiatives

Year 3

2011 NCLEX pass rate 94%, 157 graduates tested; Kentucky pass rate 93%; national pass rate 89% [met].

2011-2012 no action taken on this Nursing Honors option due to University curriculum revision.

2011-2012 Graduate teaching certificate program not implemented due to faculty resources.

2011-2012 MSN and DNP graduates, 30 of 30 (100%) were certified within a year of graduation.

2011-2012 graduates, 63% of 11 PhD graduates obtained a research focused position [decrease of 7%].

2011-2012 Two electives continue to be offered in the DNP program.

2011-2012 16 of 57 Full-time Faculty (28%) faculty involved in Center initiatives.

Year 4

2012 NCLEX pass rate 97%, 158 graduates tested; Kentucky pass rate 88%; national pass rate 92%.

2012-2013, task force formed to develop Nursing Honors option curriculum for approval and implementation in 2014.

2012-2013, program not implemented due to faculty resources.

2012-2013, MSN and DNP graduates, 10 of 10 (100%) were certified within a year of graduation.

2012-2013, PhD graduates, 1 of 8 (12.5%) graduates obtained a research focused position(1 international student) [a decrease of 27.5 % from 2011-2012 and 53.5% from 2010-2011.

2012-2013, Two electives continue to be offered in the DNP program.

2012-2013, 33 of 54 Full-time Faculty (61%) faculty involved in Center initiatives.

Year 5

Year 1

The NCLEX pass rate exceeded the target. The continued decline in certification rates for MSN and DNP students is of concern, although the 90% target was met. In addition, the decline in the percentage of PhD graduates who obtained a research focused position is of concern. The College of Nursing graduate teaching certificate program was approved but was not implemented in 2010-2011 due to faculty retirements. No progress was made on a Nursing Honors option for BSN students due to changes that are occurring within the larger University on the undergraduate curriculum. The College is now offering 2 DNP elective courses and the number of faculty involved with the Center for the Advancement of Interprofessional Health Care initiatives remains stable.

Year 2

The NCLEX pass rate and certification rates for MSN and DNP students met or exceeded targets. PhD graduates who obtained a position in which research is a major component decreased. College of Nursing graduate teaching certificate program was not implemented due to the retirement of the key faculty involved in the project. Two elective offerings for the DNP program were added in summer 2011. No progress was made on a Nursing Honors option for BSN students.

Year 3

The NCLEX pass rate exceeded the target. The certification rate for MSN and DNP students was 100%. The continued decline in the percentage of PhD graduates who obtained a research focused position is of concern. The College of Nursing graduate teaching certificate program was approved but was not implemented in 2011-2012 due to lack of faculty resources. No progress was made on a Nursing Honors option for BSN students due to changes that are occurring within the larger University on the undergraduate curriculum. The College is now offering 2 DNP elective courses and the number of faculty involved with the Center for the Advancement of Interprofessional Health Care initiatives increased to 16, from 11 in the baseline year 2008-2009.

Continue to offer high quality education programs that are responsive to the needs of undergraduate and graduate nursing students. Have placed Nursing Honors option on hold until the University determines how best to proceed with honors options.

Continue to offer high quality education programs that are responsive to the needs of undergraduate and graduate nursing students. Will pursue Nursing Honors option during 2011-2012, consistent with UK's commitment to expand Honors options. Continue to closely monitor MSN and DNP certification rates and make curriculum adjustments as appropriate. Continue to encourage PhD graduates to secure research focused positions.

Continue to offer high quality education programs that are responsive to the needs of undergraduate and graduate nursing students. Will pursue Nursing Honors option during 2012-2013, consistent with UK's commitment to expand Honors options. Continue to closely monitor MSN and DNP certification rates and make curriculum adjustments as appropriate. Continue to encourage PhD graduates to secure research focused positions.

Year 4

The NCLEX pass rate exceeded the target. The certification rate for MSN and DNP students was 100%. The continued decline in the percentage of PhD graduates who obtained a research focused position is of concern. The College of Nursing graduate teaching certificate program was postponed indefinitely due to lack of student interest and limited faculty resources. Minimal progress was made on a Nursing Honors option for BSN students due to waiting for changes to be approved within the larger University. A taskforce was appointed and began work in the Spring 2013. The number of faculty involved with the Center for the Advancement of Interprofessional Health Care initiatives increased to 33, from 11 in the baseline year 2008-2009.

Year 5

Continue to offer high quality education programs that are responsive to the needs of undergraduate and graduate nursing students. Will pursue Nursing Honors option through work of taskforce in 2013-2014, consistent with UK's commitment to expand Honors options. Continue to closely monitor APRN certification rates for DNP graduates and make curriculum adjustments as appropriate. Continue to encourage PhD graduates to secure research focused positions.

Unit Objective	CON Objective 2.1 Increase extramural research funding.
Related Goals/Metrics	<p>CON Goal 2. Attain national and international prominence in practice, scholarship, and research.</p> <p>CON Metric 2.1-1 Annually, 40% of regular title series faculty will have extramural research funding.</p> <p>CON Metric 2.1-2 Annually, 75% of tenure-track faculty in the College of Nursing will be key personnel on extramurally- sponsored research.</p> <p>CON Metric 2.1-3 Annually, total extramural grant submissions for College of Nursing PI's will exceed an average of 1 per regular title series faculty member.</p> <p>CON Metric 2.1-4 Maintain top 10th percentile ranking of nursing faculty among private and public PhD programs in Nursing (Academic Analytics).</p> <p>UK Goal 2. Promote Research and Creative Work to Increase the Intellectual, Social, and Economic Capital of Kentucky and the World beyond its Borders.</p>
Related Mission Area	Research and Creative Work

Strategies (Not Required)

Strategy 2.1.1 Actively participate in UK's Center for Clinical and Translational Sciences.

Strategy 2.1.2 Enhance College's research standing through strategic faculty hires while supporting teaching and practice.

Strategy 2.1.3 Pursue formal University recognition for the College's research centers with the goal of mentoring junior faculty in developing funded programs of research.

Strategy 2.1.4 Increase post-doctoral opportunities within the College.

Strategy 2.1.5 Increase grant support for students.

Assessment Method

Track regular title series faculty who have extramural research funding, total amount of extramural research funding, number of data-based research presentations and publications, and Academic Analytics percentile ranking of PhD program.

Actual Results

Data Tables

Descriptive Results

Year 1

- • • Benchmark 2008-2009 71% (10 of 14) had extramural research funding
- 2009-2010 76% (13 of 17) had extramural research [increased 5% over benchmark]
- *Benchmark 2008-2009 total extramural research funding was \$2,473,259 (primary) and \$6,505,078 (collaboratively)*

2009-2010 total extramural research funding was \$5,430,841 and the total of all extramural funding was \$5,746,087 (primary) and \$10,884,155 (collaborative—includes research and non-research funding)[substantial increase in funding; however, percent could not be calculated since data was not available for last fiscal year]

Benchmark 2008-2009 number of data-based research presentations by faculty was 64 and publications was 56 for a total of 120

2009-2010 number of data-based research presentations was 70 and publications was 24 for a total of 94 [presentations increased by 9% over benchmark and publications decreased by 43% overall total declined 28%]

Benchmark 2007 UK graduate nursing faculty ranked 10th out of 99 (top 10th percentile) private and public PhD programs in nursing, Academic Analytics, LLC report

1st year Strategic Plan 2008 UK graduate nursing faculty ranked 25th out of 102 (top 25th percentile) private and public PhD programs in nursing, Academic Analytics, LLC report [not met]

2009 UK graduate nursing faculty ranked 20th (top 18th percentile) out of 111 private and public PhD programs in nursing, Academic Analytics, LLC Report [not met]

Year 2

2010-2011 63% (12 of 19) had extramural research funding [a decrease of 13%].

10-2011 total extramural research funding was \$3,162,906 [decline of \$2,267,935, reduction 41.8%]; the total of all extramural funding was \$6,141,567 primary [increase of \$395,480, increase 6.9%] and \$14,919,782 collaborative [increase of \$4,075,627, increase 37.6%] [not met, need to focus on total extramural research funding]

010-2011 50 presentations and 53 publications for a total of 103 (9.6% increase over 2009-2010). No data reported for the ranking among the private and public PhD programs in Nursing (Academic Analytics)

2010-2011 number of data-based research presentations by faculty was 50 and publications was 53 for a total of 103 [presentations decreased by 24% and publications increased by 55% from previous year, overall total increased by 10% over 2009-2010, met]

2010 UK graduate nursing faculty ranked 20th (top 17th percentile) out of 111 private and public PhD programs in nursing, Academic Analytics, LLC Report (due to a processing error, the ranking is not inclusive of all graduate nursing faculty) [not met, note UK decided to discontinue participation in Academic Analytics so no further data will be reported for College of Nursing]

Year 3

- 2011-2012 53% (10 of 19) have extramural research funding [a decrease of 10%,not met]
- 2011-2012 total extramural research funding was \$1,220,565 [decline of \$1,942,341, reduction 61.4%]; the total of all extramural funding was \$1,466,409 [decline of \$1,696,497, reduction 53.6%]; the total of all extramural funding was \$1,653,666 primary [decline of \$4,487,901, reduction 73.1%] and \$10,340,982 collaborative [decline of \$4,578,800, reduction 30.7%] [not met]

2011-2012 number of data-based research presentations by faculty was 127 and publications was 75 for a total of 202 [96% increase over 2010-2011 total, presentations increased by 154%, publications increased by 42% from previous year, met]

2010 UK graduate nursing faculty ranked 20th (top 17th percentile) out of 111 private and public PhD programs in nursing, Academic Analytics, LLC Report (due to a processing error, the ranking is not inclusive of all graduate nursing faculty and a request has been made to be inclusive for the next reporting period).

Year 4

2012-2013, 44% (8/18) serve as PI's on grants [met, a slight increase from the benchmark of 40% established on 7/1/12].

2012-2013, 70% (21/30) of tenure-track faculty serve as key personnel [not met: increase from a benchmark of 55% established on 7/1/2012].

2012-2013, Regular title series faculty submitted an average of 1.6 (29/18) grants [met: increase of 88% since the benchmark of 0.85 was established on 7/1/12].

2012-2013, Grant funding averaged \$248,273 (4,468,921/18) per regular title series faculty member [met: increase of 385% since the benchmark was established on 7/1/12].

2012-2013, Number of data-based research presentations by faculty was 72 and publications was 56 for a total of 128 [37% decrease over 2011-2012 total; presentations decreased by 43%, and publications decreased by 25%]. Regular title series faculty members averaged 6.0 (108/18) presentations and publications. [met: a decrease of 16% occurred since the benchmark was established on 7/1/12, but this should be interpreted with caution given a transition to use of Digital Measures to calculate this metric in 2013].

Year 5

Analysis of Results and Reflection**Improvement Actions****Year 1**

The overall percent of regular title series faculty who had extramural research funding increased by 5% (to 76%) and exceeded goal of 60% and total amount of extramural research funding increased. We were not able to calculate the percent of increase in funding because benchmark data was not available. Data-based research presentations increased by 9% however, publications decreased by 43%. The decrease in publications may be attributable to when investigators are in their funding cycle.

Continue to actively support faculty grant productivity as well as support faculty presentation and publication of research.

Year 2

The overall percent of regular title series faculty who had extramural research funding declined from the previous year as did total extramural research funding where a nursing faculty member was the primary investigator. Total extramural funding increased by 6.9 % and collaborative funding increased by 37.6%. Data-based research publications doubled to 53 while there were fewer data-based research presentations than the previous year. The College's ranking on the Faculty Scholarly Productivity Index declined. It was determined that the faculty roster used to generate the ranking was incomplete; this issue has been addressed for future surveys.

Continue to actively support faculty grant productivity as well as support faculty presentation and publication of research.

Year 3

The overall percent of regular title series faculty who had extramural research funding declined from the previous year as did total extramural research funding where a nursing faculty member was the primary investigator. Data-based research publications increased by 25% and data-based research presentations increased by 11% over the previous year. The College's ranking on the Faculty Scholarly Productivity Index was not inclusive of all graduate nursing faculty, this issue has been addressed for future surveys.

Continue to actively support faculty grant productivity as well as support faculty presentation and publication of research.

Year 4

The overall percent of regular title series faculty who had extramural research funding increased from the previous year as did total extramural research funding where a nursing faculty member was the primary investigator. Data-based research publications decreased by 25% and data-based research presentations decreased by 43% over the previous year. The decrease is likely based on budget limitations on faculty travel combined with incomplete information from Digital Measures.

Year 5

Continue to actively support faculty grant productivity as well as support faculty presentation and publication of research at modified budget level. Work implemented to improve complete and accurate digital measure reports.

Unit Objective	CON Objective 2.2 Support practice initiatives through promotion of scholarship and the dissemination of outcomes at state, national, and international meetings.
Related Goals/Metrics	<p>CON Goal 2. Attain national and international prominence in practice, scholarship, and research.</p> <p>CON Metric 2.2-1 Full-time clinical title series faculty who are committed to scholarship will have a minimum of 10% time on their DOE for scholarship.</p> <p>CON Metric 2.2-2 Regional, national, or international presentations of practice initiatives will increase by 10% annually.</p> <p>UK Goal 2. Promote Research and Creative Work to Increase the Intellectual, Social, and Economic Capital of Kentucky and the World beyond its Borders.</p>
Related Mission Area	Research and Creative Work

Strategies (Not Required)

Strategy 2.2.1 Faculty engaged in practice who are committed to scholarship will have time and resources for scholarly activities.

Assessment Method

Track clinical title series faculty D.O.E. time allotted for scholarship as well as presentations of practice initiatives.

Actual Results

Data Tables

Descriptive Results

Year 1

Benchmark 2008-2009 7 of 9 clinical title series had time on their D.O.E. for scholarship, range of time 2.3 % to 15%

1st year Strategic Plan 2009-2010 6 of 8 clinical title series had time on their D.O.E. for scholarship, range of time 3% to 15.5% [no change over benchmark]

Benchmark 2008-2009 number of presentations of practice initiatives was 41 (target 1.5 x 49 = 74)

1st year Strategic Plan 2009-2010 number of presentations of practice initiatives was 83 (target 1.5 x 54 = 81) [met]

Year 2

2010-2011 8 of 9 clinical title series had time on their D.O.E. for scholarship, range of time 3% to 16% [2 additional faculty had time for scholarship; however, the minimum target of 10% was not met]

2010-2011 number of presentations of practice initiatives was 94 (target 1.5 x 59 = 89) [met]

Year 3

- 2011-2012: 8 of 10 clinical title series faculty had time on their D.O.E. for scholarship, range of time 1.5% to 13.4% (only 1 clinical faculty member had more than 10% time for scholarship) [not met]

2011-2012 number of presentations of practice initiatives was 78 (target 1.5 X 57 = 86) [not met]

Year 4

2012-2013, 8 of 11 clinical title series faculty had time on their D.O.E. for scholarship, range of time 1.4% to 10% (only 1 clinical faculty member had 10% time for scholarship).

2012-2013, number of presentations of practice initiatives was 81, which is right on target with our goal of 1.5 presentations per full-time faculty member. (54 X 1.5=81)

Year 5

Analysis of Results and Reflection	Improvement Actions
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Year 1

Clinical title series faculty D.O.E. time devoted to scholarship remained stable with a range of 3% to 15.5%. Presentations of practice initiatives increased by 102%, for a total of 83.

Continue to support clinical title series faculty having time for scholarship, as desired and continue to support presentation of practice initiatives.

Year 2

Clinical title series faculty D.O.E. time devoted to scholarship remained stable with a range of 3% to 16%; however, the minimum target of 10% was not met. Presentations of practice initiatives continued to increase, for a total of 94.

Continue to support clinical title series faculty having time for scholarship, as desired and continue to support presentation of practice initiatives.

Year 3

Clinical title series faculty D.O.E. time devoted to scholarship remained stable with a range of 3% to 13.4%; however, the minimum target of 10% was not met. Presentations of practice initiatives fell short of the target for the year.

Continue to support clinical title series faculty having time for scholarship, as desired and continue to support presentation of practice initiatives.

Year 4

Clinical title series faculty D.O.E. time devoted to scholarship remained stable with a range of 1.4% to 10% however, the minimum target of 10% was met with only one faculty member. Presentations of practice initiatives met the target for the year.

Continue to support clinical title series faculty having time for scholarship, as desired and continue to support presentation of practice initiatives.

Year 5

Unit Objective	CON Objective 3.1 Enhance use of technology to meet the education, research, and service needs.
Related Goals/Metrics	CON Goal 3. Develop the human and physical resources of the College to achieve the institution's top 20 goals. CON Metric 3.1-1 Seventy percent of undergraduate clinical courses will use high fidelity simulation technology to enhance learning experiences. CON Metric 3.1-2 The technology plan will be in place. UK Goal 3. Develop the Human and Physical Resources of the University to Achieve the Institution's Top 20 Goals.
Related Mission Area	Education

Strategies (Not Required)

Strategy 3.1.1 Implement a cohesive plan for using technology, including information technology, data management, and educational technology.

Assessment Method

Plan for using technology is implemented.

Actual Results

Data Tables

Descriptive Results

Year 1

- • *Benchmark 2008-2009 55%, 6 of 11 undergraduate clinical courses used high fidelity simulation technology*

1st year Strategic Plan 2009-2010 55%, 6 of 11 undergraduate clinical courses used high fidelity simulation technology [same as benchmark]

1st year Strategic Plan Spring 2010 undergraduate students were engaged in 64 simulation occurrences

Year 2

2010-2011 55%, 6 of 11 undergraduate clinical courses used high fidelity simulation technology [remained the same]

Strategic Plan (first) and CON IT Policies in place Spring 2011, additional analysis to be done Fall 2011 and implemented in Spring 2012 [met]

Initial IT Strategic Plan in place Spring 2011 and College IT policies in place Spring 2011.

Fall 2010 undergraduate students were engaged in 100 simulation occurrences.

Spring 2011 undergraduate students were engaged in 92 simulation occurrences.

Year 3

Initial IT Strategic Plan in place Spring 2011 and College IT policies in place Spring 2011. With the hiring of the new CON IT Director in the Spring of 2012, the initial Strategic Plan and Policies will be reviewed/revise.

Fall 2011 undergraduate students were engaged in 127 simulation occurrences [met]

2011-2012 undergraduate students were engaged in 232 simulation occurrences [met]

Year 4

2012-2013, The CON IT Director reviewed and implemented changes to the CON technology plan in Spring 2012.

2012-2013, Undergraduate students were engaged in 261 simulation occurrences.

Year 5

Analysis of Results and Reflection	Improvement Actions
<p>Year 1</p> <p>Use of high fidelity simulation technology in undergraduate clinical courses increased to 64% (target 70%). Work on technology plan began.</p>	<p>Continue to encourage use of high fidelity simulation, have increased faculty member's time to devote to this work in 2010-2011. Continue discussions across the health professions education programs, as well as UK HealthCare, on the use of simulation. UK HealthCare has committed to developing a simulation center in A.B. Chandler Hospital in Fall 2010. Continue work on technology plan, with draft being available for faculty and staff review during 2010-2011 academic year.</p>
<p>Year 2</p> <p>Use of high fidelity simulation technology in undergraduate clinical courses remained stable at 55% (target 70%). UK HealthCare developed a simulation center in A.B. Chandler Hospital. Work on technology plan continued.</p>	<p>Continue to encourage use of high fidelity simulation. Recruit faculty member with expertise in simulation. Continue discussions across the health professions education programs, as well as UK HealthCare, on the use of simulation. Continue work on technology plan and policies.</p>
<p>Year 3</p> <p>Use of high fidelity simulation technology in undergraduate clinical courses has steadily increased. UK HealthCare developed a simulation center in A.B. Chandler Hospital. Work on technology plan continued.</p>	<p>Continue to encourage use of high fidelity simulation. Have recruited a faculty member with expertise in simulation to begin Fall 2012. Continue discussions across the health professions education programs, as well as UK HealthCare, on the use of simulation. Continue work on technology plan and policies.</p>
<p>Year 4</p> <p>Use of high fidelity simulation technology in undergraduate clinical courses has steadily increased. The technology plan was reviewed and changes implemented.</p>	<p>Continue to encourage use of high fidelity simulation. A faculty member with expertise in simulation to began Fall 2012. Continue discussions across the health professions education programs, as well as UK HealthCare, on the use of simulation. Continue implementation of technology plan and policies.</p>



Unit Objective	CON Objective 3.2 Assure resources that support high-quality instruction, research/scholarship, practice, and service.
Related Goals/Metrics	<p>CON Goal 3. Develop the human and physical resources of the College to achieve the institution's top 20 goals.</p> <p>CON Metric 3.2-1 The College of Nursing building will have one classroom with greater than 100 computers to accommodate large classes.</p> <p>CON Metric 3.2-2 College of Nursing classrooms that seat more than 20 students will have podiums with built in monitors.</p> <p>CON Metric 3.2-3 The number of faculty practicing will increase by 20%.</p> <p>UK Goal 3. Develop the Human and Physical Resources of the University to Achieve the Institution's Top 20 Goals.</p>
Related Mission Area	Overall

Strategies (Not Required)

- Strategy 3.2.1 Assure that classrooms in College of Nursing Building are equipped to meet educational needs.
- Strategy 3.2.2 Optimize processes and infrastructure that support increased grant development and management.
- Strategy 3.2.3 Work with UK HealthCare Enterprise leadership to assure that structures are in place to support undergraduate and graduate students clinical experiences and faculty practice, research/scholarship, and service opportunities.
- Strategy 3.2.4 Acknowledge the contributions of clinical preceptors.

Assessment Method

Classroom with at least 100 computers will be completed and classrooms which hold 20 or more students will have podiums with built in monitors. Track number of faculty practicing as part of DOE.

Actual Results

Data Tables

Descriptive Results

Year 1

2009-2010 Federal Earmark received to build large computer testing center/classroom on 6th floor, construction to begin summer 2011.

2009-2010: 0 of 14 classrooms that seat 20 students or more had podiums with built in monitors (5 of the classrooms have real podiums; however, no monitors).

Benchmark 2008-2009 15 full-time faculty were practicing

1st year Strategic Plan 2009-2010: 17 full-time faculty were practicing [increased 13% from benchmark]

Year 2

2010-2011 Design of 140 seat computer classroom on 6th floor completed, (partially met).

2010-2011 No additional classrooms upgraded to include podiums with built in monitors, continue to request through Provost Facilities Office the need for Podiums with built in monitors [not met]

2010-2011 18 faculty were engaged in practice which represents a 20% increase since the beginning of this strategic plan.

Year 3

2011-2012 The new computer testing facility will have a total of 140 seats will be substantially completed in May 2012. Scheduling process has been shared with all academic units and UK HealthCare and the facility will be available Fall 2012 [met]

-2012 New podium with built in monitor was added to room 501 C/D; planned for installation summer 2012 in rooms 115, 501B, and 504 (partially met).

2011-2012 20 full-time faculty were practicing [increased 33% from benchmark].

Year 4

2012-2013, Exam Soft (testing software) agreement was finalized for Spring 2013 and will be used in the majority of undergraduate courses in Fall 2013.

2012-2013, Six classrooms were renovated in the summer of 2013 and are equipped with podiums, and upgraded sound and AV systems [8 of 15 complete or 53%].

2012-2013, 20 full-time faculty were practicing[increased 33% from benchmark].

Year 5

Analysis of Results and Reflection	Improvement Actions
<p>Year 1</p> <p>Received federal earmark to remodel 6th floor to include 120 seat computer classroom. Design and construction will begin in 2010-2011. No progress was made on installing podiums with monitors in classrooms that hold at least 20 students. Faculty practicing remained stable at 31%.</p>	<p>Continue work on computer classroom and advocacy with UK on installing podiums with monitors. Continue to explore faculty practice opportunities.</p>
<p>Year 2</p> <p>Planning for the 140 seat computer classroom was undertaken and construction began in November 2011. No progress was made on installing podiums with monitors in classrooms that hold at least 20 students. Faculty practicing remained stable at 31%.</p>	<p>Continue work on computer classroom and advocacy with UK on installing podiums with monitors. Continue to explore faculty practice opportunities.</p>
<p>Year 3</p> <p>Construction of the 140 seat computer classroom is nearing completion. Progress is being made on installing podiums with monitors in classrooms that hold at least 20 students. Faculty practicing increased by 2.</p>	<p>Continue work on computer classroom and advocacy with UK on installing podiums with monitors. Continue to explore faculty practice opportunities.</p>
<p>Year 4</p> <p>Utilization of the 140 seat computer classroom began in Fall 2012. Testing software piloted in Spring 2013 and will be utilized in most undergraduate classes beginning in Fall 2013. Progress is being made on installing podiums with monitors in classrooms that hold at least 20 students. Faculty practicing remained the same.</p>	<p>Conti Continue work with UK on installing podiums with monitors. Continue to explore faculty practice opportunities.</p>
<p>Year 5</p>	

Unit Objective	CON Objective 3.3 Develop faculty in their roles as teacher, scholar, researcher, and/or practitioner.
Related Goals/Metrics	CON Goal 3. Develop the human and physical resources of the College to achieve the institution's top 20 goals. CON Metric 3.3-1 Ninety percent of mentees in the Faculty Peer Mentorship Program will report satisfaction with the program. UK Goal 3. Develop the Human and Physical Resources of the University to Achieve the Institution's Top 20 Goals.
Related Mission Area	Overall

Strategies (Not Required)

- Strategy 3.3.1 Implement philosophy of advising and academic support across all academic programs and evaluate effectiveness.
- Strategy 3.3.2 Enhance faculty development in the area of technology for education (e.g., simulation and computer based instruction), research, and service.
- Strategy 3.3.3 Explore additional strategies, including technology, that facilitate the faculty's work across roles, locations, and time.
- Strategy 3.3.4 Implement faculty development plan which includes an infrastructure for faculty peer mentorship and enhances efforts to assist faculty in achieving promotion and/or tenure.
- Strategy 3.3.5 Provide faculty with release time for professional development in their role or specialty area.

Assessment Method

Mentees' satisfaction with Faculty Peer Mentorship.

Actual Results

Data Tables

Descriptive Results

Year 1

2009-2010 1st year Strategic Plan 2009-2010 8 of 15 responded. Of the 8, 75% of mentees reported satisfaction.

Year 2

2010-2011 continued support of faculty mentoring program for support of new faculty, and non-tenured faculty. The survey is being revised.

Year 3

2011-2012 survey was revised to address Metric 3.3-1, as recommended, and was sent to mentors and their mentees during the summer of 2011 – 90% mentees were satisfied with the program.

Year 4

2012-2013, There was not a university evaluation this year so there are no satisfaction data. All new faculty were assigned faculty mentors.

Year 5

Analysis of Results and Reflection**Improvement Actions****Year 1**

Mentee satisfaction with Faculty Peer Mentorship program not available at this time.

Faculty Council to review results when available and make changes, as indicated.

Year 2

Mentees were not surveyed about their satisfaction with Faculty Peer Mentorship due to survey being under revision.

Faculty Council to revise survey and use it to assess mentee satisfaction with Faculty Peer Mentoring program.

Year 3

Overall, mentees were satisfied with Faculty Peer Mentorship.

Continue to refine Faculty Peer Mentorship program, including review of the suggestions that Mentees and Mentors (80% satisfied) provided in summer of 2011.

Year 4

Overall, mentees were satisfied with Faculty Peer Mentorship.

Continue to offer Faculty Peer Mentorship program.

Year 5

Unit Objective	CON Objective 3.4 Increase extramural program funding.
Related Goals/Metrics	CON Goal 3. Develop the human and physical resources of the College to achieve the institution's top 20 goals. CON Metric 3.4-1 At least one HRSA grant will be submitted annually. UK Goal 3. Develop the Human and Physical Resources of the University to Achieve the Institution's Top 20 Goals.
Related Mission Area	Education

Strategies (Not Required)

Strategy 3.4.1 Develop faculty expertise in obtaining HRSA grants by providing ongoing training in grant writing to faculty. 2010-2011 determine faculty interest in writing HRSA grants.

Assessment Method

Track submission of HRSA grants.

Actual Results

Data Tables

Descriptive Results

Year 1

1st year Strategic Plan 2009-2010 no new HRSA grants were submitted

Year 2

2010-2011 no new HRSA grants were submitted

Year 3

2011-2012 no new HRSA grants were submitted

Year 4

2012-2013, reapplied for Nurse Faculty Loan program grant in spring 2013(approved July 2013) and applied for Advanced Education Nursing Training grant in May 2012 (not funded).

Year 5

Analysis of Results and Reflection	Improvement Actions
<p>Year 1</p> <p>Preliminary work was done on a HRSA grant to support DNP and PhD programs but was not submitted during 2009-2010 academic year.</p>	<p>Pursue HRSA funding opportunities.</p>
<p>Year 2</p> <p>Not successful in submitting HRSA grants beyond those that College has received in recent years.</p>	<p>Pursue HRSA funding opportunities.</p>
<p>Year 3</p> <p>Not successful in submitting HRSA grants beyond those that College has received in recent years.</p>	<p>Pursue HRSA funding opportunities.</p>
<p>Year 4</p> <p>Not successful in submitting HRSA grants beyond those that College has received in recent years.</p>	<p>Evaluating resources for development of HRSA grants including cooperative work with the Center for Interprofessional Education, Research and Practice.</p>
<p>Year 5</p>	

Unit Objective	CON Objective 3.5 Increase philanthropic support for the College.
Related Goals/Metrics	<p>CON Goal 3. Develop the human and physical resources of the College to achieve the institution's top 20 goals.</p> <p>CON Metric 3.5-1 Philanthropic support will increase by 10% annually.</p> <p>CON Metric 3.5-2 Portfolio of donors managed by the College will reach 50.</p> <p>CON Metric 3.5-3 The College's development officer will make 100 personal visits annually to donor prospects.</p> <p>CON Metric 3.5-4 Funding for nursing scholarships will increase by 10% annually.</p> <p>CON Metric 3.5-5 An endowment will be established to support student travel to conferences for scholarly presentations or leadership activities.</p> <p>CON Metric 3.5-6 There will be increased philanthropic support for College of Nursing Research Centers.</p> <p>UK Goal 3. Develop the Human and Physical Resources of the University to Achieve the Institution's Top 20 Goals.</p>
Related Mission Area	Education

Strategies (Not Required)

Strategy 3.5.1 Develop plan for increasing faculty and staff participation in development.
 Strategy 3.5.2 Expand number of donors that support the College of Nursing.

Assessment Method

Track amount of philanthropic support, including funding for scholarships and research centers; number of donors managed by College; number of personal visits to donor prospects; and, establishment of endowment to support student travel to conferences.

Actual Results

Data Tables

Descriptive Results

Year 1

Benchmark 2008-2009 philanthropic support totaled \$287,197

2009-2010 philanthropic support totaled \$356,888 [increased 24.2% over benchmark, met]

Benchmark 2008-2009 portfolio of donors was 24, including 3 couples, and 6 as secondary, includes 1 couple

2009-2010 portfolio of donors was 24, including 2 couples, and 8 as secondary, includes 1 couple [same as benchmark]

Benchmark 2008-2009 16 personal visits

2009-2010 27 personal visits and 56 tasks and 65 constituents [increased from benchmark by metric may not be realistic]

Benchmark 2008-2009 \$54,200 funding for nursing scholarships

1st year Strategic Plan 2009-2010 \$66,400 funding for nursing scholarships [increased 23% over baseline, met]

Benchmark 2008-2009 there was \$44,600 in support for Centers (Acct #1215394440)

1st year Strategic Plan 2009-2010 there was \$0 in support for Centers (Acct #1215394440) [decreased from benchmark, not met]

Year 2

2010-2011 philanthropic support totaled \$502,247 (increased 41% over 2009-2010 target, met).

2010-2011 portfolio of donors was 26, including 2 couples and 5 and secondary, includes 1 couple (1% increase over 2009-2010).

2010-2011 61 personal visits and 146 tasks (increased from benchmark by 125% in personal visits and 161% in tasks).

2010-2011 \$73,530 funding for nursing scholarships (increased 23% over 2009-2010 target, met).

2010-2011 no progress to date on establishing an endowment to support student travel to conferences.

2010-2011 No progress to date on an Endowment for student travel support for Nursing Research Centers.

Year 3

2010-2011 philanthropic support totaled \$1,152,719 includes a \$1,000,000 expectancy [increased 130% from 2010-2011 target, met]

2011-2012 portfolio of donors was 31 [2% increase over 2010-2011]

-2012 42 personal visits [decreased 31% over 2010-2011]

2011-2012 \$101,167 funding for nursing scholarships [increased 38% from 2010-2011, met]

2011-2012 no progress to date on establishing an endowment to support student travel to conferences.

2011-2012 42 personal visits [decreased 31% over 2010-2011]

2011-2012 \$20,500 in sponsorships for the smoke free conferences (partially met)

Year 4

2012-2013, Philanthropic support totaled \$789,616 includes a \$500,000 estate gift [decrease 31% from 2011-2012 target].

2012-2013, Portfolio of donors was 35 [13% increase over 2011-2012].

2012-2013, 61 personal visits and 146 tasks [increased from benchmark by 125% in personal visits and 161% in tasks].

2012-2013, 99 personal visits [increased by 136% over benchmark year].

2012-2013, \$174,504 funding for nursing scholarships [increased by 72% from 2011-2012.

2012-2013, No progress to date on establishing an endowment to support student travel to conferences.

2012-2013, \$5520 secured in sponsorships for Kentucky Center for Smoke Free Policy.

Year 5

Analysis of Results and Reflection

Improvement Actions

Year 1

Philanthropic support for the College increased by 24.2%, exceeding goal of 10%, and scholarships (a focus of the College's 50th anniversary campaign), increased by 22.5%. Increased philanthropic support for research centers and endowment for student travel was not realized. College's portfolio of donors remained stable at half the desired number; however, personal visits increased and tasks and constituents are now being tracked.

Continue to focus on philanthropic support and building the College's donor portfolio. Continue emphasizing scholarships given President's scholarship initiative and College celebrating 50th anniversary.

Year 2

Philanthropic support for the College increased by 41%, exceeding goal of 10%, and scholarships (a focus of the College's 50th anniversary campaign), increased by 11%. Increased philanthropic support for research centers and endowment for student travel was not realized. College's portfolio of donors remained stable at half the desired number; however, personal visits and tasks increased significantly and constituents continued to be tracked.

Continue to focus on philanthropic support and building the College's donor portfolio. Continue emphasizing scholarships given President's scholarship initiative.

Year 3

Philanthropic support for the College increased by 130% over the previous year and scholarships remained stable. Progress was made on philanthropic support for research centers. An endowment for student travel was not realized. The College's portfolio of donors remained stable at 60% the desired number (50). Personal visits declined.

Continue to focus on philanthropic support and building the College's donor portfolio. Continue emphasizing scholarships given President's scholarship initiative. Greater emphasis needs to be placed on personal visits.

Year 4

Philanthropic support for the College decreased by 30% over the previous year and scholarships increased by 72%. Progress was made on philanthropic support for research centers. An endowment for student travel was not realized. The College's portfolio of donors remained stable at 70% of the desired number (50). Personal visits increased.

Continue to focus on philanthropic support and building the College's donor portfolio. Continue emphasizing scholarships and personal visits.

Year 5

Unit Objective	CON Objective 4.1 Attract and retain talented and diverse faculty and staff.
Related Goals/Metrics	<p>CON Goal 4. Support an environment that promotes diversity of thought, culture, gender, and ethnicity</p> <p>CON Metric 4.1-1 Increase number of minority and international full-time faculty members, including those in tenure track and tenured positions.</p> <p>CON Metric 4.1-2 Increase number of male full-time faculty members.</p> <p>CON Metric 4.1-3 Greater than 75% of faculty and staff will report satisfaction with work environment.</p> <p>UK Goal 4. Promote Diversity and Inclusion</p>
Related Mission Area	Overall

Strategies (Not Required)

- Strategy 4.1.1 Develop strategy for one-on-one recruitment of diverse faculty and staff members.
- Strategy 4.1.2 Implement faculty and staff retention plan which includes factors in addition to salary.
- Strategy 4.1.3 Develop a plan for work-life enhancement.
- Strategy 4.1.4 Incorporate information from faculty and staff exit interviews in recruitment and retention efforts. 2011-2012 develop plan for exit interviews.

Assessment Method

Track number of full-time minority and male faculty members and faculty and staff satisfaction with work environment.

Actual Results

Data Tables

Descriptive Results

Year 1

Benchmark 2008-2009 number of minority faculty was 3 of 52; all non-tenured, 2 tenure-track

1st year Strategic Plan 2009-2010 number of minority faculty was 4 of 54; all non-tenured, 3 tenure-track [one additional minority faculty member, met]

Benchmark 2008-2009 number of male faculty was 1 of 5

1st year Strategic Plan 2009-2010 number of male faculty was 1 of 54 [no change over benchmark, not met]

2009-2010 number of male faculty was 1 of 54 [no change over benchmark]

Benchmark Spring 2009 70 faculty and staff responded to College of Nursing survey and rated their individual morale as follows: Staff 6.08 on 10 point scale (10 reflected higher morale), Undergraduate faculty 6.96, and Graduate faculty 5.24.

Year 2

2010-11 the number of minority full time faculty increased to 5 of 59 all non-tenured, 3 tenure-track which represents an increase of 1 full-time faculty member [one additional minority faculty member, met].

2010-2011 number of male full time faculty was 1 of 59, no change from previous year.

2010-2011 Faculty Council received data from the UK@work Work-life Staff and Faculty Survey and analyzed the data in Fall 2011.

Year 3

2011-2012 the number of minority faculty was 6 of 57; all non-tenured, 3 tenure-track (1 additional minority faculty member, met).

2011-2012 number of male faculty was 2 of 57 (increase of 1, met).

2011-2012 CON-specific data from the university Work-life survey was evaluated. Items indicating less than 75% faculty satisfaction were discussed with the Dean. These items have been submitted to the University with a request for inclusion in future CON Work-life satisfaction survey.

Year 4

2012-2013, The number of minority faculty was 5 of 54; 1 tenured, 1 non-tenure track, 3 tenure-track [1 full-time minority faculty changed to part-time status [decrease].

2012-2013, Number of male faculty was 2 of 54[no change].

2012-2013, Unable to evaluate faculty satisfaction with work environment as there was not a UK survey this year.

Year 5

Analysis of Results and Reflection	Improvement Actions
<p>Year 1</p> <p>One additional minority faculty member joined the College full-time. No additional male faculty were hired full-time. Faculty and staff satisfaction with the work environment was not assessed. Faculty Council continues to work on strategies for measuring satisfaction with the work environment on an annual basis.</p>	<p>Continue recruitment efforts targeted on minority and male faculty members. Finalize plans for measuring faculty and staff satisfaction annually.</p>
<p>Year 2</p> <p>One additional minority faculty member joined the College full-time. No additional male faculty were hired full-time. Faculty and staff satisfaction with the work environment was not assessed. Faculty Council continues to work on strategies for measuring satisfaction with the work environment on an annual basis.</p>	<p>Continue recruitment efforts targeted on minority and male faculty members. Finalize plans for measuring faculty and staff satisfaction annually.</p>
<p>Year 3</p> <p>One additional international faculty member, who is also a male, joined the College full-time. Faculty Council continues to work on strategies for measuring satisfaction with the work environment on an annual basis.</p>	<p>Continue recruitment efforts targeted on minority and male faculty members. Finalize plans for measuring faculty and staff satisfaction annually.</p>
<p>Year 4</p>	

The number of international faculty members decreased, and there was no change in the number of male faculty members. Faculty Council is working with dean on strategies for assuring faculty satisfaction with the work environment.

Year 5

Continue recruitment efforts targeted on minority and male faculty members. Finalize plans for measuring faculty and staff satisfaction annually.

Unit Objective	CON Objective 4.2 Promote student, faculty, and staff understanding of, and respect for, diversity.
Related Goals/Metrics	<p>CON Metric 4.2-1 Strive to maintain level of performance on UK Climate for Learning Survey item "Faculty and staff work proactively to remove barriers to success for diverse student populations."</p> <p>CON Metric 4.2-2 The number of active international partnerships will increase by 20% and stabilize at 25 or greater.</p> <p>CON Metric 4.2-3 The number of students engaged in UK supported international experiences (beyond US borders) will increase by 20%.</p> <p>UK Goal 4. Promote Diversity and Inclusion</p>
Related Mission Area	Overall

Strategies (Not Required)

- Strategy 4.2.1 Assure that the value of diversity is integrated into nursing curriculum and co-curricular activities.
- Strategy 4.2.2 Seek opportunities with funding to engage students and faculty in formal international and inter-cultural opportunities, both on-campus and in regional, national, and international settings.
- Strategy 4.2.3 Identify and use community, university and medical center resources that support student, faculty, and staff understanding of diversity and culturally competent care.

Assessment Method

Track student response on UK Climate for Learning Survey targeted item as well as number of active international partnerships and number of students engaged in UK supported international experiences.

Actual Results

Data Tables

Year 1

1st year Strategic Plan 2009 UK Climate for Learning Survey item #18 UK Mean 3.48 (2,705 respondents) and College of Nursing mean 3.66 (279 respondents).

Benchmark 2008-2009 partnerships totaled 12

- *Shoulder to Shoulder, Ecuador, H. Feld, S. Warden, K. Ashford*
- *PUCE, Quito, S. Warden*
- *PUCE, Santo Domingo, S. Warden*
- *Manipal University, India, S. Prevost*
- *Princess Nora University, Saudi Arabia, J. Kirschling and P. Burkhart*
- *Wolverhampton University, England, M. Hardin-Pierce*
- *Trinity College, Ireland, D. Moser*
- *University of Technology, Sydney, Australia, D. Moser*
- *University of Sterling, Scotland, D. Moser, T. Lennie, M. Chung*
- *Taiwan National University, D. Moser*
- *Queen's University, Ireland, S. Frazier*
- *Prince Songkla University, Thailand, L. Hall*

2009-2010 partnerships totaled 19 [increased by 63% from benchmark year]:

- Shoulder to Shoulder, Ecuador S. Warden, K. Ashford, K. Wheeler
- PUCE, Quito, Ecuador S. Warden
- PUCE, Santo Domingo, Ecuador S. Warden
- Manipal University, India S. Prevost
- Wolverhampton University,, England M. Hardin-Pierce
- Trinity College, Ireland D. Moser
- University of Technology, Sydney, Australia D. Moser
- University of Sterling, Scotland D. Moser, T. Lennie, M. Chung
- Taiwan National University, D. Moser
- Birzeit University, Palestine, J. Kirschling and S. Prevost
- University of Tarapaca, Chile A. Quelopana
- University of Michoacan, Mexico via NKU P. Burkhart,
- Seoul National University, Republic of Korea, D. Moser T. Lennie, M. Chung
- Daegu University, Republic of Korea D. Moser, T. Lennie, M. Chung
- Yonsei University, Republic of Korea D. Moser, T. Lennie, M. Chung
- International Nurse Faculty Migration Team S. Prevost,
- University of KwaZulu-Natal, South Africa K. Moore
- Queen's University, Ireland S. Frazier
- Prince Songkla University, Thailand, L. Hall

Benchmark 2008-2009 2 nursing students participated in Shoulder to Shoulder

1st year Strategic Plan 2009-2010 3 nursing students participated in Shoulder to Shoulder

Year 2

2010-2011 partnerships totaled 26 [demonstrating an increase of 37% from the previous year]

2010-2011 partnerships totaled 26 [demonstrating and increase of 117% during the years of the current strategic plan]:

- University of Technology, Australia, D. Moser
- Global Alliance for Nsg. Educ. & Science (GANES), Australia, Canada, N.Zealand, UK, US, J. Kirschling
- University of Tarapaca, Chile, A. Quelopana
- Shoulder to Shoulder, Ecuador, K. Ashford, H. Feld, K. Moore, G. Mudd, K. Wheeler
- PUCE, Ecuador (Quito), G. Mudd, S. Prevost
- PUCE, Ecuador (Santo Domingo), G. Mudd, S. Prevost
- Wolverhampton University, England, M. Hardin-Pierce
- Manipal University, India, S. Prevost
- Trinity College, Ireland, D. Moser
- Queen's University, Ireland, S. Frazier
- Ulster University, Ireland, D. Moser
- World Academy of Nursing Science, Japan, Korea, China, S. Prevost
- American University of Beirut, Lebanon, D. Moser
- University of Michoacan, Mexico, P. Burkhart
- Casa Latina, Mexico, G. Mudd
- Aga Khan University, Pakistan, D. Moser
- Birzeit University, Palestine, J. Kirschling, S. Prevost
- Seoul National University, Republic of Korea, D. Moser, T. Lennie, M. Chung
- Daegu University, Republic of Korea, D. Moser, T. Lennie, M. Chung
- Yonsei University, Republic of Korea, D. Moser, T. Lennie, M. Chung
- University of Sterling, Scotland, D. Moser, T. Lennie, M. Chung
- University of KwaZulu-Natal, South Africa, K. Moore
- International Council of Nurses, Switzerland, S. Prevost
- International Council of Nurses, Switzerland, K. Wheeler
- Taiwan National University, Taiwan, D. Moser
- Prince Songkla University, Thailand, L. Hall

2010-2011 6 nursing students participated in Shoulder to Shoulder [increase of 200% over previous year, although number of students involved remains small]

Year 3

2011-2012 no additional UK Climate for Learning Survey data to report.

2011-2012 partnerships totaled 26 [117% increase over the baseline number and consistent with target of 25, met):

- University of Technology, Australia, D. Moser
- Global Alliance for Nsg. Educ. & Science (GANES), Australia, Canada, N. Zealand, UK, US, J. Kirschling
- International Council of Nurses, K. Wheeler
- Sigma Theta Tau International, S. Prevost, K. Ashford, D. Welsh
- University of Tarapaca, Chile, A. Quelopana
- Shoulder to Shoulder, Ecuador, K. Ashford, M. Aleshire, H. Feld, K. Moore, G. Mudd, K. Wheeler
- PUCE, Ecuador (Quito), G. Mudd, S. Prevost
- PUCE, Ecuador (Santo Domingo), G. Mudd, S. Prevost
- Trinity College, Ireland, D. Moser
- Queen's University, Ireland, S. Frazier
- Ulster University, Ireland, D. Moser
- World Academy of Nursing Science, Japan, Korea, China, S. Prevost
- American University of Beirut, Lebanon, D. Moser
- University of Michoacan, Mexico, P. Burkhart
- Casa Latina, Mexico, G. Mudd
- Aga Khan University, Pakistan, D. Moser
- Seoul National University, Republic of Korea, D. Moser, T. Lennie, M. Chung
- Daegu University, Republic of Korea, D. Moser, T. Lennie, M. Chung
- Yonsei University, Republic of Korea, D. Moser, T. Lennie, M. Chung
- University of Sterling, Scotland, D. Moser, T. Lennie, M. Chung
- University of KwaZulu-Natal, South Africa, K. Moore
- International Council of Nurses, Switzerland, S. Prevost
- International Council of Nurses, Switzerland, K. Wheeler
- Taiwan National University, Taiwan, D. Moser
- Prince Songkla University, Thailand, L. Hall
- World Health Organization, S. Prevost

2011-2012 11 nursing students participated in Shoulder to Shoulder brigades during the summer of 2012. These students also participated in a new Interprofessional Course to prepare them for the experience [met]

Year 4

2012-2013, No additional UK Climate for Learning Survey data to report.

2012-2013, Partnerships totaled 26 [the same number as last year; demonstrating a 117% increase over the baseline number].

- *International PeriAnesthesia Nurses Association – J Forren.*
- *University of Technology, Australia, D. Moser*
- *Global Alliance for Nsg. Educ. & Science (GANES), Australia, Canada, N.Zealand, UK, US, J. Kirschling*
- *International Council of Nurses, K. Wheeler*
- *Sigma Theta Tau International, S. Prevost, K. Ashford, D. Welsh*
- *University of Tarapaca, Chile, A. Quelopana*
- *Shoulder to Shoulder, Ecuador, K. Ashford, M. Aleshire, H. Feld, K. Moore, G. Mudd, K. Wheeler*
- *PUCE, Ecuador (Quito), G. Mudd, S. Prevost, D. Anderson*
- *PUCE, Ecuador (Santo Domingo), G. Mudd, S. Prevost*

- *Trinity College, Ireland, D. Moser, M. Biddle*
- *Queen's University, Ireland, S. Frazier*
- *Ulster University, Ireland, D. Moser*
- *World Academy of Nursing Science, Japan, Korea, China, S. Prevost*
- *American University of Beirut, Lebanon, D. Moser*
- *Casa Latina, Mexico, G. Mudd*
- *Aga Khan University, Pakistan, D. Moser*
- *Seoul National University, Republic of Korea, D. Moser, T. Lennie, M. Chung*
- *Daegu University, Republic of Korea, D. Moser, T. Lennie, M. Chung*
- *Yonsei University, Republic of Korea, D. Moser, T. Lennie, M. Chung*
- *University of Sterling, Scotland, D. Moser, T. Lennie, M. Chung*
- *University of KwaZulu-Natal, South Africa, K. Moore*
- *International Council of Nurses, Switzerland, S. Prevost*
- *International Council of Nurses, Switzerland, K. Wheeler*

- *Taiwan National University, Taiwan, D. Moser*
- *Prince Songkla University, Thailand, L. Hall*
- *World Health Organization, S. Prevost*

2012-2013, 13 nursing students registered to participate in Shoulder to Shoulder brigades during the summer of 2013. Our students also participated in the Interprofessional Teambuilding Course to prepare them for the experience. Additionally, 9 other nursing students participated in UK study abroad courses during the current year, for a total of 22 students engaging in UK supported international experiences.

Year 5

Analysis of Results and Reflection	Improvement Actions
<p>Year 1</p> <p>The College's international partnerships increased by 63%; however, the extent of the partnerships varied from initial inquiries to active involvement. Student involvement in UK supported international experiences remains very small.</p>	<p>Assess College's readiness to actively engage in international partnerships and continue to pursue nursing student involvement in UK supported international experiences.</p>
<p>Year 2</p> <p>The College's international partnerships increased by 37%; however, the extent of the partnerships varied from initial inquiries to active involvement. Student involvement in UK supported international experiences remains very small.</p>	<p>Assess College's readiness to actively engage in international partnerships and continue to pursue nursing student involvement in UK supported international experiences.</p>
<p>Year 3</p> <p>The College's international partnerships remained stable at 25. Student involvement in UK supported international experiences remains small but is increasing.</p>	<p>Assess College's readiness to actively engage in international partnerships and continue to pursue nursing student involvement in UK supported international experiences.</p>
<p>Year 4</p> <p>The College's international partnerships remained stable at 26. Student involvement in</p>	<p>Assess College's readiness to actively engage in international partnerships and continue</p>

UK supported international experiences remains small but is increasing.

Year 5

to pursue nursing student involvement in UK supported international experiences.

Unit Objective	CON Objective 5.1 Engage the College in service to the University, state, region, and nation.
Related Goals/Metrics	<p>CON Goal 5. Enhance the health and quality of life of Kentuckians.</p> <p>CON Metric 5.1-1 At least 4 College of Nursing continuing education programs will be provided annually by nursing faculty to areas beyond Fayette County.</p> <p>CON Metric 5.1-2 Increase by 25% the number of faculty participating in community engagement initiatives.</p> <p>CON Metric 5.1-3 Develop at least one new UK community collaborative with an external stakeholder.</p> <p>UK Goal 5. Improve the Quality of Life of Kentuckians through Engagement, Outreach, and Service.</p>
Related Mission Area	Service

Strategies (Not Required)

- Strategy 5.1.1 Offer high quality continuing education.
- Strategy 5.1.2 Promote collaboration with nurse faculty and clinicians across the Commonwealth through the provision of continuing education offerings focused on evidence-based practice.
- Strategy 5.1.3 Work collaboratively with other Kentucky colleges, universities, health care agencies and institutions, other organizations, and policymakers to shape the future of nursing in Kentucky.
- Strategy 5.1.4 Support faculty and staff involvement in community engagement initiatives.
- Strategy 5.1.5 In collaboration with other colleges, organize activities that engage the community in healthy ways.

Assessment Method

Tracking continuing education offerings, faculty involvement in community engagement initiatives, and development of new community collaborative with external stakeholders.

Actual Results

Data Tables

Descriptive Results

Year 1

Benchmark 2008-2009 4 live CE programs were provided by nursing faculty to audiences beyond Fayette County

2009-2010 6 live CE programs were provided by nursing faculty to audiences beyond Fayette County; 3 additional live CE programs were planned for locations beyond Fayette County, but had to be cancelled due to low registration [met]

Benchmark 2008-2009 19 nursing faculty reported community engagement initiatives through the 2008-2009 UK engagement survey

1st year Strategic Plan 2009-2010: 21 nursing faculty reported community engagement initiatives through the 2009-2010 UK engagement survey, a 9.5% increase for the first comparative year in the current strategic plan

2009-2010 community engagement initiatives will be collected and reported during the university's Fall, 2010 survey process

2009-2010 One new community collaborative was established; the Community-Based Education Model for Cardiovascular Risk Reduction in Rural Appalachian Kentucky by the RICH Heart Team was selected and funded as one of UK's Commonwealth Collaborative Projects [met]

Year 2

2010-2011 5 live CE programs were provided by nursing faculty to audiences beyond Fayette County; 4 Nursing Grand Rounds sessions were broadcast across the state, and a graduate nurse residency program with a CE component is being provided to rural hospitals across Kentucky (met).

2010-2011 30 nursing faculty reported community engagement initiatives through the 2010-2011 UK engagement survey, a 42.9% increase over the first year in the current strategic plan (2009-2010)

2010-2011 data on nursing faculty community engagement not available at this time.

2010-2011 no new projects were funded by the UK Commonwealth Collaboratives program during the past year.

Year 3

2011-2012 Sixteen live CE programs were provided by nursing faculty to audiences beyond Fayette County; 6 Nursing Grand Rounds sessions

and 8 Emergency Care sessions were broadcast across the state via telehealth, a graduate nurse residency program with CE components was piloted with 4 small, rural hospitals across Kentucky, a Cardiovascular Program on the “Kentucky Uglies” was provided in Pikeville and then statewide via digital content on the web (met).

2011-2012 40 nursing faculty (and 6 CON staff) reported community engagement initiatives through the 2010-2011 UK engagement survey, a 90.5% increase in faculty participation over the first year in the current strategic plan (met)(UK engagement survey will no longer be done.)

-2012 no new projects were funded by the UK Commonwealth Collaborative program during the past year.

Year 4

2012-2013, 6 live CE programs were provided by nursing faculty to audiences beyond Fayette County; 4 Nursing Grand Rounds sessions, 19 Emergency Care sessions, 4 Alzheimer’s sessions and 8 Clinical and Translational Science sessions were broadcast across the state via telehealth. 21 statewide via digital content sessions were provided on the web.

2012-2013, During the past year the university closed the division of community engagement and discontinued the UK engagement survey, which has previously been used as the data source for this metric; however, according to our Digital Measures System -35 nursing faculty reported involvement in community engagement activities.

2012-2013, No new projects were funded by the UK Commonwealth Collaborative program during the past year and the program is no longer available.

Year 5

Analysis of Results and Reflection	Improvement Actions
<p>Year 1</p> <p>Target for offering continuing education programs beyond Fayette County was exceeded with 6 offerings. A new community collaborative – Community-Based Education Model for Cardiovascular Risk Reduction in Rural Appalachian Kentucky – was initiated.</p>	<p>Continue to offer continuing education through the Commonwealth, support faculty in existing and new community collaborative with external stakeholders, and encourage faculty to report engagement activities via UK’s Engagement Measurement Instrument (EMI).</p>
<p>Year 2</p> <p>Target for offering continuing education programs beyond Fayette County was met. Additional community collaboratives were not established.</p>	<p>Continue to offer continuing education through the Commonwealth, support faculty in existing and new community collaborative with external stakeholders, and encourage faculty to report engagement activities via UK’s Engagement Measurement Instrument (EMI).</p>
<p>Year 3</p> <p>Target for offering continuing education programs beyond Fayette County was met. Additional community collaboratives were not established.</p>	<p>Continue to offer continuing education through the Commonwealth, support faculty in existing and new community collaborative with external stakeholders, and encourage faculty to report engagement activities via UK’s Engagement Measurement Instrument (EMI).</p>
<p>Year 4</p> <p>Target for offering continuing education programs beyond Fayette County was met. Additional community collaboratives were not established.</p>	<p>Continue to offer continuing education through the Commonwealth, support faculty in existing and new community collaborative with external stakeholders, and encourage faculty to report engagement activities via UK’s Engagement Measurement Instrument (EMI).</p>
<p>Year 5</p>	

Unit Objective	CON Objective 5.2 Promote the College within Kentucky and regionally, nationally, and internationally.
Related Goals/Metrics	CON Goal 5. Enhance the health and quality of life of Kentuckians. CON Metric 5.2-1 Sustain the number of health-related committee, board, or leadership positions external to the College held by nursing faculty. UK Goal 5. Improve the Quality of Life of Kentuckians through Engagement, Outreach, and Service.
Related Mission Area	Overall

Strategies (Not Required)

- Strategy 5.2.1 Provide visible leadership in statewide organizations and initiatives that address health and health care needs in Kentucky
- Strategy 5.2.2 Prioritize key University, state, regional, national, and international education, research and clinical meetings for faculty and student presentations and attendance to assure College's visibility
- Strategy 5.2.3 Facilitate and support faculty appointment to key University, local, state, national and international organizations boards, review committees, etc.
- Strategy 5.2.4 Market programs and accomplishments of faculty and students

Assessment Method

Track number of health-related committee, board, or leadership positions external to the College held by nursing faculty.

Actual Results

Data Tables

Descriptive Results

Year 1

Benchmark 2008-2009 Nursing faculty held 104 leadership positions on health-related committees, boards, or offices external to the College

1st year Strategic Plan 2009-2010 Nursing faculty held 179 leadership positions on health-related committees, boards, or offices external to the College [increased 72% from benchmark, met]

Year 2

2010-2011 Nursing faculty held 199 leadership positions on health-related committees, boards, or offices external to the College [increased 11.2% from previous year, met]

Year 3

2011-2012 Nursing faculty held 220 leadership positions on health-related committees, boards, or offices external to the College [increased 10.5 % from previous year].

Year 4

2012-2013, Nursing faculty reported holding 108 leadership positions on health-related committees, boards, or offices external to the College, which is slightly higher than the number (104) reported in our baseline year [NOTE – this current number represents the leadership positions reported via the Digital Measures System; and it DOES NOT include – service as a reviewer of journal articles, abstracts, or books, nor does it include membership in professional or community organizations – without holding a leadership role.

Year 5

Analysis of Results and Reflection	Improvement Actions
<p>Year 1</p> <p>Nursing faculty are actively engaged in health-related committees, boards, and leadership positions external to the College (179 positions).</p>	<p>Continue to actively engage in leadership positions.</p>
<p>Year 2</p> <p>Nursing faculty are actively engaged in health-related committees, boards, and leadership positions external to the College (199 positions).</p>	<p>Continue to actively engage in leadership positions.</p>
<p>Year 3</p> <p>Nursing faculty are actively engaged in health-related committees, boards, and leadership positions external to the College (220 positions).</p>	<p>Continue to actively engage in leadership positions.</p>
<p>Year 4</p> <p>Nursing faculty are actively engaged in health-related committees, boards, and leadership positions external to the College.</p>	<p>Continue to actively engage in leadership positions.</p>
<p>Year 5</p>	

Unit Objective	CON Objective 5.3 Enhance the excellence and sustainability of the College's clinical initiatives within UK HealthCare and the larger community.
Related Goals/Metrics	CON Goal 5. Enhance the health and quality of life of Kentuckians. CON Metric 5.3-1 Increase the margin of practice revenue over expenses. CON Metric 5.3-2 Increase faculty FTE funded by UK HealthCare. UK Goal 5. Improve the Quality of Life of Kentuckians through Engagement, Outreach, and Service.
Related Mission Area	Service

Strategies (Not Required)

- Strategy 5.3.1 Clarify and address practice financial incentives and release time.
- Strategy 5.3.2 Support faculty practice by securing funding.
- Strategy 5.3.3 Evaluate practice initiatives in relation to College's mission and strategic plan.
- Strategy 5.3.4 Increase College's visibility with in UK HealthCare.

Assessment Method

Track practice revenue over expense and number of faculty FTE funded by UK HealthCare.

Actual Results

Data Tables

Descriptive Results

Year 1

- Benchmark 2008-2009 practice income \$1,005,572 and practice expense \$1,004,461 for a margin of \$1,111

1st year Strategic Plan 2009-2010 practice income \$1,354,380 and practice expense \$1,189,749 for a positive margin of \$164,631 [this includes a \$134,000 grant from the Good Samaritan Foundation to support our practices which will not be funded next year] [increased over benchmark]

Benchmark 2008-2009 7 faculty FTE funded by UK HealthCare

1st year Strategic Plan 2009-2010 7 faculty FTE funded by UK HealthCare [remained same]

Year 2

2010-2011 \$1,523,332.20 and a practice expense \$1,635,071.99 for a margin of -\$111,739.79. [As anticipated, this was our first year of operating the Good Samaritan Nursing Center without grant funding support from the Good Samaritan Foundation, resulting in a significant reduction of income compared to the expenses for that group.]

2010-2011 10.27 FTE funded by UK Health Care, an increase of 3.27 FTE.

Year 3

2011-2012 year to date practice income was \$1,231,736 and practice expense was \$1,279,056 for a negative margin of \$47,320 [not met, while this margin remains negative, it is significantly improved over last year]

2011-2012 10.56 FTE funded by UK HealthCare [increased .14 FTE since last year and 3.56 FTE since 2009-2010.

Year 4

2012-2013, As of June 30, 2013, practice income was \$1,098,948.83 and practice expense was \$1,125,296.67 for a negative margin of \$26,347.84. This demonstrates a \$20,464.82 improvement over last year. Although we are continuing to operate at a deficit since losing our funding from the Good Samaritan Foundation, our margin has improved again this year.

2012-2013, 8.75 FTE funded by UK HealthCare[increase of 1.75 from baseline, decrease of 1.8 FTE from last year].

Year 5

Analysis of Results and Reflection	Improvement Actions
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Year 1

Practice revenue increased over expense. FTE funded by UK Health Care remained unchanged.

Improvement Actions

Continue to pursue practice revenue strategies and opportunities for faculty FTE funded by UK Health Care.

Year 2

As expected, practice expense exceed revenue due to loss of grant funding. Faculty FTE funded by UK HealthCare increased by 3.27 FTE.

Improvement Actions

Continue to pursue practice revenue strategies and opportunities for faculty FTE funded by UK Health Care.

Year 3

As expected, practice expense exceed revenue due to loss of grant funding. Faculty FTE funded by UK HealthCare increased by 3.56 FTE since 2009-2010.

Improvement Actions

Continue to pursue practice revenue strategies and opportunities for faculty FTE funded by UK Health Care.

Year 4

As expected, practice expense exceed revenue due to loss of grant funding. Faculty FTE funded by UK HealthCare increased by 1.75 FTE since 2009-2010.

Improvement Actions

Continue to pursue practice revenue strategies and opportunities for faculty FTE funded by UK Health Care.

Year 5