Strategic Plan 2015-2020

COLLEGE OF NURSING
UPDATED 01/19/2021
Texas A&M Health Science Center College of Nursing
Strategic Plan 2015 – 2020

Executive Summary

Background
College of Nursing provides experiential education to prepare nursing students for entry into the practice of professional nursing. The College developed a reputation of excellence with high graduation rates and frequent occurrences of graduates achieving a 95-100% pass-rate on the National Council licensure Examination for Registered Nurses (NCLEX-RN®). During the 2015 academic year 286 students were enrolled in the baccalaureate and master nursing programs with expectations to become future nursing leaders.

The College’s growth in the number of nursing graduates over the past five years supports the State of Texas efforts to reduce the nursing shortage. According to a report issued in 2001 by the United States General Accounting Office, a serious shortage of nurses is expected in the future when a large population of the nursing workforce reaches retirement age causing a decrease in the supply of nurses and an increase in the demand for nurses (www.gao.gov). The nursing shortage reduction program managed by the Texas Higher Education Coordinating Board provided funding opportunities to support the continued growth in the number of pre-licensure nursing students in our program.

The Patient Protection and Affordable Care Act of 2010 is projected to provide 32 million Americans with access to healthcare services. This will increase the need for mid-level providers such as advanced practice nurses (APNs). This Act plus the aging of the baby boomers will increase the need for hospital services as well.

In July 2010, the Tri-Council for Nursing cautioned about declaring an end to the nursing shortage. The economic downturn led to an easing of the shortage in many parts of the country, but the Tri-Council noted that the limitations of the nation’s education system will slow the graduation of RNs. That, coupled with the passage of the Patient Protection and Affordable Care Act, is projected to increase demand for nursing services. The total job openings, which include job growth and the net replacement of nurses, will be more than 1.1 million. This growth, coupled with current trends of nurses retiring or leaving the profession and insufficient new nurses, could lead to a nursing shortage of more than one million nurses by the end of this decade. (www.bls.gov/emp/#outlook)

Current projections for 2025 indicate a shortage of 260,000 registered nurses (Buerhaus, June 2009). A shortage of this magnitude would be twice as large as any nursing shortage experienced in this country since the mid-1960s. (AMN Healthcare)
Vision
Our vision is to be a premier College of Nursing, educating and empowering a diverse population of nurse leaders who will transform health and health systems through service, discovery and knowledge.

Mission
The mission of the College of Nursing is to educate professional nurses of today and leaders of tomorrow through the provision of excellent educational programs in nursing. The College will identify, attract and graduate students of high potential, especially those from groups who have been historically under-represented in Texas health care.

Furthermore, this mission will facilitate individuals, families and groups in achieving the maximum state of well-being through education of highly skilled nurses, research and service. The mission of the College will be enhanced through faculty contributions to community service, leadership, practice and research.

Over Arching Goal
Improve the health of underserved and vulnerable populations through research, practice/service, and education. “Underserved and vulnerable populations” refers to individuals with increased risk or susceptibility to health-related problems. This vulnerability is evidenced by higher comparative morbidity and mortality rates, lower life expectancy, reduced access to care, and diminished quality of life.

Research
- Produce new knowledge that is translatable to vulnerable populations.

Practice/Service
- Apply best scientific evidence to promote improved health outcomes for vulnerable populations

Education
- Develop terminal degree programs to educate students in developing and translating new knowledge.
- Increase access and level of education to rural and other underserved populations.
- Achieve the National League of Nursing distinction of Center of Excellence in Nursing Education.

Goals & Strategies to Achieve Our Mission
The College of Nursing vision and goals embody the Aggie core values of excellence, integrity, leadership, loyalty, respect, and self-less service. Standing on these values, we strive for a culture of respect and integrity through shared governance and transparency, and appreciation for diversity and inter-professional collaboration.
GOAL 1: STUDENTS & EDUCATION

Educate professional and advanced practice nurses who exemplify excellence in clinical practice, scholarship, service, leadership and personal growth.

Priorities:
1. Recruit, retain, and graduate a highly qualified and diverse student body.

   Strategies:
   a. AY16-17 Develop a plan and pipeline, targeting Rio Grande Valley high schools with a diverse student body for recruitment of traditional BSN. (Key indicator - Plan with identifiable partners will be developed.)

      Results: Plan developed to have a traditional BSN presence in the Rio Grande Valley. Clinical and community partnerships were identified.

      Follow-up AY17-18: Submit proposals for approval to start a new traditional cohort in Rio Grande Valley.

      Results: Partially Met/Ongoing. Proposals approved at college and university level. MOU with Region One Education Service Center complete for pipeline of high school students and practice partner. First cohort planned fall 19.

      Follow-up AY18-19: Secure $5.2M in startup funds.

      Results: Not met. Continuing discussions are ongoing with Provost's office to secure funding. Although funds were not secured for initial target start date, three students from pipeline schools were accepted on Bryan campus and supported with grant funds from Region One. Start-up proposal resubmitted to community stakeholders in October of 2019 with Provost and Chancellor commitment of $1.5 million each. Planned launch of the traditional BSN is fall 2021 pending start-up.

      Follow-up AY19-20: Capitalize on $3 million dollar commitment of the Provost and Chancellor Offices ($1.5 million each) by securing matching funds from Rio Grande Valley stakeholders.

      Results: Not Met. Plans for expansion continue, however a request for a new building at HEC is progress.

   b. AY15-16 Admit a cohort of RN-BSN students from Angelina College. (Key indicator - Cohort of students admitted by June 2016 with 20% from underrepresented students (gender, ethnicity, rural, etc.))

      Results: Strategy not met. Began actively advising students on prerequisite courses required for admission in the spring of 2016 after hiring an advisor to be on site at Angelina College. For spring 2017 admissions, we admitted 2 students who completed A.D.N. at Angelina College and are practicing RNs in East Texas.

      Follow-up AY16-17: Admit 7 students who received their A.D.N. from Angelina College to begin RN to BSN online program in 2017.

      Results AY16-17: Partially met. 2 students from Angelina College were admitted and 10-12 are in the pipeline to complete prerequisites needed for admission.

      Follow-up AY17-18: Expand recruitment to the larger east Texas area.

      Results: Met. Applications and admitted student numbers increased with 11 students admitted to the RN to BSN track. We also saw growth in applications and admits to our MSN tracks. Expansion of enrollment to the larger East Texas area is reflected by students admitted from Nacogdoches, Livingston, Palestine, and Lufkin.
Follow-up AY18-19: Meet with Angelina College leadership to advocate for national accreditation of the nursing education program. 
Results: Met. The Dean met with leadership at Angelina College on 02/05/2019 and 10/02/2019 to discuss national accreditation. No progress made to date by Angelina. 
Follow-up AY19-20: Meet again with Angelina College leaders to prompt national accreditation prior to the next legislative session since this relationship is an exceptional item funded by state legislature. 
Results: Met. Meeting held on October 2, 2019 with Angelina College leaders. The Dean with HSC and TAMUS leaders met with state legislator for ongoing encouragement of this initiative.

c. **AY15-16 Enhance recruitment efforts for the graduate programs.** *(Key indicator – Initiate one or more innovative methods for recruiting high quality and diverse graduate students.)*
Results: Met.
1. Held an Application Workshop in April 2016 at our facility in McAllen to assist prospective graduate students in writing their admission essays. A staff member from the TAMU Writing Center offering direct instruction and the College of Nursing had 3 additional personnel there to work one-on-one with the applicants.
2. Offered live WebX interactive admission information session presented by Student Affairs admissions advisor in November 2016.
Follow-up AY16-17: Determine regulations and/or other requirements necessary to admit and provide distance education to graduate nursing students from out of state.
Results AY16-17: Met. States identified that place restrictions on distance education under the SARA (State Authorization Reciprocity Agreement).
Follow-up AY17-18: CON Office of Student Affairs staff along with TAMU Distance Education Coordinator will begin building database identifying other state Boards of Nursing rules and regulations as they relate to educating distance education students in practicum experiences.
Results: Met. We have a BON Rules & Regulations database built for 10 states which has been very helpful for our MSN cohorts.
Follow-up AY18-19: Engage hospitals systems in participating in WebX interactive admission information sessions.
Results: Met. Four Web-Ex or Zoom interactive admission sessions were held with both Ascension Seton and St. David’s Hospital systems for MSN and RN to BSN prospective students.
Follow-up AY19-20: Examine analytics for yield of applicants based on online recruitment.
Results: Met. Examined analytics for web page views and social media views per profile to establish a baseline for online recruitment.

d. **AY15-16 Analyze admission criteria to enhance diversity.** *(Key indicator – Identify salient indicators of quality and diversity.)*
Results: Met. Admissions, Progression, Graduation (APG) committee began work in the fall of 2016 to review current admission practices and to identify salient indicators of quality and diversity of value for future nursing cohorts. Unique attributes and experiences that would be valued in future nursing students to be adopted by the spring of 2017 in a move to a more holistic admission review process.
Follow-up AY16-17: Adopt a balance of applicant experiences, attributes, academic metrics, and other possible factors to be built into the admissions selection process for future nursing students by spring of 2017.
Results: Not met. APG Committee identified attributes and experiences to incorporate into a holistic review admission process, however all parameters for holistic admission process and method of collecting information have not been finalized.
Follow-up AY17-18: AGP Committee will finalize plan for piloting holistic admissions process with one BSN cohort.
Results: Partially met. With the addition of a new cohort of Traditional BSNs in South Texas and a new Dean taking over leadership, the committee completed the planning phase but put plans to implement on hold. The committee will seek input from the new Dean in the next academic year on expectations for the program's admission processes.
Follow-up AY19-20: APG Committees to survey faculty for desired experiences and/or attributes of admitted students.
Results: Met. Undergraduate and Graduate APG committees sent survey to all Faculty/Staff in Fall 2019. The APG committees have set a goal to complete holistic admissions in the 2021 academic year.

e. AY17-18 Implement a pilot plan utilizing a more holistic review strategy for students to be admitted in the spring of 2018.
Results: Met. Application review and interviews are part of the admission process for 1 of the 3 BSN cohorts and 3 of the 3 MSN cohorts.
Follow-up AY18-19: Invite a holistic admissions consultant to support faculty in planning.
Results: Met. AACN consultant conducted the workshop with faculty and staff on 05/14/2019.
Follow-up AY19-20: Survey faculty on desired holistic attributes for consideration at both the BSN and MSN levels.
Results: Met. Undergraduate and Graduate APG committees sent survey to all Faculty/Staff in Fall 2019. The APG committees have set a goal to complete holistic admissions in the 2021 academic year.

f. AY18-19 Expand recruitment to exhibitor booths at state and national conferences for RNs.
Results: Met. Exhibitor booths were utilized for recruitment at two conferences specifically targeting RNs and at five other conferences targeting health care careers.

g. AY18-19 Targeted recruitment efforts in strategic locations in Texas for RN-BSN and graduate programs.
Results: Met. Focused additional recruitment efforts in the Houston Medical Center Complex, Central Texas, and East Texas by attendance at five hospital nurse education fairs as well as three new community college fairs in order to expand our visibility.

2. Lead the use of innovative, evidence-based technologies and pedagogies in nursing education.
Strategy:
a. AY17-18 Expand professional development opportunities in teaching pedagogies. (Key indicators – Faculty Affairs committee will offer at least 2 required development trainings for faculty.)
Results: Met. Hosted 3 sessions by the Center for Teaching Excellence: 1) Engaging Students in the Classroom, 2) Building Online Communities and Engaging Students Online, and 3) Connecting and Engaging with Today’s Students (implicit bias in curricula).

Follow-up 18-19: Faculty development sessions for education will focus on community-based pedagogies. Sequence of 4 sessions planned using speakers from AACN Fall Leadership Conference.

Results: Met. Monthly sessions were held February – May, 2019. The last session featured faculty highlighting community based education initiatives that were already implemented.

Follow-up 18-19: Support faculty development for next generation NCLEX preparation, including item writing and testing development.

Results: Met. A two-day workshop was held in January, 2019 with Rayfield Consultant focused on NextGEN item development and strategies for teaching clinical decision-making.

3. Establish quality standards for the delivery of online courses and programs.

   Strategies:

   a. AY15-16 Establish online education taskforce to develop guidelines for online education. (Key indicators – Increase in the number of Quality Matters™ courses. Increase in the number of faculty trained in Quality Matters™ methodology. Development of web-based online education resource for faculty.)

   Results: Met. Online Education Taskforce established:
   1. Developed minimum standards for newly offered hybrid and online courses
   2. Established process for Quality Matters™ course reviews/approvals; 2 courses under review
   3. Created web-based faculty resource/reference for online teaching; 8 faculty completed Applying the Quality Matters Rubric (now known as Improving your online Course), 4 faculty completed the series of courses for the Teaching Online certificate

   Follow-up AY16-17: Continue review of progress.

   Results: Met. (Ongoing) Three courses are under review: 5 additional faculty completed Quality Matters course bringing the total faculty completion to 27. Two instructional design staff have completed the Quality Matters reviewer certification.

   Follow-up AY17-18: Continue review of progress.

   Results: Met. (Ongoing) QM Certification of courses has been slow. One course in the RN-BSN program is currently certified and one is ready for review. However, robust resources are in place to support faculty teaching online for development of courses using QM metrics. Instructional Design staff hold weekly sessions to support faculty developing online courses, and two Faculty Development sessions by the TAMU Instructional Design Department of CET were held by the CON this year.

   Results: Met. QM certification received for another RN-BSN course (N463).

   b. AY17-18 Faculty assigned to teach online courses will complete Quality Matters™. (Key indicators – 100% of online faculty trained Quality Matters™ faculty modules.)

   Results: Partially Met – 84% of faculty teaching online have completed QM training. However for all of the 50 CON course offerings taught online this year, the lead faculty were QM trained. In addition, many faculty received other online teaching certifications and/or had some tenure teaching online.

   Follow-up 18-19: Implement efforts to achieve 100% compliance with Quality Matters for lead faculty teaching online.
Results: Met. 100% of lead faculty are trained in Quality Matters or equivalent online educator training.
Follow-up AY19-20: TPE committee to propose revision of faculty aggregate outcome benchmark for online teaching preparation.
Results: Met. Revisions proposed in Fall 2019.

4. Develop and expand the use of simulation.
Strategies:
   a. AY15-16 Replace traditional clinical hours with high quality simulation augmented with advanced technologies. (Key indicators – Student performance evaluation scores are the same or higher than students in traditional clinical.)
      Results: Met. 100% of clinical experience replaced with simulation in the Nursing Fundamentals Course. Student performance as measured by course grades and HESI exam scores met or exceeded students completing traditional clinical experiences.
      Follow-up AY16-17: Expand simulated clinical experiences.
      Results: Met. Expanded 100% fundamentals simulated clinical experience to RR campus. Anecdotal data from students and faculty support improved preparation in subsequent clinical experience.
      Follow-up AY17-18: Examine outcome measures for all cohorts having 100% simulation in fundamentals course.
      Results: Met. 100% of benchmark scores exceeded or met.

   b. AY17-18: All undergraduate clinical courses will incorporate simulation. (Key indicator – At least one simulation.)
      Results: Met. 100% of Traditional BSN clinical courses incorporate at least one simulation and most have 2 or more. To ensure the quality of simulation, a Sim Team was created and a basic orientation to simulation faculty development session was hosted. Grant funds were used for supporting CHSE training and certification of 4 faculty.

   c. AY18-19: Support faculty development through simulation training sessions. (Key indicator – At least one simulation training session.)
      Results: Met. 100% of faculty and Clinical Teaching Assistants teaching with simulation received training on new simulation technology (robots, sim scopes). One formal session open to all faculty on simulation debriefing techniques. NLN consultant met with members of sim team for aligning sim objectives to course objectives and investigating valid/reliable measurement tools.

   d. AY19-20: Pursue national accreditation by the Society for Simulation in Healthcare (SSH). (Key indicator – Hire consultant for initial assessment.)
      Results. Met. Consultant hired for initial assessment and ongoing meetings are occurring to pursue national accreditation by SSH. Submission of the self-study is planned May 2021.

5. Engage in high-impact inter-professional education.
   Strategies:
a. **AY15-16 Develop an interprofessional certificate program in Forensic Science.** *(Key indicator – Certificate Program approved.)*
   Results: Met. Received approval for a 12-hour graduate Certificate in Forensic Health Care.

b. **AY15-16 Admit students into Forensic Health Care certificate for Fall 2016 start date.** *(Key indicator – Five or more students admitted.)*
   Results: Met. First cohort of 10 students offered admissions for spring 2017.

c. **AY17-18: Formalize a standing CON IPE committee.** *(Key indicator – Committee formalized through By-Laws approval.)*
   Results: Met. IPE Committee formalized in CON By-Laws and approved May 2018. Chair and committee members elected.

d. **AY17-18: Appoint liaison to HSC IPE leadership council.** *(Key indicator – One or more liaison appointed.)*
   Results: Met: CON IPE Committee chair and the Associate Dean for Academic Affairs serve as liaisons to the HSC IPE Leadership Council.

e. **AY18-19: Develop feasible plan for student and faculty participation in IRT based on clinical hours that can be designated and faculty teaching assignments aligned with the course.** *(Key indicator – IRT plan developed.)*
   Results: Met. IRT participation imbedded in courses N320 and N430, and in MSN-FNP clinical courses.
   Follow-up AY19-20: Develop at least one additional opportunity for graduate students to participate in IRT as a part of course requirements.
   Results: Not met. IRT was cancelled due to pandemic.

6. **Enhance partnerships with clinical institutions dedicated to excellence in practice, education and research.**
   **Strategy:**
   a. **AY16-17 Establish clinical advisory boards.** *(Key indicator – All three campus sites will have clinical advisory board.)*
      Results: Partially met. Clinical advisory boards established in McAllen and Bryan with quarterly meetings and mutual goals established.
      Follow-up AY17-18: Establish clinical advisory board in Round Rock.
      Results: Met. Clinical advisory boards established at all sites.
      Follow-up AY18-19: Establish quarterly leadership meetings with major clinical partners to enhance collaboration.

   b. **AY18-19 Create a College of Nursing Overarching advisory board.** *(Key indicator – Board created.)*
      Results: Met. Advisory board service invitations were sent November 2019.

   c. **AY19-20: Host first overarching advisory board meeting in early 2020.** *(Key indicator – Meeting held.)*
      Results: Not met. Overarching advisory board postponed due to pandemic.
7. Develop transition to practice partnerships.
   **Strategy:**
   a. **AY17-18** Develop perioperative course for students seeking perioperative employment. *(Key indicator – Initiate at least one partnership.)*
      Results: Met. Perioperative course was developed and implemented with 4 students. Also developed care coordination clinical experience to reduce 30-day admissions with acute care partner.
   b. **AY18-19** Develop two additional innovative partnerships and clinical experiences. *(Key indicator – Two partnerships.)*
      Results: Partially met (Ongoing). DEU developed for cardiac services with Round Rock hospital for students enrolled as of fall 2019. Home visit program with a Bryan hospital system developed and implemented to provide student with clinical experience in the community health and/or course N430.

8. Develop and launch a doctorate in nursing program.
   **Strategies:**
   a. **AY16-17** Form a doctoral program taskforce to begin the needs assessment and analysis for planning doctoral program(s). *(Key indicator – Taskforce formed.)*
      Results: Met. Taskforce formed. Needs assessment performed by two out-side consulting companies and by Bryan, Round Rock and McAllen clinical advisory boards.
   b. **AY17-18** Begin development of PhD and DNP curricula. *(Key indicator – Develop mission statement, learning outcomes, and curricular outlines for both programs.)*
      Results: Met. Mission statements, learning outcomes, and curriculum plans developed for both PhD and DNP Programs. Decision made to move forward with full development and approval of DNP program.
      Follow-up **AY18-19**: Name Coordinator of DNP Program. Begin approval process.
      Results: Partially met. Assistant Dean for Graduate Education was hired August, 2019 and is filling the role of DNP Coordinator at this time. DNP program was approved at the college level spring 2019, and is scheduled to route through the university approval process in fall 2019. Current implementation target start date is fall 2021.
   c. **AY19-20** Obtain THECB approval for the DNP program. *(Key indicator – Approval received.)*
      Results: Not met, ongoing. Proposal for DNP program is on the Texas A&M System Board of Regents agenda for approval in February 2021. If approved, the proposal will be sent to THECB for approval.

**GOAL 2: RESEARCH & SCHOLARSHIP**
Advance knowledge, practice and pedagogy through the transformation of the College of Nursing into a national leader in innovative research and scholarship.

Priorities:
1. Develop research centers with specific research foci.
   a. **AY18-19**: Develop timeline and concept paper for Center establishment.
      Results: Met.
b. **AY18-19: Receive approval for Center from the TAMUS Board of Regents.**
   Results: Met. Center for Excellence in Forensic Nursing was approved by the Texas A&M Board of Regents in August, 2019.

2. **Target recruitment of senior researchers.**
   **Strategy:**
   a. **AY16-17 Focus recruitment efforts to augment current faculty research areas.** *(Key indicators – One or more faculty with established program of research as evidenced by funding, publications, presentations and/or national recognition.)*
      Results: Met. One faculty with federal funding.
      Follow-up AY17-18: Recruit Associate Dean for Research.
      Results: Partially met. Candidate offered position, appointment pending final approval from Provost and Dean of Faculties.
      Follow-up AY17-18: Work with development officer to establish funding for recruitment of senior researchers.
      Results: Not met. Added to development priorities.
      Follow-up AY18-19 Continue to seek funding for senior researchers.
      Results: Met. Provost has allocated startup funds for new faculty hires for both AY19-20 and AY20-21.
      Follow-up AY18-19: Hire 3-4 tenure/tenure track faculty to expand research efforts.
      Results: Partially met (Ongoing). Two tenure/tenure track faculty hired August, 2019 and faculty searches continue for two additional faculty.
   b. **AY18-19 Recruit researcher to expand current faculty research areas.**
      Results: Met. Postdoctoral Research Associate hired August 2019.

3. **Support collaboration with inter-professional research partners and teams.**
   **Strategy:**
   a. **AY15-16 Investigate connections with One-Health and Healthy South Texas initiatives.** *(Key indicators – Identify and initiate one or more projects in each area.)*
      Results: Not met. One faculty serves on the campus council for One-Health but no projects involving nursing have been initiated.
      Follow-up AY16-17: Continue to search for possible collaborative projects for both initiatives.
      Results: Not met. One-Health council was discontinued.
   b. **AY18-19 Participate in activities involving inter-disciplinary initiatives.**
      Results: Met. Five faculty participated in interdisciplinary T3 research pilot projects funded by Texas A&M Triads for Transformation. Nine faculty actively engaged in more than ten funded research grants with interdisciplinary teams. Three faculty interacted with other disciplines on pilot projects funded with startup funds.

4. **Enhance capacity to secure extramural funding.**
   **Strategies:**
a. **AY15-16 Support faculty with grant writing assistance through internal and external sources.** (Key indicators – Number of faculty utilizing support services to establish a baseline for success rate of funded grants.)
Results: Met. The Vice President for Research office initiated a contract to assist with grant writing and completes mock reviews of grant proposals. One faculty utilized this contract and the mock review process to obtain assistance with one grant submission.
Follow-up AY16-17: Two faculty participated in a TAMU grant writing support program.
Results: Met.

Follow-up AY17-18: Enhance capacity to secure extramural funding by hiring Associate Dean for Research.
Results: Partially Met. Candidate offered position, appointment pending final approval from Provost and Dean of Faculties.
Follow-up AY18-19: Establish CON Office of Research to provide support to faculty in successfully obtaining extramural funding.
Results: Met. Office of Research established. Associate Dean for Research and Director of Research were hired September 2018.

b. **AY15-16 Submission of grant proposals.** (Key indicators – One or more R01 or K award proposals submitted.)
Results: Met. One faculty submitted an R01 grant proposal (not-funded).
Follow-up AY17-18: Enhance capacity to secure extramural funding.
Results: Met. 10 Proposals submitted including large HRSA grant that was awarded at $1.5M.

c. **AY18-19 Increase submitted and funded proposals.** (Key indicators – Funded and/or competitively scored.)

d. **AY19-20: Total Program Evaluation committee to propose revision of faculty aggregate scholarly outcomes.** (Key indicator – Revisions approved.)
Results: Met. Revisions proposed and approved Fall 2019.

5. Foster undergraduate and graduate student engagement in research and scholarship.

a. **AY16-17 Student participation in research activities.** (Key indicator – At least one student participant.)
Results: Met. One undergraduate student participated in simulation study and presented at a national conference with faculty.
Follow-up AY17-18: Obtain data on numbers of student participate in ongoing research.
Results: Met. 20 Undergrads involved in research; 9 graduates involved.

b. **AY18-19 Increase student participation and dissemination of research activities.**
Results: Met. Four students presented posters or oral presentations at regional or national conferences.

c. **AY18-19 Develop undergraduate research honors program.**
Results: Met. Proposal developed and submitted for approval. Target for implementation is fall 2020.
d. **AY19-20: Launch undergraduate honors research program.** *(Key indicator – Program launched.)*  
Results: Met. Program launched. Fall 2019.

**GOAL 3: OUTREACH & SERVICE**  
Endorse and uphold the principles of cultural humility and sensitivity, and commit to working in partnership with the communities we serve to co-create mutually beneficial relationships and improve health outcomes.

Priorities:

1. **Incorporate community-based learning opportunities.**
   - **Strategies:**
     - **AY15-16** Streamline our internal processes to increase efficiency in seeking approval to offer community-based activities. *(Key indicator – One or more staff trained in the risk management application process to assist faculty in securing approval.)*  
       Results: Met. Two staff members trained in risk management application process.
     - **AY15-16** Explore flexible program of study options to accommodate community-based learning opportunities. *(Key indicator – Identify one or more flexible degree plans.)*  
       Results: Met. Implemented flexible curriculum offering to facilitate student engagement with travel abroad and other alternate learning opportunities, ie. through One Health.
     - **AY16-17** Imbed community based learning opportunities in BSN course. *(Key indicator – At least one course incorporates community based learning.)*  
       Results: Met. Aging course contains community based learning in multiple rural sites. Community health course students developed educational materials for use by TAMU Beutel Health Services.  
       Follow-up **AY17-18** Ongoing growth of community based learning opportunities.  
       Results: Continue to be met. NURS 421 students participated in nurse-led well woman clinics in collaboration with FNP students at Health For All and students participated in a pilot transition of care intervention at College Station Medical Center with home visits for high utilizers of healthcare in collaboration with a clinical partner. Students participated in multiple joint academic/practice community based learning opportunities including collaborations with Seton Williamson Medical Center in a mass causality disaster simulation and with Williamson County Health Department for a flu vaccination clinic.
   - **AY18-19** Expand interprofessional community based learning opportunities.  
     Results: Met. Home visit program launched March, 2019. IRT occurred for the second year in the Rio Grande Valley. Flu clinics offered in fall semester prepares students for mass immunization during disaster.

2. **Develop collaborative outreach initiatives in rural nurse practitioner clinics, telemedicine and other rural initiatives for faculty practice and student clinical experiences.**
   - **Strategies:**
a. **AY17-18 Collaborate with HSC to develop faculty practice plan.** (Key indicator – Faculty liaison report to Dean and Faculty of the Whole at least twice.)

Results: Met. HSC IPP Taskforce, with CON representation, met and developed a draft document.

b. **AY18-19 Develop a CON faculty practice plan.**

Results: Draft plan developed and approved by faculty. Task Force making revisions in AY19-20.

c. **AY19-20 Total Program Evaluation committee to propose revisions to aggregate faculty service outcomes.**

Results: Met. Revisions proposed and approved Fall 2019.

3. Develop educational programs and prevention strategies for the growing threat of violence across the lifespan.

**Strategies:**

a. **AY15-16 Develop online continuing education offerings for forensic health care providers.** (Key indicators – At least five courses offered online. Continuing Education Units provided for more than one discipline.)

Results: Met. Developed process for implementation of online offerings (registration process, collection of fee, awarding CE certificate)

1. Developed 2.5 hour online training video course on basic forensic evidence collection for ED nurses
2. Multi-disciplinary Forensic Healthcare online certificate program approved

Follow-up AY16-17: Continuation of offerings of continuing education topics for forensic health care providers.

Results: Met. Piloted skills training (companion to basic evidence collection online course) to rural sites.

Follow-up AY17-18: Update protocols to improve the quality and integrity of forensic evidence collection.

Results: Met. Awarded funding to lead the revisions and update to the Texas Evidence Collection Protocol. A multi-disciplinary subject matter experts was convened in January 2018 to provide input on the protocol. Texas Evidence Collection Protocol (TxECP) revision is complete and returned from the editor. One final review will take place prior to submission to the Attorney General.

Follow-up AY17-18: Expand offerings to forensic health care providers.

Results: Met. The 2.5-hour online training video course on basic forensic evidence collection for ED nurses has been completed, launched and is under revision for rapidly evolving best practice updates. One cohort has completed the multi-disciplinary Forensic Healthcare online certification program and there was great interest at the International Association of Forensic Nurses to open application for another cohort cycle- planned for AY19-20. Funding has been awarded by the OAG to update sexual assault evidence collection kits- which is underway. Town Hall meetings are being convened throughout Texas for input to revise the kit contents. To date, two Town Hall meetings have taken place (Bryan and Edinburg). Four additional meetings are scheduled through February 2019.
b. **AY17-18: Coordinate SANE education for the State of Texas.** (Key indicator – Finalize agreement with OAG, develop SANE course, develop a process for annual SANE coordinator professional development workshops.)

Results: Met. The OAG contract was finalized to coordinate SANE education in the State of Texas and additional funding for continuation and further program development is in discussion. The online SANE course is ready to launch and a face-to-face adult SANE course has been delivered Fall 2018. A Pediatric SANE course is planned for January 2019. Continuing education courses are being offered for SANE professional development. Experiential learning opportunities using simulation are in development. The first offering is scheduled for December 10-11, 2018 which will consist of anogenital assessment and medical-forensic examination for sexual assault. A second session will be provided March 5-6, 2019, proceeded by a session for pediatric well-child examination. These opportunities may be used by new SANEs to complete several state certification requirements.

Note: On September 30, 2018, the College of Nursing was awarded the ANE-SANE grant from HRSA in the amount of $1.47 million over three years, to increase the number of SANEs in rural and under-served areas of Texas.

Follow-up **AY18-19 Conduct a SANE Coordinator Forum.**

Results. Met. The SANE Coordinator Forum was held January 7-8, 2019 in Round Rock. There were approximately 60 SANE Coordinators and Medical Directors in attendance.

c. **AY19-20 Develop Tele-SANE program funded by the Texas Office of the Attorney General.**

Results: Met. Received funding for a Tele-SANE program and began implementation.

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**GOAL 4: FACULTY & STAFF EXCELLENCE**

Foster a supportive environment, building upon our strengths and promoting a culture of excellence that is the driving force in the achievement of our strategic goals.

Priorities:

1. Attract and retain an increasingly diverse leadership team, faculty and staff body.

   Strategies:

   a. **AY15-16 Increase the number of faculty traditionally underrepresented in nursing.** (Key indicator – URM faculty will increase above AY14-15 rate of 13%)

      Results: Met. Fall 2015

      1. URM Faculty = 18.5%
      2. URM Staff = 25%
      3. Total URM Faculty and Staff = 20.5%

   b. **AY17-18 Assess reasons for loss of URM faculty and staff and cultivated applicants.** (Key indicator – 75% completed interview)

      Results: Met. Interviews conducted summer and fall 2017.

   c. **AY18-19: Search Team members will attend STRIDE Training.** (Key indicator – 100% completed training)
Results: Met. 100% of faculty on search committees AY18-19 completed the training. This will be an ongoing requirement for all new search committee members.

2. Facilitate inter-professional teamwork and foster a culture of respect, integrity, and commitment to the achievement of the CON and TAMU values and goals.

Strategies:

a. **AY15-16 Conduct a CON Climate Survey.** (Key indicator – Establish base-line data to identify at least one intervention.)

   Results: Met.
   1. TAMU Climate Survey released Feb 2015 to faculty only; 41% response rate
   2. CON Climate Survey re-released Mar 2016; 90% faculty and staff Response rate
   3. Results presented at Aug, 2016 Faculty & Staff Climate workshop;
   Follow-up AY16-17: Identify areas needing improvement.

   Results: Met. Issues from survey identified and sent as charges to C&D Committee Fall 2016 to identify interventions. Required faculty and staff workshops conducted on implicit bias and developing a culture of civility. Faculty and staff agreed on five actions to shape our culture.

b. **AY17-18: Formalize a standing CON C&D committee.** (Key indicator – Committee formalized through By-Laws approval.)

   Results: Met. Committee Formalized by Faculty of the Whole By-Laws May 2018.

c. **AY17-18: Appoint liaison to HSC diversity leadership council and to the TAMU diversity operations council.** (Key indicator – One or more liaison appointed.)

   Results: Met. Chair of CON Climate and Diversity (C&D) Committee was appointed liaison to the HSC Diversity Leadership Council per the By-Laws. The Associate Dean for Academic Affairs and/or the Chair of the C&D Committee is liaison to the TAMU Diversity Operations Council.

d. **AY18-19: Revise organizational bylaws to reflect members as faculty and staff and establish formal mechanism for staff input into operations.** (Key indicator – Organizational bylaws revised.)

   Results: Met. Organizational bylaws revisions identified staff as members of the climate and diversity committee. Elected staff representative to TAMU Staff Council. That staff representative meets with Dean Fahrenwald monthly.

3. Develop a robust mentoring program to empower individuals to develop and maximize their abilities and expertise in support of the CON needs.

Strategies:

a. **AY15-16 Conduct a Needs Assessment Survey.** (Key indicator – Identify one or more areas for faculty mentorship.)

   Results: Met. New Faculty survey Spring 2016; needs identified and given as charge to Faculty Affairs committee fall 2016.

b. **AY16-17: Establish brown bag luncheons for mentoring of new faculty.** (Key indicator: Brown bag luncheons held.)

   Results: Met. Brown bag lunches held for mentoring of new faculty.
c. **AY17-18 Establish monthly mentorship brown bag.** (Key indicator – New faculty mentorship brown bag.)  
Results: Met. Brown Bag Lunches for new faculty and their mentors continued on a monthly basis.

d. **AY17-18: Faculty Affairs committee will be reorganized.** (Key indicator: Subcommittees formed for Faculty awards, faculty development, faculty mentorship.)  
Results: Met. Subcommittees formed and developed goals. Faculty development activities listed under Strategic Goal 1.2 resulted, and plan for selecting faculty for awards was developed.  
Follow-up AY18-19: Develop and receive faculty approval for new Peer Review of Teaching process.  
Results: Met. Task force formed and developed process and all forms. Team received CTE Peer Review training in summer 2019 and website for scheduling reviews developed and launched. Process to be implemented fall 2019.

**GOAL 5: IDENTITY & VISIBILITY**
Achieve recognition as the nursing school of choice in Texas and nationally for students, faculty, and employers.

Priorities:
1. Promote the CON’s distinctive identity and contribution broadly through marketing, dissemination of research, and service on regional and national committees and boards.
   
   **Strategies:**
   a. **AY15-16 Publish an annual report of faculty scholarship and service to include key accomplishments or achievements.** (Key indicator – Publish report online.)  
Results: Not met.  
Follow-up AY16-17: Publish scholarship and service accomplishments and achievements through various media outlets.  
Results: Met. Highlighted faculty, staff and students accomplishments via online website, social network and news media.

b. **AY15-16 Dissemination of research.** (Key indicator – Track the number of presentations and publications to establish a benchmark.)  
Results: Met. Faculty had 21 research publications accepted. A total of 13 research presentations occurred at conferences.

c. **AY17-18 Dissemination of research and scholarship through a CON compiled document.**  
Results: Met. Research document completed and shared with stakeholders.

d. **AY18-19 Disseminate the College of Nursing Inaugural Annual Report to key stakeholders.**  
Results: Partially met (Ongoing). College of Nursing Inaugural Magazine was prioritized to be distributed first in fall 2019 and the college Annual Report will be disseminated in spring 2020.
2. Develop and implement a plan to improve communication and awareness to alumni and partners.  
   **Strategy:**  
   a. **AY15-16 Cultivate major gift opportunities to support CON strategic programming.**  
      (Key indicator – $850,000 in funds committed by major gift donors.)  
      Results: Partially met. $575,000 in funds were committed by major gift donors.  
   b. **AY17-18 Implement 10 year anniversary celebration events with new annual awards.**  
      Result: Met. 10th Anniversary celebration held with three new awards launched: Outstanding  
      Former Student, Outstanding Clinical Partner, and Outstanding Service to the College of  
      Nursing.  
   c. **AY18-19 Create a development committee as part of a College of Nursing Advisory Board.**  
      Results: Partially met. Subcommittee of Dean’s Advisory Board planned for discussion at  
      February 2020 meeting.  

3. Plan strategic, mission-driven growth of programs that meet the needs of our communities.  
   **Strategies:**  
   a. **AY15-16 Establish a clinical advisory board at each campus location to enhance partnerships.**  
      Evaluate quality of academic programs and assess strategic needs.  
      (Key indicator – Analysis of community/clinical partner survey and/or focus groups.)  
      Results: Met. McAllen Clinical Advisory Board convened Fall 2015 and needs analysis  
      performed; Bryan Clinical Advisory Board convened Spring 2016, Survey to determine  
      competency gaps among new grads currently being developed; Round Rock Clinical Advisory  
      Board members being recruited Fall 2016 with plans for first meeting Spring 2017.  
   b. **AY17-18 Develop a plan for the approval of the RN-MSN.**  
      (Key indicator – RN-MSN plan developed.)  
      Results: Deleted strategy. The RN to MSN is not supported by clinical partners.  
   c. **AY18-19 Complete preparations to launch the traditional BSN in the RGV, Fall 2019.**  
      Results: Partially met (Ongoing). Met with community partners in RGV to gain support for the  
      launch of the program. Ongoing discussions are in progress to obtain funding for a start date of  
      fall 2021.  
   d. **AY18-19 Collaborate with system institutions with graduate nursing programs to develop a**  
      collaborative Psychiatric Mental Health Nurse Practitioner certificate program and plan for the  
      MS degree with this specialty.  
      Results: Partially met. Proposal was developed as an independent certificate program and was  
      approved at the college level. The program is currently on hold and will be reevaluated for a  
      planned start date after the implementation of the DNP program.  
   e. **AY19-20 Raise $1 million dollars in start-up funds for the PMHNP program.**  
      Results: Not met. PMHNP is on hold due to leadership transition at the HSC.  

4. Achieve statewide and national recognition and ranking.  
   **Strategy:**
a. **AY15-16 Successful application to NLN to seek recognition as a Center for teaching excellence.** (Key indicators – Recognized as NLN Center for teaching excellence achieved.)
   Results: Met. Achieved status as NLN Center for Excellence in Nursing Education for Enhancing Student Learning and Professional Development 2016-2020.
   Follow-up: **AY17-18 Achieve national ranking.**
   Results: Met. College was ranked #1 in Texas by RegisteredNursing.org. Ranked #2 Texas by NICHE.com
   Follow-up: **AY18-19 Establish team to write the self-study for renewal of the Center of Excellence designation.**
   Results: Met. Team established to write the self-study.

b. **AY18-19 Improve ranking of RN to BSN online program through US News and World Report.**
   Results: Strategy deleted. The RN to BSN online program does not participate in the rankings from US News and World Report. The college was ranked #3 by Best Health Care Degrees and the online MSN degrees improved the ranking from #84 in 2019 to #11 in 2020.

c. **AY18-19 Exceed national and state pass rates for RN licensure and FNP certification.**
   Results: Met.

d. **AY18-19 Create a Leadership team to write the CCNE self-study for the 2020 site visit.**
   Results: Met. Leadership team established to write the CCNE self-study.