STUDENT NURSE RETENTION AND ENRICHMENT

by

Patti L. Tibble

MATTHESON, LINDA, PhD, Faculty Mentor and Chair

OUSELY, TYRA, PhD, Committee Member

Christy Davidson, DNP, Interim Dean, School of Nursing and Health Sciences

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Abstract

Across the United States, nursing schools are struggling with the issue of student retention. Competitive seats are taken by a limited number of students and as they voluntarily or involuntarily leave the program the seats are essentially wasted leading to fewer graduating students. An unaccredited rural associate of applied science (AAS) nursing program has experienced attrition rates of over 50% each semester for the past six years. Although the school enjoys high National Council Licensure Examination for Registered Nurses [NCLEX-RN®] pass rates, the school is losing significant revenue each year. The aim of this project was to design and implement a series of evidence-based interventions focused on retaining student nurses and enhancing their educational experience in order to improve graduation rates. Over the course of three semesters, interventions were added and enhancements to the program were made. Several areas of student and faculty focused strategies were employed including enhanced tutoring, a consultation document development, identification of a student profile and assessment tool, and the addition of professional socialization seminars. In addition, faculty development modules were designed and placed on the school learning management system to increase awareness and use of the interventions. The program’s outcome and opportunities for improvement are discussed as well as recommendations for future retention programs.

Key words: Retention, Student Nurse, Attrition, Nursing Education
Student Nurse Retention and Enrichment

Across the United States, nursing schools are struggling with the issue of student retention. Competitive seats are taken by a specified number of students and as they voluntarily or involuntarily leave the program, those seats are essentially wasted leading to fewer graduating nurses. At a small rural community college in the Midwest, an unaccredited associate of applied science (AAS) nursing program has experienced attrition rates of over 50% each semester for the past six years. The department of nursing enjoys a high National Council Licensure Examination for Registered Nurses [NCLEX-RN®] pass rate of over 90%. The goal of this project was to design and implement a program which included a series of evidence-based interventions focused on retaining student nurses and enhancing their educational experience in a small rural community college.

Background

Nursing programs across the country are searching for admission and retention programs that will address the nursing shortage and graduate as many admitted students as possible. Nationally, 80% of nursing schools turned away over 75,000 qualified applicants in 2011 (American Association of Colleges of Nursing [AACN], 2012) leaving educators to wonder how to retain those most likely to succeed. These numbers add to the ongoing nursing shortage in which 1.2 million additional nurses will be needed by the year 2020 (AACN, 2012). Therefore nursing programs must be proficient in retaining students from admission through program completion. The goal of increasing program completion rates focuses on the reality that schools can no longer allow wasted seats to go unfilled (Sadler, 2003).

The community college has an overall student number of approximately 3000 students. The program is currently unaccredited and is seeking to gain initial accreditation status with
Accreditation Commission for Education in Nursing (ACEN). The nursing program admits 40 students per semester with a total of 80 per school year. The school holds a capacity of 160 students, yet currently has approximately 125 students enrolled in the program. In December 2014, 21 students graduated with an AAS degree in nursing. Prior to this retention project, there was little focus on the retention of nursing students despite the loss of students at a greater than 50% for the past six years. This reflected poorly on the nursing program as well as causing concern for some faculty, administration, and students. Not only was there little focus on the problem, but no retention interventions aimed at nursing student retention were available.

Students did not have specific nursing tutors available to them, and tutoring in general had a low utilization rate of 2.3% in the school year 2010. There were no professional socialization and mentoring opportunities for students such as student nurse associations. Cultural diversity and cultural competence as defined by Jeffreys (2012) was a newer and lesser understood concept within the faculty group. Finally, many faculty did not recognize a problem with retention and attrition within the program. Since graduation numbers of student nurses had remained low for many years, it was acceptable to many faculty to lose over 50% of each cohort. Prior to the onset of the project, casual conversations with students’ revealed feelings of fear, intimidation, and distrust of faculty as well as their ability to pass nursing courses. Little demographic and other data existed in the school of nursing that would identify students who may be at risk for academic problems. Assessment of the current environment at the school served as the reason for the development of a holistic and comprehensive retention program.
Significance and Literature Support

Attrition and retention are complex and multi-factorial issues. There is much nursing education literature describing the scope of the problem with retention and attrition existing within associate degree nursing programs (Harris, Rosenberg, & Grace O'Rourke, 2014; Jeffreys, 2012; Shelton, 2012). According to Jeffreys (2012), certain student characteristics place a student at risk for non-completion of a nursing program. Students who commute to campus, are part time in the program, belong to racial or ethnic minority groups, have English as non-primary language, are males, and are parents of dependent children all have been found to be at risk for higher attrition in nursing programs. An understanding of the factors in attrition and persistence of nursing students guides nurse educators in designing interventions aimed at retaining as many students as possible. Despite the amount of literature on student nurse retention, no singular method of retention has been determined to solve the problem. In developing the retention and enrichment program for SMC, the Jeffreys (2012) Nursing Undergraduate Retention and Success (NURS) framework was selected due to its comprehensive approach to retention and attrition. This model addresses many of the factors which are mirrored by the college demographics. It offers multiple resources and interventions for educators that enhance student success. The flexibility and comprehensive nature of the framework provided the most applicable resources for this project. Several interventions that have been found to enhance retention of students include nursing specific tutoring, faculty development, increased cultural awareness, faculty concernful practices and professional socialization (Fettig & Friesen, 2014; Jeffreys, 2012; Shelton, 2012). These interventions were essential parts of the project design.
Project Description and Design

Jeffrey’s NURS (2012) framework was selected due to its comprehensive approach to retention and attrition. The design of this project including current environmental assessment, design of interventions and implementation of interventions was based on faculty and project manager input. Interventions were chosen due to low cost, ease of implementation, and fit within the time-frame allotment of three semesters. Strategies and interventions are detailed below which were aimed at enhancing the student experience and increasing the potential for retention. Interventions were initiated after Institutional Research Board (IRB) exemption from both Capella University and the community college was obtained.

Assessment of Environment

Prior to the start of the retention project an assessment was needed to determine students’ reasons for program non-completion. Jeffreys (2012) suggests gathering information so that interventions can be customized to the needs of the program. Information was collected from students through a variety of means including informal focus groups, online surveys, and phone interviews. An exit interview template designed to gather information on reasons for departure would be utilized by the department dean with students as they left the program (see Appendix A). A questionnaire was given to students who left the program before completing their associates’ degree in nursing (see Appendix B). Information collection revealed several themes where students reported having difficulty in persisting in the nursing program. Classroom teaching style was chosen by 81.8% of respondents, perceived lack of faculty support (81.6%), faculty incivility was chosen by 60%, academic or learning issues (60%), a lack of nursing specific tutoring (40%), and personal issues was chosen at 20%. Literature supports these areas
as places where faculty can make an impact on the retention of students (Harris, et al., 2014; Jeffreys, 2012; Shelton, 2012).

Assessment of current faculty perceptions was also an important part of the early stage of project development. A pre-intervention survey of faculty perceptions regarding retention and attrition, and intervention understanding was conducted prior to intervention decisions (see Appendix C). This information was important in determining areas of faculty development needed to improve understanding of interventions focused on student success. The nursing school was in need of a holistic comprehensive retention program beginning with awareness of the problem.

**Assessment and Early Identification of Students at Risk**

Faculty must be aware of risk factors which impact attrition and retention in order to assist all students to be successful in completion of the nursing program. Jeffreys (2012) recommends that faculty assess students early in their courses to determine who may show evidence that they are at-risk for attrition and proactively engage them in the successful completion of each course. A questionnaire was developed for assessment of students in regards to age, gender, cultural identification, and work hours among other data called the *Getting to Know You* form (see Appendix D). *Getting to Know You* forms were to be utilized by faculty at the start of each course to assist in identifying early those students who may need extra assistance and support in completing the course successfully. Directions and the literature to support the form usage were placed on the Learning Management System (LMS) in the faculty development site as well as being verbally encouraged. Forms were also made available at the beginning of each course to faculty.
Tutoring

Tutoring and mentoring for student nurses has been found to have a positive impact on course success (Bryer, 2012; Fettig & Friesen, 2014; Jeffreys, 2012). In collaboration with the college student learning and tutoring department, an enhanced nursing student peer tutoring program was collaboratively developed and offered in the learning center (TLC). College-paid student nurses who had been successful in previous nursing courses were paid to be available for tutoring on a regular schedule. All students, despite risk assessment, were given the opportunity and encouraged to utilize the peer tutors. Tutors and faculty were expected to offer these sessions during regular hours, encouraging students to attend.

Professional Socialization for Student Success

Professional socialization and enculturation into the nursing profession have been found to enhance and retain student nurses in their programs by providing opportunities for students to engage with other professionals as role models (Jeffreys, 2012; Stott, 2007). Two strategies were implemented to enhance the feeling of belonging and professionalization in the retention program. The first was the Men in Nursing program developed and offered in fall 2013 to address socialization needs of males in nursing. Men, in the predominantly female nursing profession are treated and socialized into the profession differently than women, and are often found feeling left out and isolated from the female student population. This increases the likelihood of the male student not completing a nursing program (Jeffreys, 2012; Stott, 2007). All men in the nursing department were invited to a special discussion and network session and talk about issues specifically geared to men entering a traditionally female profession. The response was very positive with approximately 25 of 30 male students attending. Professional socialization and mentoring of men is a means to help students persist in their role development
as nursing professionals to feel a sense of belonging and gain professional nursing values (Fettig & Friesen, 2014; Gilchrist & Rector, 2007; Jeffreys, 2012).

The second professionalization strategy included the implementation of a National Student Nurses Association (NSNA). The inaugural meeting took place in October 2014 and was well attended. Many students reported having been encouraged by the availability of a professional group that will enhance their professional nursing role development. This student run group has increased membership and has planned community service activities within the first two months.

**Faculty Development**

The survey of faculty perceptions completed in fall 2013 found an overall lack of understanding of interventions and services which increase retention in nursing students (see Appendix C). Thus, faculty development modules were designed and implemented using the LMS of the college as a means to relay information, nursing education literature, and other materials. Several faculty meetings were conducted in order to increase awareness of interventions of the project, its components and time line. Jeffrey’s (2012) text *Student Nurse Retention* was provided for all fulltime faculty who desired it, and evidence-based literature was provided both in hard copy and in the LMS faculty development module. Meeting summaries were provided through emails and LMS documents. Copies of Jeffreys NURS retention model (2012) were made available to all faculty and administration. No information is available on the utilization of these resources, but anecdotal responses indicate lack of time prevented the faculty and administration from reading them.
Faculty-Student Consultation Forms

When nurse educators actively seek to meet with and advise students in order to promote course success, students feel cared about and are more likely to work collaboratively to persist in the program (Jeffreys, 2012; Shelton, 2012). Jeffreys (2012) recommends early intervention at the first sign of course difficulty to improve persistence. First and second semester students have the greatest risk of non-completion, thus were the focus of proactive advisement. Consultation forms were developed that would assist faculty in proactively addressing concerns with any student who achieved less than a passing grade (78%) on any test or assignment (see Appendix E). Faculty were instructed to use the consult form to proactively work with students, provide resources, and direct interventions, such as assessment of learning needs, tutoring, financial aid services, study skills and other areas that could increase student success. Applicable nursing education literature was placed on the LMS for background and development on helpfulness interventions and how those interventions can improve student retention efforts.

Diversity and Cultural Awareness for Faculty

Learning modules were developed and placed on the school LMS in order to provide literature and suggestions for improving faculty awareness and participation in culturally competent interactions. Incorporating culturally consistent advising into daily interactions of students fosters insight into the challenges that face our diverse student population (Gilchrist & Rector, 2007; Jeffreys, 2012). Nursing educators must be aware of cultural differences in help-seeking behaviors and learning needs in the diverse nursing student population to improve program success (Fettig & Friesen, 2014; Gilchrist & Rector, 2007; Jeffreys, 2012). In fall of 2013, four major cultural groups made up the student nurse population at the college including African American (2.6%), multiracial (2.6%), Hispanic (2.6%), and White (89.5%) populations.
There are no minority faculty on staff who could serve as mentors for non-white students; however, a proactive and concerned approach from faculty can assist the students to feel more included and accepted into their peer group (Fettig & Friesen, 2014). Fettig and Friesen (2014) and Jeffreys (2012) recommend increasing peer-group interactions and understanding in working relationships while learning about trust, cultural assumptions and how language can cause barriers to success. Nurse educators may need to be proactive in facilitating trust, encouraging inter-racial collaboration, and eliminating slang and cultural bias from tests and in lecture environments. Faculty must consider how variations in trust, cultural assumptions, and language can inhibit the minority student’s sense of belonging. Cultural competence awareness learning modules were developed and placed on the college LMS for faculty development. These modules were placed within the LMS with two of eight fulltime faculty utilizing the module.

**Findings and Results**

The goal of this project was to develop a holistic and comprehensive student nurse retention program. That goal was met as evidenced by the pilot program which has been described above. Jeffreys’s (2012) NURS model for student nurse retention is an extensive and ambitious approach, requiring full faculty and administrative engagement and effort. Although much of the assessment and development of the program groundwork has been laid for future program enrichment and interventions three semesters was not sufficient time to complete a full evaluation of the project. The hope to retain more students was not realized as the timing of the project was not adequate for the number of interventions that were attempted. As of December 2014, 14 of the original 35 students from the January 2014 cohort remain in the program, below a 50% retention rate. Completed graduation rates of other cohorts will not be measurable until at least December 2015. Individual interventions were not consistently utilized by all faculty, thus
data is incomplete for several program components. Outcome data was not collected with specific interventions since the overriding goal of the project was to develop holistic and comprehensive retention program. Several interventions were initiated and results are detailed below.

**Tutoring**

The tutoring program experienced an increase in utilization from 2.3% of nursing students using tutoring services in 2010 to 25% in 2014. Student success cannot be correlated to the attendance at these tutoring sessions and was not the intention of this project. Students did, however, state they enjoyed having dedicated nursing tutors available to them and that they felt more confident having a peer to interact with and obtain support from. Future studies may be able to correlate tutor use with course success at this school of nursing.

**Professional Mentoring and Socialization**

The Men in Nursing program and initiation of the Student Nurse Association has been well received with positive comments regarding the increased availability for professional mentoring opportunities. Attendance at the National Student Nurses Association has grown each month since its inception at the school.

**Learning Modules for Faculty Development**

Participation in the LMS faculty development modules declined over time from 85% in module one to less than 20% in module three. Tracking actual time spent in each learning module is not possible in the current system. It was assumed by the project manager that modules would be fully utilized by all faculty and administration in order to increase awareness and knowledge of retention strategies. The modules will continue to be available to faculty into the future.
In fall of 2013, faculty had an attendance rate of 85% at two faculty project planning meetings. However, as planning continued, meeting attendance rates dropped to less than 20% in spring of 2014. Faculty in the final two semesters of the program stated the interventions did not apply to their course work and retention at their level was not an issue. This is due to the high attrition rate in the first two semesters of the program.

**Faculty-Student Consultation and Advisement**

The consultation forms were used sporadically by faculty and many did not use the form at all when a student had met the criteria for consultation. Anecdotally, faculty stated students would not come to their office hours or respond to email requests for meetings. Faculty also stated the forms did provide a way to document attempts at helping those students who are at risk for course failure even if the student did not take advantage of the assistance. Future department projects could use these forms to correlate success in the course. Due to the sporadic use of the forms, this data was not collected nor analyzed.

**Diversity and Cultural Awareness for Faculty**

A learning module on diversity and help seeking behaviors were developed and placed on the department LMS, but were poorly utilized with one of 15 faculty entering the module. PowerPoint® and applicable literature supporting the interventions were not utilized despite an effort to encourage faculty and administrative participation.

**Discussion**

Results for the student nurses retention project are mixed. The project originally aimed to improve overall student nurse retention through the development of a holistic and comprehensive program, but adequate time was not factored in for those changes to be realized. The development of a program was accomplished to a great extent. If adequate time had been
factored in the interventions could have been measured more effectively. The project manager was well acquainted with and was fully engaged in the program but lacked adequate buy-in from all those who would need to engage in change. During the time of this project, faculty were beginning the daunting task of initial program accreditation. The project was initiated, supported, and implemented by a small (three of 15) group of faculty. Ideally all faculty would be fully engaged in the recognition of the problem and determination for change. Some faculty stated retention was not an issue in their course, precluding their need for involvement. Although in spring 2014 two minority students in third semester and one male student from fourth semester failed from the program and were dismissed. Data suggests that the bulk of attrition takes place in the first two semesters, which is where the majority of efforts were focused. Due to the loss of over 50% of each cohort, the school of nursing school loses approximately $300,000 in yearly revenue according to the college financial office (see Appendix F).

The evidence-based retention interventions employed were sound and continue to be supported by other literature (Bryer, 2012; Harris, et al., 2014). However, too many interventions were attempted at once by primarily the project manager. A unified team approach to a project of this size is recommended for the future. Projects in departments attempting accreditation should be kept to a limited intervention with additional support and time devoted to the change.

Some important retention interventions were not addressed, such as implementing a pre-nursing course. Crow, Hartman, and Mc Lendon, (2009) indicated the need for a pre-nursing course to give students a realistic view of nursing before attempting a nursing program. During exit interviews and surveys of non-completing students, 54.5% indicated this was a reason for early departure. Giving pre-nursing students the opportunity to get a real-world flavor of the profession may proactively address the surprise some students feel as they begin their first
nursing course deciding nursing is not for them after all. A pre-nursing course would give the
student applying to the program a realistic view of the nursing profession before taking a
competitive and limited seat. This intervention was not attempted due to the complex nature of
changing pre-requisite credits and the short intervention cycle of this project. Admission criteria
had recently changed two years prior to the project start date and faculty did not wish to engage
in addressing that area of needed improvement. Other factors may have played a part in the
under-utilization of the project and remain unknown at this time. The project took place during
a time in the department of initial accreditation efforts and was not considered to be a priority
by many faculty. Faculty and administration turnover may have contributed to the challenging
environment in which the project took place.

A formative evaluation took place after two of the three semesters included in the project,
resulting in the need to make minor changes in the faculty consultation form. Utilization rates of
the available interventions were not consistent with the intended program goals thus faculty were
encouraged to continue to use and engage in learning and development opportunities through the
LMS. Consultation forms were only being used by two of seven faculty. Students who did not
persist in the program were interviewed by the chair or dean of the program using the exit survey
as well as being sent the Survey Monkey® survey. Information obtained through surveys and
interviews reinforced the need to continue interventions. Anecdotally, some administrators
related that angry students who had failed in the program would not be the best source of
information alluding to a biased population who have a louder voice than the average student.

Recommendations

Recommendations include addressing the high rate of attrition in order to achieve
accreditation status, looking closely at exit interviews and then devising a plan of action, and
increasing faculty engagement in retention efforts if accreditation is to be gained. The continued use of interventions and continued concerted effort of the entire department could result in increased retention of at risk students. Further retention efforts could address the need to assess and adjust admission criteria as supported in the literature. Though this was a pilot program it is recommended that it be continued as a means of addressing the high attrition of students from the program. A college-wide policy addressing retention will be needed for accreditation purposes as well as a plan to address the low program satisfaction perceptions. Data collection processes must be developed and initiated according to accreditation standards. A pre-nursing course should also be implemented as a means of giving potential students an accurate view of the profession of nursing prior to taking a seat in an admission cohort. These recommendations must be addressed before the nursing school could successfully apply for and be accepted accreditation approval.

In the future, it will be important to recognize that large departmental philosophical and behavior shifts must be accomplished by the whole department in a concerted and unified effort. Retention of students must be considered an important and worthwhile task to all faculty who will be involved in the process. Finally, that process must begin with recognition that a problem exists and that using an evidence-based process can make a difference. Literature evidence will continue to be the key component of finding interventions which will positively improve retention rates.

**Conclusion**

As nursing schools look for ways to increase the number of students they graduate into the workforce, they often face the challenge of attrition and retention. The program for retention of student nurses addressed high attrition rates of at a rural community college where previously
there was no specific program in place. A comprehensive student retention and enrichment program was designed and implemented over three consecutive semesters. Using current evidence-based literature, nursing educators have access to a wealth of resources which address a diverse and growing non-traditional population of students. Faculty who are unaware of current literature on culturally competent teaching methods can benefit from development modules and in-services on these topics. Nursing educators must become informed on the variety of factors which affect retention and attrition of students. By addressing the complex and multifactorial reasons nursing students do not persist in their program, educators can increase the number of successful students joining the profession.
References


Appendix A
Student Program Exit Survey

As a way to help us to understand your situation and improve our programs here at SMC I have a few questions. (Dean or Chair completes)

1. What prompted you to leave our school of nursing?

2. voluntary or non-voluntary

Choose all issues that apply:

Financial issues, study skills issues, dislike nursing as a career, needed advising help, needed tutoring or mentoring, having personal or family issues, academic difficulties other:

Please describe__________________________________________________

2. What could we have done to help you persist in your program here?

3. Did you talk with your instructor about the issues before leaving the program? ______ . Please describe that experience.

4. What else would you suggest in order for us to improve our program so that other students can be successful?

Thank you so much for your time and in helping us to improve our program.
Appendix B
Student Survey

Dear recent SMC nursing school student,

As part of our accreditation and continuous improvement process, we want to understand the reasons that students have difficulty completing our program so that we can make improvements in the program. Your responses are very valuable and appreciated.

By taking this short anonymous survey you can help us to improve our program for the future. Thank you so much for your time and we wish you all the best in our future career goals.

Of the following possible reasons for your leaving the SMC nursing program which applied to you? (Select all that apply)

- The course work was difficult to understand.
- I needed tutoring and did not know how to get it.
- I could not afford the course fees and tuition.
- I lost my financial aid.
- I did not like nursing content in clinical
- The instructor was unkind or uncivil to me
- There were no professional nursing organizations to belong to.
- I did not feel supported by teachers
- I did not have the time to devote to study
- I did not have a clear understanding of nursing before I began program
- Family problems or responsibilities that made me leave
- My work hours conflicted with school.
- I was not able to get passing grades.
- I did not have the support from family I needed.
- English language is difficult for me
- Family crisis prevented me from continuing.
- Clinical sites or hours
Which of the following things would have **helped you stay** in the nursing program at SMC?
(select all that apply)

- Financial assistance and scholarships
- Professional organizations and mentoring
- Tutoring in nursing courses
- Different teaching/learning style of the classroom
- Teachers that cared about me and my problems with school
- Support of peers and study groups
- Family support
- Different clinical hours
- More time to study
- A pre-nursing introduction course to learn about nursing before entering program

Please make further comments on any of the above answers here:
________________________________________________________
________________________________________________________
________________________________________________________
________________________________________________________

Thank you so much for taking the time to help us improve our program!
Appendix C
Faculty Survey

Please choose the best response:

1. How do you define the student risk for failure?
   a. Grades alone
   b. Grades and behaviors
   c. Behaviors alone
   d. Other: specify______________

2. How soon do you know the student will most likely fail the course?
   a. Within the first week
   b. By approximately mid term
   c. By the last week of the course
   d. Other: specify______________

3. Currently what is your action if any when you feel a student is at risk for failing your course?
   a. No action taken
   b. Utilize the academic warning letter
   c. Make a face to face appointment with student
   d. Other: specify________________

4. What is the teacher’s responsibility when a student is at risk for failure?
   a. No action is required; student is responsible for seeking help.
   b. Utilize the academic warning system only
   c. Schedule a face to face appointment with student.
   d. Other: specify________________

5. What do you think is the student’s responsibility when they are at risk for failure?
   a. No action is required, teacher assigns grades, and student has no responsibility.
   b. Student must find own resources and help when failing a course.
   c. Make their own face to face appointment with instructor to discuss course work.
   d. Other: specify________________

6. How do you tell students of what resources are available for when they are at risk for failure?
   a. Students can find their own help and resources for help with course work
   b. I proactively tell students how to access services, resources and help them find ways to be successful.
c. I discuss services and resources on a need to know basis if they are failing a course or are in need of help.
   d. Other: specify________________________

7. How often has the student been successful after your intervention and involvement?
   a. less than 50% have been successful after my intervention
   b. more than 50% have been successful after my intervention

8. What interventions been helpful in those at risk for failure student cases?
   a. Nothing has helped
   b. Tutoring helped
   c. Face to face appointments helped
   d. Other: specify________________
Appendix D
Getting to Know You Form

Getting to Know You…
In getting to know you better, we can better assist you in being successful in nursing school.
Thank you for telling us about yourself! We look forward to getting to know you better!
Name: _________________________________ Gender: M  F
Please circle age: 18 – 24  25 – 30  31 – 40  over 40  Live: off campus  on campus
Other courses you are taking now: ____________________________________________________________
____________________________________________________________________________________
Ethnic or cultural group(s) you identify with _________________________________________________
What is your primary language? __________________________________________________________
What other languages do you speak? ______________________________________________________
How many hours per week are you working? ________________________________________________
What other health care experience do you have? ______________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
What family responsibilities do you have outside of school? (Child care, full-time household
provider, elderly parent care, etc…) _______________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
Family educational background? (Parents education, siblings, close relatives education)
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
Appendix E
Faculty-Student Consultation Record

Date: ______________________

Student Name: ______________________

Faculty: ______________________ Course & Section: ______________________

Nature of Concern (Circle): Theory Clinical Personal Referral

Describe Concern:

Referral/Recommendation(s):

<table>
<thead>
<tr>
<th>Refer to class/course objectives/syllabus</th>
<th>Consider decreasing personal activities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Attend class/clinical regularly</td>
<td>Develop study Schedule</td>
</tr>
<tr>
<td>Punctual to class/clinical</td>
<td>Increase quality study time</td>
</tr>
<tr>
<td>Participate in class/clinical discussions</td>
<td>Actively participate in study group</td>
</tr>
<tr>
<td>Use active listening skills</td>
<td>Consider working fewer hours</td>
</tr>
<tr>
<td>Take notes effectively</td>
<td>Use stress reduction techniques</td>
</tr>
<tr>
<td>Complete reading/assignments before class</td>
<td>Decrease test anxiety</td>
</tr>
<tr>
<td>Attend Pharmacology tutoring</td>
<td>Use “Success Book” study guide</td>
</tr>
<tr>
<td>Use NCLEX study guide questions</td>
<td>Utilize faculty office hours</td>
</tr>
<tr>
<td>Use math tutor at TLC</td>
<td>Return to skills lab for tutoring</td>
</tr>
<tr>
<td>Use writing tutor at TLC</td>
<td>Review clinical &amp; critical behaviors</td>
</tr>
<tr>
<td>Use of software testing packages (KAPLAN)</td>
<td>Appointment with Theory Instructor</td>
</tr>
<tr>
<td>Develop clinical organizational chart</td>
<td>Appointment with Clinical Instructor</td>
</tr>
<tr>
<td>Submit practice care plan</td>
<td>Appointment with Nursing Administrator</td>
</tr>
<tr>
<td>Refer to Student Handbook</td>
<td>Exit Interview</td>
</tr>
<tr>
<td>Review Video(s) Name:</td>
<td>Other:</td>
</tr>
</tbody>
</table>

Student Signature: ______________________ Date: ______________________

Faculty Signature: ______________________ Date: ______________________

This concern/issue has been satisfactorily or unsatisfactorily (Circle one) resolved.

Faculty ___________ Date ___________ Student ___________ Date ___________

Comments:
### Appendix F

**Financial Data**

<table>
<thead>
<tr>
<th>School Year</th>
<th>Blended Tuition rate</th>
<th>Loss per student in program</th>
<th>Average loss of Revenue per year</th>
</tr>
</thead>
<tbody>
<tr>
<td>2012-2013</td>
<td>$175.50 per contact hour x 38</td>
<td>$6,669</td>
<td>$266,760</td>
</tr>
<tr>
<td>2013-2014</td>
<td>$184.28 per contact hour x 38</td>
<td>$7,000</td>
<td>$280,106</td>
</tr>
</tbody>
</table>

Source: College Financial Office Estimate