

Mullins
3-14-16

Retention Action Plan and Expectations

Action Plan/Expectations	What We Currently Do to Support Initiative	Suggestions for Additional Retention Efforts
1. Identify best advisors; mandatory training/certification	<p>*When students are enrolled in NUR courses: First year students are advised by first year faculty, second yr. students are advised by second yr. faculty. Curriculum Guides are completed initially by the faculty and student. They are maintained in the Nursing Office and reviewed and signed off on each semester.</p> <p>*Adequate representation at registration</p>	<p>*Utilize all Nursing faculty to assist with training other disciplines about Nursing advising.</p> <p>*Ensure there is early contact between student and advisor when student is not doing well. It may be wise to set a specific date for each course to meet with students who are not performing well and continued follow-up. I know students know, but they are not always willing to approach faculty.</p> <p>*Mix skill set at each session</p> <p>*Training upon hire</p> <p>*Identify "super users" for each session and collaborate with other departments (Nursing + AA + General Ed) to include Financial Aid rep.</p>
2. Measure retention by program and advisor	<p>*Retention Statistics are maintained by the Administrative Assistant as changes occur and reviewed by the Department Chair.</p> <p>*Retention tracked each semester by Dept. Chair and discussed at monthly meeting.</p> <p>*Faculty for each year responsible for students assigned to their NUR course.</p>	<p>*All students are listed as CG's advisees; thus, measuring by advisor will present a challenge. We can readily identify if the attrition occurred in the first year or second year. Is this enough? Assigning NUR students to a specific advisor will create a need to complete paper work on 60-75 students at least three times during the five-semester program. Document student retention in monthly faculty meeting. Consider establishing a threshold for referrals/tutoring.</p> <p>*Identify specific faculty to be available within the department to meet with students for advising.</p> <p>*Continue to log interactions in Alan's system.</p>
3. Each advisor owns their advisees and is accountable for/and to them	<p>*Nursing faculty know their students. They have them in class, lab and clinical. We explain how we handle advising during Pre-Nursing. When a student is unsuccessful, a respective faculty member contacts the students, meets with them if possible, and</p>	<p>*Utilize retention software to document any issues with advisees. Look at previous initiatives developed related to advising process. Evaluate adding to current plan.</p> <p>*Advisors need to be current and up-to-date in Student Services.</p>

	together develops a plan for the student to continue taking courses and then return to Nursing. If the student fails out, we tell them their new advisor will be Lee Ballenger. We send an email to SS regarding unsuccessful students and copy LB on the email. If possible, we take them to meet Lee. *Currently, faculty assigned to course meet with Nursing students.	*Students enrolled in developmental courses continue to be advised within Student Services.
4. If your advisee doesn't show up, make every effort to find them	*We maintain contact information on each student. We use phone, email, text to try to contact them when they are absent from class for several days and they haven't contacted us. We have the students call in when they are going to be absent. (Gets them ready for the work environment!) *Phone calls and emails or make appointments with students in class. *Make office hours available before and after class and on a separate day. Will meet outside of hours if an appointment is made.	*Use phone, email, and/or tell student you would like to see them (at specific time/date). *We also follow up with them when they are not successful and plan to return to the program to guide them through the process. *Contact info must be current. Effort is made to reach students, but lines are disconnected or wrong number.
5. Presence on campus is critical; contact must be face-to-face to build a relationship	*We teach our advisees class, lab, and clinical. We are able to develop relationships when we have the opportunity to work closely with these students, esp. in lab and clinical. *Office hours scheduled before and after class, face-to-face contact during clinical hours, and on days class is not scheduled.	*Incentives for students to take initiative? *Having versatile office hours *Identify department member available for advising for specified amount of time
6. Skype with all 100% on-line students	*N/A	*Facetime *Having "online" office hours available for students enrolled in 100% online courses
7. Minimum of 20 hours presence on campus or clinical	*All faculty meet the 18-20 hour expectations *Done. Faculty are with students in class/lab/ and clinical plus office hours = greater than 20 hours each week.	
8. Adding Assistant to Career and Transfer Center	*Unable to determine	*Current Job Description? *It would be nice for students who are not successful in nursing to have someone who is

		able to communicate other options which are available. Nursing faculty try to do this; however, we don't necessarily have adequate knowledge of the other health programs. This way, we can recapture these students. *Retention specialist and Student Services could use additional help. *Identify the volume of students actually enrolled in Transfer program to determine need.
9. Every interaction with every student will be captured and documented in the Advising Software	<p>*Faculty are beginning to use the software to document interactions. Faculty average 5-7 students in their offices daily. It's difficult to get it all captured.</p> <p>*Currently enrolled students have evaluations printed with curriculum/program plan; notes are made and updated each semester by faculty. All documentation kept in file within the Records room.</p>	<p>*Need more training</p> <p>*Utilize Alan's software</p> <p>*Email Student Services, Financial Aid, counselors, etc. if student is referred to them & complete the necessary referral paperwork.</p>
10. Sheri Dunn-Ramsay will provide names and advisors of missing students	<p>*Nursing Department maintains this data and keeps info on who is/is not eligible for readmission. For those eligible, we make every effort to stay in contact. For those not eligible for readmission, we try to assist them with other options available at RCC.</p>	<p>*Provide list to Dept. Chair</p> <p>*Survey provided to students that don't return</p>
11. All data will be provided; if more is needed, ask for it		
12. Department Chairs will verify advising occurs and career plans are in place and current	<p>*Advising takes place, often. Career Coach has not been a part of our advising once the student is in NUR curriculum.</p> <p>*Mrs. Gibson is aware of faculty advising schedule and meeting with currently-enrolled Nursing students (refer back to file discussed</p>	<p>*Examine resume building from Career Coach. Consider using as a template for an assignment.</p> <p>*Should consider letting Student Services/Retention Specialist determine if Career Plans are in place.</p> <p>*Dept. Chair responsible for monitoring faculty</p>

13. When students change majors, they will be physically introduced to their new advisor, making for a smooth, effective transition	in #9). *We try. We give name to student and copy Lee on email. By the time the student gets to Nursing, most know Lee Ballenger, and don't feel like they need an introduction. Majors are changed to AA when the student is unsuccessful in Nursing. However, this is not reflected in Colleague until after the end of the semester, creating issues with our reports being correct. *Refer students that are unsuccessful to Student Services. If eligible for readmission, provide information necessary. If not, discuss available options in the PN program.	advising schedule. *Face-to-face time may be difficult. Could pull info up on RCC website re: email, phone number, and photo. Faculty and/or Student Services rep could walk with student to appropriate building and office.
14. Modify student survey to get clearer feedback	*Nursing has its own student exit summary that students complete as they prepare to graduate. Results are not shared with faculty until student completes the program.	*This year, we plan to add the Program Outcomes to the survey to get info back from students about how well prepared they feel to meet expectations of employers. *Questions could be added to current Exit Survey specific to advising.
15. Completion and retention results given by program and by advisor to VP, Department Chairs, & Lead Instructors	*Semester to semester statistics are maintained and updated as changes occur on completion and retention by program. *Currently doing this	
16. If advisor is unavailable, Dept. Chair or Lead Instructor should be willing and able to help	*Any Nursing faculty member can and does advise any NUR student. *Currently doing this, if available. If not, other faculty will help.	
17. Dept. Chairs verify all program completion guides are current and clearly presented	*Used every semester *Currently being done in Nursing program.	
18. One-on-one mid-year progress report with every student	*Any concerns are addressed with students throughout the program. Appropriate referrals are made for tutoring. Written clinical evaluations are reviewed with students (and they sign) each semester. Concerns with performance are addressed on an Action Plan. Often faculty meet one on one with students	These one on one sessions with students can be documented in retention software.

	<p>experiencing difficulty in the classroom. Plans are developed to support student success. Grades given to students include current test score and semester average.</p> <p>*Students are counseled throughout the semester based on identified risk.</p>	
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