

Initial Report 81 Responses

Last Modified: 04/29/2015

1. Please select your program

#	Answer	Response	%
1	Institute of Rural Health	1	1%
2	College of Pharmacy	17	24%
3	Counseling	4	6%
4	Dietetics	4	6%
5	Health Care Administration	1	1%
6	Health Education	1	1%
7	Medical Lab Science	2	3%
8	Paramedic Science	0	0%
9	Public Health	0	0%
10	Radiographic Science	0	0%
11	Dental Hygiene	9	13%
12	Dental Sciences	2	3%
13	Family Medicine	2	3%
14	Physician Assistant Studies	5	7%
15	Communication Sciences and Disorders	7	10%
16	Physical and Occupational Therapy	2	3%
17	Nursing	9	13%
18	Idaho Center for Research	0	0%
19	Audiology	3	4%
20	Speech Language Pathology	1	1%
21	Sign Language Interpreting	0	0%
22	Click to write Choice 22	0	0%
	Total	70	100%

Statistic	Value
Min Value	1
Max Value	20
Mean	9.63
Variance	39.19
Standard Deviation	6.26
Total Responses	70

2. Please select your rank

#	Answer	Response	%
1	Professor	10	15%
2	Clinical Professor	4	6%
3	Associate Professor	13	19%
4	Clinical Associate Professor	6	9%
5	Assistant Professor	16	24%
6	Clinical Assistant Professor	16	24%
7	Instructor	2	3%
8	Clinical Instructor	1	1%
	Total	68	100%

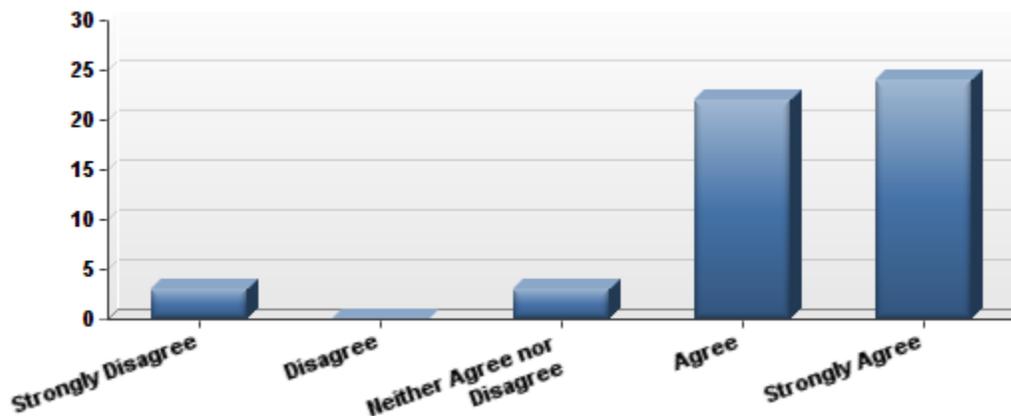
Statistic	Value
Min Value	1
Max Value	8
Mean	4.10
Variance	3.47
Standard Deviation	1.86
Total Responses	68

3. Please select your status

#	Answer	Response	%
1	Tenured	20	30%
2	Clinical	32	48%
3	Tenure-Track	14	21%
	Total	66	100%

Statistic	Value
Min Value	1
Max Value	3
Mean	1.91
Variance	0.51
Standard Deviation	0.72
Total Responses	66

4. My teaching was of high quality.



#	Answer	Response	%
1	Strongly Disagree	3	6%
2	Disagree	0	0%
3	Neither Agree nor Disagree	3	6%
4	Agree	22	42%
5	Strongly Agree	24	46%
	Total	52	100%

Statistic	Value
Min Value	1
Max Value	5
Mean	4.23
Variance	1.00
Standard Deviation	1.00
Total Responses	52

5. I could have been a more effective teacher if I: (Please comment)

Text Response

Had a department that was supportive of my efforts.

had not been forced to teach totally online

Had more support from administrative assistant throughout the academic year.

I was as organized in the last 3rd of the semester as compared to the first two thirds

had less thesis students

My teaching was adequate, but it was not a priority this semester

had more time to update and modify curriculum and course

Had more time to prepare

I had more time to research current topics.

Had time for creative scholarly activity

Transitioned more of my material to richly illustrated interactive online content and developed active learning activities that address my higher level learning objectives.

utilized more technologies perhaps

The university had an excellence of teaching center to use as a resource center for design and delivery etc.

I had more time to be creative and prep new material.

I hadn't had so many competing priorities; team members had completed their responsibilities

Learning to implement electronic devices into classroom lectures. I did have students do activities on these devices but they also used them to access Facebook and other social media sites during lecture.

If I had more time to invest in preparation.

Had more time to improve teaching pedagogy

I was more experienced providing DL courses.

Had less committee work as well as search for new faculty made more difficulty by HR.

Had known a few things were required for the course I taught

I had more time to prepare courses and less administrative duties

I had more support from the School of Nursing and/or the Division of Health Sciences. Our computers are archaic, we have only one printer for all faculty that consistently has a black line down the side, our phones cannot be conference phones so we have to use our own cellphones, we have no classrooms, 2 of our mannequins in the simulation lab do not work because administration did not allow warranties to be paid so now they are out of warranty, only four years old and don't work, the 'state of the art' sim lab is barely a skills lab with mannequin arms and wooden forms for practicing basic nursing skills, I had ANY training/support/education of how to teach an online class of 70 to 100 students, in 2 different learning groups (traditional students vs. accelerated students), with, as aforementioned, very, very little technology support in terms of actual hardware, and then no time to prepare for classes. WE were expected to 'get the class ready to go online' WITH a teaching load of 10 WEU, that includes two 12 hour days in the clinical setting. We are given no travel reimbursement for anywhere we go outside of Pocatello so we can't visit our students.

Had a lighter overall workload.

Had more time to prepare.

No issues.

I will continue to try and encourage students to come to lecture prepared for discussion and interaction to discourage only passive learning.

integrated more technology and evidence-based writing assignments

Used more innovative delivery of lecture information

Had more time to prep for new courses

have more practice

Excessive committee work. Failed searches for replacement faculty (5 positions) due largely to administrative delays in authorization to advertise/interview/hire. Fewer faculty have to assume additional teaching burdens without adequate time to prepare.

....had more time

Statistic	Value
Total Responses	33

6. The DHS could help me be a more effective teacher by: (Please comment)

Text Response

Intervening more quickly in a program that is failing

Offering more courses in technology skills; organization of electronic documents.

Not a DHS problem... it's my pathetic time management

Allowing me to teach my areas of expertise primarily in interdisciplinary clinical settings

more time and more structured access to peer mentoring or collaboration

Allowing more time for preparation and mentoring from more seasoned faculty

providing workshops on adult learning, test creation

Providing teaching assessment and mentorship (such as existed under Dr. Bowen's tenure).

Providing ready access to an instructional designer and/or instructional technologist to assist with planning out and implementing the upgrades mentioned in the previous comment. ITRC does not currently have the resources to serve us that way. (I'm told that BYU currently has one instructional designer for every three faculty.)

faculty development on utilizing social media (i.e. twitter) and other technologies (i.e. video streaming) in the course

Helping the university create an excellence of teaching center to help develop peer-review standards and practices, the philosophy of question development, design and delivery enhancements

Quit applying institutional red tape to me and expectations that don't help my students.

re-evaluate workload document

I really enjoyed the first Friday workshops. Maybe we could have one on engaging millennial students in the classroom.

None

We had better technology for DL.

Keep HR and fiscal from micro-managing so much.

Providing more administrative support

Valuing teaching as equally important as scholarship

Could even slightly, even a TINY bit, attempt in any possible way to understand nursing education, clinical nursing education. Because right now it appears you have NO IDEA what it takes, involves, or any idea of the support needed.

Not sure at this time.

It is my responsibility to be effective and to seek out resources as necessary. I appreciate the support from the Division.

No issues.

There was a master schedule each year of dates for each class for each module to make it easier to keep track of what each class has been taught in the curriculum. Right now, the only schedules are module-specific, so it makes it difficult to orient yourself to where the students are in their curriculum.

Having a Center for Teaching and Learning so faculty can have access to educational methodology resources

Just keep supporting!

NA

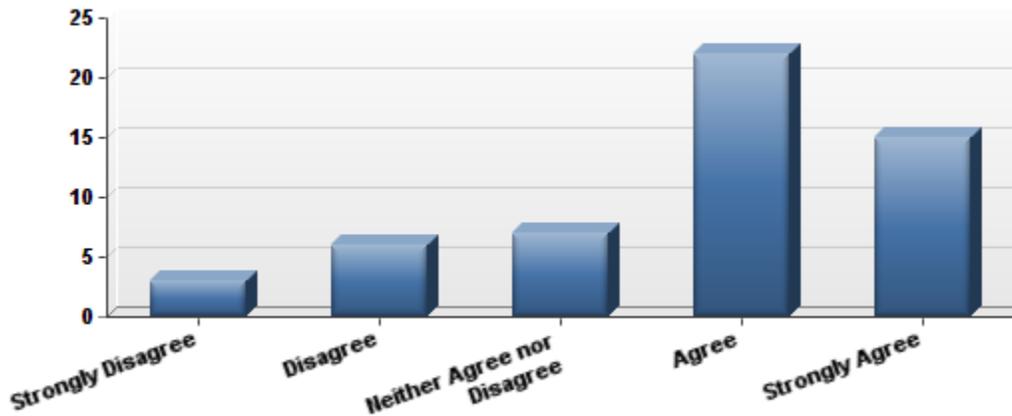
provide basic teaching styles & assessment training

communicating my administrative concerns up the line and helping to facilitate timely hiring

...supporting more positions (TA and new faculty) to cover increasing class loads.

Statistic	Value
Total Responses	30

7. My scholarly activity was as expected given the type of faculty position I hold (clinical or tenure-track) and my rank.



#	Answer	Response	%
1	Strongly Disagree	3	6%
2	Disagree	6	11%
3	Neither Agree nor Disagree	7	13%
4	Agree	22	42%
5	Strongly Agree	15	28%
	Total	53	100%

Statistic	Value
Min Value	1
Max Value	5
Mean	3.75
Variance	1.34
Standard Deviation	1.16
Total Responses	53

8. I could have been more productive in scholarly activity if I: (Please comment)

Text Response
mentoring was available
Collaborated more with academic faculty and has more support in statistical analysis.
I had a few less non-scholarly-activities
had less administrative work and thesis students
Had someone to play with the clinical data available to me who has expertise in database informatics and interest in clinical outcomes.
had less time in clinic or fewer administrative duties
Had more time
didn't have an administrative role
Had more time to devote to research
Had more time.
Had access to some additional specialized performance measurement devices or systems.
statistician to help design statistical analysis plan for grant work that is timely and efficient
Had a statistician through the ICHR, not the consultants.
Quit applying institutional red tape to me and expectations that don't help my students.
I was very productive
I presented a workshop at a national meeting this year based on my Thesis studies so I feel I was productive. I could see where time would be an issue especially with all the other responsibilities faculty have.
don't know
I had a lighter teaching load.
time management
If I had more time
I had more time to devote to this activity
Didn't have any other life
Had a lighter overall workload.
Had more time.
No issues.
Had a mentor
Had more allocated time during the week
Had more time to do research!
wanted to be involved in research but I refer clinical treatment and helping people to research
need more time dedicated to scholarship
NA
Non tenure track n/a
Had less committee work and less additional teaching required
...had more time.

Statistic	Value
Total Responses	34

9. The DHS could help me be more productive in scholarly activity by: (Please comment)

Text Response
providing mentors
Dedicated statistician in the DHS
Not a DHS problem... it's my pathetic time management
The DHS has been very supportive
Had someone to play with the clinical data available to me who has expertise in database informatics and interest in clinical outcomes.
Encourage and reward research faculty to include clinical faculty in research and scholarly activities, encourage the inclusion of translational research projects that take bench science into the clinical environment, apply it and evaluate the effectiveness the applied activities
More mentoring in the process
No suggestions--the resources are in place, just need the time to make use of them
Not requiring that I have a full caseload clinically, full service and produce research without the time for creative scholarly.
Providing some funds for needed equipment. Refilling the statistician position.
Helping find, or having access to division wide funding opportunities.
would like consultant to assist with research design and plan for implementation
Hiring a fulltime statistician.
Better guidance on what to do but then I would need time to be part of this which I don't have time for.
Having a statistician
Blocking out time specifically for this activity. I know I had to do everything on my own time before and after work hours or lunch hours.
don't know
It would be really helpful if we could improve the process for research- it seems really disjointed - IRB was quick and wonderful but it was so hard to navigate how to get Qualtrics, etc.
Keep fiscal folks out of micromanaging everything.
Statistician
By making the School of Nursing appreciate and use the DHS's Creative Scholarly work ideas sheet, instead of having them just make up their own ideas to serve their purpose of setting me up for failure so that the Dean can find me not meeting expectations
Not sure at this time.
It seems DHS supports scholarly activity. Not sure if there is anything that would help my productiveness.
No issues.
Providing a master schedule of all the studies/projects current within the College of Pharmacy that may be joined.
Having a full-time (12-month) statistician
A provided Statistician was available year around for research studies and data analysis
Non tenure track n/a
communicating my administrative concerns up the line and helping to facilitate timely hiring
...supporting more positions (TA and new faculty) to cover increasing class loads.

Statistic	Value
Total Responses	30

10. Interprofessional education (IPE) could be enhanced across the DHS by: (Please comment)

Text Response

providing mentors or a Dean that thought this was important

More release time for interprofessional activity. Increased opportunities for socializing with faculty in other departments on both campuses. More continuing education at conferences that have an interprofessional focus.

All programs requiring each student to earn IPE experience.

still too many silos with some programs

I think sometimes it is coming up with a good idea for IPE that hangs us up. How about repository (Moodle page???) that has a list of brainstorm ideas for IPE? Just a thought

Forcing each program to identify 3 courses that are appropriate to be taught as interprofessional courses, then forcing programs to identify coordinators and team teach them broadening the opportunities for interaction outside one's own program, organize IPE projects and communicate in a timely fashion to all involved

Activities and case studies where students and faculty from various departments work as a team

Consolidating facilities to put faculty of the various programs in proximity of each other

Assigning (and paying for) one highly motivated person to run it. Right now we have a few faculty champions but these folks are stretched thin. This concept is important to all of us (and our accreditation processes) - so it needs to be taken seriously. You need someone who can plan each event 6 months in advance, get input from each program, and have the funds available to make it fly.

Somehow magically easing scheduling conflicts among the various professional programs.

development of more online courses applicable across DHS program curricula - i.e. stats classes at graduate level online

Having the DHS IPE committee create guidelines, opportunities, and marketed initiatives.

Please realize that I was doing this well before the DHS thought this was an important thing.

I feel the IET team evaluations were a great experience for students. It would be great if we could incorporate these activities for both Fall and Spring semesters. I would like to see more interprofessional rotations but know it is difficult because every health profession has different clinic hours.

more advertisement of different programs needs

Providing Continued Medical Education certification

Opportunities to meet and interact

More real patient case studies with real pathologies and the importance of working as team for better patient care. Also a senior level position needs to be created with funding as well.

Doing a good job here

Recognizing the IPE activities that have been taking place for some time on Pocatello campus and learn from them

Actually having it taken seriously. Nothing will be done until WEU is given. The Dean of the School of Nursing's multiple attempts all year, actually for the past 2 years, including forcing out the last professor, to end, destroy, discredit, not allow, ridicule, and actually freak out in a faculty meeting that they are not to go on ANYMORE... the IPE project with multiple other ISU and state organizations, through the diabetic education/'foot clinics' ...didn't help either.

Not sure at this time.

I appreciate the Division trying to support the concept of IPE and IPP. However, it seems many faculty and programs are not on the same page. I am not sure where the disconnect may be... It may be beneficial to introduce the Core Competencies to establish value before trying to make professionals move out of their comfort zone. Rather than be proactive and have a well-organized plan, it seems we reacted to the current IPE/IPP movement.

Knowing what is going on in all the departments/colleges.

Developing interprofessional core courses

I think we are doing better each semester! I participated in 3 events this semester that were interdisciplinary

joint course offerings in interdisciplinary topics like: ethics, quality, health care systems, literature interpretation/evidence-based practice, biostatistics

Having a year in advance calendar of all IPE throughout the university

understanding specific examples of possible collaborations

Authorizing and empowering someone within the division to oversee it. It will probably take additional money. Buy in from individual disciplines will be necessary.

Statistic	Value
Total Responses	31

11. Please list your ideas about increasing the quality, efficiency, cost effectiveness and student centeredness of the DHS: (Please comment)

Text Response

Entire program needs to be revamped and new leadership needs to be in place

Increased student workspace in Meridian.

As big as it is, DHS could really benefit by having a dedicated person/staff to assist with teaching. We have dedicated people for research and all sorts of other activities, but not really for teaching. Improving our instructional skills would address most of the elements of this list: quality, efficiency, cost effectiveness, and student centeredness.

Move someone in ISU accounting and the Office of research from Pocatello to Meridian who can actually assist in grants submission, generation of MOUs, sub-contracts, and in general negotiate ISU accounting, etc.

continue to provide faculty with the opportunity to work with student projects, support preceptorship and supervision of students with reasonable supervisor to student ratios, minimize the amount of paperwork/reporting and submission of redundant data collection freeing up more time to work with students

I think we have gotten further away from student-centered teaching with the demands of the institution. More opportunities for growth

This is a program by program undertaking. DHS-wide initiatives usually do not fit every program and are, therefore, inherently inefficient.

I believe faculty are unreasonably expected to be well versed in too many areas. Not only do they need to be content experts, they need to have expertise in instructional design and instructional technology.

increase salaries consistent with other universities that support productive faculty; want to take all qualified candidates - difficult to do with not having enough qualified faculty; must address compression

Concentrate on students and not institutional issues.

actively addressing the retention of faculty--the turnover increases stress in students, variability in quality and weakens our clinical site relationships

I think the quality, efficiency, cost-effectiveness, and student centeredness has to start at the department level. You need to have faculty and leaders that are working together and viewing students and parents as consumers of education. If that oneness is achieved at this level then it will be reflected at the DHS level. As far as ideas from the macro level of the DHS - activities or programs that center around the student as a consumer.

none

DHS continues to advance its emphasis on high-quality instruction and training, especially in its development of interprofessional practical experience.

Mentoring more, working as interprofessional student teams, and assessment of student achievement in teams.

Consider the students when looking at fee increases or extra charges;

Not sure at this time.

Balance is difficult to achieve. Overall, I think the DHS does a pretty good job.

health insurance with GAs is a big issue

Listen to student and preceptor feedback and act on it.

Improve the building infrastructures to make integration of new technology easier.

Well, the DH program is receiving fewer and fewer qualified applicants for admission to the BS program. Although this might be addressed with increased recruitment, for the current time, I strongly believe that when we accept students who have less stellar academic history, we set ourselves up to graduate RDH's who are not the quality our program normally produces. I recognize that numbers and \$ are a factor but it has been documented that the students who are not really ready for the rigorous academic requirements require more remediation, more faculty time in special sessions, and often are not graduating with the level of professional knowledge that I think the Idaho dentists have been accustomed to.

University support instead of expectation only
 be sure the students are being taught what they will need in their eventual practice area
 As it relates to interprofessional education, some disciplines go well together (e.g. physician assistants and pharmacists). Perhaps not all disciplines have to be involved together all the time. Concentrate on those which go well together.

Statistic	Value
Total Responses	26

12. Do our current Strategic Goals need to be adjusted? If so, in what way?

Text Response
Goals are fine, no mechanism in school of nursing to be successful
Yes, add the Treasure Valley in marketing as a destination site.
no
no
no
No
No, they remain very appropriate
No we do a great job as a department meeting thes goals
No. I think they are good goals, representative of what we need to be working toward.
These are excellent strategic goals
Looks good.
Probably not
No
No comment
no
No
no
Yes, placement of the importance of interprofessional educational opportunities with a defined leadership position with funds to support these efforts.
Put student oriented first
Honestly, as far as I know in the School of Nursing it's so messed up I think survival needs to be your primary goal.
no.
I do not think that the Strategic Goals need to be adjusted, but how we are addressing those does. I feel that some undergraduate programs or classes in undergraduate programs that are moving to being completely online are not effect and student-oriented. While some health profession courses are a good fit for online classes (i.e., medical terminology), some are not and do not contribute to a positive or effective learning experience for students (i.e., clinical-based didactic courses).
I do not see changes needed.
goals are fine
no
NA
nothing that i know of
I am unsure.
no

Statistic	Value
Total Responses	29

13. Please provide suggestions about how to address our current Strategic Goals next year.

Text Response

Listen to the students and faculty; move current Dean totally out of the program, her presence is a detriment to all; leadership above Dean should have been more proactive in recognizing program's spiraling into chaos; reputation of school will hurt us now and in the future.

More support in Meridian in the area of marketing.

The best way to improve on items 2 and 3 would be to expand out of ISU into off-campus Healthcare entities. Nothing much happens on campus other than teaching and meetings
More of a presence at recruiting events for all departments. Perhaps a designated person in each department whose responsibility it is to recruit and promote the program as part of their workload

Consolidated community marketing under the Health Sciences brand to promote our overall excellence to the public.

Increasing efforts to attract and retain top quality faculty and support personnel could be expected to favorably impact all three of the strategic goals.

Hold all faculty accountable to scholarship as this is the foundation for great teaching, research and service

Reduce university cost to our students. ISU is making a ton of money off the back of our students. It is not cost effective.

If we truly want to create an environment conducive to inquiry, we need more infrastructure (like a statistician)

Goal #1: Focus groups with alumni/current students regarding what 'student oriented' means for each program; Recruit leaders with established/demonstrated leadership success and faculty with high level of commitment to education and ISU. Goal #2: provide release time for those writing large grants; less cumbersome system to discover research interests of other faculty who could round out a research study team; accountability for those who are not productive or reward for those who are--it is demoralizing to see other faculty receiving the same raises, etc. who have not completed any scholarly activity as those who have been very productive; get more faculty on tenure track; Goal #3: regular clinical site in-person visits at all levels--admin, research, clinical units; make some of these visits inter-professional

No comment

The completion of construction will make a huge difference in accomplishing these goals

The three goals that exist cannot be fully acted upon with the current lack of leadership at the upper administration and the micromanagement of those administrators keep the Division down!

More funding?

Honestly, as far as I know in the School of Nursing it's so messed up I think survival needs to be your primary goal.

Unsure at this time.

Hire a 12-month Full-time Statistician who can provide assistance to faculty, graduate students and perhaps teach online biostatistics courses for the online programs.

Again, to produce high quality graduates, only accept those who are ready for the academic rigors. If the numbers are down a couple years, so be it. I truly believe that we should not decrease our standards and allow students who are not as qualified to be accepted
hire biostatistician, hire research-capable faculty with EVERY possible opening

NA

nothing that i know of

I am unsure.

I'd like to see more doing less talking about doing.

Statistic	Value
Total Responses	24

14. We have a tradition in the DHS called "First Friday" during which DHS faculty have an opportunity to interact or be updated on topics of interest. Please list ideas of topics that you might like to schedule for a First Friday next year.

Text Response
what to do when you work in a hostile environment; recourse for faculty when situation is intolerable
Supporting the student with mental health issues; particularly anxiety.
I like these, but it seem that Friday is overscheduled at times with other meetings/activities that make it difficult to always attend
Flipped classrooms
The new HIPAA guru should come and introduce himself. We all need to be reminded on a regular basis of the importance of HIPAA and FERPA
I've got nothing.
Building academic/community engagement
Don't have time to attend since I am busy with our program.
F&A--what happens to it?; Evaluation of student performance in the clinical setting--what does the research say, what are best practices?; responding to disparities in rural areas through collaborations with ISU clinical programs;
Engaging Millennial Students in the classroom
my schedule conflicts with most first Fridays
Interprofessional Collaboration Brainstorm
What is not working with the goals and what can be done to solve the issues, and add interprofessional efforts both in the lecture hall and with real patients?
No ideas currently.
I must confess, I have not attended the First Friday activities...
do not attend
Neonatal pathophysiology

Statistic	Value
Total Responses	17