

CAROLINAS COLLEGE OF HEALTH SCIENCES

ANNUAL REPORT 2007

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JANUARY – DECEMBER 2007 ANNUAL REPORT

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PRESIDENT'S STATE OF THE COLLEGE REPORT

Success, Change, and Recognition were three pillars of the College's 2007 achievements. The annual report which follows chronicles the college's experiences in those areas, and others, in 2007. Behind each success was a laborious process of using data to identify opportunities for improvement, researching best practices, plotting strategies to create change, thoughtfully implementing those strategies, and capturing and assessing outcomes. We succeeded at many things in 2007. We changed many things in 2007. And we recognized the accomplishments of many special people in 2007.

Students delivered our most visible successes. CCHS students start their programs with two goals: Learn to be a good health care provider and Get a job in health care. By all standard measures, they were extraordinarily successful. Most CCHS graduates must pass a certification or registry exams to enter their career field. One hundred percent of 2007 graduates in Radiologic Technology, Medical Technology, and Paramedic programs passed their required exams on initial testing. One hundred percent of the December nursing graduates and over ninety percent of the May graduates also passed at first writing of the exam. In each case, graduates from CCHS programs far outperformed state and national averages.

Students who sought employment after graduation found employment, with 98% of all program completers having entered the workforce within three months of graduation, with a record high of 92% of all graduates accepted positions within Carolinas HealthCare System. Graduates who left the Charlotte area entered the workforce with equal ease.

Perhaps the ultimate view of student success, however, is through the lens of the new graduate, such as this message to faculty members from a recent graduate:

I wanted to let you know that something I remembered from one of your lectures probably saved my daughter's life. Two weeks ago, I woke up to hear my 9 year old daughter's respirations. They were classic Kussmaul-DKA respirations. In your lecture on DKA, I vividly remembered your description and I knew immediately what was wrong with her! We took her to Levine ER right away. She is recovering and we are adjusting to our new life with Type 1 Diabetes. Please keep the stories coming in your lectures, you are a wonderful instructor!

Similarly, this message from a recent summa cum laude nursing graduate rang a familiar refrain:

I don't know what my LIFE would be like without you! You inspired me to my life calling. And I love it so much. I'm having the time of my life. Yesterday I was feeling intimidated and inadequate and I repeated to myself what you said to me: "When you don't know something, jump in with ideas of what it could be; be eager to know the answer." Thank you for that inspiration... You have impacted my life. I love being a nurse even though it's very hard sometimes. Thank you for teaching me the skills I use now every day.

Another area of great college success in 2007 was community involvement. The college was recognized above all divisions and departments of Carolinas HealthCare System for its successful fundraising campaign for the Arts and Science Council. Not only did the college exceed its giving goal by well over 100%, but the campaign was recognized as creative, innovative, and inclusive. Staff contributions to Classroom Central, United Way, and Children's Miracle Network also all exceeded fundraising goals.

Change became a way of life in 2007. The final year of the previous strategic plan concluded in December. Though not all aspects of the plan were fully accomplished, those which were not provided a firm basis for the development of the new strategic plan. The 2008-2012 plan completed in December 2007 represents the culmination of a year-long, college-wide exercise, led by Provost Janice Terrell. The thorough process included an assessment of strengths and

opportunities as perceived by students, staff, and external constituents. Goals, action steps, and targets resulted from strategic “what if” questions and extensive departmental planning.

Change was also apparent as the college began in earnest preparations for its 2010 reaffirmation of accreditation from the Southern Association of Colleges and Schools. New committees and sub-groups of committees were formed to better guide and steer the process. The selection of a Quality Enhancement Program topic consumed much thought and discussion, and writing teams began to dissect the “why” and “how” of what we do, looking always at possibilities for process and outcomes improvement.

Change is sometimes motivated by fear. Such was the case in 2007’s emphasis on preparation for crisis and disaster. In recent years CCHS administrators have seen colleges literally washed away in flood tides, and student populations ravaged by terrorism and random acts of senseless violence. In another time, such incidents would have been dismissed as too improbable to plan for; but in 2007, wise administrators prepare for the unlikely. With the guidance of Hampton Hopkins, Dean of Student Services and Enrollment Management, CCHS developed its first Emergency Response Manual; went live with “The Communicator,” a technology allowing instant phone communication with all student and staff via home/cell/office phones; and implemented college-provided email accounts for all students, allowing expedited transmission of detailed information.

Change is occurring in how a health care education is delivered and validated. Simulated patient experiences are making didactic instruction come alive, while also enhancing patient safety and reducing the strain on clinical sites. At the forefront of this change, CCHS completed its simulation lab in early 2007, fully staffed it in 2007, and was planning the first expansion to the lab by late 2007. Both fundamental and advanced nursing classes were planning to use the lab extensively in 2008.

Recognition of outstanding work is part of the CCHS culture, and we recognized many people in 2007 for their contributions. Twelve staff members were recognized with “Values in Action” certificates, and ninety-six staff received “WOW Cards,” some coming from students and external constituents. From among several worthy nominees, the College Board of Directors made the decision to recognize Jane McCloskey as our Outstanding Educator and Radiologic Technology graduate Tim Ludwig as our Distinguished Alumnus. Ann Keathley was the college nominee for the CHS Pinnacle award. News releases announced degrees earned, offices held, or professional contributions made by twenty-three different staff members. Fifteen staff members were recognized for longevity with the college and/or the healthcare system. A few special honorees were outsiders. Our May graduation speaker, Dr. Yvonne Maddox, Deputy Director of the National Institutes of Health, Women and Children Division, shared her story of perseverance and commitment. The December graduation speaker, Dr. Jon Krohmer, Deputy Medical Director of the US Department of Homeland Security, reinforced the important theme of emergency preparedness. Perhaps most significantly, Susan Stricker’s forty-plus years of service were celebrated when she retired in June. Susan was an alumnus, former faculty member, and long time director of the School of Radiologic Technology. Her retirement brought many Rad Tech alumni back on campus for a farewell reception, and their generous contributions – coupled with those of staff and students – created the endowed Susan Stricker scholarship, one of three new endowed scholarships to come on line in 2007.

Success, Change, and Recognition were prominent themes in 2007, and each will continue to influence CCHS’s actions and outcomes in future years.

DEPARTMENTAL ACTIVITIES

FACULTY/ STAFF MEMBER	DESCRIPTION	DATE
Academic Affairs	Provided scheduling and support for new College Planning and Assessment Committees and Subcommittees	4/2007
Academic Affairs	Identified and coordinated purchase and training for new online accreditation certification review system	9/2007
Academic Affairs	Conducted successful search for new director of Radiologic Technology Program	6/2007
Administration	Met periodically with CH Foundation, CHS Workforce Development; NC Allied Health Workforce Council; Charlotte Women's Summit; Crossroads Charlotte, CAEC Board of Directors; Medical Education Department Chairs; CMC Department Managers, Advisory Committee and Board of Directors.	2007
Alumni Activities	Two new endowed scholarships were started.	2007
Board of Directors and Advisory Committee	Appropriate stake-holders demonstrated involvement and ownership of decisions made.	2007
Board of Directors; CHS Administration; Medical Education SVP	Received consensus support for moving forward with plans to seek Level II status (4-year degree granting).	2007
CCHS	On time performance reviews reached a record high.	2007
CCHS	Delinquent student immunizations reached an all time low.	2007
CCHS	Speakers of national reputation spoke at both May and December graduations.	2007
CCHS	All college managers have attended Gateway Leadership Academy. Six selected college leaders attended 3 two-day leadership development institutes.	2007
Nurse Aide Program (Millie Alexander)	Taught a group of Charlotte Mecklenburg School students about the NA program at CCHS. Our college programs were all involved in this student service activity	4/2007
President's Office	Student newsletters were distributed on time 12 consecutive months. Alumni Newsletters were distributed according to plans 3 times.	2007
School of Clinical Lab Sciences - Phlebotomy (Susan Thomasson)	Created Short Phlebotomy Course for Nursing Students	8/2007
School of Nursing (Deborah Blackwell and Sherri Marlow)	NLNAC Program Evaluators	2007
School of Radiologic Technology (Lucy Davison, Patty McCrary, Cathey Miller, Roy Smither)	Received 8-year program accreditation from the JRCERT.	10/2007
School of Radiologic Technology (Lucy Davison)	Member of search committee for new Rad Tech director.	2/2007
School of Surgical Technology (Becky Cuthbertson)	Researched RN First Assist programs and standards within the country. Provided feedback to AVP of Womens Health at CMC	8/2007
Simulation Lab	Lab is fully staffed, number of user groups is rapidly expanding, evaluations are outstanding.	2007
Student Services (Joy Godwin)	Advisor to the Student Government Association	2007

FACULTY/STAFF ACCOMPLISHMENTS

FACULTY/STAFF MEMBER	DESCRIPTION	DATE
Susan Bass, Millie Creech, Hampton Hopkins, Dana Mangum, Patty McCrary, Alaine Miller, Ellen Sheppard	Two administrators and several faculty completed additional degrees.	2007
Kim Bradshaw	Raised bar of expectation for staff performance in student computer lab	2007
Kim Bradshaw	Through departmental leadership, provided effective student accounting and financial aid to Mercy School of Nursing.	2007
Trish Campbell, Cathy Borysewicz, Deborah Blackwell	Certificate in Nursing Education from UNC-CH.	2007
Cathy Borysewicz, Sara Masters, Sherri Marlow	Certified Nurse Educator (CNE) by the NLN.	5/2007
Collegewide	Placed a record percentage of graduates within CHS.	2007
Collegewide	Five graduating groups scored 100% on certification exams: Med Tech (January and August); Nursing (December, 2007 class); Rad Tech; Paramedic.	2007
Lucy Davison	Developed new policy for radiation safety, clinical supervision and dress code.	2/2007
Ginger Fox	Promoted to Director of the Writing Center at Rowan Cabarrus Community College	2007
Lori Hight	Revised with team input the skill performance forms for all NA I skills	8/2007
Hampton Hopkins	Recipient of the UNC Charlotte College of Education Legacy for Leadership outstanding dissertation award	5/2007
Hampton Hopkins	Developed Emergency Response plan for the College; instituted system for auto-dialing staff and students in event of emergency situation.	7/2007
Leadership Team, Hampton Hopkins	Faced with potential for on-campus violence directed to a staff member, quickly instituted a plan which removed threat from the campus and made it possible for staff member to continue to work at external facility.	8/2007
Lori Lieving	Converted many surveys to electronic format, including processes for summarizing comments and organizing responses, notably the Personnel Comprehensive Assessment	2007
Lori Lieving	Converted Annual reports and IE reports to electronic format, saving college managers many hours of time.	2007
Lori Lieving	Led the extraordinarily successful effort to organize the college data drive.	2007
Lori Lieving	Led a campus-based Live Well group that provided health and wellness encouragement and information. Resulted in weight loss and life style	2007

	change for many, as well as teamwork.	
Sara Masters	Certified as an instructor of the Phi Theta Kappa Leadership Development Studies Program	2007
Cathey Miller	Developed skull anatomy and procedure class for Spring 2007	5/2007
Michele Pfaff	Served on the panel of experts at NCSBN	12/2007
Jill Powell	Nominated by NCASFSA to run for the vice-president position	5/2007
Sue Roux	Provided significant support in the reorganization of the College's Data Drive information	6/2007
Roy Smither	Completed training to become a site visitor for the JRCERT	11/2007
Dawn Swiderski, Jim Jay	Led the final phase of the project to expand the simulation lab, formalize procedures, enhance training and experience.	2007
John Tartt	Appointed to EMSECS Board of Directors	12/2007
John Tartt	Appointed to COMCARE Committee	12/2007
John Tartt	Expert Writer EMS Education Standards	3/2007
Janice Terrell	Led both the Strategic Planning and Accreditation Subcommittees' substantial planning activities throughout the year	2007
Janice Terrell	Formed and coordinated work of new Academic Team (Provost, Academic Deans and Directors)	7/2007
Wanda Thompson	'Train the Trainer' conference for "Improving the Nursing Care of Acutely Ill Elders" at UNC Chapel Hill. Participated with Charlotte AHEC in teaching the first class on January 16, 2008.	12/2007
Rebecca Troxell	Developed new General Education elective: IDS 100, Issues in Healthcare	2007
Brenda Vasquez	Nomination Committee for Oncology Nursing Society	2007

COMMUNITY INVOLVEMENT

DEPARTMENT	DESCRIPTION	DATE
Betty Anderson	Chaperoned Homeless Womens from the Salvation Army for an evening	11/2007
Betty Anderson	Supported a Christmas Angel from CCHS	12/2007
Cynthia Bean	Helped cook dinner for 300 people for 3 nights for a Church-sponsored Dinner Theater	12/2007
Deborah Blackwell	Health Literacy Group-Charlotte	2007
Business Office	100% participation in Arts & Science Council, CMN, United Way and CCHS Faculty/Staff campaigns.	2007
Trish Campbell; Michelle Pfaff	Program committee for the NC ADN Council	2007
Carla Cozzen	Delivered mini medical lecture on Skin for Discovery Place	7/2007
Becky Cuthbertson	Participated in "Job Shadowing" with area CMS high school students	2/2007
Becky Cuthbertson	Participated in Eastside Summer Enrichment Activity	7/2007
Becky Cuthbertson, Ivy Moore	Participated in Salvation Army Christmas Bureau	12/2007
Joy Godwin, Ann Keathley	Co-Chaired the ASC campaign and CCHS was first in participation and highest in percent over goal	3/2007
Joy Godwin	Team leader for medical mission trip to Guatemala	8/2007
Cyndie Hobson	Worked at CMS Elementary School Store	2007
Cyndie Hobson	Helped sponsor dinner/clothing for homeless women of Room at the Inn/Urban Ministries via church	11/2007
Cyndie Hobson	Coordinated with neighborhood and sponsored 20 kids Christmas Wish List for Thompson's Child and Family Focus Organization	12/2007
Hampton Hopkins	Elected to serve as the North Carolina state public policy representative to Region III of the National Association of Student Personnel Administrators (NASPA)	9/2007
Hampton Hopkins	Elected to the board of directors of the Charlotte-Mecklenburg Senior Centers	8/2007
Hampton Hopkins	Elected to the transportation advisory board for the Town of Stallings, NC	10/2007
Hampton Hopkins	Served as affiliate faculty member in the Department of Educational Leadership at UNC Charlotte	8/2007
Sara Masters	Board of Directors of Gamma Iota Chapter of Sigma Theta Tau	2007
Sara Masters	Secretary of NCNA District 5	2007
Sara Masters	Chemical Dependency Center's Prevention of Underage Drinking Committee	2007
Sara Masters	Served on a Medical Mission Team to Cap Haitian, Haiti	2007
Sara Masters	Chair of the South Mecklenburg High School School Leadership Team	2007
Jane McCloskey	Board of Directors for NC Associate Degree Council - State organization	2007
Jane McCloskey	Secretary NC National Organization of Associate Degree Educators	2007
Jane McCloskey	Awards Committee National Organization of Associate	2007

	Degree Educators	
Medical Technology students	Participated in Blood drive at the CCHS	2007
Michele Pfaff	Board of Visitors for Lifespan	2007
School of Clinical Laboratory Sciences faculty	Donated/Collected old/used cell phones for Battered Women's Shelter	2007
School of Clinical Laboratory Sciences faculty	Donated to United Way, Children's Miracle Network, Arts and Sciences Council	2007
School of Clinical Laboratory Sciences faculty/students	Participated in the Sister to Sister program	2/2007
Kelly Shirley	Fixed meals for in-city church through Calvary Church	2007
Kelly Shirley	Char-Meck Park clean-up day	4/2007
Janice Terrell	Appointed Charlotte Chamber Ambassador	2/2007
Susan Thomasson	Chair, Children's Miracle Network for CCHS	4/07
Susan Thomasson	Wrote Thank You notes to donors for CUP Ministry	2007
Wanda Thompson	Participated in the "Fall Flu and Pneumonia Vaccine Clinic" through Maxim Healthcare Services	9/2007, 10/2007, 11/2007
Suzanna Thornton	Delivered mini medical lecture on Skin for Discovery Place	7/2007
Kimberly Yarborough	As Chair of Community Involvement Committee, assisted in coordinating CCHS purchasing of Backpacks for Bruns, collection of school supplies, and coordination of Christmas Bureau Project (stockings, Angels & Silver Bells)	12/2007
Kimberly Yarborough	Served at Community Breakfast and clothing giveaway in Gastonia	10/2007
Kimberly Yarborough	Served and cooked for free Community Thanksgiving Dinner in Gastonia	11/2007
Kimberly Yarborough	Serving on CHS Community Involvement Council for the year	12/2007

PRESENTATIONS AND PUBLICATIONS

FACULTY/STAFF MEMBER	DESCRIPTION	DATE
Collegewide	Seven items highlighting CCHS were featured on Synapse. One network news story featured CCHS. CCHS was prominently featured in the widely distributed CHS "Economic Impact" video.	2007
Hampton Hopkins	Published an article in the online journal Leadership Abstracts of the League for Innovation in the Community College entitled "Customer service and student respect: A winning combination"	11/2007
Lynn Jordan, Jane McCloskey, and Michele Pfaff	Presentation at National Council of Associate Degree Educators on Cooperative Testing in Las Vegas NV	11/2007
Lori Lieving	Publication in scholarly journal "Aggressive Behavior" entitled "Human proactive aggression: Association with personality disorders and psychopathy"	11/2007
Jane McCloskey	Speaker Educational Resources INC- NCLEX Review	2007
John Tartt	UNCC EMS Management Institute	10/2007
Brenda Vasquez	Evaluating Clinical Performance of Nursing Students for CCHS Nursing Faculty	10/2007

ALUMNI FOCUS



Joey Pham, 2007 Medical Technology Graduate

Joey Pham is an August 2007 graduate of the Medical Technology Program in the School of Clinical Laboratory Sciences at Carolinas College of Health Sciences. Joey is of Vietnamese ethnicity but was born and raised in the Charlotte area. In 2006 Joey graduated from UNCC with a BS in biology with a concentration in microbiology. After graduating from UNCC, he searched for a career in which he could utilize his microbiology expertise and he chose the one year program medical technology program at CCHS. He is currently employed by Carolinas Laboratory Network in the Microbiology Department at Carolinas Medical Center.

The following paragraphs are comments that he made in reference to his year at CCHS, what the Medical Technology Program meant to him and how it prepared him to advance in his career path.

“My time in the program and at school in general was a pleasant experience, to say the least. The education that was provided in the program not only enhanced my knowledge in fields such as hematology, chemistry, microbiology, and immunohematology, but also in terms of teamwork, leadership, and communication skills. So, not only did this program challenge the mind, but also the personality. In my opinion, this aspect puts the Medical Technology program over any ordinary educational program.

In addition to the education, the faculty was outstanding. They were not only our teachers but our guides, as well. They displayed high levels of professionalism, helpfulness, and friendliness. This, in combination with the education, helped me in becoming a successful medical technologist and, more importantly, a better person.”

DEPARTMENTS & PROGRAMS

ACADEMIC AFFAIRS

Purpose of Unit:

Academic Affairs provides leadership and administrative support to academic programs in hiring and retaining effective program directors and staff members, developing and offering high quality academic programs, and maintaining strong fiscal management.

Annual Program Budget Summary:

- **Budget Allocated:** \$149,978
- **Ending Margin:** -12.8%
- **Significant Changes Made or Needed:** None

HIGHLIGHT #1 – MAINTAIN EXCELLENT LEADERSHIP AND SUPPORT
WHAT DID WE TRY TO ACCOMPLISH? Maintain excellent leadership in all academic programs and excellent levels of support for nursing, general education and allied health programs.
WHY IS THIS IMPORTANT? All of these areas are fundamental to providing excellent instruction and student learning outcomes.
WHAT DID WE DO? Provided testing and grading support for general education and allied health program faculty, despite turnover in support staff position mid-year.
HOW DID WE DO? Maintained effective response to faculty requests.
WHAT DO WE HOPE TO ACCOMPLISH NEXT YEAR? Shifting of some work responsibilities within the support staff to allow for special assignments related to reaccreditation review in 2010.

HIGHLIGHT #2 – FORMATION OF ACADEMIC TEAM
WHAT DID WE TRY TO ACCOMPLISH? Formation of a new functional group, the Academic Team,
WHY IS THIS IMPORTANT? Cooperation and collaboration among academic programs is fundamental to quality academic programs and operational efficiency.
WHAT DID WE DO? Initiated revision in faculty workload policy and other policies requiring revision for reaccreditation.
HOW DID WE DO? Initiated revision in faculty workload policy and other policies requiring revision for reaccreditation.
WHAT DO WE HOPE TO ACCOMPLISH NEXT YEAR? Effective leadership of implementation of the College's Strategic Plan, accreditation review preparations and lend direction to distance education policy formation and direction within each academic program.

HIGHLIGHT #3 – LEAD ACCREDITATION, PLANNING, AND DISTANCE EDUCATION EFFORTS

WHAT DID WE TRY TO ACCOMPLISH?

Provide leadership and coordination of the College Planning and Assessment Committee and subcommittees. Also provided start-up support for the College's Distance Education Committee and SACS reaccreditation efforts.

WHY IS THIS IMPORTANT?

Planning is important in determining not only the direction of the college, but in the allocation of resources to accomplish the College's mission and goals.

WHAT DID WE DO?

Led and supported work of the College Planning and Assessment Committee, Strategic Planning Subcommittee and Accreditation Subcommittee. Also, formed, led and supported work of the Distance Education Committee.

HOW DID WE DO?

Completed full process of strategic plan development during 2007. Initiated planning and implementation of processes for reaccreditation of the College in 2010 and for the College's initial online "hybrid" courses in Summer 2008.

WHAT DO WE HOPE TO ACCOMPLISH NEXT YEAR?

Implementation of the first year's (2008) activities toward achieving strategic planning goals. Also, accomplishing the majority of the work to document the college's compliance with SACS standards and requirements and begin development of the Quality Enhancement Plan. Successful "launch" of pilot online "hybrid" courses in Summer 2008.

LOWLIGHT #1 – GENERAL EDUCATION ASSESSMENT PLAN

WHAT DID WE TRY TO ACCOMPLISH?

Design and implementation of an integrated student outcomes assessment process for General Education across the college curricula

WHY IS THIS IMPORTANT?

Measurement of student learning outcomes is fundamental to continuous improvement of curricula, teaching effectiveness and student success.

WHAT DID WE DO?

Four student learning outcomes were identified by General Education faculty members and a measurement process for those outcomes was piloted in General Education courses during the Fall 2007 Term.

HOW DID WE DO?

Results of the pilot were inconclusive and did not provide the specificity of information needed for clear directions in improving curricula and teaching.

WHAT DO WE HOPE TO ACCOMPLISH NEXT YEAR?

During the 2008 the General Education department will be further refining the assessment plan to more carefully identify outcomes, measures and also be creating a cross-college curriculum map to determine General Education student learning outcomes and how those outcomes impact student success in degree and diploma programs.

ADMINISTRATION

Purpose of Unit:

The President oversees the daily operations of the College and delegates the powers and duties to administer and supervise academic and budgetary units to their appropriate administrators, including, but not limited to, the authority and responsibility for appointments, removal, reassignments, and other personnel decisions. Appropriate authority is delegated to administrators including, but not limited to, the provost, deans, and program/unit directors.

Included in this category are also budgetary responsibility for committees and their activities, Governing Board and Advisory Committee, alumni affairs, non-departmental professional development (Moodle training, Simulation Training) and many expenses related to institutional accreditation and related endeavors.

Annual Program Budget Summary:

- **Budget Allocated:** \$245,819
- **Ending Margin:** 6.1%
- **Significant Changes Made or Needed:** Expenditures related to SACS accreditation and to further improving employee and student satisfaction were not appropriated and budgeted . (The raising of the bar of satisfaction expectation from "satisfactory" to "4.0 on a 5.0 scale" was not anticipated and occurred mid-year. Subsequent efforts to meet expectations at the 80% level created budget variance.) Gateway academy charges for leaders exceeded anticipated professional development expenses.

HIGHLIGHT #1 – EXPAND USE OF SIMULATION LAB
WHAT DID WE TRY TO ACCOMPLISH? Imbed patient simulation into program curricula. Expand use to CMC and Medical Education.
WHY IS THIS IMPORTANT? Effective use of resources; improved medical, nursing, and allied health education, improved patient safety, expanded CCHS visibility.
WHAT DID WE DO? Completed project and held open house in February. Fully staffed the simulation lab by December. Entered into partnership with CMC for shared ownership of lab and for access to Medical Director. Contracted with AHEC for use of lab. Provided speaker and assistance for nursing. Agreed to purchase nursing curriculum scenarios. Spent over \$17,000 on training for Sim Center staff and CCHS personnel.
HOW DID WE DO? Well! Use of the lab has been increasing each month since February. Now being used regularly by five entities (Med Center Air, EMS, CCHS Nursing, AHEC, CTC).
WHAT DO WE HOPE TO ACCOMPLISH NEXT YEAR? Continued expansion of use; development of new partnerships; increase in external revenue.

HIGHLIGHT #2 – INCREASED COMMUNITY VISIBILITY

WHAT DID WE TRY TO ACCOMPLISH?

Expanded visibility for CCHS.

WHY IS THIS IMPORTANT?

Increased applicant pool (which generally means increased admissions selectivity); increased perception of quality among students and staff.

WHAT DID WE DO?

Regular submissions of articles to New Directions, Synapse, Charlotte Observer & other papers, and to CHS Marketing. Continued upgrading of website. National speakers at two graduations. Quarterly releases of accomplishments to CHS Board of Trustees. Release time and encouragement to staff and faculty to serve on external boards, committees. Held a regional workshop on campus.

HOW DID WE DO?

Seven items highlighting CCHS were featured on Synapse. One network news story featured CCHS. CCHS was prominently featured in the widely distributed CHS "Economic Impact" video. At least three CCHS administrators are serving on community boards. Number of applicants, however, is not up.

WHAT DO WE HOPE TO ACCOMPLISH NEXT YEAR?

Continue efforts to increase visibility through releases of information and participation in community organizations. Increase in number of applicants by 3%.

HIGHLIGHT #3 – IMPROVE INSTITUTIONAL RESEARCH PROCESS

WHAT DID WE TRY TO ACCOMPLISH?

Continue to develop electronic infrastructure for IE and Annual reporting, for conducting surveys and organizing survey data. Organized the Data Drive.

WHY IS THIS IMPORTANT?

Efficiency of management time, ease of responding to surveys (hence increased response rate), retrievability of saved data, accessibility of data to entire college. .

WHAT DID WE DO?

Converted many surveys to electronic format, including processes for summarizing comments and organizing responses, notably the Personnel Comprehensive Assessment; converted Annual reports and IE reports to electronic format, saving college managers many hours of time.

HOW DID WE DO?

Succeeded beyond wildest dreams.

WHAT DO WE HOPE TO ACCOMPLISH NEXT YEAR?

Continued vigilance to organization of the data drive; continued attention to security of saved data; continued expansion of electronic gathering and summarization of data.

LOWLIGHT #1 – CAHEAP ACCREDITATION APPLICATION

WHAT DID WE TRY TO ACCOMPLISH?

Application for CAHEAP accreditation was to be submitted.

WHY IS THIS IMPORTANT?

As a quality goal, all programs strive to be programmatically accredited.

WHAT DID WE DO?

Preliminary research; began preparations for the application

HOW DID WE DO?

Did not reach goal.

WHAT DO WE HOPE TO ACCOMPLISH NEXT YEAR?

Application for CAHEAP accreditation will be submitted by December 31, 2008.

LOWLIGHT #2 – ONLINE COURSE REGISTRATION

WHAT DID WE TRY TO ACCOMPLISH?

Students will be able to register for classes online.

WHY IS THIS IMPORTANT?

To meet student expectations for access and excellence.

WHAT DID WE DO?

Provided additional FX Scholar training. Received approval of IS to pursue. Hired new registrar.

HOW DID WE DO?

Poorly. Discovered problems in Registrar data that needed to be cleaned up prior to proceeding. Registrar resigned, citing inadequate training. Using student work studies to clean up data is proving inefficient and error prone.

WHAT DO WE HOPE TO ACCOMPLISH NEXT YEAR?

Students will be able to register for classes online during fall semester, 2008 (for spring semester 2009).

LOWLIGHT #3 – ONLINE COURSE OFFERINGS

WHAT DID WE TRY TO ACCOMPLISH?

Online classes will be taught by CCHS faculty..

WHY IS THIS IMPORTANT?

To meet student and community expectations for access and excellence.

WHAT DID WE DO?

Secured IS approval. Purchased contract for support. Arranged training.

HOW DID WE DO?

Good progress. NLNAC criteria problematic.

WHAT DO WE HOPE TO ACCOMPLISH NEXT YEAR?

Limited online classes will be taught by CCHS by fall, 2008.

BUSINESS OFFICE

Purpose of Unit:

The purpose of the Business Office is to provide business and financial services to the college in the areas of accounting and tuition management, financial aid, budgeting, purchasing, debt management, internal auditing, management of the bookstore, all other cashiering functions, and oversight of the College technology functions.

Annual Program Budget Summary:

- **Budget Allocated:** \$344,749.00
- **Ending Margin:** 11.4%
- **Significant Changes Made or Needed:** Expenses for student scholarships in 2007 was left out of the budget for the Business Office which created the budget deficit. Scholarships were included in the 2008 budget.

HIGHLIGHT #1 – MAINTAIN LOW STUDENT LOAN DEFAULT RATE
WHAT DID WE TRY TO ACCOMPLISH? Maintain the Federal Stafford Loan default rate for CCHS below 5%.
WHY IS THIS IMPORTANT? Schools are required to maintain a low default rate in order to remain eligible for the loan program and other Federal aid programs. If a school maintains a rate below 10% then the school is eligible for additional loan provisions. Schools who have a rate over 25% risk losing Federal aid.
WHAT DID WE DO? The financial aid officer provides entrance and exit loan counseling to students along with using the online service "Mapping Your Future" to ensure borrowers understand their responsibilities.
HOW DID WE DO? The most recent cohort default rate for CCHS is 3.6%.
WHAT DO WE HOPE TO ACCOMPLISH NEXT YEAR? Remain at a cohort default rate of under 5%.

HIGHLIGHT #2 – INCREASE STUDENT FINANCIAL AID

WHAT DID WE TRY TO ACCOMPLISH?

Increase financial aid funding for our students.

WHY IS THIS IMPORTANT?

Students need financial assistance with college expenses to be able to enroll and complete the program successfully.

WHAT DID WE DO?

During the 2006-2007 academic year the college provided financial aid resources in the form of Federal Pell Grants, Supplemental Educational Opportunity Grants, Stafford Loans, Alternative Loans, Federal Work-Study, CHS Loan Forgiveness Program, Scholarships and Veteran's Benefits. In the fall 2007 CCHS also became eligible for the NC Education Lottery Scholarships.

HOW DID WE DO?

Funding for the 2006-2007 academic year increased 9% over the previous year to \$2,094,849.

WHAT DO WE HOPE TO ACCOMPLISH NEXT YEAR?

Continue to increase the funding that is available to our students.

HIGHLIGHT #3 – LOW NUMBER OF CHS LOAN ON COLLECTION

WHAT DID WE TRY TO ACCOMPLISH?

Improve information distribution and billing on the CHS Loan program so that no more than 80 CCHS accounts progress to collections in 2007.

WHY IS THIS IMPORTANT?

Decreasing the amount of loans in collections also decreases the percentage risk of loans that will default and eventually need to be written-off.

WHAT DID WE DO?

Worked with our billing company, ACS, to improve communication with borrowers. ACS started sending monthly invoices to borrowers.

HOW DID WE DO?

Only 21 loans went to collections in 2007.

WHAT DO WE HOPE TO ACCOMPLISH NEXT YEAR?

We will continue to work with ACS to keep accounts current and reduce the amount of loans referred to collections.

LOWLIGHT #1 – SATISFACTION WITH CLASSROOM TECHNOLOGY

WHAT DID WE TRY TO ACCOMPLISH?

Faculty/Staff assessment of technology on the Personnel Comprehensive Assessment question "Classroom instructional equipment which allows me to implement teaching strategies appropriate to my discipline is available" (modified for 2006) will be 4.0 or better.

WHY IS THIS IMPORTANT?

In order to deliver quality educational programs it is important to provide the technology resources needed by faculty.

WHAT DID WE DO?

In 2007, CCHS began replacing the mobile powerpoint carts with Smart Systems in each classroom.

HOW DID WE DO?

Not all classroom installations were completed in 2007. The personnel survey results in the area of classroom instructional technology rated below 4.0 at 3.6.

WHAT DO WE HOPE TO ACCOMPLISH NEXT YEAR?

Technology improvements were included as part of the strategic plan for the college. In 2008 all classrooms should be equipped with Smart Systems for instructional use.

GENERAL EDUCATION

Purpose of Unit: The general education component of the curricula support the purpose of the College by opening doors to a broader understanding of society and self, as students develop into responsible professionals in the health sciences. These courses, coupled with the courses in the major, also help the student develop competencies in reading, writing, oral communication, basic mathematical skills, and the use of the computer.

Annual Program Budget Summary:

- **Budget Allocated:** \$295,022
- **Ending Margin:** -26.1%
- **Significant Changes Made or Needed:** none

HIGHLIGHT #1 –MICROBIOLOGY LAB CAPSTONE ASSIGNMENT
<p>WHAT DID WE TRY TO ACCOMPLISH? Incorporate a "capstone" exercise in Bio 103 lab that incorporates many of the lab principles learned throughout the semester.</p>
<p>WHY IS THIS IMPORTANT? To stimulate the student to higher level thought processes such as application and synthesis</p>
<p>WHAT DID WE DO? A bacterial unknown exercise was developed for the Microbiology lab. The exercise requires multiple lab sessions, incorporates concepts from many individual labs and requires analysis of the data by the student in order to draw the correct conclusion.</p>
<p>HOW DID WE DO? For the most part, students did very well on this exercise.</p>
<p>WHAT DO WE HOPE TO ACCOMPLISH NEXT YEAR? Continue to offer courses that enrich students and that will transfer for those students continuing in their education.</p>

HIGHLIGHT #2 – DEVELOP GENERAL EDUCATION ELECTIVE
<p>WHAT DID WE TRY TO ACCOMPLISH? Offer an elective for CCHS students which would be not only relevant and enriching for students, but serve as a teaching tool for developing writing skills and higher level thought processes</p>
<p>WHY IS THIS IMPORTANT? To reinforce the Gen Ed learning outcomes of clear communication skills and promote higher learning processes such as application and synthesis of content.</p>
<p>WHAT DID WE DO? Rebecca Troxell developed an interdisciplinary course, Issues in Healthcare, which challenges students to a deeper examination of the current issues in healthcare to which they will be exposed when they begin to practice. Assessment methods that included short answer/essay questions on tests and class presentations were used in addition to the regular objective tests.</p>
<p>HOW DID WE DO? Student evaluations indicate that 14 out of 14 students rated the course as excellent in every category. Kudos!</p>
<p>WHAT DO WE HOPE TO ACCOMPLISH NEXT YEAR? Continue the course, with ongoing refinements.</p>

LOWLIGHT #1 – IMPROVE COURSE SCHEDULING

WHAT DID WE TRY TO ACCOMPLISH?

Improve scheduling of classes to improve learning experiences for students and accommodate the needs of instructors

WHY IS THIS IMPORTANT?

Students have demanding schedules, both academically and personally. Class offering times can help to promote or to hinder learning. Instructors also get mentally, as well as physically, depleted with longer, extended days.

WHAT DID WE DO?

Scheduling meetings were held to discuss the schedule. (Scheduling science labs is particularly difficult)

HOW DID WE DO?

MSON was quite disappointed with the Microbiology schedule for their students. They felt that it was not conducive to student learning.

WHAT DO WE HOPE TO ACCOMPLISH NEXT YEAR?

Improve the schedules for students and faculty. Synchronize the clinical schedules of 2 of the 3 programs that require Microbiology in the Spring.

LOWLIGHT #2 – GENERAL EDUCATION ASSESSMENT

WHAT DID WE TRY TO ACCOMPLISH?

Assess the general Education courses on a course by course basis.

WHY IS THIS IMPORTANT?

Assessment is important tool in analyzing the effectiveness of course curricula and instructional methods. Additionally, it is a requirement for accreditation of the College.

WHAT DID WE DO?

Four Learning Outcomes were generated through meetings with General Education faculty. An assessment matrix was developed for each course in which all assignments were listed along with the criteria for student success in meeting the learning outcomes, the results of the assessment and the use of the assessment data.

HOW DID WE DO?

This is the first comprehensive, course by course assessment of the General Education curricula. The process proved very enlightening in terms of highlighting areas of strength and areas of weakness in the general Education curricula.

WHAT DO WE HOPE TO ACCOMPLISH NEXT YEAR?

Assessment is an ongoing process. Next year, and in the coming years, the General Education Learning Outcomes will be discussed and revised, the assessment activities will be revised, the assessment matrix for individual courses will be revised and refined by the individual course instructors and the criteria chosen for student success in meeting the learning outcomes will be revised. A General Education Assessment Plan has been developed which specifies the times at which the General Education assessment results will be analyzed and discussed by faculty. This will occur annually.

NURSE AIDE

Purpose of Unit: The Nurse Aide program is designed to train health care assistants in basic skills necessary to assist nurses in a variety of health care settings and to be efficient health care team members.

- **Budget Allocated:** Nursing assistant budget included in nursing budget
- **Significant Budget Changes Made or Needed:** N/A

HIGHLIGHT #1 – HIGH NA I CERTIFICATION PASS RATES
<p>WHAT DID WE TRY TO ACCOMPLISH? To achieve 95 % or higher on first time pass rates on the NA I certification examination.</p>
<p>WHY IS THIS IMPORTANT? A certification means guidelines have been met to practice as a nursing assistant. In NC certification is required to work as a nursing assistant. The certification process is mandated by the NC Division of Health and Service Regulatory System. First time success on this exam is a benchmark of program success.</p>
<p>WHAT DID WE DO? In 2007 CCHS NA I program had a 100% pass rate for the written exam and 96% pass rate for the skill performance. NC had a 94% pass rate for the written exam and a 75% pass rate on the skill performance.</p>
<p>HOW DID WE DO? We surpassed our goal for certification on written and skill performance.</p>
<p>WHAT DO WE HOPE TO ACCOMPLISH NEXT YEAR? Continue high level of success on the certification examination.</p>

HIGHLIGHT #1 – HIGH NA II CERTIFICATION PASS RATES
<p>WHAT DID WE TRY TO ACCOMPLISH? To achieve 95% on first time pass rate with the NA II certification.</p>
<p>WHY IS THIS IMPORTANT? A certification means guidelines have been met to practice as a nursing assistant II. In NC certification is required to work as a nursing assistant II. The certification process is mandated by the NC Board of Nursing. First time success on this exam is a benchmark of program success.</p>
<p>WHAT DID WE DO? We had a 100% certification first time pass rate in 2007.</p>
<p>HOW DID WE DO? The 5 PRN positions were posted. Interviews were conducted and 4 out of the 5 positions have been filled. Interviews are being set up for the last PRN position.</p>
<p>WHAT DO WE HOPE TO ACCOMPLISH NEXT YEAR? We want a full staff that is consistent with the students as well as a program that meets the majority of the clients expectations.</p>

LOWLIGHT #1 – EFFECTIVELY MANAGE NURSE AIDE BUDGET

WHAT DID WE TRY TO ACCOMPLISH?

A cost center for the nursing assistant program

WHY IS THIS IMPORTANT?

The nursing assistant budget was combined with the nursing department. In order to financially manage the program accurately, the two costs centers were separated. This separation will allow the NA program to have a more accurate program financial picture and manage program costs more efficiently.

WHAT DID WE DO?

As of January of 2008 employees have a nursing assistant cost center number to record their worked hours which will help with managing FTE's. To save on instructor cost we changed the format of teaching lab skills. Instead of the instructor demonstrating the skills with student practice, we have implemented "guided practice". Students are now divided into groups at the bedside with their resources and the instructor guides and supervises the group through the skills. Students are practicing as they are performing the skills with the instructor. This change has reduced lab time which has decreased the amount of time for instructor supervision. Plans are in place to delivery some course content via DVD in place of instructor time.

HOW DID WE DO?

The nursing assistant program coordinator, the Dean of Nursing, and the Director of Business and Finance worked together within CHS processes to have this accomplished.

WHAT DO WE HOPE TO ACCOMPLISH NEXT YEAR?

To know the nursing assistant program actual cost and revenue will permit better financial management and budget control.

SCHOOL OF CLINICAL LABORATORY SCIENCES - MEDICAL TECHNOLOGY PROGRAM

Purpose of Unit: In support of the mission of the College, the purpose of the Clinical Laboratory Science programs of study is to prepare graduates to function as providers of service in a laboratory. The medical technologist/clinical laboratory scientist is an allied health professional who is qualified by academic and practical training to provide service in clinical laboratory science. Graduates are prepared to perform entry-level laboratory skills in a variety of settings and to seek continuing education opportunities. The curriculum is designed to develop critical thinking skills by integrating theoretical concepts with clinical laboratory training. The Phlebotomist is qualified to obtain blood samples for diagnostic or therapeutic procedures. Graduates of both programs receive a certificate that is not contingent upon passing a certification or licensure exam.

Annual Program Budget Summary:

- **Budget Allocated:** 362,985
- **Ending Margin:** -3.6%
- **Significant Changes Made or Needed:** none

HIGHLIGHT #1 – 100% EXAM PASS RATE
WHAT DID WE TRY TO ACCOMPLISH? 100% passing rate on BOR
WHY IS THIS IMPORTANT? Outcomes analysis and program accreditation
WHAT DID WE DO? Reviewed and ordered practice tests from BOR also used a review CD from UNC
HOW DID WE DO? 100% passing rate
WHAT DO WE HOPE TO ACCOMPLISH NEXT YEAR? Continue with the pass rates

HIGHLIGHT #2 – RECRUIT MORE JANUARY STUDENTS

WHAT DID WE TRY TO ACCOMPLISH?

Filled January 2007-January 2008 Class with 4 students. (prior to this unable to recruit 4 as of yet)

WHY IS THIS IMPORTANT?

To fill vacancies in CMC lab.

WHAT DID WE DO?

Recruited and put a new power point about the profession on our website.

HOW DID WE DO?

Contacted the advisors at universities and put a better power point on the website.

WHAT DO WE HOPE TO ACCOMPLISH NEXT YEAR?

Continue to fill both classes with qualified students-August (8) and January(4)

HIGHLIGHT #3 – GRADUATE PLACEMENT

WHAT DID WE TRY TO ACCOMPLISH?

100 % placement of students prior to graduation.

WHY IS THIS IMPORTANT?

Want students placed and not to have to worry about a job.

WHAT DID WE DO?

Worked with new grad center and CMC-Lab

HOW DID WE DO?

100% placement. Placed 6 from August 2007 and 3 from January 2007 at CHS. The other 2 Aug 2007 graduates were placed out of the system.

WHAT DO WE HOPE TO ACCOMPLISH NEXT YEAR?

Continue with high placment percentages.

LOWLIGHT #1 – USE FX SCHOLAR FOR GPA CALCULATION

WHAT DID WE TRY TO ACCOMPLISH?

Tried to get FX Scholar to calculate GPA using contact hours for the Med Tech courses.

WHY IS THIS IMPORTANT?

For SACS purposes and student GPA's.

WHAT DID WE DO?

Communicated need with Student Services to assist in troubleshooting process.

HOW DID WE DO?

Unsuccessful

WHAT DO WE HOPE TO ACCOMPLISH NEXT YEAR?

Student Services to get Champlain to set this conversion up for Med Tech Program

LOWLIGHT #2 – REVISE CURRICULUM
WHAT DID WE TRY TO ACCOMPLISH? Work on the curriculum for TB, Mycology and virology
WHY IS THIS IMPORTANT? Curriculum requirement
WHAT DID WE DO? Revamped it
HOW DID WE DO? Still have received negative comments on these presentations
WHAT DO WE HOPE TO ACCOMPLISH NEXT YEAR? Revamping again to see if we can get more positive comments.

LOWLIGHT #3 – INCREASE PRN JOBS
WHAT DID WE TRY TO ACCOMPLISH? To get more PRN jobs in the CMC laboratory.
WHY IS THIS IMPORTANT? So students can have additional money resources and experience.
WHAT DID WE DO? Contacted the lab director at CMC.
HOW DID WE DO? Poorly--we do have a few jobs at CMC but more students have expressed the desire to work.
WHAT DO WE HOPE TO ACCOMPLISH NEXT YEAR? To obtain more PRN slots at CMC for the students. .

SCHOOL OF CLINICAL LABORATORY SCIENCES - PHLEBOTOMY PROGRAM

Purpose of Unit: In support of the mission of the College, the purpose of the Clinical Laboratory Science programs of study is to prepare graduates to function as providers of service in a laboratory. The medical technologist/clinical laboratory scientist is an allied health professional who is qualified by academic and practical training to provide service in clinical laboratory science. Graduates are prepared to perform entry-level laboratory skills in a variety of settings and to seek continuing education opportunities. The curriculum is designed to develop critical thinking skills by integrating theoretical concepts with clinical laboratory training. The Phlebotomist is qualified to obtain blood samples for diagnostic or therapeutic procedures. Graduates of both programs receive a certificate that is not contingent upon passing a certification or licensure exam.

HIGHLIGHT #1 – MORE STUDENT CLINICAL SITES AVAILABLE
WHAT DID WE TRY TO ACCOMPLISH? Have more clinical sites available for student clinicals
WHY IS THIS IMPORTANT? To have more options for students who live in the region; to try to reduce travel time and expense for students
WHAT DID WE DO? Arranged for 4 additional sites
HOW DID WE DO? One site did not work out, three did work out
WHAT DO WE HOPE TO ACCOMPLISH NEXT YEAR? Integrate more of the Mecklenburg Medical Group offices into the clinical rotation mix.

HIGHLIGHT #2 – COMMUNITY INVOLVEMENT
WHAT DID WE TRY TO ACCOMPLISH? Community Involvement
WHY IS THIS IMPORTANT? Involved students in community service, get clinical practice and, more recognition for CCHS
WHAT DID WE DO? Students participated in Heart of a Woman/Sister to Sister: February 16, 2007. offering fingersticks for testing to 300-400 women
HOW DID WE DO? Awesome experience. Great experience for students and participants
WHAT DO WE HOPE TO ACCOMPLISH NEXT YEAR? We will try to be involved at least once a year in a community project.

HIGHLIGHT #3 – INCREASE CERTIFICATION EXAMS
WHAT DID WE TRY TO ACCOMPLISH? Encourage participants to obtain national certification
WHY IS THIS IMPORTANT? Increase professional recognition and development
WHAT DID WE DO? 3 students only took the national exam
HOW DID WE DO? 100% pass of those taking the exam; Program mean = 555 national mean = 519
WHAT DO WE HOPE TO ACCOMPLISH NEXT YEAR? Have more students take the national certification exam

LOWLIGHT #1 – INCREASE OUTSIDE SPEAKERS
WHAT DID WE TRY TO ACCOMPLISH? Increase number of outside speakers/content experts
WHY IS THIS IMPORTANT? To expose students to other speakers with expertise in the field
WHAT DID WE DO? Added time to Point of Care lecture/demo; invited Test Tube rep for talk, streamlined HR talk to include interviews, application, and hiring process
HOW DID WE DO? Evaluations were positive
WHAT DO WE HOPE TO ACCOMPLISH NEXT YEAR? Move to a hybrid course using Moodle, make Coordinator more of a coordinator, utilize more content experts in teaching/guest speakers

SCHOOL OF EMERGENCY MEDICAL SCIENCES

Purpose of Unit: In support of the mission of the College and Department of Emergency Medicine, this curriculum is designed to prepare graduates to enter the workforce as paramedics. Additionally, the program can provide an Associate Degree for individuals desiring an opportunity for career enhancement. This course of study provides the student an opportunity to acquire basic and advanced life support knowledge and skills by utilizing classroom instruction, practical laboratory sessions, hospital clinical experience, and field internship with emergency medical service agencies. Students progressing through the program become eligible to apply for both state and national credentialing exams. Employment opportunities include ambulance services, fire and rescue agencies, air medical services, specialty areas of hospitals, industry, educational institutions, and government agencies.

Annual Program Budget Summary:

- **Budget Allocated:** 169,668.00
- **Ending Margin:** 0
- **Significant Changes Made or Needed:** Enter contractual agreement with MEDIC to provide 4 EMT courses per year for new employees.

HIGHLIGHT #1 – MAINTAIN EXAM FIRST TIME PASS RATE
WHAT DID WE TRY TO ACCOMPLISH? Maintain 100% First Time Pass Rate on NC Paramedic Exam
WHY IS THIS IMPORTANT? Quality Educational Experience
WHAT DID WE DO? Maintain high education standards and incorporate peer evaluation of faculty
HOW DID WE DO? 100% first time pass rate accomplished
WHAT DO WE HOPE TO ACCOMPLISH NEXT YEAR? Maintain the 100% mark

HIGHLIGHT #2 – GRADUATE PART-TIME PROGRAM
WHAT DID WE TRY TO ACCOMPLISH? Graduate the part time community program
WHY IS THIS IMPORTANT? First time we ran two simultaneous paramedic programs
WHAT DID WE DO? Maintained curriculum to adhere to projected December 2007 graduation
HOW DID WE DO? Candidates walked at December Graduation ceremony
WHAT DO WE HOPE TO ACCOMPLISH NEXT YEAR? Program will not be offered in 2008

HIGHLIGHT #3 – ESTABLISH CONTRACT WITH MEDIC FOR EMT COURSES

WHAT DID WE TRY TO ACCOMPLISH?

Establish contract with MEDIC for 4 EMT courses per year

WHY IS THIS IMPORTANT?

Increase revenue and increase quality of new employee for MEDIC

WHAT DID WE DO?

Established contractual agreement

HOW DID WE DO?

Contract signed by both parties in late 2007

WHAT DO WE HOPE TO ACCOMPLISH NEXT YEAR?

Maintain contract, teach 4 EMT courses per year, increase fee by at least 4%

LOWLIGHT #1 – HIGH ATTRITION RATE

WHAT DID WE TRY TO ACCOMPLISH?

High attrition rate for 2007 graduating class

WHY IS THIS IMPORTANT?

Community needs paramedics

WHAT DID WE DO?

Revised the ranking process for 2008 class to incorporate ERE (Emergency Readiness Exam) to evaluate current EMT knowledge

HOW DID WE DO?

ERE administered to all candidates but still need to work on ranking criteria

WHAT DO WE HOPE TO ACCOMPLISH NEXT YEAR?

Continue to focus on high attrition rate and further develop ranking process

LOWLIGHT #2 – INCREASE NUMBER OF FULL-TIME FACULTY

WHAT DID WE TRY TO ACCOMPLISH?

Increase number of full time faculty

WHY IS THIS IMPORTANT?

Increased work load by adding 4 EMT classes annually

WHAT DID WE DO?

Worked with Center for Prehospital Medicine to write job description for additional full time faculty position

HOW DID WE DO?

Position written but not posted in 2007

WHAT DO WE HOPE TO ACCOMPLISH NEXT YEAR?

Hire one additional full time faculty member

SCHOOL OF NURSING

Purpose of Unit: In support of the College Mission, the nursing program of study prepares graduates to practice entry-level nursing according to the core components of nursing practice as outlined by the National League for Nursing, in a variety of healthcare settings. The core components and competencies include: professional behaviors, communication, assessment, clinical decision making, caring interventions, teaching and learning, collaboration, and managing care.

Annual Program Budget Summary:

- **Budget Allocated:** 1,852,295
- **Ending Margin:** 3.3%
- **Significant Changes Made or Needed:** None

HIGHLIGHT #1 – COOPERATIVE TESTING ACROSS THE CURRICULUM
WHAT DID WE TRY TO ACCOMPLISH? Provide an additional opportunity for students to use a reflective learning technique (cooperative testing) to increase nursing knowledge and program success
WHY IS THIS IMPORTANT? Increase students ability to process nursing content (reflective learning) and to critically think in the evaluative environment (testing)
WHAT DID WE DO? Students in the advanced level course and two intermediate level courses initiated the cooperative testing option with the first course implementation in the Summer 2006. Cooperative testing permits students to take the unit test as a group immediately after individualized testing. The goals of cooperative testing were to increase student reflective learning opportunities and to develop student collaborative abilities.
HOW DID WE DO? Three faculty (L. Jordan, J. McCloskey, and M Pfaff) analyzed student data (N=343) in courses implementing the cooperative testing from Summer 2006 to Summer 2007. Initial quantitative findings were: <ol style="list-style-type: none">1. All students in this cohort passed boards the first attempt.2. Awarding students added points for their cooperative test grade did not statistically impact the overall number of students passing the course. In other words, cooperative testing points did not inflate student grades but did provide students with an incentive to put in their best group effort. Anecdotal student data suggested increased student processing of tested content with cooperative testing as well as the provision another avenue for students to experience group process and collaboration. The aforementioned faculty presented their research at the National NOADN Conference in Las Vegas in the Fall 2007. The objectives for their presentation were as follows: <ol style="list-style-type: none">1 Identify three benefits to cooperative testing2 Summarize ways cooperative testing plays a role in improving student satisfaction and develops their collaborative abilities3 Examine the impact of cooperative testing on student outcomes. By presenting at a national level, the faculty have increased visibility for the college and the nursing program. Presentation session evaluation scores ranged from 87.5 – 98.18 with excellent feedback comments.
WHAT DO WE HOPE TO ACCOMPLISH NEXT YEAR? Implement cooperative testing in all courses in the nursing program

LOWLIGHT #1 – NURTURING AN ENVIRONMENT OF COLLEGIAL SUPPORT

WHAT DID WE TRY TO ACCOMPLISH?

Create a working environment where faculty/staff perceives support by colleagues.

WHY IS THIS IMPORTANT?

A supportive work environment strengthens faculty/staff relationships, improves collegial communication, and builds a sense of teamwork.

WHAT DID WE DO?

Provided opportunities:

1. To increase transparency of faculty/staff communication
2. To dialogue openly with administration regarding potential problem areas
3. To offer educational venues to discuss professional communication and teamwork/team building

HOW DID WE DO?

Consistent opportunity is provided at each nursing faculty/staff meeting to share significant personal or professional information with the group. School of Nursing administration has an open door policy related to communication with faculty/staff and assistance with collegial support issues. The annual faculty development workshop provided an educational opportunity that specifically addressed communication and team building.

WHAT DO WE HOPE TO ACCOMPLISH NEXT YEAR?

To experience continued positive growth as an environment of collegial support

SCHOOL OF RADIOLOGIC TECHNOLOGY

Purpose of Unit: Radiologic science is the study and use of ionizing radiation and other forms of energy to provide technical information and assistance to a physician to diagnose disease and injuries. In support of the purpose of the college, the Radiologic Technology Program of study prepares graduates who have a foundation in the performance of basic diagnostic imaging procedures. Graduates are prepared to practice entry-level diagnostic imaging procedures in a variety of settings and to seek life-long learning opportunities.

Annual Program Budget Summary:

- **Budget Allocated:** 287,422
- **Ending Margin:** 3.3%
- **Significant Changes Made or Needed:** Changes made for the purpose of program director recruitment activities and relocation expenses.

HIGHLIGHT #1 – REGARD STUDENTS AS FOCAL POINT OF PROGRAM
WHAT DID WE TRY TO ACCOMPLISH? The program will regard students as the focal point of the program.
WHY IS THIS IMPORTANT? To assure that students will be provided with satisfactory class/lab/clinical experiences.
WHAT DID WE DO? The program measured success by end of program evaluations.
HOW DID WE DO? Surveys returned with an average rating of 4.9 on a 5-point scale.
WHAT DO WE HOPE TO ACCOMPLISH NEXT YEAR? The program hopes to maintain current level of student success.

HIGHLIGHT #2 – REARRANGE COURSE SEQUENCING
WHAT DID WE TRY TO ACCOMPLISH? A rearrangement of classes listed in the curriculum to better prepare students for success within the program.
WHY IS THIS IMPORTANT? Students usually fail or withdraw after the first semester. By including a math class prior to physics being taught, the students chances are dramatically increased.
WHAT DID WE DO? Classes such as math and level 2 literature were added to the program curriculum.
HOW DID WE DO? The change will be monitored when it is implemented Spring 2008.
WHAT DO WE HOPE TO ACCOMPLISH NEXT YEAR? A better overall grade percentage per student in physics class.

HIGHLIGHT #3 – IMPROVE CRITICAL THINKING

WHAT DID WE TRY TO ACCOMPLISH?

Students will develop problem solving and critical thinking skills.

WHY IS THIS IMPORTANT?

Student need to be able to adjust exposure factors and vary positioning techniques for a variety of patients.

WHAT DID WE DO?

Revised the critical thinking class material presented in class.

HOW DID WE DO?

Based on graduate surveys, graduates ranked this area at 4.57 on a 5-point scale.

WHAT DO WE HOPE TO ACCOMPLISH NEXT YEAR?

The program hopes to maintain current level of student success.

LOWLIGHT #1 – GRADUATE PLACEMENT

WHAT DID WE TRY TO ACCOMPLISH?

That students will receive job placement assistance prior to program completion.

WHY IS THIS IMPORTANT?

Student should be employed at the completion of the program.

WHAT DID WE DO?

Held employment open house for students with hiring managers from CHS

HOW DID WE DO?

Based on graduate surveys, graduates rated this area at an average of 3.5 on a 5-point scale.

WHAT DO WE HOPE TO ACCOMPLISH NEXT YEAR?

We will offer more employer/student functions earlier in the semester to assure students are satisfied with program efforts.

SCHOOL OF SURGICAL TECHNOLOGY

Purpose of Unit: In support of the purpose of the College, the Surgical Technology Program prepares graduates to assume valuable functions in a variety of surgical settings, including hospitals (operating rooms, emergency rooms, labor and delivery rooms), doctors' offices, clinics and surgery centers. Graduates are prepared to practice as entry-level surgical technologists and to seek life-long learning opportunities.

Annual Program Budget Summary:

- **Budget Allocated:** 149,723
- **Ending Margin:** -11.3%
- **Significant Changes Made or Needed:** Ending margin due to smaller class admitted eliminating need for PRN staff for summer.

HIGHLIGHT #1 – INCREASE PLACEMENT OPPORTUNITIES
<p>WHAT DID WE TRY TO ACCOMPLISH? Increase placement opportunities for graduates within the CMC system</p>
<p>WHY IS THIS IMPORTANT? Placement within the system allows graduates to pay off 80/20 loan with college. Placement within the system increases college visibility and provides optimal preceptors for new students.</p>
<p>WHAT DID WE DO? Researched all positions within the CMC system meeting criteria for loan buy back. Facilitated placement in additional locations.</p>
<p>HOW DID WE DO? Placed all graduates (11) requesting placement within the system.</p>
<p>WHAT DO WE HOPE TO ACCOMPLISH NEXT YEAR? Continue trend</p>

LOWLIGHT #1 - 100% EXAM PASS RATE
<p>WHAT DID WE TRY TO ACCOMPLISH? 100% pass rate on first attempt of taking Certification Exam</p>
<p>WHY IS THIS IMPORTANT? Another tool to measure student learning outcomes</p>
<p>WHAT DID WE DO? Provided review sessions, practice exams and recommended a review text to increase student success.</p>
<p>HOW DID WE DO? 9/10 passed on first attempt for 90%.</p>
<p>WHAT DO WE HOPE TO ACCOMPLISH NEXT YEAR? 100% pass rate on first attempt.</p>

STUDENT SERVICES

Purpose of Unit: The mission of the Student Services department is to facilitate and provide reliable student services through the education process in a caring environment. We are student advocates committed to providing excellent support leading to successful program completion and career placement.

Annual Program Budget Summary:

- **Budget Allocated:** \$381,049.00
- **Ending Margin:** -.1%
- **Significant Changes Made or Needed:** The only significant change made was to create the position of Student Success Coordinator and make this a .75 FTE position (formally funded at .5 FTE). No other changes made or needed as the budget is adequate for the needs of the department.

HIGHLIGHT #1 – PEER TUTORING PROGRAM
<p>WHAT DID WE TRY TO ACCOMPLISH? Peer tutoring program to assist students with successful completion of critical courses</p>
<p>WHY IS THIS IMPORTANT? Several courses, particularly nursing courses, have traditionally been challenging courses. Peer tutoring was created to offer those students with an average of <80% an opportunity to receive free peer tutoring to assist them with the successful completion of the course.</p>
<p>WHAT DID WE DO? We offered 39 students the opportunity to be tutored in 2007.</p>
<p>HOW DID WE DO? Of the 39 students who were tutored, 31 of them were successful in the course for which they were being tutored (79%).</p>
<p>WHAT DO WE HOPE TO ACCOMPLISH NEXT YEAR? The plan is to maintain this success rate while increasing the number of students who take advantage of the peer tutoring program.</p>

HIGHLIGHT #2 – NURSING GRADUATE PLACEMENT
<p>WHAT DID WE TRY TO ACCOMPLISH? Placement of nursing graduates within CMC.</p>
<p>WHY IS THIS IMPORTANT? Being an affiliate of CMC and having as our mission to prepare students for employment in healthcare positions in the Charlotte area, placement of students at CMC, the largest healthcare employer in the area, is very important to the continued success of the College.</p>
<p>WHAT DID WE DO? We graduated 111 nursing students in 2007.</p>
<p>HOW DID WE DO? Of the 111 nursing graduates, 97 were placed within a CMC facility (96%).</p>
<p>WHAT DO WE HOPE TO ACCOMPLISH NEXT YEAR? Plans are to continue to work closely with the New Graduate Center of CHS to maintain the strong relationship between the recruiters and our nursing program and to maintain high levels of placement within CMC.</p>

HIGHLIGHT #3 – IMPROVE SUPPORT FOR FACULTY ADVISORS

WHAT DID WE TRY TO ACCOMPLISH?

Improve the academic advising process from the perspective of faculty advisors.

WHY IS THIS IMPORTANT?

Faculty advising is required for students to register for classes and an important part of the retention efforts of the college as students seek opportunities to connect with the College. In order to make this advising as effective as possible, training must be offered

WHAT DID WE DO?

Based on feedback from the Personnel Comprehensive Survey in 2006, the advisor training was changed to be more content-specific and offered at various times during the Fall semester to accommodate more faculty involvement.

HOW DID WE DO?

While scores were still below the college benchmark of 4.0, the scores did improve significantly over 2006 from an average of 3.6 to an average of 3.87.

WHAT DO WE HOPE TO ACCOMPLISH NEXT YEAR?

In 2007, an end-of-year debriefing will occur with program managers and select faculty advisors to evaluate the academic advising process of the previous academic year and inform the upcoming training in Fall 2008. The goal will be to continue to improve to the college benchmark of 4.0.

LOWLIGHT #1 – ASSOCIATE OF SCIENCE DEGREE PROPOSAL

WHAT DID WE TRY TO ACCOMPLISH?

Present an associate of science degree program to Leadership Team

WHY IS THIS IMPORTANT?

General education enrollment and revenue has declined for three consecutive semesters partly as a result of tuition increases and courses offered and partly due to unknown concerns. The concept behind this degree program would be to allow general education students the ability to receive financial aid to offset the costs.

WHAT DID WE DO?

A draft curriculum was created in conjunction with the Provost and Director of General Education but a consensus could not be reached in what courses to include to keep the costs of new courses and faculty to a minimum.

HOW DID WE DO?

A final version of the curriculum was never presented to leadership team for consideration.

WHAT DO WE HOPE TO ACCOMPLISH NEXT YEAR?

This degree program will continue to be an option to increase non-healthcare program enrollment in an effort to boost enrollment.

LOWLIGHT #2 – ONLINE COURSE REGISTRATION

WHAT DID WE TRY TO ACCOMPLISH?

CCHS students are able to register for classes online

WHY IS THIS IMPORTANT?

CCHS is behind the times in implementing technology including online applications and registration even though the software and Student Information System (Fx) can accommodate this growth.

WHAT DID WE DO?

We had numerous meetings regarding the implementation of this software with IS and business office personnel and discussed how to make this happen.

HOW DID WE DO?

With personnel changes in the registrar's office, this change was not implemented in 2007-08.

WHAT DO WE HOPE TO ACCOMPLISH NEXT YEAR?

Plans are to delay implementation to Fall 2008 with a pilot possible as early as Summer 2008.

***COMMITTEES & FUNCTIONAL
GROUPS***

ACCREDITATION SUBCOMMITTEE OF THE COLLEGE PLANNING AND ASSESSMENT COMMITTEE

Completed by: Janice Terrell

Significant Committee Accomplishments: Developed and implemented a model to accomplish the College's SACS 2010 reaffirmation activities, including formation of teams for the compliance certification and QEP. Also collaborated with the QI and Research Subcommittees of the CPA to survey faculty, staff and students to identify the QEP topic. The Nursing Program's review by the NLNAC is also scheduled for 2010, so this committee also learned about that process so that it can lend support to that effort in the coming year.

SUMMARY OF COMMITTEE ACTIVITIES
WHAT DID WE TRY TO ACCOMPLISH? Our goal was to lay the groundwork and implement the first phase of preparation for our 2010 SACS reaccreditation review.
WHY IS THIS IMPORTANT? The value of our academic programs and our eligibility for federal dollars for student financial aid are dependent on continued accreditation.
WHAT DID WE DO? Planned and implemented a model to assure preparation of necessary process and program enhancements and documentation for review by the SACS team in 2009.
HOW DID WE DO? Despite a surprise in the deadlines for SACS review being moved 6 months closer to the present than we had anticipated, the committee adjusted plans and timetables accordingly. We accomplished all our goals for 2007.
WHAT DO WE HOPE TO ACCOMPLISH NEXT YEAR? We hope to have all necessary documentation for the SACS compliance certification in final draft form by December 31, 2008. We will also be supporting the School of Nursing in its preparations for the NLNAC review.

ADMISSION, PROGRESSION, AND GRADUATION COMMITTEE

Completed by: John Tartt

Significant Committee Accomplishments:

SUMMARY OF COMMITTEE ACTIVITIES
WHAT DID WE TRY TO ACCOMPLISH? Fairly and consistently apply the policies of Carolinas College of Health Sciences to the Admission, Progression and Graduation of all students.
WHY IS THIS IMPORTANT? CCHS wants to admit, retain and graduate the best possible students. With this in mind, it is the responsibility of the APG committee to make sure this is done according to the existing policies and that all students are treated fairly.
WHAT DID WE DO? The APG committee reviewed all admissions, progression issue and graduates in 2007. The committee made sure the policies and procedures of CCHS were followed and feels confident that we did our best to accomplish all of the tasks that were placed on the agenda in 2007.
HOW DID WE DO? The APG committee feels they were successful in accomplishing the 2007 goal.
WHAT DO WE HOPE TO ACCOMPLISH NEXT YEAR? Fairly and consistently apply the policies of Carolinas College of Health Sciences to the Admission, Progression and Graduation of all students.

COLLEGE PLANNING AND ASSESSMENT COMMITTEE

Completed by: Janice Terrell

Significant Committee Accomplishments: Developed and implemented a structure to combine and coordinate the work of two existing college committees and add capability for committee support of accreditation and institutional research activities.

SUMMARY OF COMMITTEE ACTIVITIES
WHAT DID WE TRY TO ACCOMPLISH? Development and implementation of a more effective and collaborative committee structure for College planning and assessment.
WHY IS THIS IMPORTANT? Formerly, the College had two committees that supported evaluation of courses and oversaw the development and review of the institutional effectiveness plan. There was a need for more collaboration and less redundancy in the work of these two committees and an overarching need for oversight and collaboration of all College activities related to planning and assessment and institutional effectiveness in four key areas: strategic planning, accreditation, quality improvement and research.
WHAT DID WE DO? Developed and approved a new committee structure that included the College Planning and Assessment Committee and four "reporting" subcommittees: Research, Quality Improvement, Strategic Planning and Accreditation.
HOW DID WE DO? The transition to the new committee and subcommittee structure was relatively smooth. All four subcommittees have been very active in accomplishing set goals and activities during 2007. A new strategic plan was drafted and approved, the college made significant gains in preparing for the 2010 SACS reaccreditation review, the institutional effectiveness plan was revised and significantly strengthened, many of the College's evaluative/assessment instruments and processes were reviewed and improved, and the college's access to information and data was significantly improved.
WHAT DO WE HOPE TO ACCOMPLISH NEXT YEAR? Each of the subcommittees have substantial goals and activities planned for the next year. (See individual committee reports). Primary goals are implementation of the College's Strategic Plan for 2008-2012, preparation of Compliance Certification Report for the 2010 SACS review, further restructuring of the College's IE plan, and continued improvement of College evaluative instruments and processes.

COMMUNITY INVOLVEMENT COMMITTEE

Completed by: Kimberly Yarborough

Significant Committee Accomplishments:

SUMMARY OF COMMITTEE ACTIVITIES
WHAT DID WE TRY TO ACCOMPLISH? Provide varied community involvement opportunities for the college faculty, staff and students.
WHY IS THIS IMPORTANT? CCHS wants to serve the community in many ways and to be involved in community needs is one of those. It also raises awareness of CCHS in the community.
WHAT DID WE DO? The Community Involvement committee in cooperation with CHS Community Involvement sponsored several activities...Backpacks for Bruns, School Tools, Give a Kid a Book, Reindeer Raiders and Christmas Bureau were some of the larger ones.
HOW DID WE DO? The Community Involvement Committee feels they were successful in accomplishing our goals of participating in multiple activities involving the whole college.
WHAT DO WE HOPE TO ACCOMPLISH NEXT YEAR? We would like to continue to explore more opportunities as they are presented throughout the year and improve communication to involve even more of CCHS's faculty, staff and students

CURRICULUM COMMITTEE

Completed by: Ellen Sheppard

Significant Committee Accomplishments: Approved sound changes to the curriculum of the Radiologic Technology Program.

SUMMARY OF COMMITTEE ACTIVITIES
WHAT DID WE TRY TO ACCOMPLISH? To review all recommendations for curriculum change.
WHY IS THIS IMPORTANT? To assure recommendations for change are thoroughly vetted for implications on academics, finances, student success, job readiness, etc.
WHAT DID WE DO? We approved changes to the Radiologic Technology program which were sound, reflective of program needs, consistent with faculty and student needs, and in compliance with SACS principles & criteria. The recommendations for change to the Rad Tech curriculum were sent back for study twice due to flaws or concerns. We eventually approved the amended recommendation, resulting in a stronger program.
HOW DID WE DO? We accomplished our goal.
WHAT DO WE HOPE TO ACCOMPLISH NEXT YEAR? Continued vigilance of the currency and effectiveness of curricula, and the efficacy of recommendations for change.

DEVELOPMENT COMMITTEE

Completed by: **Kim Bradshaw**

Significant Committee Accomplishments: In 2007 the committee increased the CCHS endowed scholarships available to students by adding the Susan Stricker Scholarship and the Jim and Nancy Hill Scholarship Endowment. The CCHS Advancement Fund increased by \$29,879.00 to \$273,858, the C. Mauney Scholarship Fund increased \$1,068.00 to \$19,180 and the Carolinas Nursing Endowment increased \$125,706 to \$1,146,821. In 2007, \$77,750 was awarded out of the funds in scholarships and grants.

SUMMARY OF COMMITTEE ACTIVITIES
WHAT DID WE TRY TO ACCOMPLISH? Increase donors and donations to the advancement and endowment funds.
WHY IS THIS IMPORTANT? To build a fund that will support educational projects and needs of the future..
WHAT DID WE DO? In order to make the committee more visible to alumni, the committee sent a member to several alumni association meetings in 2007. The committee conducted the alumni phone-a-thon in the spring of 2007 and the faculty/staff giving campaign (Plant a Seed; Watch Us Grow) during the summer 2007. The sub-committee headed by Hampton Hopkins to set-up the Susan Stricker Scholarship reached \$10,000 at the retirement reception held for Stricker in April. In September 2007, the College accepted a gift from Jim and Nancy Hill to establish an endowed nursing scholarship. In August 2007, the committee purchased a "Chester Chest" from donations made to enhance the nursing program.
HOW DID WE DO? Increased the development funds at Carolinas HealthCare Foundation by \$79,921.00.
WHAT DO WE HOPE TO ACCOMPLISH NEXT YEAR? Continue to increase donors and donations and increase donor recognition.

EMPLOYEE RETENTION COMMITTEE

Completed by: Janie McCloskey

Significant Committee Accomplishments: Various social activities that were available to all members of the faculty and staff recognizing various members during special events.

SUMMARY OF COMMITTEE ACTIVITIES
<p>WHAT DID WE TRY TO ACCOMPLISH?</p> <p>The purpose of the committee is to provide opportunities for interaction and fellowship among personnel. To acknowledge personnel on occasions such as birthdays, illness and family deaths and to honor special occasions.</p>
<p>WHY IS THIS IMPORTANT?</p> <p>Recognizing individuals as well as groups of individuals for their accomplishments helps to build an environment of collegiality and teamwork. Providing networking and brainstorming opportunities allow for growth amongst the faculty and staff.</p>
<p>WHAT DID WE DO?</p> <ol style="list-style-type: none">1. Placed a faculty/staff highlight poster in the lobby for several months that eventually was moved to the student newsletter for the students to become more familiar with individual faculty members.2. Had one month of a bulletin board in the hallway spotlighting a program within CCHS. Board was subsequently ceded to another committee.3. Had a special treat and recognition for Surg Tech Week (Sept 15th), Rad Tech Week (Nov 17th), Med Tech Week and BLISS Day (April 20), Nurses Week and EMS Week (May 25). Other fellowship events included October 27 Oktoberfest, December 8 Holiday Party, Jan 12 welcome back, Feb 12, Valentines Day, March 16 St Patrick's Day and June 22 celebrating summer. Another ERC accomplishment was the placement of a suggestion box in the copy room. With the purchase of a flat screen monitor for the Lobby, announcement of special occasions were placed on this type of media and birthday announcements were changed from door banners to computer announcements so everyone within the college would be notified of someone's birthday.
<p>HOW DID WE DO?</p> <p>Overall the fellowship events were well attended and well accepted. The drawback was that it was a huge amount of work for the committee members. In response to concerns among members with the amount of non-professional tasks the committee took on, we have revised our functions and purpose to include greater focus on oversight of social functions and on substantive employee satisfaction matters.</p>
<p>WHAT DO WE HOPE TO ACCOMPLISH NEXT YEAR?</p> <p>The purpose of the committee is to be looked at for more of a coordination role instead of an implementation role. More involvement in assessment of retention trends during the 2008 year.</p>

HIPAA

Completed by: Trish Campbell

Significant Committee Accomplishments:

1. Quarterly HIPAA audits were performed with all departments scoring 94-100%.
2. The Student HIPAA Privacy Sanctions Policy was updated to reflect a change in practice re: action plans not being carried over from course to course.
3. All misuses/violations of HIPAA were reported to the Corporate Privacy office.
4. HIPAA/Corporate Compliance education was provided to all incoming program students.
5. CCHS was represented at all Corporate Privacy meetings.
6. The Annual Program Assessment was completed with Corporate Privacy staff, with CCHS scoring 100%.

SUMMARY OF COMMITTEE ACTIVITIES
WHAT DID WE TRY TO ACCOMPLISH? The overall purpose of the Facility Privacy Director is to ensure that measures are in place at CCHS to protect the privacy and security of protected health information for the patients served within CHS facilities. This includes reviewing policies and updating as needed; educating students, staff and faculty; communicating with students, staff and faculty re: privacy issues; conducting quarterly and annual privacy audits and reports; investigating any misuses or violations of HIPAA, and ensuring that sanctions are applied appropriately in the event of misuse or violation of HIPAA.
WHY IS THIS IMPORTANT? Adherence to HIPAA policies and standards is mandatory for all CHS facilities.
WHAT DID WE DO? 1. Quarterly audits were performed for each department: nursing, allied health, administrative, and continuing education. 2. Misuses/violations of HIPAA were investigated and reported. For the calendar year 2007, there were 13 total issues. Nine involved students taking material from the clinical unit; two involved students including patient name or photo in papers or presentations; and two involved CCHS receiving PHI that had been misdirected by other departments. All students involved in violations were placed on action plans per CCHS sanctions policy. 3. HIPAA/Corporate Compliance education was provided to all incoming program students. 4. CCHS was represented at all Corporate Privacy meetings. In addition, an annual program assessment was conducted with Corporate Privacy staff.
HOW DID WE DO? 1. Quarterly audits for all departments scored 94-100%. 2. All students who violated HIPAA were placed on action plans per CCHS sanctions policy. No repeat violations occurred. 3. Records of student education were kept by Student Services to ensure compliance with this requirement. 4. CCHS scored 100% on the annual program review that was conducted with Corporate Privacy.
WHAT DID WE TRY TO ACCOMPLISH? The overall purpose of the Facility Privacy Director is to ensure that measures are in place at CCHS to protect the privacy and security of protected health information for the patients served within CHS facilities. This includes reviewing policies and updating as needed; educating students, staff and faculty; communicating with students, staff and faculty re: privacy issues; conducting quarterly and annual privacy audits and reports; investigating any misuses or violations of HIPAA, and ensuring that sanctions are applied appropriately in the event of misuse or violation of HIPAA.

LEADERSHIP TEAM

Completed by: Ellen Sheppard

Significant Committee Accomplishments: Adapted agenda to reflect Standards of Excellence; planned for expanded and transparent reporting of progress to staff; incorporated staff feedback into decision making; developed coordinated plans for communicating emergency response plan, inclement weather plan; planned engaging back-to-fall and bi-monthly staff meetings; encouraged up and down communication by using leadership team representative as liaison to management decisions; ensured time for staff input by requiring all recommendations be submitted 2 wks prior to placement on Leadership agenda.

SUMMARY OF COMMITTEE ACTIVITIES
WHAT DID WE TRY TO ACCOMPLISH? <ol style="list-style-type: none">1. Expanded input into decision making; improved college-wide communication.2. Imbed principles of the Standards of Excellence into all aspects of college.3. Thoughtful, data-informed, broad based decision making so that the direction of the college is in keeping with our mission, that student success remains at the core of what we do, and that we strive for excellence in operations while maximizing efficiencies and stewardship of resources.
WHY IS THIS IMPORTANT? <ol style="list-style-type: none">1. Better decisions are made when many people talk about and address the issues; Decisions are better supported when they are shared. Employee satisfaction increases when they know they are heard.2. Leaders must understand and intentionally focus on the Standards of Excellence if we want the College to reflect a culture of quality, employee and student satisfaction, safety, and excellent communication.3. Decisions which are based on our mission and goals, guided by solid data, and which fit within our budgetary means are decisions which will serve our students, our staff, and our healthcare system well.
WHAT DID WE DO? <ol style="list-style-type: none">1. Calendared meetings 6 mo in advance to maximize attendance; passed recommendation that prohibits last-minute submission of recommendations to be voted on (to allow time to solicit employee opinion).2. Planned, coordinated & communicated to staff the responses to PCA suggestions3. Focused on "low lights" from 2004-2007 Strategic Plan to assure the major elements of the plan were completed4. Ensured full communication of and coordination on all major college decisions made in 2007.5. Revised committee agenda format to reflect Standards of Excellence.6. Approved a strategic plan which was based on a thorough vetting of our strengths and weaknesses, and which we believe can be funded.
HOW DID WE DO? <p>We accomplished our goals.</p>
WHAT DO WE HOPE TO ACCOMPLISH NEXT YEAR? <ol style="list-style-type: none">1. Improved staff participation in budgeting and decision making (as well as perception thereof).2. Continued improvement in interdepartmental communication.3. Improved staff-faculty meetings due to leadership input. Continued excellent decision making, budgeting, and achievement of goals due to shared decisions and thoughtful decision making.4. Coordinated discussion and implementation of plans for SACS compliance, as directed by College Planning and Assessment Committee.5. Coordinated implementation of year two of new Strategic Plan.6. Coordinated support for implementation of Quality Enhancement Plan, to be developed by QEP team.

LEARNING RESOURCES COMMITTEE

Completed by: Ben Robertson and Suzanna Thornton

Significant Committee Accomplishments: Smart podia were acquired for all classrooms except rooms 151, 218, 157

SUMMARY OF COMMITTEE ACTIVITIES

WHAT DID WE TRY TO ACCOMPLISH?

- 1) A thorough evaluation of the video collection contained in the computer lab.
- 2) In cooperation with the AHEC Library the "Digital Library Orientations" as a part of Orientation for incoming students were continued and the emphasis on "Library Research Assignments" in courses was continued to encourage library use.
- 3) The LRC was reorganized..
- 4) Efforts were continued to streamline the ordering process.
- 5) We made a concerted effort to ensure that the whole budgetary allocation of the AHEC library set aside for CCHS use was used.
- 6) Implementing Smart classroom technology continued to progress. Orders were placed for smart podia for all classrooms.
- 7) Moodle was ordered for implementation in 2008.

WHY IS THIS IMPORTANT?

- 1) While faculty had added materials to this collection and evaluated materials they continued to use, the collection had not been completely evaluated for materials not actively used by any courses for some time. This left some seriously outdated material in the collection. To enhance student learning opportunities, provide instructors with the better teaching tools and remain current with other learning institutions.
- 2) Familiarity and comfort with the library resources available to them is critical in encouraging the intellectual growth of students as well as setting the patterns which will generate "life-long-learners".
- 3) it is hoped that the reorganization of the committee will be more effective in meeting the needs of the College.
- 4) It is extremely important for resources to be obtained in a timely fashion so that the faculty can react to new trends, new data and procedures.
- 5) These monies do not carry over from year to year and any funds not used will either be used for other purchases of the library or revert to general budget coffers. It is foolish to let these funds go to waste for lack of effort in identifying resources which can be obtained by the AHEC library for faculty or student use.
- 6) Smart podia greatly facilitate classroom delivery of instructional information. Not only can new technologies be incorporated into learning experiences, but the competition for the old projector system carts is now obviated.
- 7) Distance learning is now a standard practice in higher education. CCHS will now be able to reach students at remote locations and at times selected by the student. This should enhance student use of CCHS for their learning experience.

WHAT DID WE DO?

- 1) Undertaken by Susan Bass, this project evaluated every video in the collection and removed outdated materials as well as generating a number of requests for replacement with updated media versions.
- 2) Laura Leach and her colleagues continued to provide students during their initial orientation period, orientations to the digital library and to supply each student with an account so they could access the resources from home.
- 3) The committee was reorganized
- 4) This involved a continuation of efforts begun in 2006, to provide better service and make the ordering process more transparent through the use of online order tracking to enable faculty and staff to follow the progress of orders.
- 5) Several announcements were made and messages were transmitted through representatives of various

disciplines to faculty to remind them of the availability of the funds and to encourage them to make use of them.

6) Smart podia were ordered for all classrooms.

7) Moodle was selected as the course platform for use.

HOW DID WE DO?

1) The faculty reaction to this effort has been overwhelmingly positive. Only 3 classrooms are lacking the smart podia

2) The measures of Digital Library Usage which are our benchmark continue to increase reflecting the increasing use levels of students.

3) The effectiveness of the reorganization will be analysed in the next annual report.

4) In the early part of the year there was only limited success in making the ordering process faster. Later in the year it would appear that they process speeded up, but with only a limited number of orders, it is difficult to determine this with any certainty. The early part of 2008 should determine if we have succeeded in affecting the level of change that we have hoped to. The online tracking system did not work out as well as might have been hoped.

5) This effort met with mixed success. There is substantial room for improvement here.

6) Installtion of the newly ordered podia did not take place in 2007,

7) Training for Moodle was planned for faculty who expect to use this technology immediately

WHAT DO WE HOPE TO ACCOMPLISH NEXT YEAR?

Continue to work on the ordering process try attempt again to provide a transparent order tracking system. Bring "clicker technology", ie. the electronic audience response system, to the College. This would allow for immediate feedback from students regarding the learning process.

Finish the installation of smart podia in all classrooms.

Get faculty trained, distance ed policies in place and Moodle up and running in 2008.

It is also hoped that LRC can continue to provide faculty with effective instructional materials, such as books, video's, DVD's, CIA's and other useful teaching tools.

NURSING CURRICULUM COMMITTEE

Completed by: Steven White

Significant Committee Accomplishments:

1. Revisions were made to the Testing Guidelines.
2. Recommendation was made and passed to use ATI for our total testing program.
3. NUR 202 was restructured to allow a longer more consistent preceptor experience.
4. Revisions were made to the course description and objectives of Nur 100.
5. Revisions were made to the SON Goals and Outcomes.

SUMMARY OF COMMITTEE ACTIVITIES

WHAT DID WE TRY TO ACCOMPLISH?

The Nursing Curriculum Committee functions in order to ensure that an excellent quality education is provided for all nursing students. The committee tried to ensure that an educationally sound curriculum, based on current evidenced based practices essential to the role of the entry level ADN was provided.

WHY IS THIS IMPORTANT?

This is important in order to maintain accreditation from the NCBON, SACS and the NLNAC as well as to ensure that we are producing competent graduates capable of passing NCLEX and working as entry level ADN's.

WHAT DID WE DO?

1. Reviewed the philosophy of the school of nursing, including outcomes, organizing framework, curriculum master plan, course descriptions and cognitive testing levels for:
 - currency, accuracy, cohesiveness and congruency;
 - support of the college's mission;
 - meeting the needs of competent entry level nurses;
 - progression in difficulty and complexity.
2. Reviewed the NCLEX-RN cumulative report.
3. Reviewed the general education courses in the master curriculum, for appropriateness and ability to provide a foundation for the nursing curriculum and to ensure the courses contribute to the students' ability to communicate, think critically, use analytical reasoning, and approach individuals holistically.
4. Reviewed curriculum grids and compared them to the NCLEX-RN Blueprint and NCBON Curriculum requirements.
5. Verified the use of professional nursing practice standards/guidelines in each course.
6. Reviewed standardized testing package.
7. Reviewed evaluation data on nursing textbooks for each course and considered new texts or additions for adoption.
8. Provided a faculty development workshop on clinical evaluation and team building.
9. Reviewed the testing guidelines.
10. Reviewed Student Nurse Policies and Practices.
11. Reviewed College Web site for consistency.

HOW DID WE DO?

1. The overall first-time pass rate for graduates who have taken the NCLEX-RN in 2007 was 93%.
2. NCSBN Report indicated that CCHS was ranked 11th out of 61 in NC and 119th out of 861 nursing programs in the US for first time pass rates. Students averaged 86 questions to pass NCLEX-RN as compared to the national average of 119. 12% of our students pass NCLEX-RN at the minimum number of questions. Overall, our students pass quicker and it takes them longer to fail.
3. The Faculty Development on Clinical Evaluation and Team Building was positively evaluated by those attending.

WHAT DO WE HOPE TO ACCOMPLISH NEXT YEAR?

1. 100% first-time pass rate for NCLEX-RN.
2. Incorporate Moodle into our course offerings.
3. Evaluate piloted changes in NUR 202 and make recommendations based on data.
4. Evaluate effectiveness of ATI as our Total Testing Program.
5. Provide a Faculty Development Workshop to meet the needs of the faculty.
6. Revise Clinical Evaluation Tools to be more objective.

QUALITY IMPROVEMENT SUBCOMMITTEE OF THE COLLEGE PLANNING AND ASSESSMENT COMMITTEE

Completed by: Trish Campbell

Significant Committee Accomplishments:

1. Conducted a review of the college's attainment of IE goals and presented findings at the annual meeting in May, 2007.
2. Monitored actions taken in response to unmet IE goals, obtaining action plans from the appropriate departments, and shared the responses at the annual meeting.
3. Reviewed all IE reports, monitoring progress toward goal attainment, and revised the IE plan for 2008.
4. Reviewed evaluative data from all course, clinical site, program, employer, and alumni surveys, noted areas below the benchmark of 4.0 or any trends in comments, obtained action plans from appropriate departments, and summarized issues and action plan data for tracking and trending purposes.

SUMMARY OF COMMITTEE ACTIVITIES
<p>WHAT DID WE TRY TO ACCOMPLISH?</p> <ol style="list-style-type: none"> 1. Tracked attainment of IE goals. 2. Provided information to the college re: IE goal attainment. 3. Reviewed and revised the college IE plan. 4. Reviewed evaluative data for the college. 5. Tracked evaluative data to determine areas below benchmark and to identify action steps to improve these areas. 6. Improved the process for tracking and trending evaluative data and actions taken in response to the data.
<p>WHY IS THIS IMPORTANT?</p> <p>Quality improvement efforts focus on creating meaningful goals, measuring our progress toward attaining those goals, and identifying action plans for areas that fall below benchmark. These efforts ultimately measure our progress toward achieving our college mission.</p>
<p>WHAT DID WE DO?</p> <ol style="list-style-type: none"> 1. Reviewed the IE reports from college departments, tracking met versus unmet goals. 2. Provided a report for the college on attainment of IE goals, including action plans for unmet goals. 3. Reviewed all IE reports, discussed progress toward attainment of goals, sufficiency of action plans for unmet goals, and suggested revisions for the 2008 IE plan. 4. Reviewed evaluative data from the personnel comprehensive assessment, noting trends and issues. Provided time for discussion of issues during the annual meeting in May, 2007. Provided suggestion to Leadership re: communication of improvements/changes made in response to data from the personnel comprehensive assessment. 5. Reviewed the process for tracking and using evaluative data. Created a process for reviewing departmental surveys (course, clinical site, program, employer, alumni surveys), identifying areas below benchmark, obtaining action plans for areas below benchmark, and tracking this information.
<p>HOW DID WE DO?</p> <ol style="list-style-type: none"> 1. Evaluation of the annual meeting: all areas scored above 4.0 with two major exceptions: accomplishing the proposed agenda in the allotted time and the effectiveness of the open discussion period. 2. The Personnel Comprehensive Assessment indicated that faculty rated the use of evaluative data in the implementation of the IE plan as 4.18, meeting the college benchmark. Staff rated this question as 3.89. This issue remains under discussion, with actions taken as noted above.
<p>WHAT DO WE HOPE TO ACCOMPLISH NEXT YEAR?</p> <ol style="list-style-type: none"> 1. Revise IE plan for 2008. 2. Review progress toward IE goal attainment at midyear and end of year for all departments. 3. Review all departmental evaluative data, identify areas below benchmark, action steps to address these areas, and track/trend this data. 4. Communicate progress toward goal attainment to the faculty and staff.

RESEARCH SUBCOMMITTEE OF THE COLLEGE PLANNING AND ASSESSMENT COMMITTEE

Completed by: Lori Lieving

Significant Committee Accomplishments: During 2007, the Research Subcommittee completed regular review and revision of evaluation tools, including the Personnel Comprehensive Assessment, Course Evaluations, and both Alumni and Employer Surveys. The subcommittee was also responsible for conducting a project during the summer to pilot online course evaluations. Finally, the subcommittee initiated and is currently evaluating the benchmarking process for the College.

SUMMARY OF COMMITTEE ACTIVITIES

WHAT DID WE TRY TO ACCOMPLISH?

The functions of the Research Subcommittee are to establish and evaluate benchmarks and best practices, review college evaluation tools, suggest and implement revisions to current evaluation tools, evaluate recommendations from college committees concerning revisions to evaluation tools, ensure changes to evaluation tools are consistent with college planning and assessment, evaluate college assessment practices, consider technological advancement (including review of software or other technological tools) that will aid in the collection, analysis, and/or dissemination of institutional data, and make recommendations to college leadership regarding research actions and issues and inform the CPA committee of same.

WHY IS THIS IMPORTANT?

Review of College effectiveness is an ongoing process. To ensure the most accurate and appropriate data are collected and interpreted, evaluation tools must be regularly reviewed and revised. Throughout the evaluation process, there are sometimes occasions when the users of information are not provided with the most useful results to ensure quality improvement. This committee serves as a clearinghouse for recommendations and revisions. In addition, the most effective means of collecting data (paper and pencil versus electronic) and interpreting data (using established benchmarks for comparison) ensure further credibility to this process.

WHAT DID WE DO?

Revision of evaluation tools: Many revisions to evaluation tools were made over the year. Alumni surveys were revised to include items about the importance of program objectives, placement services and technology training. Employer surveys were also revised to include items about the importance of program objectives, along with asking for comparisons between CCHS graduates and other new graduates. Course evaluations were revised to include more questions about instructor style and effectiveness. Finally, the Personnel Comprehensive Assessment was reviewed for improvement in evaluation items. These revisions were completed at the request of the committee, other individuals in the College, or as the result of changes to College planning documents, like the Institutional Effectiveness Plan and the Strategic Plan.

Technological advancement: In order to assess the utility of conducting electronic evaluations, several courses were piloted during the Summer semester. Generally, the process went smoothly, but there were some difficulties that most involved were due to limitations of the current software system used to deploy surveys (i.e., Survey Monkey).

Benchmarking practices: Individual academic programs identified comparable AHSEC schools that will be used for comparisons of key success indicators in the future. Likewise, an analysis of peer institutions within AHSEC was conducted at the college level that resulted in a report delineating the AHSEC institutions that are most and least similar to CCHS.

HOW DID WE DO?

The activities of the Research Subcommittee during 2007 are very clearly tied to this committee's functions. Meetings were productive and committee members were always well-prepared with insightful ideas for continued improvement.

WHAT DO WE HOPE TO ACCOMPLISH NEXT YEAR?

The Research Subcommittee will carry on with several projects that were begun in 2007: Revisions to evaluation tools as a result of changes in the Institutional Effectiveness and Strategic Plans will be finalized, the Subcommittee will begin a formal analysis of software packages capable of deploying electronic surveys,

and the Benchmarking process will be continue at the College and Program level. The Subcommittee also hopes to review and revise the Evaluation of New Employee Orientation. A form has now been developed for individuals to make specific requests for evaluation tool revisions to increase the ease of tracking the activities of the committee. Finally, several new evaluation tools may need to be considered and developed as a result of new measurement incorporated in the Strategic Plan.

SAFETY COMMITTEE

Completed by: Susan Patterson

Significant Committee Accomplishments:

1. Test new fire alarm system
2. Received 94% rating of fire drill
3. Implemented new safety incident report for non ROI occurrences
4. Completed ACE modules
5. Updated administrative support staff on use of AED

SUMMARY OF COMMITTEE ACTIVITIES
WHAT DID WE TRY TO ACCOMPLISH? The overall purpose of the Safety Committee is to provide a safe environment for faculty, staff , students and visitors at CCHS
WHY IS THIS IMPORTANT? Personal safety is a critical requirement for all to successfully go about their business in this environment.
WHAT DID WE DO? A new fire alarm system was installed and tested. Fire evacuation procedures were practiced. Hall captains, room assignments and back ups were evaluated and updated. Excess computer clutter was removed from the computer storage closet near 190. The need for an emergency response procedure for AED use was recognized and initiated. An "incident report" to document occurrences not covered by the ROI or other incident report form was identified and initiated. The need to avoid the use of potentially contaminated labs for clean procedures was identified and accepted as a reasonable consideration for room scheduling. Ace modules were required of all faculty, staff and students. Continued vigilance and reporting was done when observing non -secured entry ways, unauthorized visitors, and non-badged students on the premises.
HOW DID WE DO? Fire drill score was 94%, increased from 87% in previous year Ace modules were completed in a timely fashion by all faculty, staff and students. 17 ROIs were filed representing a 13% in the number of ROI's for this year as compared to 2006 (N=15). Most common incident was needle sticks(7), (2 reported in 2006) followed by slips and falls (2), (2 reported in 2006).
WHAT DO WE HOPE TO ACCOMPLISH NEXT YEAR? Educate faculty staff on new procedure for AED emergency response. Evaluate the need for other emergency response training and train accordingly. Continue to increase safety awareness and accountability of all faculty staff and students. Monitor and compare 2008 ROI numbers and trends in comparison to 2007 Improved needle safety through increase awareness and education

SCHOLARSHIP COMMITTEE

Completed by: Jill Powell

Significant Committee Accomplishments:

1. Evaluated all completed and returned applications and financial aid reports for need-based scholarships as well as all eligible students for merit-based scholarships funded through Carolinas HealthCare Foundation.
2. Awarded \$92,000 in scholarships to CCHS students enrolled in Medical Technology, Nursing and Radiologic Technology Programs.
3. Hosted scholarship reception on September 18, 2007.

SUMMARY OF COMMITTEE ACTIVITIES
WHAT DID WE TRY TO ACCOMPLISH? <ol style="list-style-type: none">1. Timely awards and award notification to incoming and returning students2. Implementation of a systematic process whereby every scholarship application was considered in a consistent and reliable manner.3. To award 100% of funds designated for CCHS Scholarships
WHY IS THIS IMPORTANT? <p>Timely awarding and 100% utilization of the Carolinas HealthCare Foundation funds helps to ensure continued funding as well as student retention and success.</p>
WHAT DID WE DO? <ol style="list-style-type: none">1. Revised scholarship applications and distributed them in new students' acceptance packets mailed by Admissions.2. Published notices in the CCHS Newsletter notifying returning students of the availability of scholarship applications as well as applicable deadlines.3. All returned applications were tracked and placed in a database containing award criteria for each scholarship.4. Scholarship Committee met in person to make scholarship decisions and to plan reception.5. Instituted a rule requiring scholarship recipients to attend reception. Committee also decided to distribute checks at the reception.
HOW DID WE DO? <ol style="list-style-type: none">1. 100% of scholarship funds were awarded.2. 100% attendance by scholarship recipients at reception.3. Scholarship Committee utilized electronic meetings for follow-up issues.
WHAT DO WE HOPE TO ACCOMPLISH NEXT YEAR? <p>It is a committee goal for 2008-2009 to improve the methodology and procedures for awarding merit aid. Current practice awards merit scholarships to "honors admits" based on when the admissions offer is made. This results in no funds being available for students with higher "honors admits" scores. The committee is currently investigating the scholarship awarding practices at other schools similar in size and scope to CCHS.</p>

SERVICE EXCELLENCE COMMITTEE

Completed by: Betty Anderson

Significant Committee Accomplishments: The primary purpose of this committee is to provide a mechanism for disseminating and integrating the key concepts and standards of service excellence into academic and administrative areas of the college. The committee members are from CCHS, Mercy School of Nursing, School of Nursing Anesthetics.

SUMMARY OF COMMITTEE ACTIVITIES
WHAT DID WE TRY TO ACCOMPLISH? The primary purpose of this committee is to provide a mechanism for disseminating and integrating the key concepts and standards of service excellence into academic and administrative areas of the college. Educate and emphasize the Service Excellence and its importance in making the HealthCare a successful system
WHY IS THIS IMPORTANT? To prepare our students and faculty for CHS's Service Excellence Philosophy.
WHAT DID WE DO? * Supported the CCHS President's project to develop banners to hang in the auditorium with some of the service excellence slogans with illustrations. The banners have different colors with illustrations of caring, commitment, teamwork and integrity and were presented at the fall 2007 faculty meeting. They were hung in the auditorium. * Started the process of applying for a CAEC grant to sponsor an Integrity Workshop for CCHS and Mercy faculty as well as members of CAEC and other academic. The grant was approved in the summer of 2007 and a seminar will be held on April 18, 2008 at CCHS. The Committee booked Dr Donald McCabe, a nationally known speaker for the morning keynote followed by a panel discussion in the afternoon. Core values: *Communications: a new saying or example of communication skills were put on the message board weekly and posted in the student locker areas. A prize was given for best example of communication situations. * Safety was emphasized for the 3 rd quarter. * Service recovery: aspects of service recovery and steps to service recovery were displayed on the message monitor and in the lobby. Committee thought that tool box contents needed to be re-evaluated. Suggested to award gift certificates for food and other things, but did not want to purchase certificates that had an expiration dates on them.
HOW DID WE DO? Very pleased with the banners and looking forward to a successful Integrity Workshop. The electronic message board has helped in emphasizing the Service Excellence quarterly emphasis.
WHAT DO WE HOPE TO ACCOMPLISH NEXT YEAR? To decide where we fit as a committee. Some members feel as if we should be absorbed into another committee. Concerned about how we can maintain the interest and enthusiasm for the core values and the quarterly service excellence emphasis.

STRATEGIC PLANNING SUBCOMMITTEE OF THE COLLEGE PLANNING AND ASSESSMENT COMMITTEE

Completed by: Janice Terrell

Significant Committee Accomplishments: Developed and implemented a model to accomplish the College's Strategic Plan for 2008-2012.

SUMMARY OF COMMITTEE ACTIVITIES
<p>WHAT DID WE TRY TO ACCOMPLISH? Development and implementation of the strategic planning model to achieve stakeholder approval of the model by the end of 2007.</p>
<p>WHY IS THIS IMPORTANT? The current College strategic plan ended in December of 2007. Thus, it was critical that the College review its success in meeting past goals and determine strategic directions and goals for continuing the College's levels of high performance.</p>
<p>WHAT DID WE DO? Developed and approved the strategic planning model and then implemented the model. A SWOT analysis of all stakeholders was completed and that information was added to other sources of information, i.e. personnel and student survey results, faculty, staff and student focus groups, collected college data, etc. to determine strategic directions, goals and measures for the college in the coming five years. The new strategic plan was drafted and approved by stakeholders in December 2007.</p>
<p>HOW DID WE DO? There was wide participation in the information collection and decision-making phases of building and approving the new strategic plan. There was a unanimous vote of faculty and staff and of the Board of Directors to approve the plan.</p>
<p>WHAT DO WE HOPE TO ACCOMPLISH NEXT YEAR? The implementation plan for measurement and evaluation of achievement of the plan will be drafted in early 2008 and then regular reviews of measurement results will be scheduled to ensure the College is achieving the identified goals of the plan and adjusting the plan as necessary.</p>

STUDENT LIFE COMMITTEE

Completed by: Ann Keathley

Significant Committee Accomplishments:

SUMMARY OF COMMITTEE ACTIVITIES
WHAT DID WE TRY TO ACCOMPLISH? Coordination of extra curricular activities to broaden the student's experience base by providing opportunities to interact with all the 'programs' at the college and with the faculty and staff.
WHY IS THIS IMPORTANT? The activities give the students the opportunity to relieve stress, to get to know one another and form relationships.
WHAT DID WE DO? Activities: - Fall Festival/Oktoberfest - Thanksgiving Luncheon - We Love Our Students Day - Easter Egg Hunt - or "Eggstravanganza" - Spring Fling - Student Spotlight and Bulletin Board
HOW DID WE DO? Fall Festival was a huge success because we combined with SGA to do the festival and there was lots of food and games. The Thanksgiving luncheon is always the BIG event of the year and students continually comment that it is great that we do this for our students. The students appreciate the candy at Valentine's Day and seemed to enjoy the "hunt" for the Easter eggs. Spring Fling is a big hit as it brings out the competitive nature in the students, not to mention the faculty! The one area we have not been as successful in is the spotlight and bulletin board. We have not had great response from the students when it comes to filling out the actual form. We tried distributing the forms differently in the orientation packets, but this did not work at all.
WHAT DO WE HOPE TO ACCOMPLISH NEXT YEAR? Our plan is to stay with this line up as it has worked so well for the past few years. We hope to improve the process for filling the Student Spotlight and Bulletin Board.

STUDENT ORGANIZATIONS

PHI THETA KAPPA

Completed by: Sara Masters

SUMMARY OF ORGANIZATIONAL ACTIVITIES
Scholarship/Leadership: Provided Scholarship for \$200.00 for an outstanding member of PTK
Fellowship: Held the following fellowship events: - two graduation lunches (May and December) to celebrate graduates accomplishments - bowling - movies in the park - German dinner - whitewater rafting
Awards: None
Presentations: Continued Last Lectures Series Had a presentation on a Medical Mission Trip to Haiti
School Activities: Held 3 induction ceremonies Sponsored 3 blood drives (February, May, October) Served as marshalls during graduation Held fundraisers to buy wagon for Levine's Children's Hospital and to purchase stoles and tassels for graduation for PTK members Created a website and communication link through Nicenet Moved to applications on line for PTK
Community Activities: - Purchased wagon for Levine's Children's Hospital - Collected supplies for Emergency Winter Shelter - Wrapped over a 1000 packages for Camp Care holiday party

HIGHLIGHTS

WHAT DID WE TRY TO ACCOMPLISH?

The Beta Zeta Sigma chapter of Phi Theta Kappa has a goal of providing opportunities in scholarship, leadership, service and fellowship for members of the organization

WHY IS THIS IMPORTANT?

These are the national goals of Phi Theta Kappa and the purpose of the chapter

WHAT DID WE DO?

1. Induction April 20, 2007 with 21 new members
2. Induction June 22, 2007 with 18 new members
3. Induction November 16, 2007 with 5 new members
4. Provided Graduation celebrations luncheons in May and December to celebrate graduates
5. Sponsored 3 blood drives (February, May, October)
6. Served as marshalls during graduation
7. Held fundraisers (parking lot, bake sales, pizza sales, faculty sponsorships) to raise money for wagon for Levines Children's hospital and to purchase stoles and tassels for PTK members for graduation
8. Collected tolietries fo Emergency Winter Shelter
9. Wrapped gifts for Camp Care Holiday party
10. Provided fellowship opportunites (bowling, movies in the park, German dinner, white water rafting)
11. Scholarship awarded to Brook Martin
12. Created better communication through use of Nice net web site
13. Began having duplicate meetings and Co-leaders to ensure all members could attend a meeting
14. Continued with Last Lectures and a presentation on The Haiti Medical Mission

HOW DID WE DO?

The organization grew in its activities and communnication. We still struggle to get member participation but by adding fellowship events have been able to build relations among members. We had strong recruitment for our first two inductions but the enegery fell off during the fall semester and had few inductees in November. We had added an induction ceremony to encourage RT participation earlier in their program. We have also duplicated meetings to help allow for more participation and have been intentional about getting a leader identified from both programs to support leadership in the organization. We accomplished our goals other than not meeting the pinnacle award this year.

WHAT DO WE HOPE TO ACCOMPLISH NEXT YEAR?

We hope to increase membership and be more assertive in recruiting new members. We will continue with a plan to have a Nursing President in Spring Co Presidents in Summer and a RT president in fall to allow for support year round and to have leaders that are not in their final semester.

STUDENT GOVERNMENT ASSOCIATION

Completed by: John Tartt and Joy Godwin

SUMMARY OF ORGANIZATIONAL ACTIVITIES
<p><i>Scholarship/Leadership:</i> Led fundraisers for Cline Classics, ImagiNation Books, Ultrascopes and Simply Watches. In the spirit of teamwork we presented PTK with funds to purchase new stoles, so each PTK member would have access to one.</p>
<p><i>Fellowship:</i> Held monthly meetings of officers and representatives. Worked with SNA and PTK on CHS community projects</p>
<p><i>Awards:</i> Presented CCHS with electronic message board for the lobby.</p>
<p><i>Presentations:</i> Presented opportunity to get involved with SGA at New Student Orientation. Presented planned projects to Dean Hopkins for review and comments.</p>
<p><i>School Activities:</i> Provided break for new students at the Spring, Summer and Fall orientations. Recruited for representatives from each school. Recurited and assigned student representatives for College committees. Ran election for new officers of SGA Submitted names to administration for Graduation Speakers Participated in Student Leaders meetings. Organized a Courtyard Beautification Day. Organized food for Oktoberfest. Collected and distributed used uniforms from graduating students to new students. Worked with LiveWell Carolinas to bring a form of the program to the students. Participated in Community Involvement Committee meetings. Offered coffee for sale in the lobby during the early morning.</p>
<p><i>Community Activities:</i> Walk for the Arts - ASC Campaign - purchased brochures for the walk. Participated in the walk. Reindeer Raiders - collected change Christmas Stockings -</p>

HIGHLIGHTS
<p>WHAT DID WE TRY TO ACCOMPLISH? Facilitated an environment where student leaders can gain experience and actually lead the student body.</p>
<p>WHY IS THIS IMPORTANT? Develops leadership skills and helps keep the focus of a student centered environment.</p>
<p>WHAT DID WE DO? Provided 2 SGA Advisors to actively guide the SGA.</p>
<p>HOW DID WE DO? We feel comfortable with the results</p>
<p>WHAT DO WE HOPE TO ACCOMPLISH NEXT YEAR? Continue to provide a learning environment and lead by example.</p>

STUDENT NURSES ASSOCIATION

Completed by: **Brenda Vasquez**

SUMMARY OF ORGANIZATIONAL ACTIVITIES
<p>Scholarship/Leadership: January - May, 2007: President: Sonja Koehn, Secretary: Shelley Wells, Treasurer: Carley Robinson May - December 2007: Co-presidents: Jenny Roos, Secretary: Shelley Wells, Treasurer: Meredith Sutton</p>
<p>Fellowship: Leadership Luncheon to honor outgoing board members: May, 2007 and December, 2007</p>
<p>Awards: Cynthia Favorite Scholarship Award of \$250.00 awarded to each recipient: Sonja Koehn in May, 2007 and to Shelley Wells in December, 2007</p>
<p>Presentations: February, 2007: panel discussion for NUR 101 Students: How to be successful in NUR 101 April, 2007: panel discussion for NUR 101 Students: How to be successful in the Intermediate Level September, 2007: Suzanne Collins, Certified Wound Care Nurse gave presentation on wound care November 2007: Voices for the Past: a panel of graduates from our school of nursing addressed issues such as how to write a resume, basic interview skills, and what it is like in the "real world" of nursing..</p>
<p>School Activities: Fundraising (bake sales) every other month. Proceeds went towards the Cynthia Favorite Scholarship Award Cookie Jar sale in December, 2007</p>
<p>Community Activities: Students participated in the Shamrock 4 Miler to support Juvenile Diabetes Research in April, 2007, Students participated in Heart of a Woman sponsored by CHS (February, 2007), and students participated in Blood Pressure screening at the Latino Festival in October, 2007 Joshua Stiles served as the Student Nurses' Association Student Coordinator of the Explorer Scout Troupe for 2007. He did an excellent job.</p>

HIGHLIGHTS
<p>WHAT DID WE TRY TO ACCOMPLISH? We tried to provide enrichment programs that would assist students in being successful in the program of nursing and to aid in the professional development of nursing students.</p>
<p>WHY IS THIS IMPORTANT? To promote student success in acquiring knowledge of the science and art of nursing; to promote professionalism; and to promote a concept of volunteerism and a sense of life long learning.</p>
<p>WHAT DID WE DO? We provided panel discussions and sponsored professional nurse presentations that provided information to promote the success of our students.</p>
<p>HOW DID WE DO? Unless the presentation is incorporated into an actual scheduled class time, turn out is low. We need to promote our presentations with more marketing and fanfare and to encourage students involved in the SNA to promote their activities by word of mouth.</p>
<p>WHAT DO WE HOPE TO ACCOMPLISH NEXT YEAR? To continue to work on getting greater student involvement in the Student Nurses' Association and its presentations.</p>

***2004-2007 STRATEGIC PLAN
SUMMARY***

2004-2007 STRATEGIC PLAN SUMMARY

The purpose of an institution's Strategic Plan is to delineate actions that will guide an institution in defining important goals and objectives for the future. More specifically, the development of the Strategic Plan prompts an institution to:

Examine the environment in which they operate

Explore the factors and trends that affect the way they do business and fulfill their roles

Seek to meet their mandates and mission

Identify the strategic issues they must address

Find ways to address those issues by reexamining and reworking mandates, mission, program and service levels and mix, costs and financing, management and/or organizational structure.

The development of the 2004-2007 Strategic Plan at Carolinas College of Health Sciences (CCHS) involved analyzing the strengths, weaknesses, obstacles, and threats relevant to CCHS, with the involvement of a diverse body of stakeholders, including: CCHS students, faculty and staff; the CCHS Board of Directors, community leaders, and Carolinas HealthCare System leaders. The culmination of these efforts produced five broad initiatives that would be the focus of CCHS through 2007, each with more specific goals guide action steps and to measure success. The high lights and low lights of each of those initiatives are summarized below.

Strategic Initiative 1: High Levels of Student Success will be reflected in program graduation rates and Professional Certification/Licensure pass rates.

From 2004-2007 Licensure/Certification pass rates have overwhelmingly met the established target goal of 80%. The only exception was one program reporting 78% in 2005. Since then the program has reported 100% pass rates. Since 2004 academic assistance including tutoring, content review and counseling has received much focus. The college added a position to coordinate all activities to increase students' academic success. This program has evolved to include peer tutors, content reviews led by faculty, a dedicated room for student counseling and tutoring as well as numerous quiet study areas. The new Student Success Coordinators Center includes materials on time management, test taking skills and EAP referral brochures. In addition, during this time, all faculty were given adequate opportunities for professional development and continuing education.

On the other hand, from 2004-2007 Annual Graduation rates have not consistently met target. Nursing averaged a graduation rate of 72%; Radiological Technology reported an average of 75% for the three year period; Medical Technology reported 96% and Surgical Technology reported an average of 84%. (*These percentages obtained by averaging scores from 2004-2007*) Programs directors wanted to benchmark areas such as pass rates, graduation rates, etc with other institutions that have similar programs. Each program identified several academic institutions to benchmark with and sent these names to the Institutional Research Coordinator who in turn has forwarded this information to the CCHS Research Committee. In April 2008, the Research Committee will focus on how to proceed with the benchmarking process at CCHS. While individual programs have identified institutions within our consortium (AHSEC) that seem comparable, the committee agrees that it may be worth having Program directors identify other programs and schools outside of our consortium as well. In addition, the committee will take on the task of compiling a list of comparable institutions that we can compare ourselves to at the college level. Part of this is being dictated by the Strategic Plan 2008-2012, as many of our initiatives require that we develop benchmarks for measurement of success.

To signify the importance of this goal to meeting the mission of the College, this goal is also a part of the 2008-2012 Strategic Plan as the Strategic Direction of Student Success: Provide an environment to challenge and nurture student learning and development

Strategic Initiative 2: CCHS will provide its students and prospective students excellent Customer Service.

A review team identified the need to focus attention on regularly updating the CCHS website to have the most up-to-date information available. Hampton Hopkins, Dean of Student Services and Enrollment Management, developed a plan and timeline to request updated web information from all program directors and administrators. Dean Hopkins sends a quarterly reminder to all applicable persons and asks them to provide updated information for the website. The process has been in place for two years and Dean Hopkins continues to post all new information submitted by program directors and administrators in a timely fashion. Dean Hopkins will take updates at any point that new material becomes available and has assumed the responsibility for maintaining an accurate and reliable web site. It has been suggested that a News or Current Events section would enhance the web site. This suggestion is being evaluated and has not yet been implemented.

Customer Service is not area that can be fixed and then checked off a list as being complete. It is a journey toward service excellence that requires constant attention, focus on detail, awareness and regular evaluation. The 2004-07 strategic plan focused on customer service as it related to the admission process. Although there are not many citations by prospective students, we must not lose focus on constantly providing the best possible service. As part of the review of the plan, a subgroup recommended the utilization of a “secret shopper” approach to uncover any areas that needed improvement. A shopper was contacted and was asked to utilize several methods of inquiry about programs at CCHS. At this time, we are not fully prepared to release the details noted by the shopper, but will work with senior administration and appropriate departments and personnel to address the findings of the shopper. It is still recommended that we employ other shoppers and that we not lose focus on the ongoing quest to improve customer service at CCHS.

Strategic Initiative 3: The physical facility will be adequate to meet the needs of students and staff, with high focus on future needs.

The following actions occurred to address seating capacity in the classrooms:

The seating capacity in several classrooms (i.e. 161, 158, 151, etc.) were reduced to a number that made the classroom more comfortable for students and for faculty.

New tables and chairs were purchased to make the space more comfortable and to allow for more flexibility in the configuration and use of the classroom.

The CRNA classroom has been added to the room scheduling software and is available for use by CCHS.

The course schedule was adjusted to spread nursing courses out in such a way as to avoid the overlapping of the three levels (fundamentals, intermediate, and advanced) allowing for more classroom availability at each time slot.

To signify the importance of this goal to meeting the mission of the College, this goal is also a part of the 2008-2012 Strategic Plan as the Strategic Direction of Facilities: Efficiently utilize facilities to support the education and work environment

Strategic Initiative 4: The College will increase its visibility and the community’s awareness of its mission and programs.

The College accomplished the majority of the goals in Strategic Initiative 4. Vacancies were filled in both the Board of Directors and the College Advisory Committees with appropriate community members. This not only broadened the College’s support but also provided added breadth and depth of input and feedback to the overall and program-specific Advisory Committees. Faculty and staff were encouraged to increase their community involvement and were provided an online reporting system to track their hours of service. In 2007, results of a CCHS survey showed that employees were actively engaged in service to 40 external community service organizations and 36 professional organizations. The college continues to increase its visibility in the Charlotte-Mecklenberg community. The College is an active member in the Charlotte Area Education Consortium (CAEC). In 2006 and 2007 CCHS hosted CAEC-funded workshops and meetings for leaders in CAEC-member schools. In addition, leadership team members were selected to participate in Charlotte Chamber of Commerce initiatives serving higher education and local business. Alliances have been strengthened with CHS Recruitment Services and with AHEC and with the AHEC Information Resource

Center where staff have been instrumental in helping increase our students' access and use of library resources.

CCHS partnerships and relationships that have been forged or strengthened during the 2004-2007 time period include:

Charlotte-Mecklenburg School District:

Provided science fair judges in '04, '05, and '06. Served on taskforce to recreate Olympic High School on the "school within a school" concept ala Bill and Malinda Gates funding

Participated in "Classroom Central" fund drives, book drives, and school tools drive (CCHS Alumni; CCHS community Involvement Committee) to benefit 3 elementary schools in CMS

Facilitated a high school student from Olympic in securing a healthcare internship in 2004

18-month service on "Crossroads Charlotte" team which partnered with the Seversville Community to bring healthier food and lifestyle changes to that neighborhood, to include counseling with elementary and high school counselors, teachers, and students.

Partnered with CMS, Communities in Schools, and CHS to present "Careers in HealthCare" fair annually at Phillip O Berry high school and the public library, in '04, '05, '06, and '07. (Hampton are we still doing this?)

Presentation at start-of-academic-year "Drive in Conference" for local high school guidance counselors.

Served as judges in HOSA competitions in spring ('04 and '05).

Hosted students from Communities in Schools on campus for career fairs and health care exploration

Hosted a health careers internship program for students enrolled in HOSA classes

Hosted CMS guidance counselors for a luncheon and tour

Carolinas Healthcare System and Charlotte Medical Center:

Task force on implementation of EPAC (electronic medical records) integration

Member of Transport Procurement Task Force (Wheeler)

Member of Heart of a Champion Team – partnership with Sanger Clinic, OrthoCarolina

Coordinated 30 volunteers for Heart of a Woman event in 2005, 06,. and 07. (partnership with Sanger & Dickson Heart)

Service on CHS Nursing Workforce TaskForce

18-month service on "Crossroads Charlotte" CHS team – comprised of individuals from across CHS - which partnered with the Seversville Community to bring healthier food and lifestyle changes to that neighborhood, to include counseling with elementary and high school counselors, teachers, and students.

Partnership with LiveWell Carolina to bring those services to CCHS and to assist in the overall LiveWell concept throughout CHS.

Served on Institute of Medicine's task force on Nursing Workforce. 12 months' service alongside representatives from public & private schools and colleges, and other relevant parties.

To signify the importance of this goal to meeting the mission of the College, this goal is also a part of the 2008-2012 Strategic Plan as the Strategic Direction of Visibility: Expand College visibility within the greater Charlotte area. Though progress was made in attaining these goals in prior years, there are still gains to be made in increasing the College's visibility within via articles in Carolinas Healthcare System publications, development of additional articulation agreements with four-year CAEC institutions and continuing the gains made in encouraging and recognizing employee community service.

Strategic Initiative 5: The College's personnel will be valued and effective.

One of the main goals achieved in this area focused on ensuring a variety of resources and activities will celebrate and honor individual, College, and departmental accomplishment and milestones. During this time frame the college and CHS began participation in the employee Values in Action program. This program awards gift vouchers to employees who display the core values of the system. Another recognition program started in 2007 was the use of WOW cards to recognize outstanding service or performance. These employees are recognized at faculty/staff meetings.

Awards in 2005	21
Awards in 2006	15
Awards in 2007	108

Another area for improvement regarding the value and effectiveness of personnel was to ensure that the student code of conduct will address respect for faculty and staff, and for the learning environment.

To improve this area in 2007, the faculty were encouraged to:

Focus on what is proper communication between students/employees and student/student. Identify for the student population what is inappropriate language.

Set a culture of mutual respect possibly using the commitment agreement outlined by R. Troxell.

Set commitments and expectations in the classroom and in other areas.

Model respect and commitment between each other and with the students.

Focus on the current student code of conduct at the start of each term and not just orientation. Number 9 already states “Students are responsible for respecting the rights of others and treating others with respect and dignity.”

To signify the importance of this goal to meeting the mission of the College, this goal is also a part of the 2008-2012 Strategic Plan as the Strategic Direction of Work Environment: Attract, develop and retain excellent faculty and staff. As part of this initiative, a focus will be placed on professional development and continuing to foster an environment that values faculty and staff.

***INSTITUTIONAL EFFECTIVENESS
OUTCOMES***

REPORT ON 2006 UNMET IE PLAN OUTCOMES

Goal I	Responsible Person/Committee	Action Plan	Final Report
1.a. IE Committee reviews SACS criteria annually or as needed and assures compliance to maintain a regionally accredited college that supports the mission of educating healthcare providers.	IE Committee Chairman	The SACS audit process is currently being completed with audits due from individual managers on June 1, 2007, to later be reviewed by the Accreditation Subcommittee for compliance.	The SACS audit was 90% completed in 2007. The Accreditation Subcommittee organized efforts to draft the compliance certificate and to ensure the College is in compliance with all SACS standards.
4.a. Conduct a needs assessment at least every five years (2010) or more frequently as necessary that identifies the demand for current and future educational offerings.	IR Coordinator, Evaluation Committee, and IE Committee	While this goal was officially met (needs assessments are only required every 5 years), the 2007 IE Plan was changed so that an assessment is completed in collaboration with CHS Workforce Development.	Each year, it will be determined a needs assessment is necessary. No needs assessment was required or completed in 2007.
5.a. Conduct evaluations according to procedure; summarize and distribute evaluation data; make recommendations for improvement based on evaluative data. Track and evaluate recommended changes.	IR Coordinator, Evaluation Committee and Department Secretaries	Develop a system to display utilization of evaluative data and changes that are made as a result of this research. Leadership team to be instrumental in this process. After discussion at Annual Faculty/Staff meeting, it was determined low ratings pertaining to using evaluative data to make changes was mostly related to issues with the unmet criterion from Goal I, 11 d.	Throughout 2007, whenever evaluative data were used to make a change the impacted the College, those changes were announced. As a result of the discussion at the 2007 Annual Meeting, a “grass-roots” group was formed that was instrumental in suggesting changes to furniture and classroom space. Many of these issues have been incorporated into the 2008-2012 Strategic Plan.
11.d. Maintain housekeeping /maintenance/security contracts	IR Coordinator	After discussion at Annual Faculty/Staff meeting, faculty/staff members presented various options for dealing with	As a result of the discussion at the 2007 Annual Meeting, a “grass-roots” group was formed that was instrumental in suggesting changes to furniture and classroom space. Many of these

		issues concerning the building. It was decided that a group of faculty/staff would be formed to further discuss this issue and present alternatives and ideas to the Leadership Team for review.	issues have been incorporated into the 2008-2012 Strategic Plan.
14.a. Student input is collected on an on-going basis and considered in the development of class/lab/clinical experiences.	NA Program Coordinator	The NA program course evaluations will be formatted to measure student's satisfaction of the course objectives, lecture, lab, and clinical sites. The survey will be submitted to the Research Committee for approval in July of 2007.	The NA program will use standard College course evaluations to evaluate this information.
25.b. Produce annual Fact Book which provides easy to understand college wide data.	IR Coordinator	The Annual Fact Book for 2006 is currently being developed, and will be complete by the end of June 2007 (in accordance with outcome outlined in 2007 IE Plan).	The Annual Fact Book for 2006 was completed in June and can be found at: http://www.carolinacollege.edu/PDF/2006_FactBook.pdf
Goal II			
5.d. Provide admission personnel to meet with prospective students individually, in groups, and via phone to assist with program selection and the application process.	Admission Officer-Recruiter	The threshold was met in 2006 with significant improvement over 2005 (61%). In light of this, the plan to improve the service to students is to replace the admissions officer position which was vacant much of 2006 due to family leave and termination.	The Admissions Officer position has been filled.
5.e. The APG Committee reviews ranked applicants for all programs, makes selections for each credit program and prepares a report on qualifications of	APG Committee Chairman	The information requested pertaining to admissions has been revised to include the number of students who apply, who are accepted and who are	This information will be monitored both within Student Services and the APG committee.

admitted applicants.		enrolled to determine the College's Admissions Yield.	
6.b. For each starting group of students, present an appropriate orientation to the College, to include a description of counseling and advisement services.	Admissions Officer-Recruiter	The action plan is to continue to limit the scope of the pre-nursing program orientation to see if results improve when these students enter the nursing program. Since 2006 was the first year we changed the pre-nursing orientation, we won't see results until 2007 and 2008.	The fall 2007 orientation received a rating of a 4.17, therefore, this outcome was met in 2007.
6.c. Assign a faculty advisor to all for credit students, make tutoring and class reviews available to all students.	Tutorial/placement coordinator and the IR Coordinator	Change the evaluation question to include the student makes an appointment for advising versus assumption the advisor is always available. 2007 IE Plan changes the responsibility of this criterion to Dr. Hampton Hopkins.	In 2007, items referring to faculty advisors were rated above the college benchmark of 4.0 and thus this outcome was met in 2007. In addition, the questions pertaining to faculty advising were separated into three categories on End of Program evaluations: whether the faculty made time available to schedule appointments, whether they were available for scheduled appointments, and whether they were helpful during appointments in an effort to better identify any issues students may have with faculty advisors.
6.d. Assure faculty advisors have appropriate resources and support.	Dean of Student Services	Advisor workshop has been reformatted, Dr. Hampton Hopkins to report on results of the 2006 Fall Workshop. Results will be available based on the 2007 results of the Personnel Comprehensive Survey. An evaluation of the reformatted workshop indicated 92% satisfaction with the workshop.	While the rating of the Advisor Workshop on the PCA is still below 4.0, there is continued improvement of the perception of faculty. The improved satisfaction appears to support the change in the structure and content of the workshop. Changes for 2007-08 will include convening an advisor de-briefing team in the spring to inform the next training. In addition, faculty will be asked on the PCA whether training was available, but the results of post-workshop surveys will be used as measures of success of the workshop.
8.a. Coordinate placement services	Dean of Student Services	Separate the questions on the surveys to see if the problem is a	The outcome was met in 2007. The New Grad Center at CHS assigned a dedicated recruiter to

		CCHS in-house issue, or with HR placement services.	the nursing graduates effective fall 2007 to facilitate improved communication. In spring 2008, another recruiter has been assigned to work with RAD, SURG and MED students. Final semester communication/training activities are also in place, including placement orientations, onsite interviews and interviewing workshops for all programs.
10.a. All College policies related to students are evaluated on a bi-annual basis.	Dean of Student Services/President	The Honor Code is currently being revised to address these concerns with the consistency of this policy. Recommend that the policy and procedure manual be made available to student electronically, as well as in the printed form in the library.	
12.a. Recruit, hire and orient faculty	General Education Director	More concerted efforts will be made to ensure that all new General Education Personnel complete the new personnel orientation evaluations.	New General Education faculty did not complete the new personnel orientation evaluation in 2007. The orientation process for part-time faculty will be formalized in conjunction with efforts from administration.
16.b. Placement/interview workshops	Surgical Technology Program Director and Faculty	75% of graduates were employed in entry level positions – due to two students who relocated and did not seek employment	Positions were available for all graduates to apply for. Due to relocation and personal issues 2 graduates did not immediately seek employment. 1 graduate is not working in field. The second graduate recently applied in another state. Even though the placement goal was not met for this year, it does not demonstrate a trend as the goal was met with the previous and subsequent graduating classes. No action required.
20.a. Recruit, hire and orient staff – NA program	Dean of Nursing	New faculty hired for the NA Program will be required to	New faculty hired by NA program completed the college-wide orientation evaluation and

		complete the college-wide orientation survey.	rated evaluation as an average 2.83 out of 5. Efforts are underway to standardize the orientation process for new NA faculty.
Goal III			
5.a. Conduct end of program survey. General Education Director meets with program directors to review, support, and integration of general education issues.	General Education Director	Needs a plan of action to increase the satisfaction scores from the Rad Tech student population for this criterion.	Curriculum was changed to better address the needs of students. Continue to monitor.
6.a. The determination of a suitable testing scheme for all degree students with greater than 50% of general education credits taken at CCHS in the last semester is being worked on at this time.	General Education Director	2007 IE Plan places responsibility of this criteria at the course level, data will be submitted to the QI Sub-Committee	Initial assessment of General Education courses was completed in Fall 2007. Three of the four General Education goals were not met. Efforts are underway in 2008 to revise the General Education goals and improve assessment techniques used in individual courses.
17.c. Assist with placement	NA Program Coordinator	The program currently does not have an instrument to measure this data	Due to the nature of the program and the large number of pre nursing students that enter the NA program each year this criterion is not warranted. The Nursing department already fulfills this criterion.
23.b. Integrate critical thinking, communication skills, analytical reasoning, and independent learning in the curriculum to enable the graduate to perform as a competent entry level	Surgical Technology Program Director, and Clinical Instructors	Current Employer Survey measures specific criteria identified by Accrediting agency and does not specifically address critical thinking, communication skills and analytical reasoning.	Item added to Employer Survey.

practitioner		<u>Plan:</u> Add additional questions to the alumni survey that will address these behaviors but will not be included in the annual report submitted to Accrediting Agency. Implement: With next employer survey (January 2008).	
26.a. The master curriculum plan assures courses are based on current knowledge and practice.	Emergency Medical Sciences Program Director, IR Coordinator, Curriculum Committee	Action Steps: Electronic Survey (Survey Monkey) will be distributed to each Crew Chief where the graduate is working. Each crew chief will receive a phone call from CCHS reminding them of the survey and stressing the importance of data collection. MEDIC will send each crew chief and alumnus a memo asking for their participation in this survey. Phone calls will be placed two weeks following the release of the survey to remind those that have not returned the information. MEDIC will be informed of those that do not complete the survey.	EMS graduates and employers will be surveyed in June 2008 to determine effectiveness of action plan.
26.c. Provide students with certification exam information and application.	Emergency Medical Sciences Program Director	The criteria calls for 80% of graduates to pass the EMT-P exam, information provided as results states all students took the exam .	100 % of graduates passed the EMT and Paramedic Credentialing Exam in 2007.

2007 Institutional Effectiveness Plan Dashboard

GOAL I		GOAL II		GOAL III	
1. Maintain SACS accreditation by auditing	Yellow	1. Students informed about financial aid	Green	1. Personnel participate in continuing education*	Green
2. Create and implement Strategic Plan	Green	2. Students receive financial aid counseling	Green	2. Continuing education available	Green
3. Adequate number of personnel recruited*	Yellow	3. Students informed about tuition and fees	Green	3. Continuing education supported	Green
4. Personnel successfully oriented*	Yellow	4. Students advised about student loan repayment	Green	4. Sufficient personal computer equipment	Yellow
5. Credentials verify job qualifications*	Yellow	5. Timely collection of tuition and fees	Green	5. Appropriate classroom technology available	Red
6. Personnel participate in assessment efforts	Yellow	6. Adequate online bookstore	Green	6. Technical training opportunities available	Green
7. Appropriate internal communication	Yellow	7. Comparable new student demographics	Yellow	7. Technical support available	Yellow
8. Personnel participate in decision making	Green	8. Accurate recruitment literature	Green	8. New students and personnel oriented to library	Red
9. Personnel satisfied with workload	Yellow	9. Students receive admissions assistance	Green	9. Library accessible to students	Green
10. Sufficient faculty to meet College mission	Green	10. Qualified students admitted	Green	10. Library adequate for needs of students/faculty	Green
11. Performance appraisals completed on time*	Red	11. Annual enrollment targets met*	Red	11. Students/personnel use Digital library	Green
12. Minimize turnover rates	Green	12. Students successfully oriented	Green	12. Learning Resource Committee recommends changes in library resources	Green
13. Institutional data reviewed and evaluated.	Green	13. Students oriented to parking and security	Green	13. General Education courses provide foundation for program requirements	Green
14. Feedback used to improve evaluation tools	Green	14. Satisfactory registration and grade distribution	Green	14. General Education learning outcomes met	Green
15. Evaluation tools regularly revised	Green	15. Satisfactory scheduling process	Green	15. Pre-nursing graduates progress into Nursing	Green
16. Data collection activities timely	Green	16. Faculty advisors effective and available	Green	16. Program curriculum meet accreditation standards*	Green
17. Institutional changes made based on data	Yellow	17. Academic retention activities available	Green	17. Programs maintain accreditation*	Green
18. Evaluative data are readily available	Green	18. Faculty advisors prepared	Yellow	18. Student learning outcomes consistent with standards of appropriate accrediting bodies.	Green
19. Annual Fact Book produced	Green	19. Faculty advisors have access to resources	Yellow	19. Satisfactory class/lab/clinical experiences*	Green
20. Effectiveness of IE plan regularly evaluated	Green	20. Student activities organized each year	Yellow	20. Satisfaction with clinical sites*	Green
21. Data used to implement IE Plan	Yellow	21. Non-academic activities available	Green	21. Graduates meet entry-level expectations*	Green
22. Adequate human resources	Green	22. Students referred for necessary support	Green	22. Students demonstrate critical thinking skills*	Green
23. Physical environment conducive to learning	Red	23. Rigorous admission process conducted	Yellow	23. Graduates demonstrate critical thinking skills*	Red
24. Physical environment conducive to work	Red	24. Graduation audits completed	Green	24. Students engage in life-long learning*	Red
25. Safe and secure work environment	Green	25. Effective placement service provided	Green		
26. Adequate emergency training	Green	26. Placement assistance helpful to students	Green		
27. Effective safety education program	Green	27. College policies consistently applied	Green		
28. Sufficient College budget	Green	28. College policies non-discriminatory	Green		
29. Accurate financial accounting	Green	29. College polices publicly accessible	Green		
30. Maintain financially sound organization	Green	30. College student policies related to students reviewed biannually	Yellow		
31. Personnel indicate sufficient budget	Red				
32. Personnel have input into budget	Yellow				
33. Needed resources available to personnel	Red				
34. Participate in Community activities	Green				
35. Increased recognition in community	Green				
36. Student involvement in community activities*	Green				
37. Education courses available to community	Yellow				
38. Secure external funding	Green				
39. Needs assessment conducted regularly	Green				

■ Outcome met
■ Outcome *not* met; < 10% below criterion
■ Outcome *not* met; > 10% below criterion

* Indicate objectives that were aggregated across departments.
■ All units met objective
■ At least 90% of departments met objective
■ Less than 90% of departments met objective

2007 INSTITUTIONAL EFFECTIVENESS PLAN OUTCOMES

GOAL I: Maintain a structure that supports the College's mission, guides future development, provides resources, and integrates the College into the community.

Performance Summary: 58/79 objectives met (73.4%)

Objective	Means of Assessment	Criteria for Success	Summary of Results	Met/Not Met	Use of Results
Guide Future Development					
1. The College is regionally accredited by the Commission on Colleges of the Southern Association of Colleges and Schools (SACS).	Annual audit based on SACS Criteria	100% Compliance with SACS criteria according to audit.	2007 Audit is 90% completed. The Accreditation Subcommittee is reviewing the Audit and developing an implementation plan for assuring the College is in compliance with all SACS criteria prior to the deadline for the compliance certification in early 2009. Compliance Assist software was purchased in Fall 2007 and training in use of the software for those who will be responsible for building the College's compliance website was completed in November.	Not Met	Efforts are ongoing to get comprehensive audit reports submitted for review by Accreditation Subcommittee of the CPA. Results of the Audit will guide subcommittee actions for improvement in those areas that do not appear to be in full compliance with SACS standards and requirements.
2. The Leadership Team develops and reviews a long-term strategic plan for the College	Strategic Planning and Quality Improvement subcommittee meeting minutes	Strategic Planning is ongoing process and goals and targets are set for Strategic initiatives and are regularly evaluated.	Goals and measures for the Strategic Plan for 2008-2012 was approved by Leadership Team, Faculty and Staff, and Board of Directors by end of December 2007.	Met	Those areas not achieved in current strategic plan are included in new plan. 2008-2012 Strategic Plan includes specific goals and measures for evaluation of implementation success on an ongoing basis beginning in 2008.
3. Personnel are recruited and hired to support services necessary to achieve the College	Monitoring number of currently open personnel positions.	The number of currently open positions will not exceed 5% of current	As of mid-year, one position in the administrative unit was	Not Met	Recommend that objective of no more than 5% open positions be calculate at College level in 2008

Objective	Means of Assessment	Criteria for Success	Summary of Results	Met/Not Met	Use of Results
mission		positions.	vacant, a newly created "Simulation Lab Coordinator" position. The Nurse Aide Program had 7.6% positions open at midyear, while Student Services department has 12% positions open. The remainder of units were fully staffed.		IE Plan.
4. Personnel are successfully oriented to the College and policies and procedures upon hire.	New Personnel Orientation	The New Personnel Orientation receives an average rating of 4.0 or higher.	The following departments did not hire any new staff and subsequently did not provide any new personnel orientation: Academic Affairs, Administration, Business Office, EMS, Medical Technology, Radiologic Technology, Surgical Technology. New General Education Faculty were not surveyed. New Nursing faculty rated the orientation as 4.0. New Nurse Aide personnel rated orientation as 2.83 out of 5.	Not Met	All new Gen Ed part-time faculty will be surveyed concerning their college orientation. The failure to survey the last 2 part-time faculty was an oversight. The orientation for new Nursing faculty will continue as is. The Nurse Aide orientation process will be modified to the standard format for College orientation and will be better organized for new employees. All other departments will ensure new employees are successfully oriented and complete evaluations.
5. Personnel credentials verify qualifications outlined in job summaries.	Personnel files	100% verification of qualifications outlined in job summaries.	There was 100% verification of qualifications in all units except for the Business Office. In the Business Office, 1 employee did not meet minimum educational requirements as of 6/30/2007. The Learning Technology Specialist is to have an associate degree and that was not in the file.	Not Met	Academic transcripts and licensure verification supports that job requirements are met. However, the college has not instituted a process by which any required work experience is verified. Effective immediately, managers will be required to submit CVs, resumes, or other verification to demonstrate that job requirements related to prior experience be documented upon hire. The employee in the Business Office

Objective	Means of Assessment	Criteria for Success	Summary of Results	Met/Not Met	Use of Results
					that did not meet qualifications was terminated. All employees have now been verified to meet job qualifications.
6. Personnel participate in Comprehensive Assessment in efforts to enhance quality improvement.	Personnel Comprehensive Assessment	At least 70% of all personnel will participate in the Personnel Comprehensive Assessment.	Overall, there was a 67% response rate on the PCA from 2007. 18 out of 23 staff completed the survey (78.3%) while only 35/56 faculty completed the survey (62.5%).	Not Met	Historically, it has been more difficult to get a high response rate from faculty compared to staff. This may be, in part, to an overall questioning of the faculty about the utility of this survey. The hope is that if faculty feel their feedback is heard on the PCA, they will be more likely to respond. It will also be necessary to involve Program Managers in trying to ensure that high response rates are attained.
7. Internal communication and governance meets the needs of faculty and staff.	Personnel Comprehensive Assessment	The organizational/management practices that allow for internal communication receive an average rating of 4.0 or higher.	Faculty rated this 3.94 and staff rated this 3.84. Narrative comments indicate concern not with the lack of opportunity for internal communication, but with lack of responsiveness to issues raised.	Not Met	1. Grass roots groups formed. 2. Q&A sessions to be built into future agendas. 3. Index cards soliciting input and questions, with subsequent management response will be institutionalized. 4. Expand faculty and staff participation on CPA and strategic planning groups. 5. 2-week lead time for all recommendations being considered by leadership team will facilitate greater staff involvement prior to decisions.
8. Faculty, administrators, staff and students participate in the decision-making process of the College.	College Committee membership listings and meeting minutes.	100% of full-time college employees will participate on committees and 80% of committees with assigned student positions will have student participation.	According to the Staff Committee Roster from 2006-2007, 100% of personnel participated on at least one college committee or functional group. Of those committees that include a student in membership, only 5 out of 10 (50%) had student attendance/involvement	Not Met	While personnel are regularly and actively participating in college committees, student involvement seems to be a persistent problem. Some committees that are more activity-oriented seem to have little trouble (i.e., Community Involvement or Student Life). For those committees that have consistent problems engaging students, it should be evaluated

Objective	Means of Assessment	Criteria for Success	Summary of Results	Met/Not Met	Use of Results
			during the first portion of 2007. Those with student attendance were APG, Community Involvement, Development, Service Excellence and Student Life. Those without included CPA, LRC, Nursing Curriculum, Safety, and Quality Improvement.		whether students are a necessary part of the committee. If not, then student membership may be listed as optional. If student membership is important, then committee chairs and leadership need to develop an action plan to actively recruit student membership.
9. Personnel are satisfied with all aspects of job workload.	Personnel Comprehensive Assessment	Satisfaction with all aspects of job workload receives an average rating of 4.0 or higher.	Faculty = 4.03 rating. Staff = 3.53 rating	Not Met	Narrative responses inconclusive. Staff appear concerned with others' workloads, not their own. Dissatisfaction with student database due to migration problems appears to have been a factor, as well as relocation of a support person to a non-private office. I suggest a targeted follow up with staff only, (survey monkey?) to isolate concerns.
10. Numbers of both full time and part time faculty meet the needs of the College to fulfill its purpose.	College-wide student: faculty ratio	A student to faculty ratio between 8:1 and 10:1 is maintained courses.	Most recently completed analysis indicates that target ratio is met for clinical classes. I do not believe that 8:1 to 10:1 ratio was intended to be college-wide ratio benchmark; this was just for clinical courses.	Met	Clarification needed as to college-wide class ratio. Financially, the college cannot survive with an 8:1 or 10:1 college-wide ratio. Suggest research (AACRAO would be ideal) into typical classroom student:faculty ratios.
11. Performance appraisals are completed annually and merits are awarded based on performance.	Vista reports provided through Carolinas HealthCare System	100% of performance appraisals will be completed on time.	Only 2 depts had late appraisals. 6 of 63 total performance appraisals done were late = 9.5%; 0 were delinquent (over 30 days late). Average # of days late was 5.8. CHS average was 26.7% late appraisals with 23.9 being the average days late; 2.5% of all CHS appraisals were	Not Met	The two managers who submitted late appraisals have been asked to target 100% on-time appraisals in 2008. All other managers (those with 100%) were congratulated. One manager with significant improvement over 2006 was complimented & her manager notified.

Objective	Means of Assessment	Criteria for Success	Summary of Results	Met/Not Met	Use of Results
12. Information gathered from exit interviews is used to reduce turnover and support continuous quality improvement efforts.	Calculation of turnover rates	Turnover rates will not exceed 20% annually.	delinquent. Excluding federal college work study students, turnover was 15.9% in 2007. Eleven exit interviews were conducted. Largely very positive.	Met	Summary of results of exit interviews was given to Chair of Employee Retention Committee for use in 2008. Results reinforce need for expanded communication w/PRN faculty
13. Institutional research data are reviewed and analyzed for trends.	Quality Improvement subcommittee meeting minutes and Survey Tracking Log.	100% internal surveys will be reviewed, trended, and evaluated for recommendations.	Survey results are tabulated by department secretaries. One copy of the summarized results for each survey is forwarded to the QI subcommittee chair. The QI chair distributes the summarized results to committee members for review. Committee members compile a list of surveys reviewed and issues noted including any areas scoring less than the benchmark (4.0) and any trends in comments. (L:\COMMITTEES\College Planning and Assessment\Quality Improvement SubCommittee\Review of Evaluations) The QI chair reviews the issues and contacts the appropriate personnel re: actions taken in response to the surveys. (L:\COMMITTEES\College Planning and Assessment\Quality Improvement SubCommittee\Responses to Evaluation Issues) The QI chair enters information	Met	The process currently in use provides a method of identifying issues and tracking the departmental responses to those issues. The discussion in QI committee meetings of issues noted and actions taken provides an opportunity for input and suggestions from committee members.

Objective	Means of Assessment	Criteria for Success	Summary of Results	Met/Not Met	Use of Results
			re: the issues and actions taken in a log. (L:\COMMITTEES\College Planning and Assessment\Quality Improvement SubCommittee\Evaluation Issue Log.xls) Issues and actions taken are discussed in QI committee. The lists of evaluations reviewed and issues noted, responses to issues, and the issues log are kept in the QI subcommittee folder in the data drive.		
14. Input from data users, survey responses, and recommendations from the Quality Improvement subcommittee are used in the improvement of institutional research tools.	Research subcommittee meeting minutes	100% of recommendations from the Quality Improvement subcommittee concerning research tools will be considered by the Research subcommittee.	No recommendations were sent from the Quality Improvement subcommittee.	Met	Recommend that this objective be combined with objective 15 in 2008 IE Plan. Changed objective should also indicate that feedback may come from other committees or individuals.
15. Evaluation tools are updated and/or revised based on feedback from Quality Improvement and College Planning Assessment committees.	Evaluation Tool Revision Table	100% of revisions to evaluation tools will be completed.	A number of requests came from various individuals concerning changes to evaluation tools. In the process of preparing the 2008 IE Plan, several changes to the PCA were requested. Through feedback from Program Directors, the Admissions Director and the Strategic Plan, several questions on Alumni and Employer surveys were changed to address critical thinking, the definition of entry-level	Met	Recommend changing Means of Assessment to Research Committee minutes, which note all discussions regarding changes, the actual changes, along with follow-up to those issues. Also recommend either combining with objective 14 or not making the objective specific to Quality Improvement and College Planning and Assessment committees.

Objective	Means of Assessment	Criteria for Success	Summary of Results	Met/Not Met	Use of Results
			skills, the placement process, and technology issues. In addition, several similar changes were made to End of Program surveys.		
16. All data collection activities associated with educational, administrative, and support functions of the college are completed in a timely manner.	Master Schedule for Institutional Research Office and Survey Tracking Log	100% of scheduled data collection activities will be completed in less than 2 months from scheduled date.	As indicated in Master Schedule for Institutional Research Office, all activities were completed within 2 months of scheduled date.	Met	Recommend that Survey Tracking Log be removed as Means of Assessment for 2008 IE Plan. It may also be worth considering tracking of data collection activities for educational programs (i.e., course evaluations).
17. Personnel indicate that institutional changes are made based on evaluative data.	Personnel Comprehensive Assessment	The use of evaluative data in making changes receives an average rating of 4.0 or higher.	Faculty had an average rating of 3.94 concerning the use of evaluative data to make changes and staff had an average rating of 3.33.	Not Met	This issue has received consistent below-criteria ratings over the last several years and was discussed at the Annual Meeting in May, 2007. Personnel voiced their concerns that problematic issues have not yet been addressed, despite repeated complaints of personnel. Several groups have and will attempt to address some of these concerns. A small group of faculty was formed to evaluate the use of space in the building. A report will be submitted to Leadership Team for review. Leadership Team has committed to providing effective communication to personnel about decisions made affecting the college. It may be useful to conduct mid-year survey to see how personnel feel about progress in this area, prior to the completion of the PCA in 2008.
18. Personnel indicate that evaluative data are promptly and readily available.	Personnel Comprehensive Assessment	The promptness and availability of evaluative data receives an average rating of 4.0 or higher.	The promptness and availability of evaluative data concerning college practices received an	Met	The question regarding the promptness and availability of evaluative data was separated in the 2007 PCA to distinguish

Objective	Means of Assessment	Criteria for Success	Summary of Results	Met/Not Met	Use of Results
			average rating of 4.11 while evaluative data concerning education programs and services received an average rating of 4.26.		between data for the college and data for educational programs, because individuals in two different offices handle these data. The Data Drive was reorganized during 2007 to increase the ease of locating files. Additionally, the Research Subcommittee of the CPA Committee is currently discussing and reviewing tools that may allow for electronic evaluations, which would make results available sooner and would require less staff time to copy and summarize results.
19. An annual Fact Book is produced that provides easy-to-understand college-wide data.	Annual Fact Book	Annual Fact Book is produced by June of each year.	The 2006 Annual Fact Book was completed by the end June of 2006.	Met	The Annual Fact Book was completed and submitted to the President's Council for review. Upon approval, the Fact Book will be released in Mid-July and published to the College web page.
20. The success of the Institutional Effectiveness Plan in using evaluative data in implementing and monitoring College-wide goals is evaluated.	Quality Improvement subcommittee and Leadership Team meeting minutes, College Recommendation form	100% of midyear and annual reports will be reviewed, and 100% of recommendations approved by the Leadership Team will be implemented.	QI minutes reflect that the midyear and annual reports were reviewed by the QI committee. No formal recommendations were submitted to the Leadership Team by the QI subcommittee.	Met	The discussion of reports by the QI committee proved to be an effective method of reviewing progress toward attainment of IE goals. As a result of this review and discussion among the committee members, suggestions were made for revisions to the next year's IE plan.
21. Personnel indicate that evaluative data are used in the implementation of the Institutional Effectiveness Plan.	Personnel Comprehensive Assessment	The use of evaluative data in the implementation of the Institutional Effectiveness plan receives an average rating of 4.0 or higher.	Faculty rated this question as 4.18; staff rated this question as 3.89.	Not Met	This issue was a topic for open discussion at the annual meeting in May, 2007. The use of evaluative data has been an ongoing topic for discussion in QI committee, leading to changes in the process for reviewing and trending evaluative data. A suggestion has been made to the President to increase the communication to

Objective	Means of Assessment	Criteria for Success	Summary of Results	Met/Not Met	Use of Results
					faculty and staff re: improvements and changes made in response to the results of the personnel comprehensive assessment.
Provide Resources					
22. The human resources provided by the College support excellence in education.	Personnel Comprehensive Assessment	The provision of human resources receives an average rating of 4.0 or higher.	Faculty rate this as 4.06. Question is not asked of staff.	Met	Solicit more detailed feedback from faculty and ask question of staff as well.
23. A physical environment that is conducive to learning is provided.	Personnel Comprehensive Assessment and End of Program student surveys	The conduciveness of the physical environment to learning receives an average rating of 4.0 or higher.	Students rate the building's adequacy as a learning environment above benchmark; faculty and staff rate it below. The overall average response for students was 4.16. For individual programs, the responses varied: Medical Technology: 3.45; Nursing: 4.15; Radiologic Technology: 4.93; Surgical Technology: 3.67. Faculty rated the conduciveness of the environment for learning as 2.91.	Not Met	Tables have been ordered for remaining classrooms which had "flippy top desks." Student lounge expanded and new furniture added. One quiet student room enlarged. Register covers added for noise control. New lobby furniture and student lounge furniture procured. Classroom furniture inventoried and maximum seating capacity for most rooms was adjusted downward. Windows (to hallway) added to two labs and one classroom.
24. A physical environment that is conducive to work is provided.	Personnel Comprehensive Assessment	The conduciveness of the physical environment to work receives an average rating of 4.0 or higher.	This item received a rating of 3.08 on a 5-point scale. This is a .08 decrease from previous year; a .58 increase from 2005.	Not Met	Changes implemented as a result: new carpet, creation of new workspace for PT gen ed faculty, register covers for offices as requested, new pictures on 100-hallway, recovered 10 office chairs, new suite-location for student success coordinator, partitioned area for nursing skills lab coordinator, new copiers, new tile floor in foyers & canteen, added permanent mid-day trash pick up & paper products refill.
25. A safe and secure work and	Personnel Comprehensive	The safety and security of the	The safety and security of	Met	All faculty/ staff will continue to

Objective	Means of Assessment	Criteria for Success	Summary of Results	Met/Not Met	Use of Results
educational environment is provided.	Assessment, End of First Semester (Nursing and Rad Tech) and End of Program student surveys	physical environment receives an average rating of 4.0 or higher.	the physical environment received an average rating of 4.64.		take a personal leadership role in monitoring , modeling and increasing awareness of promoting a safe environment(i.e name badge compliance, appropriate door/entry security, prompt reporting of potential safety issues, etc).
26. Personnel receive adequate training to deal with emergencies.	Fire Drill Reports	Excellent performance on Fire Drills indicated by evacuation times under 3 minutes.	General fire drill on 11/9/07 received a overall score of 94% (very good), a significant improvement from the 2006 score of 87%.	Met	Modify IE plan success criteria to measure total score of general fire drill instead of time to evacuate only. The exact time of evacuation is not recorded on the drill report and is not the only critical benchmark for drill success.
27. The Safety Committee administers a safety education program.	Transcripts from Carolinas HealthCare System ACE Modules	100% of personnel have participated in required safety education programs (ACE Modules).	100% of personnel completed ACE modules by the required date.	Met	Frequent reminders should continue to keep faculty /staff timely with completing ACE modules.
28. The annual operating and capital budget is sufficient to implement the mission of the College	College Annual Report	In College Annual Report, of those objectives that are not met, none will be attributed to budget issues or lack of resources.	No objectives were unmet as a result of insufficient budgets.	Met	In 2008, departments will be required to explicitly delineate in their IE Plans what budget requests will be necessary to meet specific objectives.
29. Internal and external audits are secured to assure that accurate financial accounting occurs.	Internal and external audits of financial records	Audit report indicates no findings.	Internal audits have been completed and there were no findings. External audit for 2006 showed no findings. The 2007 external audit has not yet occurred.	Met	Continue to perform internal audits on all deposits and monthly financial reports with CHS accounting. External audits on 2007 data will be conducted during spring 2008.
30. A financially sound organization is operated by providing budget information to Board of Directors quarterly and to the President, Deans, and Program Directors monthly.	Deans/Directors submit monthly variance reports	Report variances range from positive to neutral margins.	Monthly reports were provided to all managers and at all BOD meetings. The year-end 2007 financial report shows a positive margin in both college-wide expenditures and revenue.	Met	Continue to provide monthly reports to managers and follow-up on any negative variances as they occur during the year with the use of manager variance reports.
31. Personnel indicate the annual budget is sufficient to implement the mission of the College.	Personnel Comprehensive Assessment	The sufficiency of the annual budget receives an average rating of 4.0 or higher.	The score for faculty and staff was 3.44.	Not Met	Employee perception of the budget seems to differ from actual educational results as each

Objective	Means of Assessment	Criteria for Success	Summary of Results	Met/Not Met	Use of Results
					program achieved high pass rates and exceeded national performance levels. A plan in being developed on how to best change employee perception of budget issues.
32. Personnel indicate they have input into the annual budget.	Personnel Comprehensive Assessment	The level of input into the annual budget from personnel receives an average rating of 4.0 or higher.	The score for faculty and staff was 3.72.	Not Met	The business office requests each department manager prepare budgets through seeking input from all employees. Each manager has verified that they solicited employee input. Recommend that question be reworded on PCA to ask if managers solicited departmental budget requests. An additional question can be asked about whether employees received timely feedback concerning these requests. The responses from these questions may provide more information about the source of the problem.
33. Personnel indicate the needed resources are available and are received within a reasonable period of time.	Personnel Comprehensive Assessment	The availability of resources receives an average rating of 4.0 or higher.	Faculty 3.06, Staff 3.47 Narrative responses indicate that in general, while resources are provided, they do not arrive in a timely fashion. Some comments concerning courseware were included, student e-mail and concerns over spare parts being kept on hand	Not Met	Efforts are currently being made to spend more time following up on purchase requests and becoming more aggressive in the follow-up with IS and Materials Resource Management. Additional spare parts have been ordered and received to insure that there are not delivery delays keeping equipment offline and student e-mail became available for the fall semester.
Integrate the College into the Community					
34. A plan is developed and implemented for integrating the College into the community.	A Community Integration Plan will be developed that lists all community activities in which the College will participate.	90% of activities listed in the Community Integration Plan will be completed.	100% of projects presented in the minutes were completed satisfactorily.	Met	Committee met in February and completed the Florence Crittendon baby item drive and Easter baskets. Give Kids A Book thru Classroom Central was also completed. Due

Objective	Means of Assessment	Criteria for Success	Summary of Results	Met/Not Met	Use of Results
					to Kim Hollingsworth -chair being on leave and later resigning no meetings were held until early December. The Christmas Bureau Project was adopted and completed.
35. The College has increased recognition in the community to maintain number of applications.	End of Year Admissions Report	The number of applications will be between 5-10% of the number of applications from the previous year.	The college experienced a 17% increase in applications in 2007 over 2006. While the measure indicates a 5-10% increase is acceptable, reality is that any increase is acceptable and only a 5-10% decrease would indicate this goal being met.	Met	Continue to monitor applications each year. Implement a monthly tracking of applications by program and completion status to begin in 2008.
36. Students are involved in community activities.	Minutes from student organization meetings	90% of activities planned by student organizations will be completed.	<p>Phi Theta Kappa: 90% of PTK activities (18/20) that were planned were completed as indicated in the minutes and newsletters. The organization completed:</p> <ul style="list-style-type: none"> - 3 induction ceremonies - 3 blood drives - Fundraisers to support: a wagon for Levine's Children's hospital, purchasing stoles for PTK members to wear at graduation - Outreach to: <ul style="list-style-type: none"> Emergency Winter Shelter Camp Care - Fellowship events: <ul style="list-style-type: none"> movies in the park german dinner whitewater rafting graduation celebration <p>X 2</p>		<p>Phi Theta Kappa: The organization will continue to: - provide 3 inductions per year,</p> <ul style="list-style-type: none"> - outreach at least once a semester, - fellowship at least three times a year, - fundraisers to provide scholarship to a member once a year, - support at least 2 blood drives a year <p>This year we did not meet the increase in membership to meet the pinnacle award so we will be increasing awareness of the values of membership and incorporate more activities to encourage eligible students to join.</p> <p>We will re-evaluate whether we believe we need to create special t-shirts for the chapter or use the ones that can be ordered through national.</p> <p>Student Government Association:</p>

Objective	Means of Assessment	Criteria for Success	Summary of Results	Met/Not Met	Use of Results
			<p>- Scholarship Awarded to Brook Martin</p> <p>- Communication tool – began using Nicenet to communicate with members and began having duplicate meetings so all members had an opportunity to attend a meeting</p> <p>Pinnacle award was not met</p> <p>T-shirts were not purchased</p> <p>Student Government Association: The Student Government Association was actively involved in the community during the year of 2007. In Jan- Feb of 2007 we supported the Walk 4 the Arts fundraiser for the ASC campaign. We participated by walking, recruiting students, and purchasing the brochures for the walk.</p> <p>Throughout the year we joined with the Community Involvement Committee to support them with the projects that were suggested by CHS. Projects included the Angel Tree and Reindeer Raiders. We also helped to promote a clothes and food drive for a local help ministry in Charlotte, CUP Ministries.</p> <p>Our objective was met with 100% success.</p> <p>Student Nurses Association: The Student Nurses</p>		<p>Our purpose is to create projects that will actively involve all students at the college. It is important to us that each program feels that their participation is crucial to the success of any event. We will continue to work with the Community Involvement Committee to support CHS approved projects. We will also take ownership to seek projects that the student body would like to support outside of the Community Involvement Committee.</p> <p>Student Nurses Association: Since the main purpose of the Student Nurses Association is to promote the profession of Nursing, the SNA will continue to support the Explorer Scout troupe sponsored through the Boy Scouts of America. There is no financial reimbursement to the college/organization for this activity. The coordinator for this project serves as a Board member to the SNA and 2 faculty member serve as Sponsors. This will be our main community involvement project. Other activities will be at the discretion of the incoming Board of Directors for the Organization</p>

Objective	Means of Assessment	Criteria for Success	Summary of Results	Met/Not Met	Use of Results
			<p>Association participated in multiple community involvement activities during 2007. The one ongoing activity is the Explorer Scout Troup that meets monthly during the school year to introduce High School Students to the profession of Nursing. Explorers meetings were held during the months of January, February, March, April, September, October and November of 2007. Therefore, the objective was met with 100% success. Other community activities that were undertaken by the Student Nurses Association included The Shamrock 4 Miler in support of Juvenile Diabetes Research on March 17, 2007, The Skyline 5K on 4/28/07 and Blood Pressure Screen during the Latino Festival in October of 2007</p>		
<p>37. Life support and other community education courses are offered to promote lifelong learning in the community.</p>	<p>Community education course completion details</p>	<p>The number of individuals completing continuing education courses offered by the College will remain the same or increase from year to year.</p>	<p>1256 individuals completed continuing education endeavors at CCHS in 2007, down by 42 students (3%) from 2006, when 1298 completed continuing education through CCHS. This is a very marginal drop, due to more CMC units doing their own unit-based CPR instruction now that more units are staffed with</p>	<p>Not Met</p>	<p>Outreach to CMC for additional needs is being made more aggressively. Early result is the diabetes education course planned for Feb and Mar, 2008.</p>

Objective	Means of Assessment	Criteria for Success	Summary of Results	Met/Not Met	Use of Results
			educators. Two NA sections were cancelled by request of nursing faculty in order to improve learning environment for nursing students.		
38. College collaborates with the CHS foundation to secure external funding.	College/Foundation grant submission activities	The College will collaborate with the CHS foundation to submit at least two grant proposals in 2007.	College submitted three grant proposals in 2007, with one being successful. (CMN, CAEC, AHEC.) College president met with Foundation officials 6 times. The foundation secured one large non-alumni scholarship for the college, and agreed to manage two scholarship funds endowed by alumni. VP of Foundation attended & assisted with Scholarship Reception. Foundation representative was active on Development Committee, attending most meetings.	Met	Foundation has offered to sponsor a donor-recognition event for CCHS alumni in 2008. Foundation director of grants and contracts regularly sends notices of potential grants to explore.
39. In collaboration with Carolinas HealthCare System Workforce Development, data are collected that identifies the demand for current and future educational offerings	Needs assessment report	Annual needs assessment in all program areas will be completed, and used in program planning, development, and admissions processes.	No needs assessment was conducted during 2007 as no new programs were researched.	Met	This objective needs to be reworded in 2008 IE Plan to reflect that needs assessments will be conducted as needed rather than annually.

GOAL II: Provide resources and services to promote a learning environment that facilitates student success.

Performance Summary: 29/37 objectives met (78.4%)

Objective	Means of Assessment	Criteria for Success	Summary of Results	Met/Not Met	Use of Results
Business Office					
1. Students receive adequate information about their financial aid eligibility.	End of First Semester and End of Program surveys	The information provided about federal and CHS financial aid eligibility receives an average rating of 4.0 or higher.	The average of the 2007 surveys was 4.42.	Met	This is an excellent rating on financial aid information but the financial aid office is continuing to work with student services to streamline the flow of information to help get the admission packets with the aid information out even more timely in 2008.
2. Financial counseling and assistance provided to students is available and effective.	End of First Semester and End of Program surveys	The financial counseling and assistance receives an average rating of 4.0 or higher.	The average of the 2007 surveys was 4.45.	Met	The financial aid office will continue to be available for students with or without appointments. There is cross-training in the business office so that students can speak with more than 1 person for this information.
3. Students receive information about tuition and fees and payment deadlines in a timely manner.	End of First Semester and End of Program surveys	The information provided about tuition and fees and payment deadlines receives an average rating of 4.0 or higher.	The average rating for 2007 surveys was 4.44.	Met	In 2007 we were very intentional to keep the bill mailing dates that we had established with student services and these deadlines were met. The business office will continue to meet these billing deadlines to provide students with timely information.
4. Students are well-advised about financial responsibilities, including student loan repayment.	End of Program surveys	The information provided about financial responsibilities receives an average rating of 4.0 or higher.	The average rating for 2007 surveys was 4.66.	Met	Loan entrance and exit counseling is required of all students receiving loans. This is gone over in orientation by the business office and again prior to graduation. All students will still be required to complete online loan counseling at mapping your future.

Objective	Means of Assessment	Criteria for Success	Summary of Results	Met/Not Met	Use of Results
5. Tuition and fees are collected in a timely manner	Graduation audits	100% fees collected prior to graduation.	100% of graduation applications were reviewed and all accounts were satisfied.	Met	This criteria has changed for 2008 to become a semester goal of collections. Bills will be printed monthly to ensure all accounts are paid timely.
6. An online bookstore adequately serves the needs of students.	End of Program Surveys	The adequacy of the online bookstore receives an average rating of 4.0 or higher.	The average for 2007 surveys was 4.19.	Met	The business office will continue to monitor reports from the online bookstore to ensure orders are being filled and shipped timely and we will continue to meet our deadline for submitting the booklist 8 weeks prior to the semester start.
Student Services					
7. New student population demographics reflect the diversity in service area population.	Annual student demographics report	Annual student demographics indicate no more than 20% variance from the county's demographic distribution of gender, ethnic, and age groups.	New student demographics for 2007 indicate a variance greater than 20% between the new student demographics of the college and those of Mecklenburg County (source: http://quickfacts.census.gov/qfd/states/37/37119.html)	Not Met	It is very unlikely that the new student demographics of the college will ever be within 20% of those of Mecklenburg County with the competitive nature of our admissions and the exclusive nature of our mission. It is suggested that the criteria for success of this objective change to indicate no more than 10% variance from the pool of applicants.
8. Accurate recruitment literature is published.	New Student Orientation Survey	The accuracy of College publications receives an average rating of 4.0 or higher.	The accuracy of College publications received an average rating of 4.39 which exceeds the benchmark	Met	The outcome was met.
9. Admissions personnel provide students with excellent assistance with program selection and the application process.	End of Program Surveys	The assistance received for program selection and application receives an average rating of 4.0 or higher.	The assistance received for program selection and application received an average rating of 4.14 which exceeds the benchmark. End of program surveys for all programs except RAD indicated an average rating in excess of 4.0.	Met	The outcome was met. The Admissions office is now fully staffed after being short-staffed for about a year. Any problems specific to RAD are hoped to be alleviated as a result.

Objective	Means of Assessment	Criteria for Success	Summary of Results	Met/Not Met	Use of Results
10. Admissions statistics indicate that qualified applicants are being admitted into each credit program.	Admissions statistics	100% of students that are admitted into each credit program will be considered qualified based on program requirements.	All applicants appearing on the ranking sheets distributed to the APG committee met the minimum criteria for admission. Students services does not include applicants that do not meet the minimum criteria.	Met	APG does not review the qualifications of each applicant but rather relies on a ranking list produced by student services. APG then uses the ranking sheet to determine which applicants will be admitted to each program. Objective will be updated for 2008 IE Plan.
11. Annual enrollment targets are set and attained.	Enrollment statistics	100% of annual enrollment targets are met.	<p>EMS: Annual enrollment for the Paramedic program is set at 20 students each year by the Dean of Student Services and Enrollment Management with input from the EMS program director.</p> <p>Medical Technology: 100% enrollment (8) for Aug 2007. One student was dropped but was replaced. 100% enrollment (4) in Jan. 2007</p> <p>Nurse Aide: Enrollment targets were met with the classes that occurred (three classes had to be cancelled in 2007).</p> <p>Nursing: Annual enrollment numbers for Spring and Fall 2007 when all nursing clinical courses were offered were within 2-4 students of the NCBON cap for the nursing program of 250. Spring nursing enrollment was 246 students (98.4%) and Fall 2007 was 248 students (99.2%).</p> <p>Radiologic Technology: 20</p>	Not Met	<p>EMS: A new Paramedic class did not start in the calendar year of 2007. Enrollment numbers were set, but could not be achieved without a new class starting. The 2006 class was extended for a number of reasons which resulted in a delayed start date of January 2008 for the next class.</p> <p>Medical Technology: 100% of target was met. Even though applicant pool is not over 20 we are able to fill the classes with qualified students.</p> <p>Nurse Aide: Transparent communication between the NA Coordinator, Dean of Nursing, Dean of Student Services and Enrollment Management and the Registrar will continue to ensure enrollment targets are met.</p> <p>Discussion regarding strategies to increase marketing efforts for the NA program.</p> <p>Nursing: Continue to work closely with the Dean of Student Services and Enrollment Management to maintain enrollment at 250 student cap by accurately tracking student program progression. Ensure that students program attendance</p>

Objective	Means of Assessment	Criteria for Success	Summary of Results	Met/Not Met	Use of Results
			students were enrolled at the start of the 2007 Fall semester thus meeting enrollment targets. Surgical Technology: Annual enrollment target for 2007 set at 8. Goal met with 8 students enrolled at start of program		requirements are resolved in a timely fashion so that program enrollment will not be impeded. Radiologic Technology: Continue to meet objective by enrolling qualified candidates. Surgical Technology: Continue to set enrollment targets during 4 th quarter for subsequent year. Continue to work with Admissions to meet targeted enrollment.
12. Each starting group of students feel prepared to be successful students after being presented with orientation information.	New Student Orientation Survey	Preparation for student success provided through orientation services receives an average rating of 4.0 or higher.	Preparation for student success provided through orientation received an average rating of 4.18 which exceeds the benchmark. The fall 2007 orientation survey was used as there was not an evaluation completed in spring 2007.	Met	The outcome was met.
13. All new students are provided an orientation to CHS and CCHS parking procedures and security services, including the statistical report on campus crimes.	New Student Orientation Survey	Orientation to parking procedures and security services receives an average rating of 4.0 or higher.	Orientation to parking procedures and security services received an average rating of 4.18 which exceeds the benchmark. The fall 2007 orientation survey was used as there was not an evaluation completed in spring 2007.	Met	The outcome was met.
14. Students are satisfied that the registration process and grade distribution are efficient and timely	End of First Year and End of Program Surveys	The registration process and grade distribution receives an average rating of 4.0 or higher.	The registration process and grade distribution received an average rating of 4.42 which exceeds the benchmark.	Met	The outcome was met.
15. Students are satisfied with the scheduling process.	End of First Year and End of Program Surveys	The scheduling process receives an average rating of 4.0 or higher.	There was no item on either the End of First Year or End of Program Surveys that addresses this objective	Met	This objective needs to be addressed in the 2008 IE plan.

Objective	Means of Assessment	Criteria for Success	Summary of Results	Met/Not Met	Use of Results
16. Students indicate that faculty advisors are available, knowledgeable, and helpful.	End of Program Surveys, Graduation Report	The availability, knowledge, and helpfulness of faculty advisors receives an average rating of 4.0 or higher.	The availability, knowledge, and helpfulness of faculty advisors received an average rating of 4.51 which exceeds the benchmark. End of program surveys for all programs indicated an average rating in excess of 4.0.	Met	The outcome was met.
17. Students indicate that the frequency and type of academic retention activities that are appropriate to their needs (including tutoring, test-taking skills, reviews).	End of First Year and End of Program Surveys, Graduation Report	The frequency and type of academic retention activities receives an average rating of 4.0 or higher.	The frequency and type of academic retention activities received an average rating of 4.13 which exceeds the benchmark. End of program surveys for all programs except RAD indicated an average rating in excess of 4.0.	Met	The outcome was met. Efforts will be made to communicate with students (particularly RAD students) that a "student success center" has been created in room 213 that will have a significant focus on student retention.
18. Faculty advisors are prepared for their role after receiving training during the Advisor's Workshop.	Personnel Comprehensive Assessment	The ability of the Advisor's Workshop to provide adequate preparation for the role as a faculty advisor receives an average rating of 4.0 or higher.	The average rating for 2007 on the PCA was 3.81. While this represents a substantial increase from 2006 (3.18), it falls short of the target 4.0.	Not Met	The improved satisfaction appears to support the change in the structure and content of the workshop. Changes for 2007-08 will include convening an advisor de-briefing team in the spring to inform the next training. Suggested revisions concerning this objective are to ask faculty if training was available on PCA, but use results of post-workshop survey as measure of success of workshop.
19. Faculty advisors have appropriate resources to support their role.	Personnel Comprehensive Assessment	The support provided to serve the role as a faculty advisor receives an average rating of 4.0 or higher.	The average rating for 2007 on the PCA was 3.93. While this represents a substantial increase from 2006 (3.48), it falls short of the target 4.0.	Not Met	Additional resources will be made available on the data drive with links to memory lapse for improved communication and access.
20. Student activities are organized each year to encourage interaction among students and between students and personnel.	Student Life Committee meeting minutes.	100% of student activities scheduled each year will be completed.	We did not meet 100% of our goal. We had to cancel Fall Festival. The chair of the committee was out on scheduled PTO and the	Not Met	We will institute a better back up plan in the future so that all the other individuals involved in the activities can carry out their duties with little or no direction. It is also

Objective	Means of Assessment	Criteria for Success	Summary of Results	Met/Not Met	Use of Results
			<p>backup for the organization of the event was unexpectedly out due to illness.</p> <p>The food that was brought in for the cake walk was distributed to the Students so that they did receive a 'treat'.</p>		<p>suggested that the criteria for success be changed to 90% to be more realistic.</p>
<p>21. Students indicate that the frequency and type of nonacademic activities were appropriate to their interests.</p>	<p>End of First Semester and End of Program Surveys</p>	<p>The appropriateness of nonacademic activities to student needs receives an average rating of 4.0 or higher.</p>	<p>The appropriateness of nonacademic activities to student needs received an average rating of 3.91.</p>	<p>Not Met</p>	<p>The same surveys used to determine this average rating also indicated that the primary reason students indicated they did not participate in the nonacademic activities was the "time of the event" (50%) or that they "lacked an interest" (26%). One change for 2008 that may impact this is the creation of the Student Success Coordinator who has responsibility for enhancing student engagement. It is also recommended that the Student Life Committee address this question in their report to ensure complete awareness of this issue in regards to student interest and timing of the events.</p>
<p>22. Students that are not making satisfactory academic progress consistent with curricular requirement are referred to the Student Support team for assistance.</p>	<p>Midterm reports; Faculty referral</p>	<p>100% of those students who are not in compliance with requirements will be referred to the Student Support Team for assistance.</p>	<p>Midterm reports were sent out in a timely manner to all students involved.</p>	<p>Met</p>	<p>QI Committee note: Students that are having academic difficulties are typically referred through the Student Success Coordinator, rather than the Registrar. Recommend that the Student Success Coordinator be responsible for this objective in 2008 IE Plan.</p>

Objective	Means of Assessment	Criteria for Success	Summary of Results	Met/Not Met	Use of Results
23. A rigorous admission process with qualification requirements is conducted to ensure successful program completion.	Graduation rate data	Graduation rate of 75% of the students admitted to the College completing the program within 150% of normal program length.	Of the programs completing 150% at the time of this report (starting cohorts NUR 8/04; RAD 8/04; SUR 5/05; MED 8/05 & 1/06; EMS 2005), the graduation rate is 72%.	Not Met	There is a trend down in the nursing program, while slight, has continued for several cohorts. Discussion has ensued as to actions to address this decline. Outcomes will be reviewed at the end of Spring 2008 semester to determine if further action is required.
24. Student files are audited prior to graduation to assure all required documents are in place.	Graduation audits	100% of the students completing programs meet the progression criteria and the degree, diploma, or certificate requirements.	After files were audited, they were verified and approved by APG.	Met	Continue to monitor, in conjunction with APG committee, to ensure graduates have completed all requirements.
25. The College provides an effective placement service to graduating students.	Roster of graduates and their place of employment (listed for College and individual programs)	6-Month placement report indicates at least 90% of the graduates are employed in field of training.	Nursing graduated 51 students in Dec 06 and Medical Technology graduated 3 students in January, 07, for a total of 54 graduates within the last 6 months. 50 students, or 92.6% of graduates, are employed in their field of training.	Met	Actual placement figures are probably even higher than reported, but, because we have lost touch with four graduates, we cannot confirm. We are working on an incentive for graduates to stay in touch with CCHS.
26. Students are satisfied that job placement assistance is readily available and helpful.	End of Program Surveys	The availability and helpfulness of job placement assistance receives an average rating of 4.0 or higher.	The availability and helpfulness of job placement assistance received an average rating of 4.11 which exceeds the benchmark. End of program surveys for all programs except NUR (May only) and RAD indicated an average rating in excess of 4.0. The December 2007 End of Program Survey asked a separate question about satisfaction with the New Grad Center, and this received an average rating of	Met	The outcome was met. The New Grad Center at CHS assigned a dedicated recruiter to the nursing graduates effective fall 2007 to facilitate improved communication. In spring 2008, another recruiter has been assigned to work with RAD, SURG and MED students. Final semester communication/training activities are also in place, including placement orientations, onsite interviews and interviewing workshops for all programs.

Objective	Means of Assessment	Criteria for Success	Summary of Results	Met/Not Met	Use of Results
			4.22 indicating improved service after the changes were made (as indicated in the "results" column.		
27. Students indicate that College policies are consistently applied.	End of Program Surveys	The consistent application of College policies receives an average rating of 4.0 or higher.	The consistent application of College policies received an average rating of 4.21 which exceeds the benchmark.	Met	The outcome was met.
28. Students indicate College policies are non-discriminatory.	End of Program Surveys	Non-discriminatory College policies receives an average rating of 4.0 or higher.	Non-discriminatory College policies received an average rating of 4.31 which exceeds the benchmark.	Met	The outcome was met.
29. Students indicate that College policies are publicly accessible.	End of Program Surveys	The accessibility of College policies receives an average rating of 4.0 or higher.	The accessibility of College policies received an average rating of 4.46 which exceeds the benchmark.	Met	The outcome was met.
30. All College policies related to students are evaluated on a biannual basis.	Audit of College policies	Audit will indicate that 100% of College policies related to students are current.	As of June 30, three (out of 49) policies related to students were beyond their specified review date: Nurse Aide Attendance, Placement, and Grading.	Not Met	Staff assistant will redouble efforts to send reminders to managers of outstanding policies needing review; president will discuss with and take action on consistently tardy managers.

GOAL III - Strive for excellence in educating entry-level and specialized practitioners to be competent in providing healthcare services in a variety of settings.

Performance Summary: 60/69 objectives met (87%)

Objective	Means of Assessment	Criteria for Success	Summary of Results	Met/Not Met	Use of Results
1. All personnel participate in a continuing education activity at least every 2 years	Continuing Education/Professional Development Record	100% of personnel will participate in a continuing education activity every 2 years.	100% of personnel from all units participated in continuing education/professional development opportunities.	Met	Continue to monitor and communicate CE opportunities to employees.
2. Personnel indicate that continuing education activities are readily available.	Personnel Comprehensive Assessment	The availability of professional development/ continuing education activities receives an average rating of 4.0 or higher.	Results from 2007 PCA for personnel was an average rating of 4.31.	Met	Recommend responsibility of reporting on this objective be changed to President, Provost, or Program Directors. May also consider separating results for faculty and staff. Continuing education opportunities included in 2008-2012 Strategic Plan.
3. Personnel indicate they have adequate support and resources to participate in continuing education activities.	Personnel Comprehensive Assessment	The resources and support for continuing education activities receives an average rating of 4.0 or higher.	Results from 2007 PCA for personnel was an average rating of 4.17	Met	Recommend responsibility of reporting on this objective be changed to President, Provost, or Program Directors. May also consider separating results for faculty and staff. Continuing education opportunities included in 2008-2012 Strategic Plan.
Technology					
4. Personnel indicate that personal computer equipment and software are sufficient to perform job responsibilities.	Personnel Comprehensive Assessment	The availability of personal computer equipment and software in allowing personnel to perform job responsibilities receives an average rating of 4.0 or higher.	3.89 Narrative comments include concerns about the firewall, the desire for more sophisticated classroom systems and problems with rolling projection systems.	Not Met	These issues are addressed in the comments associated with question 5 below.
5. Faculty indicate that classroom technology is available that allows the implementation of appropriate teaching	Personnel Comprehensive Assessment	The availability of appropriate classroom technology receives an average rating of 4.0 or higher.	3.60 The narrative responses ranged widely making reference to problems in the attitude of in-house technical support	Not Met	This result was significantly below the goal and has resulted in a variety of steps to try and address the various issues of concern including: 1) An effort spearheaded by the college

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strategies.			personnel, problems with the equipment checkout system, with hardware, the lack of courseware, use of permanent markers on dry erase boards and room size.		president to provide courseware for the college. 2) Three scheduled checks of rolling projection equipment per week to insure its functionality. 3) Modification of two of the four projection carts to reduce the possibility of cable rearrangement. A third should be complete shortly. 4) The acceleration of purchase orders for "Smart Podiums" for classrooms 5) Ongoing discussions with IS to provide faculty and students with right to access the maximum possible range of sites on the Internet.
6. Personnel are satisfied with technical training opportunities available to them.	Personnel Comprehensive Assessment	The availability of technical training opportunities receives an average rating of 4.0 or higher.	4.255 averaging staff and faculty The only narrative comment involved the inability of one faculty member to attend training classes.	Met	In addition to open technology forums, various classes have been offered to provide more training opportunities for faculty. Classes offered included File Management (offered 3 times). Fx for Faculty, with help from Rhoda Gallo (offered 14 times) and Advanced PowerPoint (Offered 3 times). It is hoped that more classes can be offered in the not too distant future when staff levels make it possible. In addition, when classes are scheduled efforts are made to contact the faculty member who makes the comment about class schedules annually and either a class is scheduled for this faculty member or private training is arranged for her.
7. Personnel are satisfied with availability of technical support	Personnel Comprehensive Assessment	The availability of technical support receives an average rating of 4.0 or higher.	3.935 averaging faculty and staff Narrative responses involved problems with equipment, the support for use of the laptop cart although the laptop cart has	Not Met	Steps have been taken to address some of these issues although some cannot be directly dealt with at the moment. See question #5 above concerning equipment problems. In addition, the Instructional Technology Coordinator

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			<p>20 laptops rather than the 35 suggested in the response, the main computer lab not being available to be shut down and used for testing, lack of support in the early morning. Problems with the wireless network and the limited number of DVD/VCR players.</p>		<p>now arrives at or before 7:15 to insure earlier support staffing is available. Current staffing levels prevent the laptop cart from being set up for faculty currently and this situation is not likely to change in the short term. While the main computer lab could be closed to facilitate larger scale testing, it would only inconvenience students from other courses who have projects, papers and CAIs to work on at the same times. Without broadly based faculty support for a move of this nature it would only please some and frustrate others rather than offering a significant benefit. The problems with the wireless network were the result of the setup of the guest network and have been resolved. This problem is unlikely to occur again without a significant change in the network configuration. The issue of the DVD/VCR has been addressed and additional planned purchases of these were complete and the devices installed prior to the distribution of this survey.</p>
<p>Information Resource Center</p>					
<p>8. New students and personnel are satisfied with the orientation to the Information Resource Center (IRC) and AHEC of Charlotte Library.</p>	<p>New Personnel Orientation and New Student Orientation Surveys</p>	<p>The orientation process to the IRC and AHEC of Charlotte for new student and personnel receives an average rating of 4.0 or higher.</p>	<p>3.43 faculty. No data available for New Student Orientation from Spring or Summer 2007.</p>	<p>Not Met</p>	<p>This result was substantially below the desired result. More elaborate orientation for new faculty has already been instituted and the IRC and AHEC staff have been exceptionally cooperative and receptive to providing the maximum assistance. Will review outcomes of Fall 2007 orientation evaluation results for more feedback</p>

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					from students.
9. Students are satisfied with accessibility to the IRC and AHEC of Charlotte Library.	End of Program Surveys	The availability of the IRC and AHEC of Charlotte Library receives an average rating of 4.0 or higher.	Nursing graduates rated availability of AHEC at 4.18 for December graduates (n=49). May Nursing graduates rated availability at 4.28 (n= 54). Rad tech graduates rated availability at 4.86 (n= 14). Surg Tech graduates rated availability at 4.56 (n=10). Med Tech graduates (8/8) rated availability as 4.25. Overall rating of library availability was 4.43.	Met	Continue to refer CCHS students to the AHEC Library and Resource Center.
10. Students and faculty are satisfied that the IRC and AHEC of Charlotte library provides adequate access to reference, audiovisual, and bibliographical information that supports coursework.	Personnel Comprehensive Assessment and End of Program Surveys	The access to materials that support coursework and study receives an average rating of 4.0 or higher.	Faculty rated access to materials at 4.25. Of the graduating Nursing students, December graduates (n=49) gave a rating of 4.1 and May Nursing graduates (n=54) rated access at 4.35. Rad Tech (n=14) rated access at 4.79. Surg Tech (n=9) rated access at 4.56. Med Tech graduates (n=8) at 4.25. Overall, students rated access to library materials at 4.41.	Met	Continue to conduct a student orientation to AHEC for all incoming students and maintain communication with library staff concerning the needs of faculty and students.
11. Students and personnel utilize online resources available through the NC's AHEC Digital Library.	Personnel Comprehensive Assessment and End of Program Surveys	At least 50% of students and personnel will utilize online resources available through the NC's AHEC Digital Library.	Of the Nursing graduates, 93/103 students did utilize the online resources, for a 90% utilization rate. Of the Rad tech graduate, 12/14 students utilized the online resources, for a 86%	Met	Continue to give an orientation to the online resources for all incoming students.

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			utilization rate. For graduates of Surg Tech, only 2/8 students utilized the online resources, for a 25% utilization rate. Of the total CCHS graduates, 107/125 students utilized the online resources for a 86% utilization rate. 60% of faculty indicated using online resources.		
12. The Learning Resource Committee makes recommendations for changes in the services provided by the IRC.	Learning Resources Committee meeting minutes	100% of the recommendations made by the Learning Resource Committee to IRC will be reviewed. 100% of those recommendations approved will be implemented.	LRC minutes reflect 100% cooperation between LRC and IRC representative concerning requests.	Met	The IRC and AHEC is extremely open and responsive to our requests. Monies are available for books and materials far beyond the actual requests the LRC has received in our periodic reminders to department representative asking departments and faculty for resource requests. More strident requests directly aimed at faculty are planned in an effort to remedy this situation.
13. Students (excluding those enrolled in Medical Technology program) agree that the general education courses provided a foundation for the requirements of their specific program and for working within society.	End of Program Surveys	At least 80% of students will agree that the general education courses provided a foundation for the discipline and to working within society	In the Nursing program 44/50 students surveyed agreed that Gen Ed courses provided a foundation for the discipline. 11/14 students of the Rad tech program felt that the Gen Ed courses provided a foundation for the discipline. 6 out of 8 Surg Tech students agreed that the Gen Ed curriculum provided a foundation for their discipline. College wide, 61 out of 72, or 85% students felt that the Gen	Met	Results act as a guide for improvement in the delivery of Gen Ed courses to the various program students. These results are shared with the appropriate faculty and discussion ensues to improve the course delivery. Analysis of the results is also used to judge the appropriateness of each Gen Ed course for the student population it serves. There exists a disparity in entry requirements between the Surgical Technology students and Nursing students. This disadvantage undoubtedly affects their satisfaction with the Microbiology course.

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			Ed courses provided a foundation for their discipline.		
14. Students enrolled in General Education courses demonstrate attainment of learning outcomes on a course-by-course basis.	General Education Assessment matrix across courses outlining learning outcomes and criteria	At least 80% of students will demonstrate attainment of General Education learning outcomes.	General Education courses evaluated the following overarching goals (with the percentage of objectives that were met): effective communication (63%), drawing conclusions from a given data set (80%), problem solve mathematically (60%), and explain or apply content-specific information (54%)	Not Met	Efforts are underway to improve the General Education Assessment plan in several ways. First, the general education goals are going to be revised to more accurately reflect both the long-term educational goals of the college but also to be tied to the skills that are currently expected of students in General Education courses. In addition, the assessment methods used by many General Education faculty will be updated to provide more useful assessment data.
15. Graduates of the Pre-Nursing Program are eligible and prepared to matriculate into the School of Nursing.	Pre-Nursing Guaranteed Admission Tracking Report	At least 50% of those entering Pre-Nursing and seeking admission into the School of Nursing are admitted.	Through starting cohort fall 2006, 54% of those students who entered the PN program earned admission to the nursing program.	Met	Suggested revision for PN tracking would involve comparing outcomes (i.e., graduation rates and board pass rates) of those who entered through Pre-Nursing program and those who did not.
16. The curriculum of programs are in compliance with the appropriate accreditation criteria (SACS for AAS, NAACLS, NLNAC, DFS, JRCERT, CAAHEP)	Curriculum Committee minutes	Curricula from all programs will be in 100% compliance with standards outlined by the appropriate accrediting bodies.	EMS: As reviewed by Provost. Medical Technology: Curriculum continues to meet NAACLS accreditation criteria. Nurse Aide: The NA I curriculum meets DFS requirements. The NA II curriculum meets the NC BON requirements. All other accreditation criteria are met. Nursing: School of Nursing curriculum is in 100%	Met	Continue to maintain communication with accrediting body and evaluate feedback from annual reports. Nursing: Submitted updated evidentiary support for new NC BON required curriculum changes in June 2007 Radiologic Technology: Continue to maintain communication with accrediting body and evaluate feedback from JRCERT. Next review will take place in 2015.

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			<p>compliance with the 2006 NLNAC accreditation criteria. Documented in Nursing Curriculum Minutes, April 19, 2007.</p> <p>Phlebotomy: The Phlebotomy Program meets all NAACLS guidelines. Fees are up-to-date.</p> <p>Radiologic Technology: Program curriculum Reviewed by the JRCERT during 2007 site visit. A reaccreditation of 8 years was awarded.</p> <p>Surgical Technology: Curriculum evaluated by SOST Curriculum Committee and continues to meet CAAHEP accreditation criteria.</p>		
<p>17. Individual educational programs maintain accreditation by the appropriate accrediting body (NAACLS, NLNAC, DFS, JRCERT, CAAHEP)</p>	<p>Accreditation reports</p>	<p>Individual education programs will maintain continuous accreditation.</p>	<p>EMS: Yes, as defined by NC Office of EMS.</p> <p>Medical Technology: Maintained accreditation by NAACLS during reporting period.</p> <p>Nurse Aide: Program is accredited by appropriate accrediting bodies.</p> <p>Nursing: School of Nursing has maintained continuous accreditation by NLNAC and NCBON during the reporting period.</p> <p>Phlebotomy: The Phlebotomy Program is a NAACLS-approved</p>	<p>Met</p>	<p>EMS program: Will renew accreditation approval beginning in January 2008.</p> <p>Medical Technology: Due for next Self-study in 2011 for reaccreditation in 2012.</p> <p>Nurse Aide: The NA I program is up for 2 year review after the beginning of 2008.</p> <p>Nursing: School of Nursing will be reviewed for reaccreditation in 2010.</p> <p>Phlebotomy: Next Self-study due Feb 1, 2008</p> <p>Radiologic Technology: Continue to maintain JRCERT accreditation. Next review will take place in 2015</p> <p>Surgical Technology: Continue to</p>

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			<p>program. Approval is current.</p> <p>Radiologic Technology: Program Review completed by the JRCERT during 2007 site visit. A reaccreditation of 8 years was awarded.</p> <p>Surgical Technology: SOST received Continuing Accreditation with CAAHEP following ARC-ST site review during July, 2006</p>		<p>maintain CAAHEP accreditation. Next review will take place in 2016.</p>
<p>18. Student learning outcomes reflect the standards of their respective accrediting bodies.</p>	<p>Composite and individual report of first-time licensure/certification pass rates</p>	<p>First-time licensure/certification pass rates are at or above 90% per graduating class.</p>	<p>First-time licensure/certification pass rates for all programs combined was 97% for 2007 which exceeded the benchmark.</p>	<p>Met</p>	<p>The outcome was met.</p>
<p>19. Student input indicates satisfaction with Class/Lab/Clinical experiences.</p>	<p>Course evaluations, Clinical site evaluations</p>	<p>The Class/Lab/Clinical experience of students receives an average rating of 4.0 or higher.</p>	<p>EMS: Student evaluations for class/lab/clinical indicate an average rating of 4.0 or higher.</p> <p>Medical Technology: Most scores were above 4.0 except:</p> <ol style="list-style-type: none"> 1. On Clinical Site Evaluations: Microbiology - CMC scored below 4.0 2. Textbooks and CAI programs <p>Nursing: Course, Clinical, and End-of-Program Evaluations were reviewed for 2007.</p> <p>Course evaluations were completed for NUR 101, 151, 152, 153, 154, 155, 200,</p>	<p>Met</p>	<p>EMS: Continue to monitor and orient new faculty to program expectations.</p> <p>Medical Technology: Have addressed this issue but Microbiology- CMC is limited on space and employees to help teach sometimes. Have tried some new ways this year to allow students to more engaged beyond observation. Will monitor until next round of End of Program evaluations</p> <p>2.We want to exclude textbook from the evaluations. Research committee will be notified to revise course evaluation. New computer programs will be reviewed in Feb at an annual Clinical Lab Educators meeting.</p> <p>Nursing: Continue to monitor student satisfaction with class/lab/clinical</p>

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			<p>and 202 with reported satisfaction with the class/lab/clinical experiences from 94%-100% with an overall Likert score of 4.26 out of 5.0.</p> <p>Student Evaluation of Clinical Experience: 25 evaluations were completed with an overall Likert score of 4.50 out of 5.0 satisfaction with clinical experience. One unit several students did not recommend using again (NSICU) and this unit was not used during the Fall 2007 semester. Only rare occurrences were noted when a student rated a clinical unit below Satisfactory for the other units. This does not include the student evaluations for Nur 155. Students completed the clinical evaluation online this year and although the data reflects positive experience it could not be incorporated with the above numbers due to slightly different questions.</p> <p>Faculty Evaluation of Clinical Experience: 25 evaluations were completed</p>		<p>experiences. Utilize evaluations to make changes to these experiences when deemed necessary.</p> <p>Phlebotomy: Increased contacts with clinical sites (supervisors and instructors). There were several new clinical instructors for 2007.</p> <p>Coordinator making more email, telephone, and personal visits to sites.</p> <p>Radiologic Technology: Continue to monitor and meet objective.</p> <p>Surgical Technology: Utilize course evaluations, clinical site evaluations to continue to monitor student satisfaction with Class/Lab/Clinical experiences. Revise curriculum components as indicated.</p>

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			<p>with 100% of faculty indicating satisfaction with clinical experiences with an overall Likert score of 4.69 out of 5.0.</p> <p>End-of-Program Evaluations: The May 2007 evaluation indicates that 98% of students were satisfied with class/lab/clinical experiences with a Likert score of 4.42 out of 5.0. The December 2007 evaluation indicates that 98% of students were satisfied with class/lab/clinical experiences with a Likert score of 4.55 out of 5.0. Phlebotomy: Missing Summer 2007 course eval summary. Spring and Fall 2007 course evals (4.8 and 4.9 average). Clinical evals: Spr 07 11 sites; all >4.0; Spr Cl. Instructor average all > 4.0; Fall 07- 5/12 instructors had one or more categories < 4.0, The sites have been contacted and all clinical instructor issued addressed at the time of the clinical rotation. Summer 07 3/12 sites had</p>		

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			<p>one or more objective < 4.0. All addressed at the time and resolved.</p> <p>Radiologic Technology: Student evaluations for class/lab/clinical indicate an average rating of 4.5 or higher</p> <p>Surgical Technology: Student survey data from Course evaluations and Clinical site evaluations indicate 100% of students rated the Class/Lab/Clinical experience as 4.0 or higher using a scale of 1-5.</p>		
<p>20. Faculty input indicates satisfaction with clinical sites meeting course objectives.</p>	<p>Clinical Site/Instructor evaluations</p>	<p>The ability of clinical sites and instructors to meet the course objectives and learning needs of students receives an average rating of 4.0 or higher.</p>	<p>EMS: No evaluations during this time.</p> <p>Medical Technology: The average ratings were all above 4.0 except an area in microbiology which had a 3.5</p> <p>Nursing: Faculty evaluated the following clinical sites during the spring 2007 semester: CMC-3T, SICU, NSICU (9 D &E), 9T, MICU (10 D &E), 11A, & 11B. All units received an excellent rating=5 with the exception of one (received a very good=4) for meeting objective 1, "Provided opportunities for meeting the clinical focus and course</p>	<p>Met</p>	<p>EMS: Evaluations will be conducted in December 2007</p> <p>Medical Technology: Students evaluate the clinical site not the faculty. Possibly want to change the objective in the future. In the process of addressing the micro with the lab supervisor. Will have faculty complete evaluation to evaluate the process.</p> <p>Phlebotomy: The below-criterion rating for one clinical instructor was discussed directly with the staff member and supervisor. The staff member received a verbal reprimand and will be monitored in future course offerings for improvement</p> <p>Radiologic Technology: Continue to monitor student evaluations and provide the evaluation summary to the clinical sites.</p>

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			<p>objectives." The mean rating for all units was 4.857.</p> <p>Phlebotomy: Average rating of clinical sites was 4.89. All instructors received ratings above 4.0, except one.</p> <p>Radiologic Technology: Clinical Site Evaluations averaged 4.54 and all sites were rated above 4.0.</p> <p>CMC-U 4.7 CMC-P 4.85 CMC-M 4.57 CMC-MP 4.5 CMC-4.1</p> <p>Clinical instructor evaluations averaged 4.95 and all instructors received 4.78 or higher.</p> <p>Surgical Technology: Clinical Site Evaluations averaged 4.34 and all sites were rated above 4.0.</p> <p>Clinical instructor evaluations averaged 4.8 and all instructors received 4.8.</p>		<p>Surgical Technology: Continue to monitor student evaluations and provide the evaluation summary to the clinical sites.</p>
<p>21. Quality education is provided to students to enable them to perform entry-level expectations within 6 months of graduation.</p>	<p>6-month alumni and employer surveys</p>	<p>The ability of graduates to perform entry-level expectations within 6 months of graduation receives an average rating of 4.0 or higher.</p>	<p>EMS: No evaluations during this time.</p> <p>Medical Technology: Results from alumni survey = 4.67. Results from employer survey = 5.0.</p> <p>Nursing: May 2006 graduate alumni survey (23/50=46% response rate) had a mean rating of 4.59 on the item "perform entry-level</p>	<p>Met</p>	<p>EMS: No graduates within this plan cycle.</p> <p>Medical Technology: Continue to monitor all evaluative feedback to ensure alumni and employer satisfaction.</p> <p>Nursing: The goal was met for the overall average and alumni but not for the employers. Employers did identify critical thinking (33%) and organization (20.8%) as major</p>

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			<p>therapeutic nursing interventions safely and effectively". The employer survey (25/37=68% response rate) for the May 2006 graduates had a 3.87 mean rating for this same item. Thus, the average rating between surveys was 4.23.</p> <p>Phlebotomy: On the 6-month employer Survey 10/12 employers responded (83% response rate) with an average rating of ability at 4.9. On the 6-month alumni survey 4/26 graduates responded (15% response rate) and rated ability at 5.0.</p> <p>Radiologic Technology: Alumni and employers rated the program above 4.0. Alumni - 4.80 Employer - 4.60</p> <p>Surgical Technology: Alumni and employers rated the program above 4.0 (4.78). Employers rated the program at 4.5.</p>		<p>weaknesses of their new graduates. Nursing curriculum will be integrating simulation lab experiences as another method of enhancing critical thinking/organization with case scenarios.</p> <p>Phlebotomy: Efforts have been put in place to increase response rates, primarily on Alumni surveys. The current proposition is to complete surveys 3 months after completion of program, rather than 6 months. The first group of students to have 3-month alumni surveys are those that finish in July 2007 and will be surveyed in November. Results should be compiled by December 2007.</p> <p>Radiologic Technology: Continue to monitor all evaluative feedback to ensure alumni and employers rate the program at or above 4.0 in preparing the graduate for entry-level placement.</p> <p>Surgical Technology: Continue to monitor all evaluative feedback to ensure alumni and employers rate the program at or above 4.0 in preparing the graduate for entry-level placement.</p>
<p>22. Students are able to demonstrate problem-solving and critical thinking skills through coursework and clinical performance.</p>	<p>Clinical Evaluation Tool, Behavioral Objectives, Performance Objectives</p>	<p>Clinical evaluation of student performance by instructors indicate that at least 80% of the students demonstrate adequate critical thinking, communication skills, analytical reasoning, and independent learning</p>	<p>EMS: Clinical and Field Clinical evaluations of student performance by faculty and preceptors indicate that 100% of students demonstrate critical thinking communication skills, analytical reasoning, and</p>	<p>Met</p>	<p>EMS: Continue to monitor and orient new preceptors to program expectations.</p> <p>Medical Technology: More formalized grading rubrics are being used and will be incorporated in future plans.</p> <p>Nursing: Continue to track clinical success through the attrition log and grade tracking. Work with students to</p>

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			<p>independent learning. Medical Technology: All 11 graduates passed coursework at a grade of 80% or higher. Nursing: Eight students were unsuccessful in the clinical component of a nursing course out of 828 student clinical rotation tracks for the year 2007 or .97% of all students. Phlebotomy: 100% of students completing the course had a "C" or better. Radiologic Technology: Clinical evaluations of student performance by instructors indicate that 100% of students demonstrate adequate critical thinking communication skills, analytical reasoning, and independent learning. Surgical Technology: No quantitative measure established to fully evaluate this goal. Review of faculty anecdotal notes on Clinical Evaluations reflects 100% of students demonstrate adequate critical thinking and communication skills. Clinical Procedure notes submitted weekly by students and End of Semester Projects reflect</p>		<p>promote success in clinical experiences. Phlebotomy: Continue to monitor problem solving and critical thinking Radiologic Technology: Continue to monitor and meet objective. Surgical Technology: Revise Clinical Evaluation tool to include assessment of this objective with quantitative values. Program manager to revise tool and implement with class beginning May, 2008.</p>

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<p>23. Students are able to demonstrate problem-solving and critical thinking skills as entry-level health care professionals.</p>	<p>6-month Employer Surveys questions: <u>Medical Technology</u> – Integrate and evaluate data; <u>Nursing</u> – Accurately make quality clinical decisions <u>Radiologic Technology</u> – Evaluate radiologic images for appropriate positioning and quality <u>Surgical Technology</u> – Demonstrates problem-solving skills <u>EMS</u> – Integrate the principles of kinematics to enhance patient assessment</p>	<p>Graduates ability to demonstrate problem-solving and critical-thinking skills 6 months after graduation receives an average rating of 4.0 or higher.</p>	<p>independent learning.</p> <p>EMS: A new Paramedic class did not start in the calendar year of 2007. The six month alumni evaluations were received and reported on in 2005 for the previous graduating class. The 2006 class was extended for a number of reasons which resulted in a delayed start date of January 2008 for the next class. Medical Technology: Class of Jan 2007 6 mos employee surveys are 4.0 or above</p> <p>Class of August 2007 6 month employer survey = 4.0 or above Nursing: Class of December 2006 Employer Surveys (response rate =64%) rated graduate problem solving and critical thinking skills of employment at 3.79. Employers rated the importance of this program objective at 5.00. Class of December 2006 Alumni Surveys (response rate=49%) rated graduate problem solving and critical thinking skills of employment at 4.26. Graduates also rated the importance of this program</p>	<p>Not Met</p>	<p>EMS: Six Month alumni surveys for the 2007 graduating class will be distributed in May 2008 and will be reported in the 2008 end of year report. Medical Technology: Information from survey will be distributed and discussed with faculty Nursing: Continue to evaluate performance related to this program objective from the employer and graduate perspective after 6 months of employment. Develop educational opportunities (simulation experiences, case studies, laboratory practice) for program students to refine problem solving and critical thinking skill in nursing clinical courses. Phlebotomy: More concerted efforts are underway to increase response rates on alumni and employers surveys. Surveys will now be sent out 3 months after completion of the program. Radiologic Technology: Continue to meet objectives and train qualified entry level technologist. Surgical Technology: Continue to utilize employer survey to gauge graduates ability to critically think and problem solve as entry level professionals</p>

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			<p>objective at 5.00. Phlebotomy: For 2006, employers rated graduates ability to integrate and evaluate data as 4.75. 2007 incomplete. Radiologic Technology: 10 of 10 employer surveys were returned. The averaged response to this objective was 4.57. Surgical Technology: 6-month employer survey (8/9 responding) indicates average response of 4.0. Goal met</p>		
<p>24. Services and resources provided to students promote life-long learning</p>	<p>6-month Alumni Surveys</p>	<p>At least 15% of alumni will have participated in some form of continuing education within six months following graduation.</p>	<p>EMS: A new Paramedic class did not start in the calendar year of 2007. The six month alumni evaluations were received and reported on in 2005 for the previous graduating class. The 2006 class was extended for a number of reasons which resulted in a delayed start date of January 2008 for the next class. Medical Technology: 67% of January 2007 graduates and 50% of August 2007 graduates indicated participation in continuing education activities since graduation. Nursing: Eighty-four percent of the Class of December alumni</p>	<p>Not Met</p>	<p>EMS: Six Month alumni surveys for the 2007 graduating class will be distributed in May 2008 and will be reported in the 2008 end of year report. Medical Technology: Continuing education is mandatory to retain certification, so graduates must meet the 36 hr requirement and have 3 years to do it. As a result, it may be unnecessary to continue to monitor. Nursing: Continue to monitor continuing education participation post graduation as this is a requirement for licensure maintenance in North Carolina. Reinforce the importance of continuing education after program completion with program students. Radiologic Technology: Since the College has little control over the continuing education activities once</p>

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			<p>responded in the affirmative to participation in some form of continuing education within 6 months post graduation.</p> <p>Radiologic Technology: 0% of alumni indicated that they had participated in continuing education activities since graduation but 87.5% of alumni rated their ability to participate in continuing education activities with an average score of 4.0 or higher.</p> <p>Surgical Technology: Alumni surveys indicate 57% or (4 /7) responding report having participated in some form of continuing education.</p>		<p>students become graduates, it is suggested that this objective be changed or removed.</p> <p>Surgical Technology: Continue to provide and promote life-long learning services and resources to ensure graduates have options to continue education and meet requirements for maintaining certification</p>