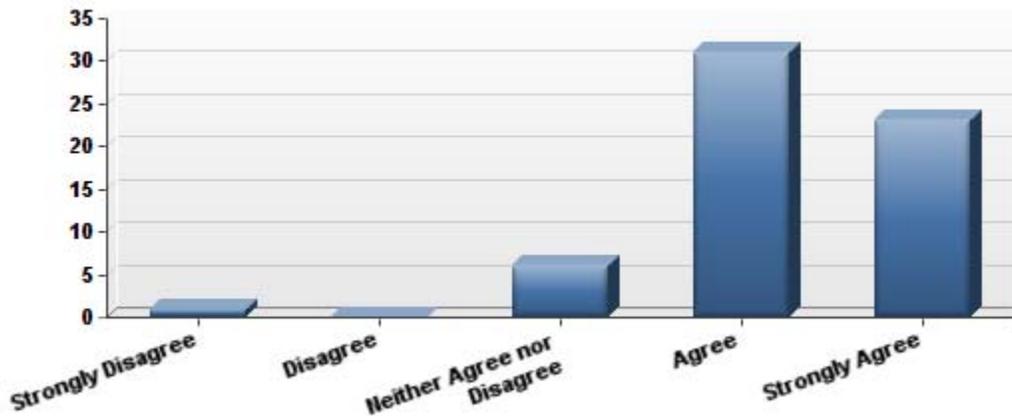


## Spring 2014 Post Semester Faculty Survey Results-DHS

59 responses

My teaching was of high quality.



I could have been a more effective teacher if I:

Have more active learning activities
Had incorporated more/improved active learning strategies into my teaching
Had more time to prepare for classes - too many commitments too little time...
I had a bit more time in preparation of course materials.
More support from the upper administration for teaching.
Had better technology to develop and implement on-line learning content.
I was a very effective teacher
I had more time to cover the breadth of material included in the course.
Integrated more positive feedback/reinforcement
Had less on my plate
I do minimal teaching in the didactic type setting, but teach one to one to students and preceptors, I don't always feel I have enough time to spend with this portion of the program because of "putting out fires"
spent more time preparing for class, need more balance between clinic and teaching
had (or made) more time to include a wider variety of learning activities
The admin BS was de-emphasized

Continue to implement QM for online and strive toward providing improved supervisory skills.
Could have integrated readings with content better.
Had more time for applying the information I have obtained at conferences and the ideas I have for modification to lectures, activities and courses in general. Unfortunately, modification of courses often ended up at the bottom of the list behind other things with deadlines.
HAD TAUGHT THE SUBJECT BEFORE
I did not have so many service, committee, teaching expectations there literally were not enough hours in the day.
Prepared more, and included more interactive discussion and problem solving activities in the lectures. If the students came more prepared.
Had less workload... this was a transition year so I expect things will go back to "normal" soon.
had more time to adequately prepare
Effectiveness as a teacher will improve as I teach this class over the next few years.
Brought in more clinical research
If I had more technology savy and more time for preparation
Every semester, I make adjustments based on student feedback and personal reflection. I will continue to do so.
I had adequate space for meetings with students.
Had more time to prepare
had more prep time and stable staff without vacancies in faculty positions
had more time
I need to redo a couple of my courses, but I will do that this summer.
Spent more time focusing on the content that I was responsible for
Sometimes I remembered to update the dates on online quizzes a bit late!
Wasn't so busy (large teaching, research, and service load).
Not a teaching unit
I was recognized for teaching- through awards
N/A
had a bit more time dedicated to teaching preparation in my workload
Had more time to develop course resources and had more experience with the topics I am tasked to teach.
Was allowed to have team teaching, everyone has specialty areas and team teaching would work to everyone's strength. Had if w my time required for teaching appreciated more and a more accurate workload policy to reflect what I'm actually doing, Had less stress related to departmental issues, had technology to meet the needs of way I was supposed to be teaching, ie, a computer testing lab.
Have had more time and support to prepare online courses for the first time
Managed my time for all the course work that I teach. This was a transitional year, so hopefully

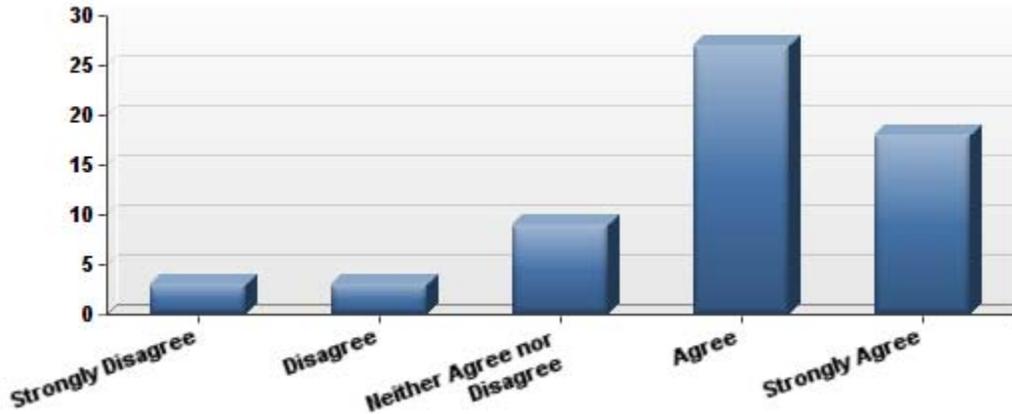
next year will be a bit easier.
did not have such a high service component including committee work.
had a bit more preparation time (new course, first time teaching)
I strive to provide a supportive and quality learning environment in all of the courses I teach.
Had more time

**The DHS could help me be a more effective teacher by:**

Talking the University to go back to Blackboard instead of Moodle.
more interprofessional time
Offering internal workshops regarding teaching
No complaints or needs
better defining workload
innovative instructional activities for millennial, social media, instructional technology, clinical simulations
Provide teaching assistants, more help in lab, etc.
Supporting access to instructional designers to aid improvement of on-line learning content.
The DHS supports my role as a teacher
Allowing work study students to be used as assistants in grading objective assignments.
More workshops/hands-on types of examples for excellence in teaching both clinically and didactically
Nothing... it's my problem
No suggestions, workshops, networking are valuable ways to gain insight to how others are communicating with students/preceptors/administrators regarding importance of team education etc. so perhaps pushing this as a desired portion of the job would facilitate this as a required component of the job.
Backing off the program eval, program prioritization, self evals, counting credit hours, counting students, etc etc
workshop on best practices in supervision
Reducing the amount of time I spend on other activities such as administrative tasks and assuring a reasonable workload.
<b>PROVIDING A MENTOR</b>
Providing resources on evidence based teaching strategies, other types of presentation strategies, classroom strategies and on working with students in different stages of life, as well as allowing time in the workload to be able to investigate those resources. These resources could be articles, live or videoed instruction (either in house or prepackaged) like TED talks, podcasts, etc; would be best if they were shorter and could be accessed at any time, so if you had a few minutes to

learn a strategy to enrich your teaching, you could take it.
Providing funding for a clinical faculty member on the Meridian campus.
Mentoring in clinical research
Reduce emails traffic and have less demands from the university wanting my time for seemingly meaningless activities
Valuing teaching more in the annual review process; valuing scholarship of teaching more in the annual review and T&P process
Appreciation for strong clinical work.
Continuing to support first rate teaching as an institutional priority
Filling faulty vacancies, better communication between Meridian and Pocatello programs
More efficiently distributing teaching loads...particularly for those needing to complete research.
NA
I think the DHS has done enough
bringing back the Center for Teaching & learning or provide faculty with educational methodology courses for professional development
Continue to provide training on how to be effective in the classroom and using technology.
Understanding the role and expectations of NURSING clinical environments, teaching, needs of students, and what the needs and situations are of the clinical facilities themselves. Provide furthering education of advanced teaching techniques. Communicate goals more timely and efficiently, ie... If a prof is assigned to teach a regular class the following semester and they find out at registration that the class is online that is not good communication of the direction of the class or program. The DHS could realize that there is more to teaching an online class than recording a PowerPoint presentation, posting it and putting up some quizzes. The DHS could follow the las test evidence in the research that shows numbers of students to 1 faculty in an online class should not exceed 30 to 40. The DHS could respect me as a person and a professional and not just as a name to have numbers put by for WEU.
Providing formal training and support for online teaching
Advocating to administration for timely approval of hiring of vacated and new faculty positions when needs justify quick action!
Continuing to support the faculty.

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



**I could have been more productive in scholarly activity if I:**

More time!
There were not so many administrative and teaching responsibilities.
Had been less involved in service activities and had a somewhat decreased teaching load.
Again, the time issue has come to the forefront. I have plans now for several publications/presentations in the near future.
I had more time to write grants/papers and read the current literature of my field. This might have occurred if I didn't have to spend so much time providing the same information again and again and again in annual eval, performance studies, program reviews, year-end surveys, etc.
had more time
I had more time, financial resources and collaborators.
Had more time to do research rather than teach.
I was able to prioritize my time a bit better and not keep putting the writing off until a later time.
My scholarly activity exceeded department expectations
My teaching and advising load were reduced.
I think I already go above and beyond the expectations for my rank
I am doing presentations/white papers and don't have enough time to devote to this activity, again due to "putting out fires". It may just be reprioritization this is not a request for additional staff etc.
had more time to devote to scholarly activities
There was less administrative burden
Had more time.

had less committee work
Had more time to be creative. Creativity and scholarly activities take time not provided in a busy clinical schedule.
N/A
If I did not have so many service, committee and teaching workload expectations. There were not enough hours in the day
Had a mentor and additional time.
Had a reduced workload
In an administrative role, my time is very limited. I have, however, been able to do two poster sessions and am working on an IPE article submission.
Didn't have new preparation for a class.
Wrote ideas for clinical work each day
If I had more time
didn't have so many service activities
Given more time and support for scholarly activity.
Had less pressing administrative duties; I do my best notwithstanding
more time
Time is an issue but I squeeze it in somewhere.
had a true desire to get involved in research but as a clinical Associate Prof, I would rather spend my time with students and the wonderful outreach rotations we started this past semester at the VA and the Pocatello Free Clinic.
Wasn't so busy (large teaching, research, and service load).
Some personal situation had to be corrected. Those reduced productivity or rather redistributed it toward later rather than sooner.
my dept chair was a role model for scholarly activity
The last 5-6 years as Assistant Dean I had no scholarship responsibility
Used my allocated time for research more effectively
Had more time and less teaching load.
Teaching load was lower
If I did not have as heavy of a teaching load.
Didn't have such an excessive service and committee load requirement.
Had not spent so much time with thesis advising (6 thesis students). I am still relatively new to thesis advising and I need to find a better balance between my research and that of the graduate students.
had more time

**The DHS could help me be more productive in scholarly activity by:**

Cross discipline events
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Starting a medical clinic that sees patient. This would allow more opportunities for grants and larger grants.
Re-balancing teaching load
Decide what information you want from faculty at the Dean level or above (i.e. consult w/ each other), make a list and send it out once a year or once a semester.
helping us hire a clinical faculty member to handle internship sites and supervision duties
Help with statistics.
None - providing assistance through the ICHR has been a tremendous support for scholarly activity and is greatly appreciated.
The DHS supports my scholarly activities
Reducing teaching loads.
N/A
I could attend classes, workshops on the activities that I am engaged in for the program.
planning ahead and integrating different disciplines when curricular topics overlap
space for research activities is desperately needed
allowing workload to acknowledge scholarly activity for clinical faculty
Providing more opportunities to participate in clinically relevant and DHS deemed worthy research activities.
N/A
seriously look at workload in terms of hours per week and fair and equitable workload among faculty
Providing/developing mentors and allowing time in the workload.
Providing funding for a clinical faculty member on the Meridian campus.
I feel supported
Reduce emails traffic and have less demands from the university wanting my time for seemingly meaningless activities
providing more research assistants, hourly student workers, and GTAs; providing \$1-5K seed grants in-house (not connected to Office of Research)
Providing more time and support for scholarly activity.
Nothing comes to mind; thanks for the current levels of encouragement and support
allocating more time to scholarly work
More efficiently distributing teaching loads...particularly for those needing to complete research.
Increasing infrastructure support to provide an adequate, stable foundation for research and evaluation
N/A
Oh I think this is all on my shoulders. I need to make time and get things submitted for publication.
Understanding a non-tenured clinical teaching role better and perhaps offering more creative

ways to count, one definition rarely fits all situations, individuals, and programs, yet, one definition is all that we have for everyone to abide by.
Providing protected time for conducting research, and creating external mentorship with senior researchers in the area of interest
Lessening service and teaching requirements and facilitating availability of more grant funds.
n/a
if I taught less

**Interprofessional education (IPE) could be enhanced across the DHS by:**

courses, case studies, clinics
Opening a medical clinic
Being aware of new technology being developed by the American Association of Colleges of Pharmacy that will allow drastically improved interprofessional learning. This system will be named "Professions Quest" and is specifically designed to allow/enhance interprofessional learning.
Bringing the clinics into closer proximity to each other would help with IPE
Yes. Financial support from the DHS to maintain the Interdisciplinary Evaluation Team.
Establishing an Office of IPE with a designated individual and support staff to ensure that these activities are tracked and discussion is fostered on a regular basis
First we need more time.
Incentivizing programs that align their curricula to enhance more opportunities for classes (such as research) to be taught in an interprofessional course.
Creating IPE teams
Greater knowledge of other disciplines' curricula.
Allowing more opportunities for students in various disciplines to work together. I think the Health Fair is a great start, but would like to make some changes to increase learning about various disciplines among the students. I have sent these ideas to Steve Wright in anticipation of him planning it again next year.
If the DHS took an active role; promoting, facilitating, or even mandating APRN, Residents and PAs doing "easy" activities together, maybe ACLS (required by all) together or specific numbers of rotations done as a team and then writing reflective papers about the experience (maybe a pilot project)
making it a priority across campuses
providing funds to faculty to co-teach classes across disciplines
Better communication among all programs. There are many IPE activities being done across the DHS. At times, those who make it a priority to let others know what they are doing are the only ones who are seen as doing IPE activities. All programs should be included in opportunities for IPE activities.

## I DON'T KNOW WHAT IPE IS

Making sure it is not just a buzzword and the fad of the day. Making sure, as the question below refers to, that the mandates/curriculum are student centered and meeting their needs vs. just throwing different professions in a room and saying learn together for the sake of IPE. While many times the analogy of breaking down silo walls is used, I do think it is important that professions have a strong awareness of self before they can fully absorb other professions' roles. Thus making sure the timing of IPE in the curriculum is appropriate is an appropriate consideration. Our students are busy, so making sure we are incorporating these opportunities into existing curriculum or finding things that can be taken away vs. just adding one more thing needs to be considered. Overall I think we do a good job in PT between the PTs and OT, the IET program and the balance clinic with audiology.

Making sure IPE courses were advertised and encouraging all departments to allow course credit for their students taking a course in other departments.

Continued marketing within the DHS faculty to create awareness and interest; continued venues like the health fair

Recognizing the current IPE opportunities, funding for mutating current opportunities

Social gatherings just for DHS faculty to brainstorm collaborative research and build rapport

If there was time but our schedule is super tight - there is no fix for this unless everyone agrees to use Saturday's

continuing current efforts

I think there is a lot of IPE currently provided that should be celebrated and acknowledged.

Organizing an IPE case competition; Having IPE day; Encouraging (as we do) all students to have at least one IPE experience per semester.

I believe we are working in the right direction. Perhaps the OT students could go on rotation with the DH students to the VA for more assistance with many of the patients who are non-ambulatory or have limited hand and arm movement thus oral hygiene care suffers.

This is not my primary focus at this point in time.

By providing some incentive to participate: time, TA/RA support,

student organization collaboration

Getting our clerkship students more involved with other disciplines.

By having interprofessional core courses and increasing interprofessional clinical experiences. What happened to the interprofessional clinical committee?

Having each program requires it of their students and thereby the professors would need to require it in their courses. As of right now it is not required by our program, therefore we are not going to require it in our courses.

Understanding the time commitment to make the situations happen and assigning WEU accordingly. No one will do it not reimbursed because there's no time, especially for clinical faculty. Making specific classes, having students take a 1 credit class so that there is accountability and resource allotment.

Creating a full-time position for someone to coordinate and expand IPE activities

Getting clinical track faculty together so they can coordinate between the students. Also have the

experiential coordinators from the different curriculums meet to workout schedules to allow IPE interactions between students on rotations.
creating more opportunities for students from different health care disciplines to meet together in educational and service programs
Continued support of all disciplines interacting in didactic courses, case studies, and research and community service.
having more hands on activities

**Please list your ideas about increasing the quality, efficiency, and cost effectiveness and student centeredness of the DHS.**

DHS already appears to be very student-centered. See note above re: interprofessional education. Helping faculty see ways to involve students in other activities (e.g., research, community service at more levels / more sites).
Retaining high quality clinical faculty.
Existing space renovations to improve appearance and the technology available for learning within the existing classes and labs. Develop mechanisms to assess and reward competency based assessments and abilities.
These aspects of the DHS are very good.
Invest more in our faculty and in those who spend the most time with students- in our department that is the clinical faculty. In our department, our clinical faculty are treated almost as second class citizens in relation to our full-time faculty, though many are spending more contact hours with the students directly and can provide good insight on student progress and ideas for increasing quality and efficiency in the clinical setting.
I think our program is student centered, but it would be better if we could be centered on the team approach with real experiences both didactically and clinically.
I think we could, possibly, be more efficient if we "played to our strengths" (both individually and collectively) more and focused less on blanket approaches to areas such as research and IPE. For example, it's great if all have some exposure/part to play in research, but different levels of research should be expected from different individuals/groups; if we all try to be really good at everything, I think we'll become average/below average at a lot of things.
There isn't any student centeredness
We have seen a decline in available resources for faculty research (e.g., faculty research grants), and making funds available for seed grants would help. The CTR-IN grants are a great stimulus. Also, I think ICHR has shown its effectiveness with this round of submissions, and I would strongly support more administrative funding for this operation.
If we are to keep our student centeredness of our clinical programs we need to support the time it takes to provide strong clinical instruction both on and off campus. Clinical time requirements are different than classroom didactic requirements. Clinical instruction on and off campus needs to be supported time wise and contribution-wise. Students will grow with strong clinical opportunities.

TEACHING GUIDE FOR SPECIFIC CLASSES

Making sure the students feel they have a voice and it is heard (do they see that concerns brought up in course/instructor evaluations are acknowledged and if needed addressed?) Knowing that quantity of time does not equal quality time.

This may seem small but increasing the efficiency of Banner and the Travel Reimbursement system would improve moral.

One of the biggest inefficiencies I see at ISU is the vast amount of time and effort spent on ever changing requirements from central administration (e.g. finance and registrar). The registrar efforts are going to be beneficial in the long run, but really take time from an admin standpoint. The finance related offices (e.g. purchasing, AP, travel) are time intensive and riddled with errors increasing time spent on activities from again, the program/department admin perspective. It would be helpful is the DHS could have a forum to hear concerns and then present those concerns to the upper administration.

Student advisory board reactivated

Use Saturday's and evenings

DHS is, by definition, a high-cost-per-student operation. If we want to continue graduating high-quality students, we need to maintain this core value and advocate for support of the value from outside entities

We need clinical support, funding, space and vision to take our programs to the next level.

Have more efficient curriculums. Decrease redundancy of same content being taught in several courses.

I am just so pleased that the DH Dept. has begun to recognize that taking our students out of traditional "clinic" on-campus and getting them into outside rotations is invaluable for their knowledge, their future desires to find employment in these capacities or volunteer, and their confidence level upon graduation.

NA

For research there needs to be a consistent and adequate support system for research infrastructure in the ICHR and IRH. This is a must for expansion or even continuation of research and evaluation activities. Since this is probably not achievable through internal resources there needs to be a concerted effort to pursue outside financing for infrastructure. This needs to be a coordinated division wide effort. nd scholarly inquiry.

I believe the DHS has done a great job

If we want to be student centered then we would do what is best for the student and not what is best for the budget. Students will not be satisfied if they pay a lot and don't feel like they get their money's worth, but they will gladly pay a lot if they think they're getting what they need. Right now everything we do in the school of nursing to 'save money and be more efficient' is ultimately going to cost a lot more in the long run. For example, running your professors into the ground so that the experienced ones 'retire,' 'get another really great job with a great opportunity,' or 'miss hospital work and just want to go back' will eventually cost more.... Multiple studies in ALL work fields show retention is always cheaper than replacements. Turning a blind eye to the reasons people are leaving only worsens the problem because it just continues to the turnover.

Due to the reduced budgets and limited resources, it may be a good idea to close programs which

have not much potential and reallocate those resources to make other programs stronger. I do not think that cutting funding from all programs will have a positive impact. More faculty and more resources in less programs will deliver better quality of education, and will allow faculty to increase their research as well.

Supportive and friendly interactions with potential and current students. I have been told, the friendly and supportive atmosphere is why many come to ISU instead of other institutions.

**Do the current Strategic Goals need to be adjusted? If so, in what way?**

I think as they are presently stated are good.

NO

Not really

No

they are fine, we just need resources to make the goals

I think the goals are appropriate, however I think the funding available to achieve the goals may hinder our progress.

No, they continue to be appropriate.

No

I like the Strategic Goals and believe they are relevant and timely, I would like to see the education of the team become part of the Strategic Goal, if it is at that level of the DHS it would become a part of all of the different programs. Not all programs would work together, but related islands would work together and then visit other islands to see how they become the chain that provides health care to patients/residents/communities in the current and future health care environment

Good strategic goals

I DO NOT KNOW WHAT THE STRATEGIC GOALS ARE

Not necessarily.

No

Why does the DHS not include the off-site campus where the action is and will be in the future i.e., providing the support and resources to make this happen because SE Idaho is not the future?

How are we doing on them as they stand now? What are the results of the program prioritization as far as DHS program efficiency and effectiveness?

No

Too broad and not time sensitive

No

No

Goals are good. Implementation of higher tech technology can increase efficiency, effectiveness and support students.

no

No
Looks good to me.
Service is where faculty spends most of their time yet it isn't in the 3 goals?
No
I think they are right on and give each program a place to start their own strategic goals.
I think the goals are right, but I do not think we are reaching them.
no
No they seem appropriate
Probably, but need more information. Where is the full strategic plan for the division located? What is the plan for meeting each of the stated goals?
No, I feel the strategic goals are in line with the direction the division should be moving.

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

Open Medical Clinic
See comments above
It would be ideal to offer some co-treatment of clients
In order to be cost effective a front end investment needs to be made and resources (time, man power, funding) are all limited.
I suggest continuing to develop opportunities for interprofessional collaborations of faculty and students to see if natural efficiencies and improvements can be obtained through reducing the number of courses taught by individual programs.
More aggressive marketing campaign for graduate programs
Foster more interdisciplinary sharing.
See above for an addition to the first goal. The second goal maybe presentations by islands within the DHS, providing cross program environments of injury. With the above two goals I would expect the DHS would become a destination site if the success of the first two goals are marketed
More funding for Idaho Center for Health Research, to support the "environment conducive to inquiry"
All programs should be encouraged and guided in marketing what they are doing and why a student should want to come to ISU.
N/A
Greater support and passion for the outreach centers and new clinics.
Provide feedback on the program prioritization process and where we stand. Help programs with the social media piece. I don't know how to navigate some of the social media outlets and truly have no time to learn them. Give us the resources to set up all the social media outlets if we need the help.
Share goal with other departments within DHS so we know what other are doing

You are not reaching the goal of cost effective. The university sucks a bunch of money from our students and we get essentially nothing back.

DHS can't meet these goals without a budget that targets these aspirations. An adequate number of faculty per program is essential as is having various types of funded student positions. Funding for small research endeavors, in-house, is needed. Better funding for marketing efforts across Colleges and Schools is needed to show the cohesiveness of DHS.

Improve Web Design pages.

Updating our facilities is an ongoing desire, concern, and depends of course on funding. I would like to see continual improvements in technology for the DH students to prepare them more sufficiently for what they will encounter in private practice.

NA

link accountability of performance on strategic goals to fac evals and link dhs goals to unit goals and ISU mission

I think they are fine the way they are

I have found the university student recruitment center to not be helpful in getting the word out about our program. I would like to see a student recruitment center evolve that is dedicated to the health professions.

In addition to the DHS research day, add a student competition component. This may need to be a separate event. It may up the quality of research being conducted and lead by students.

Use the results of the program prioritization reports to decide which degrees are worth investing on. Creating bigger departments based on merging smaller programs with commonalities, or reducing the number of degrees offered might be an efficient way of using efficiently the scarce resources available. In addition, the teaching load of faculty will be reduced which will allow more time to conduct research. Increasing research in the University will allow students to be involved in environments conducive to inquiry, will increase the quality of the degrees offered, and attract more high-quality students to the DHS.

Our Strategic Goals should reflect several major themes: Educational Excellence, Research Excellence, and Excellence in Outreach & Engagement (to include community outreach, alumni development, and political advocacy); each strategic goal should have a plan for ensuring excellence and efficiency (including maximizing assets and facilities, infrastructure and human resources investment)

Utilize the alumni who are supportive of ISU to promote individual programs and the DHS. Showcase DHS program highlights in newsletters to alumni.