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Kansas Annual Report- April 2022   💡 ExpertReview score   Fair

▾   Default Question Block | Turn on large block mode   •••

Q107

Move 1 block

Q61

Prelicensure Annual Report Core Data Survey

Introduction

In collaboration with your board of nursing (BON), NCSBN is assisting with collecting their Annual Report data this year. The survey was designed based on the core data results of a large, mixed-methods study of nursing program quality indicators and warning signs. NCSBN has included questions about COVID-19 to analyze its impact within your program. Your BON may include some additional questions at the end of the survey.

Your BON will receive descriptive results of the nursing programs in their state/jurisdiction, as well as a report of the raw data of each program. Annually, they will receive an aggregate report of all participating BONs so that they can compare their programs to the aggregate.

Move 1 block

Directions

Please complete the following survey for each NCLEX code that you have. Since these are core data, all fields are required before you can proceed to the next question. We encourage you to compile the data on the pdf copy of the survey that the board will send you, and then you may enter your data into the online survey using the link provided. The survey saves your responses automatically. If you exit your survey, you may return to the pre-populated survey as long as you use the <u>same</u> computer and internet browser. Once you've responded to the last survey question, you will be shown a summary of your responses. You can download a copy of your survey responses prior to submitting your Annual Report. You will have until June 30th to complete the survey [June 15th for graduate programs per KAR 60-17-109(a)], and we'll send the results to your BON three weeks after the last program has submitted their survey. Remember, these questions are only for the program with the NCLEX code that you have identified below. If you have any questions, please email Qiana McIntosh at NCSBN; her email is qmcintosh@ncsbn.org.

Q1   ☼   ★

Full Name of Program	
Mailing Address of the Program	
City	
★ State	
★ Zip Code	
First and Last Name of Person Completing Form	
★ Direct Phone # of Person Completing Form	
Email Address of Person Completing Form	
NCLEX Program Code	

Q3

PROGRAM:

Q4   ✳

1. Is the program nationally nursing accredited?

◯ Yes

Move 1 block

Q101

▾ ⮌ Display this question

If   1. Is the program nationally nursing accredited?   Yes   Is Selected

If yes, by which national nursing accrediting agency? Select all that apply.

☐ ACEN

☐ CCNE

☐ CNEA

Q5   ✳

2. What is the program's current approval status?

* Board of nursing or state-designated program approval status.

◯ Full Approval

◯ Conditional/Probationary Approval

◯ Non-Approved

◯ Other

    [   ]

Q6   ✶

3. What best describes the program's geographic location?

○ Urban

○ Suburban (Not rural and not in the core city boundaries)

○ Rural

○ Other

[   ]

Q7   ✶

4. What is the institutional ownership?

Move 1 block

○ Public

○ Private Not for Profit

○ Private for Profit

Q8   ✶

5. What is the program type?

☐ Practical Nurse/Vocational Nurse

☐ Diploma (Registered Nurse)

☐ Registered Nurse - Associate's

☐ Registered Nurse - Bachelor's

☐ Registered Nurse - Accelerated Bachelor's

☐ Master's Entry

☐ Other

[   ]

Q9   ·ϙ·   ✶

6. In what year was the program founded?

* Year the nursing program started (might be different from the year the college/university was founded.)

[   ]

Q10   ✱

▾ 🔄 **Skip to**

8. What types of learning modalities ... if No Is Selected

7. Does the program have any satellite sites?

○ Yes

○ No

Q11   💡   ✱

Move 1 block 🔄 Display this question

If 7. Does the program have any satellite sites? Yes Is Selected

How many total sites, including the home site, does the program have?

[   ]

Q12   ✱

▾ 🔄 **Skip to**

9. What best describes the program's ... if In-Person Only Is Selected

🔄 **Skip destination**   Go to skip origin

8. What types of learning modalities does the program offer? Please do not include temporary changes made due to the pandemic.

* Hybrid is defined as a program that combines elements of online learning and traditional in-person learning.

○ In-Person Only

○ Online Only

○ Hybrid

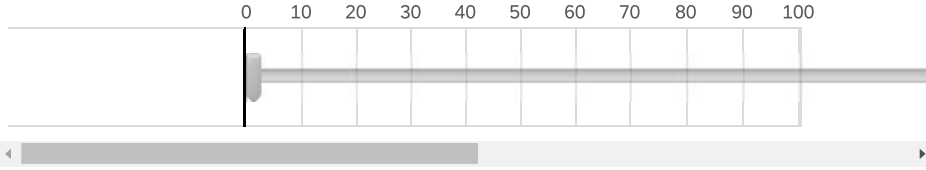## Q13   ★

▼ ⤷ Display this question

If 8. What types of learning modalities does the program offer? Please do not include temporary chan... Hybrid Is
Selected

What percentage of your program is online? Please do not include temporary
changes made due to the pandemic.

```
        0    10   20   30   40   50   60   70   80   90   100
```

Move 1 block

Q14   ★

🔀 Skip destination   Go to skip origin

9. What best describes the program's academic schedule?

*A quarter system divides the academic year into four sessions. A trimester
divides the academic year into three sessions. A semester system divides the
academic year into two sessions.*

○ Quarters

○ Trimesters

○ Semesters

○ Other

[   ]

Q16   ★

10. Does the program offer English as a second language (ESL) services for
non-native English speakers?

*Program offers resources where students with ESL can practice reading,
listening, speaking, and writing.*

○ Yes

○ No

Q17   ✳

11. Does the program offer disability support services?

Nursing program has procedures for making reasonable accommodations for students who qualify under the American Disabilities Act.

○ Yes

○ No

Q18   ✳

12. Does the program offer support services to help low socioeconomic
Move 1 block nts access available resources (e.g., peer mentoring services, tuition
assistance, a work-study program, etc.)

Students have books and resources throughout the program and the program has strategies to help students who can't afford books and resources.

○ Yes

○ No

Q19   ✳

13. Does the program have a formal remediation process in place for students needing academic support?

The remediation process is designed to promote success for students who are at risk of failure and should include the following elements: description of the deficient areas; an outline of specific, measurable goals to demonstrate success; individualized plan for each student; time frame for completion, agreed upon by the faculty and student.

○ Yes

○ No

Q20   ✳

14. Does the program have a formal remediation process in place for students who commit errors/near misses in their clinical experiences?

Program has policies and procedures in place for keeping track of errors and near misses in student clinical experiences and taking action to make system/educational improvements.

○ Yes

○ No

Q21   ✶

▾ 🎯 **Skip to**

16. Does the program offer simulated ... if No Is Selected

15. Has the nursing program experienced major organizational changes over the past year?

* Major organizational changes may include but are not limited to: new director, new assistant/associate director, staff layoff, faculty layoff, change in university leadership (e.g., provost or president), collapsing programs, economic efficiencies, etc.

○ Yes

Move 1 block

Q23   ✶

▾ 🔀 **Display this question**

If   15. Has the nursing program experienced major organizational changes over the past year? * Major...   Yes   Is Selected
In Page Display Logic may behave unexpectedly with Validation Options

If yes, what major organizational changes has the nursing program experienced in the past year? (Check all that apply)

☐ New Director

☐ New Assistant/Associate Director

☐ Staff Layoff

☐ Faculty Layoff

☐ Change in University Leadership (e.g., Provost or President)

☐ Collapsing programs (such as downsizing or merging programs)

☐ Economic efficiencies/Budget reductions

☐ Other
   ┌─────────────────────┐
   │   │
   └─────────────────────┘

Q25   ✳

▼ 🎧 **Skip to**

19. Typically, how many hours do stud... if No Is Selected

🎧 **Skip destination**   Go to skip origin

16. Does the program offer simulated clinical experience? Please do not include temporary changes made due to the pandemic.

*"A technique that creates a situation or environment to allow persons to experience a representation of a real event for the purpose of practice, learning, evaluation, testing, or to gain an understanding of systems or human actions."
From Healthcare Simulation Dictionary, Second Edition (AHRQ, 2020)*

Move 1 block

○ No

Q24   ✳

17. Are simulation faculty either certified by the Society for Simulation in Healthcare (SSH) as a Certified Healthcare Simulation Educator (CHSE) or have they completed the International Nursing Association for Clinical Simulation and Learning (INACSL) 12-course INACSL Simulation Education Program (ISEP)?

○ Yes

○ No

Q26   ✳

18. Is the simulation lab accredited by the Society for Simulation in Healthcare (SSH)?

○ Yes

○ No

Q27   💡   ✳

🎧 **Skip destination**   Go to skip origin

19. Typically, how many hours do students spend in direct patient care? Please do not include temporary changes made due to the pandemic.

Faculty supervised face-to-face (in-person) with clients.

[   ]

Q28

20. Typically, how many hours do students spend in simulation? Please do not include temporary changes made due to the pandemic.

*"A technique that creates a situation or environment to allow persons to experience a representation of a real event for the purpose of practice, learning, evaluation, testing, or to gain an understanding of systems or human actions."
From Healthcare Simulation Dictionary, Second Edition (AHRQ, 2020)*

Move 1 block

21. Typically, how many hours do students spend in the skills lab? Please do not include temporary changes made due to the pandemic.

* *A skills lab is equipped with manikins, task trainers, and hospital equipment where students can apply basic procedural skills such as administering injections.*

Q103

22. Does your program provide support devoted to faculty development?

○ Yes

○ No

Q104

▼ 🔁 Display this question

If 22. Does your program provide support devoted to faculty development?   Yes   Is Selected

If yes, which of the following is provided?

☐ Monetary support: If selected, what is the monetary amount, per faculty member, for professional development?

☐ Substantive periodic workshops (such as bringing in paid consultants/speakers to discuss methods of instruction, how to conduct student assessments, teaching in simulation settings, etc.)

☐ Other, please explain.

Q106

23. Does your program have a systematic evaluation plan of the curriculum in place?

○ Yes

○ No

Q30

PROGRAM DIRECTOR DATA:

Move 1 block

Q32   ✴

24. What is the program director's highest nursing degree achieved?

○ Diploma

○ Associate Degree in Nursing

○ Baccalaureate of Science in Nursing

○ Master of Science in Nursing

○ Doctor of Nursing Practice

○ Doctor of Philosophy in Nursing

○ N/A

○ Other

Q33   ✴

25. What is the program director's highest non-nursing degree achieved?

○ Associate Degree

○ Bachelor's Degree

○ Master of Education

○ Other Master's Degree

○ Doctor of Education

○ Doctor of Philosophy

○ Other Doctoral Degree

○ N/A

○ Other

Q34

26. In the past five years, how many directors, including interim directors, has the program had?

[text box]

Q35

27. Does the program director have administrative responsibility for allied health?

Allied health is a broad field of health care professions made up of specially [Move 1 block] d individuals such as physical therapists and respiratory therapists.

○ Yes

○ No

Q36

28. Does the program have an assistant/associate director?

○ Yes

○ No

Q37

29. Does the program director have dedicated administrative support?

Administrative support includes general office management such as answering phones and doing clerical work and a variety of other tasks.

○ Yes

○ No

Q38

FACULTY DATA:

Q39

30. How many full-time faculty are in the prelicensure program?

Full-time equivalent (FTE) faculty are expected to work at least 37.5 hours per week and to teach, participate in curriculum development, hold office hours for student advisement, attend faculty meetings, participate in campus-wide events, attend professional development events, take part in scholarly activities, etc.
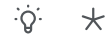
[Move 1 block]

31. How many clinical adjunct faculty are in the prelicensure program?

Clinical adjunct faculty are typically staff at the clinical facility that hosts students and they supervise students during clinical rotations. This does not include preceptors.

★ a.) Employed by the nursing program.
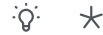
★ b) Not employed by the nursing program.

Q41

32. How many part-time faculty are in the prelicensure program?

Part-time faculty work less than 37.5 hours per week and are responsible for assuming teaching responsibilities, usually collaborating with the full-time faculty. They maintain availability to students and communicate effectively with students and colleagues.

Q42

33. How many of the full-time faculty have a graduate-level education?

* Master of Science in Nursing

* Master of Science (other than nursing)

* Other Master's

* Doctor of Nursing Practice

* Doctor of Philosophy

* Other Doctoral Degree

Move 1 block

Q102

34. How many of the part-time faculty have a graduate-level education?

* Master of Science in Nursing

* Master of Science (other than nursing)

* Other Master's

* Doctor of Nursing Practice

* Doctor of Philosophy

* Other Doctoral Degree

Q43

35. Please specify the typical number of students to one faculty member for didactic/theory courses.

Q44

36. Please specify the number of students to one clinical faculty member.

All levels of faculty (full-time, part-time, and clinical adjunct) in all types of clinical experiences.

Q45   ✱

37. Does the program offer formal orientation for new adjunct clinical faculty?

Formal orientation for new adjunct clinical faculty includes an overview of the program and the particular course they're teaching, policies and procedures, teaching responsibilities, supervision of students, role modeling, planning post conferences, evaluation of students, etc.

○ Yes

○ No

Move 1 block   ✱

For the following two questions, we are going to ask you about formal orientation for new faculty.

* Formal orientation of new faculty includes an overview of the program and faculty resources, policies and procedures, workload, faculty appraisal, curriculum and syllabus development, student assessment, didactic and clinical teaching responsibilities, student advisement, etc.

38. Does the program offer formal orientation for new part-time faculty?

○ Yes

○ No

Q48   ✱

39. Does the program offer formal orientation for new full-time faculty?

○ Yes

○ No

Q49   ✱

40. Does the program offer formal mentoring for new full-time faculty?

* Formal mentoring includes assignment of a seasoned (at least one year of teaching) faculty member who has taught at the same level for the purpose of providing ongoing support, coaching, guidance, and faculty development for new full-time faculty.

○ Yes

○ No

Q50

STUDENT DATA:

Q51

41. How many students are enrolled in the nursing program as of the beginning of the current academic year (2021-2022)?

Includes all prelicensure students for this program code. Programs can report [enroll]ment numbers for more than one cohort if it applies.

Move 1 block

Q52

⤷ Skip to

43. What is the total number of stude...   if   No   Is Selected

42. Do you have a maximum enrollment capacity?

○ Yes

○ No

Q53

⤷ Display this question

If   42. Do you have a maximum enrollment capacity?   Yes   Is Selected

What is the maximum nursing enrollment capacity for the 2021-22 academic year?

Q54

Skip destination   Go to skip origin

43. What is the total number of students who started in your *last graduating cohort*? (That is, realizing that students graduate at different times of the year, what is the number of students who started in the most recent group that graduated?)
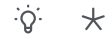
Q55

Move 1 block

onsidering the number reported in question #43, how many of those students graduated (this number must be the same as or lower than that in #43)?
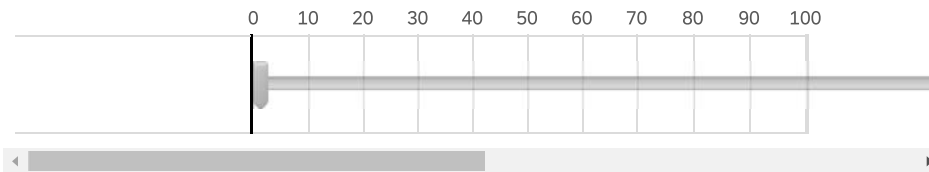
Q56

45. Considering the number reported in question #43, how many students did not graduate and are still actively pursuing coursework?

Q57

46. What is the average age of a student enrolled in the program as of the beginning of the 2021-22 academic year?

0   10   20   30   40   50   60   70   80   90   100

Q58

47. Please provide a detailed breakdown of the racial composition (number in each category) of the students currently enrolled in the program (2021-2022).

★ American Indian or Alaska Native

★ Asian

★ Black or African American

★ Native Hawaiian or Other Pacific Islander

★ White

Move 1 block ulti-Racial

★ Other

Q59

48. Please provide a detailed breakdown (number of students in each category) of the ethnic composition of the students currently enrolled in the program (2021-2022).

★ Hispanic or Latino or Spanish Origin

★ Non-Hispanic or Latino or Spanish Origin

Q60

49. Please provide a detailed breakdown (number of students in each category) by student sex (2021-2022).

★ Female

★ Male

★ Other

Q63

JANUARY - DECEMBER 2021 CALENDAR YEAR COVID-19 QUESTIONS:

When answering the next set of questions on COVID-19, please answer in relation to the January - December 2021 calendar year:

Q64   ★

1. How seriously was your nursing program affected by COVID-19?

○ Not at all

○ A little

○ Somewhat

○ Quite a bit

○ Major disruption

Move 1 block

Q65   ◌̇ ★

2. Which part of your program was affected by COVID-19?

	Yes	No
Didactic education	○	○
Clinical experiences with patients in clinical sites	○	○
Simulation in the simulation lab	○	○
Skills lab	○	○
Other (Please explain)	○	○

Q66   ◌̇ ★

3. Who made the decisions related to any closures or ceasing of face-to-face contact in your program related to COVID-19?

	Yes	No
Governor proclamation	○	○
Administration at the university, college, educational organization	○	○
Dean/director of the nursing program	○	○
Faculty in the nursing program	○	○
Other (Please explain)	○	○

Q67

4. What changes, if any, were made to didactic education because of COVID-19?

	Yes	No
Went to 100% online education	○	○
Went to partial online education	○	○
Smaller class sizes	○	○
No changes	○	○
Please explain any other ~~ations~~	○	○

Move 1 block

Q68

▼ ↴ **Display this question**

If   4. What changes, if any, were made to didactic education because of COVID-19?   Went to partial online education -
Yes   Is Selected

5. In the previous question you reported that you went to partial online didactic education, approximately what proportion of the didactic education was online?

○ 76-90%

○ 51-75%

○ 26-50%

○ 25% or less

○ N/A

○ Comments

Q69   ✲

▾ 🔗 **Skip to**

9. If all your clinical sites were ca... if All sites Is Selected

▾ 🔗 **Skip to**

10. Did your nursing program change i... if None of the sites Is Selected

6. Were face-to-face clinical experiences with patients canceled in your sites?

○ All sites

○ Approximately 76-90%

○ Approximately 51-75%

○ Approximately 26-50%

Move 1 block roximately 25% or less

○ *None* of the sites

○ Comments

[   ]

Q70   ✲

▾ 🔗 **Skip to**

10. Did your nursing program change i... if No Is Selected

7. If your students had clinical experiences with patients, did they have direct contact with COVID-19 patients?

○ Yes

○ No

Q71   ✲

▾ 🔗 **Skip to**

10. Did your nursing program change i... if No, please explain Is Not Empty

8. Did your students have sufficient PPE when in contact with COVID-19 patients?

○ Yes, provided by the health care facility.

○ Yes, though the nursing program or students themselves provided all the PPE for the students.

○ Yes, but some PPE provided by the nursing program or the students themselves.

○ No, please explain

[   ]

○ Comments

[   ]

Q72   ·Ọ·   ★

| Skip destination | Go to skip origin |

9. If all your clinical sites were canceled, what did you do for clinical experiences?

	Yes	No
Simulation in the lab with manikins, faculty and students present	○	○
Simulation in the lab with manikins, faculty and students, though with mandated social distancing	○	○
~~Move 1 block~~ simulation	○	○
Decreased number of clinical hours needed for graduation	○	○
Please explain any other adaptations (such as simulation via Zoom) [ ]	○	○

Q73   ★

Skip destination	Go to skip origin
Skip destination	Go to skip origin
Skip destination	Go to skip origin

10. Did your nursing program change its grading criteria, such as using pass/fail grading because of COVID-19, allowing multiple opportunities to test, etc.?

○ Yes, please explain
    [   ]

○ No

Q74   ★

| Skip to | |

13. Did your program experience facul... if No Is Selected

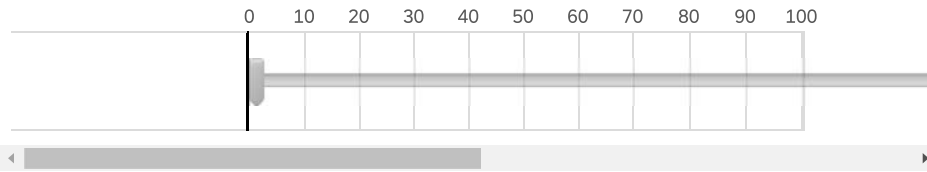**11. Did your program experience student attrition because of COVID-19?**

○ Yes, please explain
    [   ]

○ No

Q75   ✶

12. What is the estimated percentage of student attrition because of COVID-19?

0   10   20   30   40   50   60   70   80   90   100

Q76   ✶

▾   ⟳ Skip to

15. Compared to the previous year, ho...   if   No   Is Selected

⟳ Skip destination   Go to skip origin

13. Did your program experience faculty attrition (e.g., faculty with health conditions retiring early) because of COVID-19?

○ Yes, please explain

○ No

Q77   ✶

14. What is the estimated percentage of faculty attrition because of COVID-19?

0   10   20   30   40   50   60   70   80   90   100
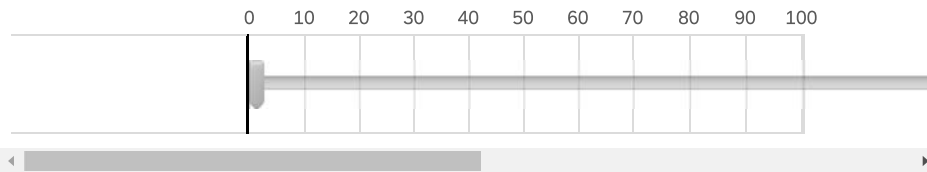
Q78   ✶

⟳ Skip destination   Go to skip origin

15. Compared to the previous year, how would you evaluate the quality of the education at your school during January - December 2021 calendar year?

○ Much lower

○ Lower

○ About the same

○ Higher

○ Much higher

Q79

16. Related to COVID-19, please make any further comments on the education at your institution during the January - December 2021 calendar year.

Q108

ADDITIONAL QUESTIONS from the BON:

Move 1 block

Q109

1. Contact Information:

Physical Address of the Program:

Q111

PROGRAM:

Q113

2. What was the date of the program's last accreditation visit?

	Month	Year
Please Select:	⌄	⌄

Q115   ✲

3. Please select the nursing program's regional accreditation. (Select all that apply.)

☐ Higher Learning Commission of North Central Association of Colleges and Schools (HLC)

☐ Accrediting Council for Independent Colleges/Schools (ACICS)

☐ Accrediting Bureau of Health Education Schools (ABHES)

☐ Other (please specify):

[   ]

Q117   ·ᵠ·   </>   ✲

Move 1 block at was the date of your last KSBN site visit?

	Month	Year
Please Select:	[⌄]	[⌄]

Q117   ·ᵠ·   ✲

5. What is the budget that was spent for library and audiovisual acquisitions for the most recent report year? {up to 7 figure dollar amount}

[   ]

Q118   ·ᵠ·

6. Please list the new library and AV acquisitions for the most recent reporting year.

[   ]

Q227

If needed, upload list here.

[Choose File] No file chosen

Q119

7. Please attach a spreadsheet that identifies all current affiliating agencies used for clinical courses with the following information:
- Agency/facility name
- Location
- Type of facility units or areas utilized, and a
- Maximum number of students allowed by agency/faculty.

*The following template has been provided for your convenience.
Clinical Agency Information.xlsx

Move 1 block   ✳

8. Please upload the provided clinical agency template or a similar file with the requested data.

Choose File No file chosen

Q119   ✳

9. Do you utilize preceptors in your nursing program?

○ Yes

○ No

Q120

▼ ⤷ Display this question

If 9. Do you utilize preceptors in your nursing program?   Yes   Is Selected

Please attach a spreadsheet showing the following information for all current preceptors:
- Name
- License number
- Academic credentials
- Current clinical area of practice
- Place currently employed

*The following template has been provided for your convenience.
Preceptor Information.xlsx

Q198

▾ ⎘ Display this question

If 9. Do you utilize preceptors in your nursing program?   Yes   Is Selected

Please upload the provided preceptor template or a similar file with the requested data.

[Choose File] No file chosen

Q121

▴ PROGRAM DIRECTOR DATA:

Move 1 block

Q122   ·̣·   ✶

10. What is the program director's name?

[   ]

Q123   ·̣·   ✶

11. What are the program director's teaching responsibilities?

[▲▼]

Q124

FACULTY DATA:

Q219

12. Full-time Faculty:

	Please provide numbers below:
How many **full-time** faculty were hired during this reporting period?	[ ]
How many **full-time** faculty resigned during this reporting period?	[ ]
How many **full-time** faculty retired during this reporting period?	[ ]

Move 1 block

Q220

13. Adjunct Faculty:

	Please provide numbers below:
How many **adjunct** faculty were hired during this reporting period?	[ ]
How many **adjunct** faculty resigned during this reporting period?	[ ]
How many **adjunct** faculty retired during this reporting period?	[ ]

Q221

14. Part-time Faculty:

	Please provide numbers below:
How many **part-time** faculty were hired during this reporting period?	[ ]
How many **part-time** faculty resigned during this reporting period?	[ ]
How many **part-time** faculty retired during this reporting period?	[ ]

Q126   ✳

15. Were any contract faculty utilized this reporting year?

○ Yes

○ No

Q127   ⚲

▾ ⤷ Display this question

   If 15. Were any contract faculty utilized this reporting year?   Yes   Is Selected

Move 1 block es, how many?

Q128   ✳

16. Do you have any non-nursing faculty?

○ Yes

○ No

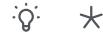Q129   ⚲

▾ ⤷ Display this question

   If 16. Do you have any non-nursing faculty?   Yes   Is Selected

If yes, how many?

Q131   ⚲   ✶

17. Faculty with Hire Exceptions:

	Please provide the number below:
How many faculty with Hire Exceptions did you use this year?	☐
How many faculty with Hire Exceptions were hired this reporting period?	☐
How many faculty with Hire Exceptions resigned this reporting period?	☐
How many faculty with Hire Exceptions retired this reporting period?	☐

Move 1 block

Q226   ⚲   ✶

18. Faculty with Degree Plans:

	Please provide the number below:
How many faculty with Degree Plans did you use this year?	☐
How many faculty with Degree Plans were hired this reporting period?	☐
How many faculty with Degree Plans resigned this reporting period?	☐
How many faculty with Degree Plans retired this reporting period?	☐

Q222   ✶

19. Do you have faculty for whom FQR should be removed this reporting period?

○ Yes

○ No

Q223

▼ ⟲ Display this question

If 19. Do you have faculty for whom FQR should be removed this reporting period? Yes Is Selected

If yes, please list:

Q132

20. Please attach a spreadsheet with all faculty members listed with the following information:

Move 1 block

- Name
- License number
- Highest degree
- Employment start date
- Employment status (FT, PT, Adjunct, Other).

*The following template has been provided for your convenience.
Faculty Information.xlsx

Q199

21. Please upload the provided faculty template or a similar file with the requested data.

Choose File   No file chosen

Q133

22. Please attach a spreadsheet with the following information regarding nursing courses:
- Name of Course
- Faculty members for the course
- Identify the course coordinator for each course (if the course is a clinical course, please also identify the total clock hours for the course, the observation hours, simulation hours, and precepted hours for each course where it applies.)

* The following template has been provided for your convenience.
Nursing Courses.xlsx

Q200   ✶

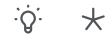23. Please upload the provided course template or a similar file with the requested data.

Choose File No file chosen

Q134

STUDENT DATA:

Move 1 block

Q136   ·ᵩ·   ✶

24. Student Admissions:

	Please provide the number below:
Total admissions for reporting period:	
How many were articulation students?	
How many were transfer students?	
How many were readmissions?	

Q137   ✶

25. Of the readmissions, were there any that were articulation or transfer students?

○ Yes

○ No

Q139

Display this question

If 25. Of the readmissions, were there any that were articulation or transfer students?   Yes   Is Selected

If yes, how many?

	Please provide the number below:
How many were articulation students?	[ ]
How many were transfer students?	[ ]

Move 1 block

Q140

26. Students Who Graduated:

	Please provide the number below:
How many total students graduated this reporting period?	[ ]
How many were articulation students?	[ ]
How many were transfer students?	[ ]

Q141

27. Did you have any RN to BSN students graduate?

○ Yes

○ No

Q142

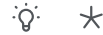**Display this question**

If 27. Did you have any RN to BSN students graduate?   Yes   Is Selected

If yes, how many?

[   ]

Q143

28. Students Who Withdrew Due to Personal Reasons:

	Please provide the number below:
Total number of students withdrawing due to personal/non-academic reasons:	
How many were articulation students?	
How many were transfer students?	
How many were readmissions?	

Move 1 block

Q144

29. Students Who Withdrew Due to Academic Reasons:
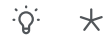
	Please provide the number below:
Total number of students withdrawing due to academic reasons:	
How many were articulation students?	
How many were transfer students?	
How many were readmissions?	

Q145

30. Number of qualified applicants turned away:

Q146

31. Please report the program's NCLEX pass rates for the last five (5) reported years:

	Year:	Rate:
	☐	☐
	☐	☐
	☐	☐
	☐	☐
	☐	☐

Move 1 block

Q147

32. Have you received any complaints involving educational statutes or regulations?

○ Yes

○ No

Q148

▼ 🔁 **Display this question**

If   32. Have you received any complaints involving educational statutes or regulations?   Yes   Is Selected

If yes, please explain:

[   ]

Q149

33. Have you had any comments or complaints related to NCLEX testing?

○ Yes

○ No

Q150

⤷ Display this question

If   33. Have you had any comments or complaints related to NCLEX testing?   Yes   Is Selected

If yes, please specify.

Q151

34. Response to recommendations and requirements from the last annual
~~y~~ or last survey visit (during reporting period):

Move 1 block

Q152

35. Are there any future plans or proposed changes to the program?

Q153

36. In this reporting year, have there been any changes in: (check all that apply)

☐ Program policies

☐ Organizing curriculum framework

☐ Program objectives or outcomes

☐ Major curriculum changes

☐ Minor curriculum changes

Q154

37. Please provide a description of the practices used to safeguard the health
and well-being of students in your programs.

Q155   *

38. Please attach a copy of your current school catalog.

[Choose File] No file chosen

Q156   *

39. Please attach a copy of your most current audited fiscal report(s) covering
the last two years, including a statement of incomes and expenditures.

* If you have a second-year fiscal report, please add to the subsequent question
below.

Move 1 block

[Choose File] No file chosen

Q224

Additional audited fiscal report (if applicable).

[Choose File] No file chosen

--- Page Break ---

Q159   *

⊙ Skip to

End of Block   if   No   Is Selected

⊙ Skip to

GRADUATE SECTION: if   Yes   Is Selected

Do you have a graduate program?

○ Yes

○ No

--- Page Break ---

Q157

⊙ Skip destination   Go to skip origin

GRADUATE SECTION:

Q158

Program:

Q162

1. What was the date of the program's last accreditation visit?

	Month	Year
Please Select:	▾	▾

Move 1 block

Q231

Please enter the name of the accreditation agency, if different than undergraduate agency.

Q164

2. What is the program's current approval status? [Board of nursing or state-designated program approval status.]

☐ Full Approval

☐ Conditional/Probationary Approval

☐ Non-Approved

☐ Other

Q165

3. What was the date of your last KSBN site visit?

	Month	Year
Please Select:	▾	▾

Q167   ✶

4. What advanced practice nursing program tracks do you offer? (Select all that apply)

☐ MSN - CNS

☐ MSN - NP

☐ MSN - NM

☐ MSN - RNA

☐ DNP - CNS

☐ DNP - NP

☐ DNP - NM

☐ DNP - RNA

`Move 1 block`

Q168   ✶

▼ 🎦 **Skip to**

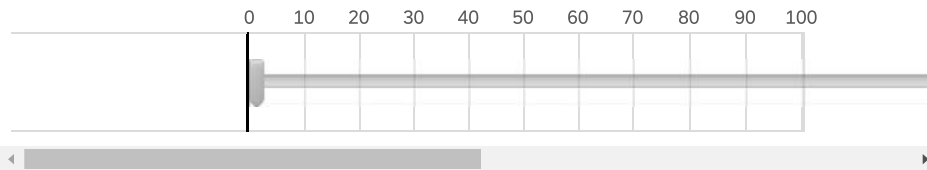7. Has the advanced practice nursing ...   if   In- Person Only   Is Selected

5. What types of learning modalities does the program offer? [Hybrid is defined as a program that combines elements of online learning and traditional in-person learning.]

○ In- Person Only

○ Online Only

○ Hybrid

Q169   ✶

6. What percentage of your program is online?

| | 0 | 10 | 20 | 30 | 40 | 50 | 60 | 70 | 80 | 90 | 100 |

Q170   ✶

🔘 **Skip destination**   Go to skip origin

7. Has the advanced practice nursing program experienced any of the following major organizational changes over the past year? (Select all that apply)

[Major organizational changes may include but are not limited to: new director, new assistant/associate director, staff layoff, faculty layoff, change in university leadership (e.g., provost or president), collapsing programs, economic efficiencies, etc.]

☐ New Director

☐ New Assistant/Associate Director

☐ Staff Layoff

Move 1 block

☐ ...ulty Layoff

☐ Change in University Leadership (e.g., Provost or President)

☐ Collapsing programs (such as downsizing or merging programs)

☐ Economic efficiencies/Budget reductions

☐ Other

[   ]

☐ None

Q171   ·💡·   ✶

8. How many total clinical (clock) hours are in this advanced practice nursing program? [Faculty or preceptor supervised hours with clients.]

[   ]

Q172   ·💡·   ✶

9. What is the budget spent for library and audiovisual acquisitions for the most recent report year? {up to 7 figure dollar amount}

[   ]

Q173   ·💡·

10. Please list the new library and AV acquisitions for the most recent reporting year.

[   ]

Q228

If needed, upload list here.

Choose File   No file chosen

Q174

11. What are the current number of library holdings?

Move 1 block

Q175

12. What are the current number of library holdings regarding nursing?

Q176

PROGRAM DIRECTOR:

Q177

13. What is the program director's name?

Q178

14. Does the program director have assigned teaching responsibilities in the advanced nursing program?

○ Yes

○ No

Q179

▼ ⬐ Display this question

If 14. Does the program director have assigned teaching responsibilities in the advanced nursing pro...   Yes   Is Selected

If yes, please list courses taught and credit hours for each course?

Q180

FACULTY:

Move 1 block

Q180

15. How many **full-time** faculty are in the advanced practice program?

Q181

16. Full-time Faculty:

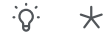|	Please provide the number below:
How many **full-time** faculty <u>were hired</u> during this reporting period?	
How many **full-time** faculty <u>resigned</u> during this reporting period?	
How many **full-time** faculty <u>retired</u> during this reporting period?	

Q182

17. How many **clinical adjunct** faculty are in the advanced practice program?

Q183

18. Adjunct Faculty:

	Please provide the number below:
How many **adjunct** faculty were hired during this reporting period?	[ ]
How many **adjunct** faculty resigned during this reporting period?	[ ]
How many **adjunct** faculty retired during this reporting period?	[ ]

Move 1 block

Q184

19. How many part-time faculty are in the advanced practice program? [Part-time faculty work less than 40 hours per week and are responsible for assuming teaching responsibilities, usually collaborating with the full-time faculty. They maintain availability to students and communicate effectively with students and colleagues.]

[   ]

Q185

20. Part-time Faculty:

	Please provide the number below:
How many **part-time** faculty were hired during this reporting period?	[ ]
How many **part-time** faculty resigned during this reporting period?	[ ]
How many **part-time** faculty retired during this reporting period?	[ ]

Q186

21. Were any contract faculty utilized this reporting year?

○ Yes

○ No

Q187

▼ ↪ Display this question

If   21. Were any contract faculty utilized this reporting year?   Yes   Is Selected

If yes, how many?

Q188

22. Do you have any non-nursing faculty?

Move 1 block

○ No

Q189

▼ ↪ Display this question

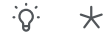If   22. Do you have any non-nursing faculty?   Yes   Is Selected

If yes, how many?

Q190

23. How many faculty with **Hire Exceptions** did you use this year?

Q191

24. Faculty with Hire Exceptions:

	Please provide number below:
How many faculty with **Hire Exceptions** were hired this reporting period?	
How many faculty with **Hire Exceptions** resigned this reporting period?	
How many faculty with **Hire Exceptions** retired this reporting period?	

Move 1 block

Q192

25. How many current faculty are on a Faculty Degree plan?

Q193

26. Do you have faculty for whom FQR should be removed this reporting period?
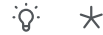
○ Yes

○ No

Q194

▼ 🔁 Display this question

If 26. Do you have faculty for whom FQR should be removed this reporting period? Yes Is Selected

If yes, please list:

Q195   ⚙   ✶

27. How many of the advanced nursing practice program faculty have:

	Please provide the number below:
Doctor of Nursing Practice	
Doctor of Philosophy in Nursing	
Other Doctoral Degree	
Master of Science in Nursing	
Master of Science (other than nursing)	
Masters	

Move 1 block

Q196

28. Please attach a spreadsheet with all faculty members listed with the following information:
- Name
- License number
- Highest degree
- Employment start date,
- Employment status (FT, PT, Adjunct, Other),
- Clinical specialty area,
- Description of responsibilities for required advanced nursing courses (all required courses should be included.)

*The following template has been provided for your convenience.
Faculty Information.xlsx

Q201   ✶

29. Please upload the provided faculty template or a similar file with the requested data.

Choose File   No file chosen

Q197

30. Please attach a spreadsheet of current Preceptors used in the Advanced Practice programs with the following information for each:
- Name
- License number
- Academic credentials
- Professional experience
- Place of practice/employment.

*The following template has been provided for your convenience.
Preceptor Information.xlsx

Move 1 block

Q202   ✳

31. Please upload the provided preceptor template or a similar file with the requested data.

Choose File   No file chosen

Q203

32. Please attach a spreadsheet of current affiliating agencies utilized with your advanced nursing programs. Please include the following information:
- Name of facility
- Address/location
- Facility units or areas used.

*The following template has been provided for your convenience.
Clinical Agency Information.xlsx

Q204   ✳

33. Please upload the provided clinical agency template or a similar file with the requested data.

Choose File   No file chosen

Q205

STUDENTS:

Q206

34. How many students were admitted to each advanced practice program in this reporting period?

	Please provide the number below:
CNS	
NP	
NM	
RNA	

Move 1 block

Q207

35. How many students graduated from each advanced practice program in this reporting period?

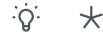|	Please provide the number below:
CNS	
NP	
NM	
RNA	

Q208

36. How many students were admitted to Post-Master's advanced practice programs this reporting period? How many completed the program this reporting period?

	Admissions:	Completed:
CNS		
NP		
NM		
RNA		
Education		

Q209

37. How many students withdrew from an advanced practice program this reporting period for:

	Please provide the number below:
Academic reasons	
Personal/non-academic reasons	

Q210

Move 1 block

ave you received any complaints involving educational statutes or ations?

○ Yes

○ No

Q211

▼ ⤷ Display this question

If   38. Have you received any complaints involving educational statutes or regulations?   Yes   Is Selected

If yes, please explain:

Q212

39. Please provide any response to recommendations and requirements from the last annual survey or last survey visit (completed during reporting period):

Q213

40. Are there any future plans or proposed changes to the program?

Q214   ★

41. In this reporting year, have there been any changes in: {Select all that
apply}

☐ Program policies

☐ Organizing curriculum framework

☐ Program objectives or outcomes

☐ None

Q215   ◌̇

Move 1 block   ↳ Display this question

If   41. In this reporting year, have there been any changes in: {Select all that apply}   Program policies   Is Selected

Or   41. In this reporting year, have there been any changes in: {Select all that apply}   Organizing curriculum framework   Is
Selected

Or   41. In this reporting year, have there been any changes in: {Select all that apply}   Program objectives or outcomes   Is
Selected

Please briefly describe those changes:

Q216   ◌̇   ★

42. Please provide a description of the practices used to safeguard the health
and well-being of students in your programs.

* If answer is the same as in the undergraduate section, please indicate "same
as UG".

Q217

43. Please attach a copy of your current school catalog. *If the catalog was
uploaded in the undergraduate section, it does not need to be uploaded here.*

Choose File   No file chosen

Q218

44. Please attach a copy of your most current audited fiscal report(s) covering the last two years, including statement of incomes and expenditures. *If the fiscal report was uploaded in the undergraduate section, it does not need to be uploaded here.*

Choose File | No file chosen

Q225

Additional audited fiscal report (if applicable).

Choose File | No file chosen

Import from library   + Add new question

Add Block

End of Survey

We thank you for your time spent taking this survey.

Your response has been recorded.

(Your respondent's response summary will appear here)