

Notes from 1st Joint Meeting
School/College of Nursing and Allied Health (name not yet determined)
December 10, 2007

PRESENT: Grady Price Blount, Doyle Carter, Scott Hasson, Leslie Mayrand, Kelly McCoy, John Miazga

NOTE: These are Grady's raw notes. They may or may not be accurate or complete.

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Minutes of 1st Meeting

Leslie provided a copy of the current ASU organizational chart (see below) and summarized the discussions which have been held thus far with President Rallo. The main points were:

- Transition to a “school” can happen fairly quickly (i.e. Spring 2008)
- Formal creation of a “college” will require TTUS approval.
- Initial emphasis is programs leading to and supporting the DPT, DNP and Skills labs.
- Wants synergy with TTUS programs, mission and vision.
- Wants front to back detailed overview.
- Proposed budget.
- Proposed timeline with implementation phases and dates.

Grady commented that many of the equivalent programs in the TTUS are in the Health Science Center; a move which would necessarily remove these programs from ASU. The new college we are discussing is represented by several separate programs within the [Texas Tech University Health Sciences Center](#): the Schools of Allied Health Sciences (Athletic Training, Audiology, OT, PT, PA, etc.), Biomedical Science (Biotech, Physiology, etc.), and Nursing.

Scott commented on the implications of a Center for Rural Health (CRH) and Sharon Meyer’s comments (see below) on that topic. he stated that there was some discussion of a CRH taking over the *pro bono* cases currently handled by West Texas Rehab and Shannon. We might want to approach the San Angelo Health Foundation to see if they support such a concept.

There was extensive discussion about which departments and/or faculty would want to join the new academic unit. Kelly pointed out that we can have joint appointments without necessarily moving entire departments into a new academic unit. This same thread led to comments about the focus of a new college: Narrow (only Nursing and PT)? or Broad (Exercise Science, Meat Science, Food Safety, Counseling)?

Doyle stated that “Allied Health” is the future of Kinesiology. He also distributed several hand outs (see below).

Consensus seemed to be reached that we should avoid anything which could be taken as a duplication of TTUHSC efforts. John pointed out that we need to approach this with a completely different slant and unique programs. Also, avoid using same terminology wherever possible. We came back to the idea of health professionals (i.e. College of Nursing and Health Professions as Grady had suggested in his September 18th memo). Doyle suggested looking at ACSM certification and how kinesiology would fit in a college based on primary caregivers. Scott echoed this point with a reference to licensed professionals authorized to receive payment for services via insurance. There was also some discussion of Health Care Administration (HCA) as a scion degree through the College of Business.

Kelly discussed the wisdom of deferring some of the major decisions for now and letting a *go-getter* dean push these ideas through with the “new” faculty. He also commented that we will need to do some SACS notifications. Scott suggested that Leslie has the grants connections and experience to be just such a *go-getter* dean.

John questioned the working title at that point by asking “isn’t Nursing a Health Profession”? Duh. Pretty good point John. We might need to get some help from Nancy Allen. He made a very persuasive argument for an optimum title; one that grabs the attention of potential students and looks aggressive to the legislature, Coordinating Board, etc. What are the buzzwords for 10 years down the road? Health Sciences? Rural Health? Tele-caregiving? Cardiac Rehab? We need to be VERY careful here to come up with a magic bullet that is descriptive and fires the imagination. Any chance of the SA health Foundation funding a study or survey? Think about going beyond just two names. Nursing, Rehabilitation and Wellness? Preventative Health?

John pointed out that having too many players up front will only add drag. I personally took this comment to mean keep it lean during the start-up phase.

December 11, 2007 memo from Leslie Mayrand

Thoughts on a “Perfect” Department of Nursing

- A governing structure (including reimbursement and/or release time) that would allow for time for effective administration of multiple programs of study, and the development of others, including:
 - AASN program
 - LVN-RN mobility track (including THECB 1.2 million grant)
 - RN-BSN mobility track
 - MSN program-Clinical Nurse Specialist option
 - MSN program-Nurse Educator option
 - RN-MSN program-Clinical Nurse Specialist option
 - RN-MSN program-Nurse Educator option
 - Proposed second degree-BSN option (Spring 09)
 - Proposed articulation with TTHSC, Nurse Practitioner option (Spring 09)
 - Proposed articulation with TTHSC, DNP option (Spring 09)

- A faculty practice plan developed and implemented, utilizing the Family Wellness Center as well as other sites

- An equitable faculty salary schedule with that of practice (market) and academic competitors including TTHSC

- Faculty workloads that provide time for clinical research activities

- Development of a clinical (non-tenure) track for faculty not holding the terminal degree, including promotion procedures parallel to that of tenure track. Would include a process for horizontal movement into tenure track upon completion of the terminal degree

TO: Don Coers
FROM: Grady Price Blount
DATE: 18 September 2007

re: Creating a College of Health Professions

I am writing to request a joint meeting with yourself, President Rallo, and the professional health sciences faculty of the College of Sciences. As highlighted in my College of Sciences Briefing Paper dated May 21, 2007 and our collective July 23, 2007 TTUS Collaborations memo, the time is right to actively expand ASU's regional role as a leader in Nursing, Physical Therapy and the associated health sciences. These professions constitute an academic core with a unique and highly specific mission which is directly targeted at impending demographic shifts in the population of Texas. We can confidently project increased enrollments limited only by our commitment of time and resources. I strongly urge that this initiative be identified as one of ASU's primary measurable goals in the new institutional mission statement.

Creating a College of Health Professions has several immediate impacts benefiting San Angelo and Angelo State University:

- Establish San Angelo as the regional medical center of choice for West Central Texas.
- Demonstrate the commitment of ASU to the health care initiatives defined by the legislature before the demographic tidal wave of aging Texans crests.
- Provide for coordinated development of ASU initiatives seeking advanced SACS accreditation. Places ASU in a better position to secure a move to Level V and eventually Level VI, increasing our reputation as a University that trains researchers and clinical doctoral practitioners.
- Makes ASU more competitive for federal training grants to support essential primary health care providers. Training grants could be targeted toward Hispanics and other underrepresented groups to increase the diversity of health care providers. Increased minority practitioner training places ASU in a position to secure increased federal and state funding.
- Position ASU to compete for federal research grants targeting *evidenced-based interventions* with minority and at-risk populations. Obtaining Federal research grants further improves ASU's reputation as a Doctoral Research University.
- Expansion of current, and development of new, clinical practice sites (e.g. existing school-based clinics operated by the Department of Nursing).
- Positions ASU to enhance outreach programs and health care opportunities for underrepresented, elderly, poor and at-risk populations.

Primary early goals for this initiative include branding, naming, and determining the scope and responsibilities for the new college. I recommend that these activities commence as soon as possible.

Secondary benchmarks include navigating the administrative changes defined above through our campus constituencies, the Texas Tech Board of Regents and the Texas Higher Education Coordinating Board (THECB). Moving forward aggressively will allow us to include these

actions in the upcoming THECB DPT proposal as well as the accompanying SACS *Substantive Change Prospectus*.

I requested feedback and an overview on this proposal from our health sciences leadership team (Scott Hasson, Leslie Mayrand, and Shelly Weise). The text of their response is reproduced on the following pages.

It is important that our planning process recognize that we are not proposing anything novel. Rather, we are moving to prepare our administrative structure for one of the next great upheavals in Texas higher education. Our thanks to you for your leadership and confidence in the College of Sciences.

3) There is a long list of similarities between the two extant departments (Nursing and PT). Some of these similarities could result in advantages to developing a College that houses both Departments, and certainly some of the similarities are strengths that would promote a strong foundations for a new College. Below is a list of similarities and notes on advantages of strengths.

A. Both Programs are accredited by professional bodies. Strength - ensures that programs are cutting edge and recognized nationally.

B. Graduates are eligible for licensure. Strength - licensing in a state is the highest level of professional recognition and is subject to state legislative action. The licensure exam is a national instrument so that individuals in 1 state can be licensed in another.

C. Both are striving for Clinical doctorates. Advantage - SACS applications and planning can be highly coordinated if both Departments constitute a College.

D. Both have high visibility as primary care givers and both have national shortages of workers. Strength and Advantage - Can develop programs both Grant and other to attract external funding.

E. Both have non-traditional students. Strength and Advantage - Again funding can be developed around training non-traditional ethnic and age group individuals.

F. Both are Graduate Programs. Advantage - Both programs work closely with the Graduate School and issues such as admission, financial aid, advising can be better coordinated at a single College level.

G. Both programs are year-round. Advantage - The college could work out of a year-round program and not have to be tied so closely to the academic calendar as are under-graduate 9-month programs.

H. Both programs require clinical education. Advantage - Clinical contracts can be coordinated from one College and not tie up central administration business office/contracts.

I. Both programs lack in terminal degree faculty. Strength - A College would allow for a stronger recruitment emphasis. Currently not being in a College that is usually recognized as a "home" for Nursing or PT is a deterrent for some faculty.

J. Both programs employ non-tenure track clinical faculty (Professional Specialists). Strength - Since this recognition has been primarily instituted

for Nursing and PT to assist in handling faculty shortages then the development of this "track" can occur in the confines of the College where it is a common recognition to have clinical faculty that are not tenure track yet can progress in clinical faculty ranks.

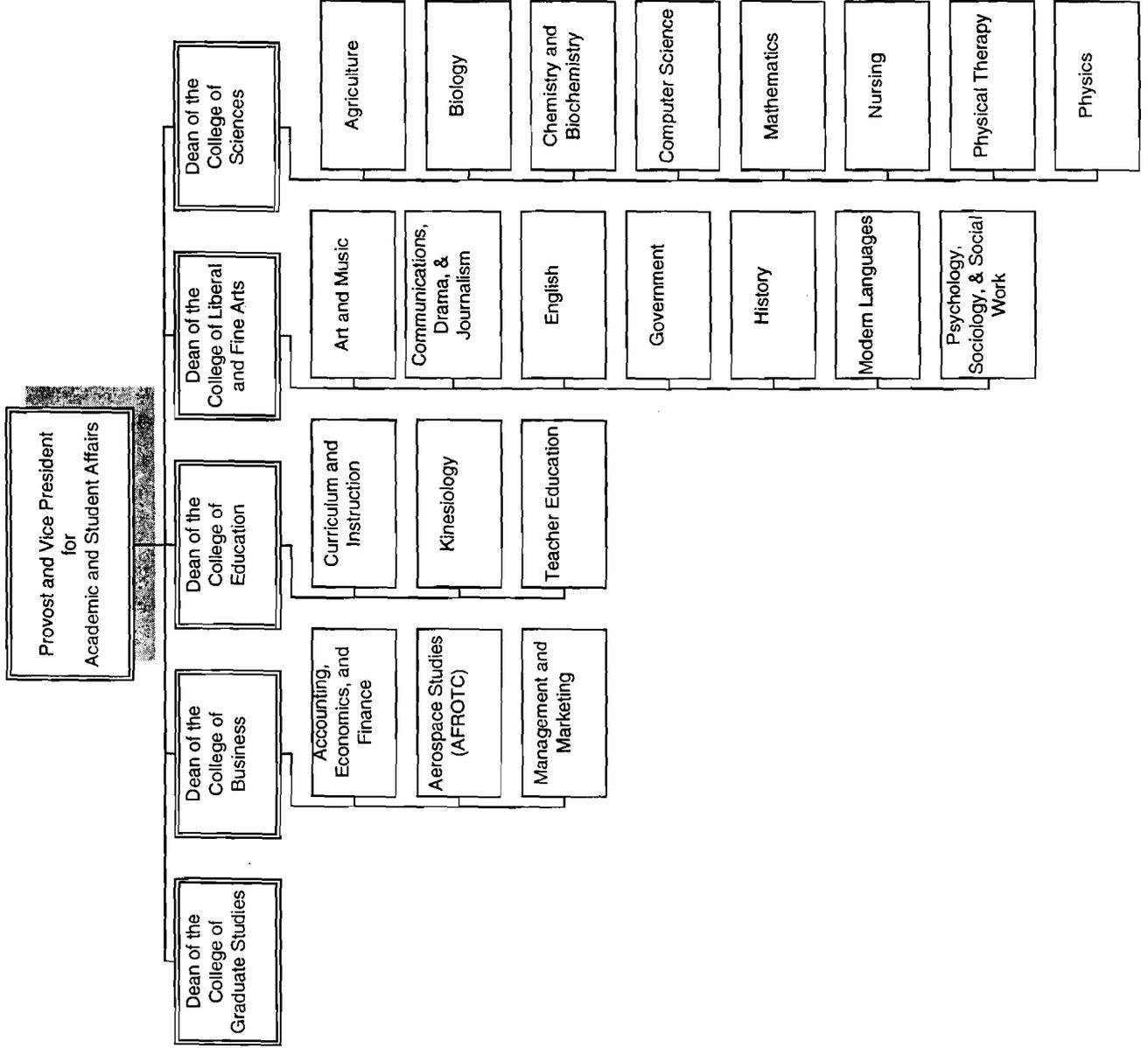
K. Clinical Practice and campus clinics. Advantage and Strength - Clinical practice and clinics are a nice outreach to the community. Our goal would be to work with the University community and disadvantaged populations (both elderly and poor). A strength again is to increase grant funding and also to develop a business model that can support clinical faculty and integrate clinical care into students education.

L. Interdisciplinary teaching and research. Advantage and Strength - Faculty from Nursing and PT can teach some similar courses in the curriculum and team teach courses in acute care and long-term care where Nursing and PT are natural partners and team mates in patient care.

4. Short term goals - A) meet with the President by the end of September to propose a College; B) determine the process of establishing a College and what organization need to be informed (Board of Trustees?, Coordinating Board of Higher Education?, SACS?); C) establish the college by the next academic year to initiate in 8/08; and D) Work toward a new building that would house the College 8/13.

Current Organizational Chart (Colleges)

Fall 2007



Proposal: The formation of a College of Nursing and Rehabilitation Sciences, effective Fall 2008. The College would initially house the Department of Nursing and the Department of Physical Therapy currently located in the College of Sciences.

Rationale: There are a substantial number of characteristics shared by the Department of Nursing and the Department of Physical Therapy, not shared by the other six Departments in the College of Sciences. These differences include:

- Licensing requirements for graduates
- Practice regulated by state practice acts
- State/national program accreditation requirements
- Implementation of clinical doctorate programs
- Faculty practice requirements
- **Clinical** research requirements
- Clinical contract/preceptor processes
- Employment of a significant number of non-tenure track clinic faculty (Professional Specialists)
- Lack of a sufficient number of terminal degree faculty
- Interdisciplinary teaching and research
- Pedagogies including skills labs, high-fidelity simulation

The creation of a College of Nursing and Rehabilitation Sciences would have several immediate impacts benefiting Angelo State University, San Angelo, and the entire state including:

- The ability to attract more doctorally-prepared faculty
- Demonstration of University commitment to the health care initiatives defined by the legislature including health and rehabilitative care of the elderly, Hispanic, uninsured and underinsured, rural, and other vulnerable populations
- Provide for coordinated development of ASU initiatives seeking advanced SACS accreditation. Places ASU in a better position to secure a move to Level V, and eventually Level VI, increasing our reputation as a University that trains clinical researchers and doctorally (clinical)-prepared practitioners.
- Positions ASU to be more competitive for federal training grants to support essential primary health care providers. These training grants could be targeted toward Hispanics and other underrepresented groups, increasing the diversity of the healthcare workforce.
- Positions ASU to be more competitive for federal research grants targeting *evidence-based* interventions with minority and other vulnerable populations.
- Would allow for the expansion of current (e.g. school-based clinic), and development of new, clinical practice sites for both students and faculty.
- Positions ASU to enhance outreach programs and health care opportunities for the elderly, Hispanic, uninsured and underinsured, rural, and other vulnerable populations.

- Would allow for cost-effective sharing of staff (e.g. multimedia specialist), space (skills lab, simulation center, testing center), and common functions (e.g. clinical contracts, grant writing, recruiting, continuing education).

Foundation for Strategic Planning: It is believed the formation of the College of Nursing and Rehabilitation Sciences will provide the foundation for future initiatives including:

- The addition of other health/rehabilitation-related degree programs such as Occupational Therapy and Speech Pathology (both graduate level).
- The securing of funds (including legislative) to establish a Center for Rural Health and Rehabilitation Initiatives at ASU.

Department of Kinesiology – Points of Pride and Vision 2012 Initiatives

Kinesiology Defined. While no single term completely describes our academic discipline, *Kinesiology* is formally defined as, “*the study of human movement, especially physical activity, in all forms and all contexts.*” (Martens, 1988) It is an applied science that borrows from biology, physics, psychology, and other academic disciplines. Exercise physiology, biomechanics, and motor behavior form the scientific foundation of the discipline.

Kinesiology Programs. The Department of Kinesiology (DoK) offers the following programs that serve approximately 650 graduate and undergraduate students:

BS – Kinesiology

Athletic Training (CAATE Accredited)

Exercise Science

Physical Education Teacher Education

Coaching Education Minor

MS – Kinesiology

Exercise and Sport Administration

Kinesiology Values. One way to describe the people that make up the DoK is to examine their values. The DoK’s core values are:

- *People* – We value people and the dignity inherent to human existence. All peoples- their culture, their background, their talents, and their points-of-view are to be valued, respected, and celebrated.
- *Character and Professionalism* – We value respectfulness, honesty, integrity, humility, dependability, competence, and other attributes and manifestations of strength of character and professional ethic.
- *Academic Excellence* – We value scholarship, scientific inquiry, and liberal learning within and beyond the academic discipline of kinesiology.
- *Effective Communication* – We value shared information- its availability, timeliness, accuracy, and tone, for its ability to aid in decision-making, problem solving, and community-building.
- *Physically Active Lifestyles*- We value physical activity and its significant contribution to health and wellness throughout the lifespan.

Touching Tomorrow’s Kinesiology Leaders. The DoK’s faculty members believe that instilling these core values in our graduates is an important strategy for preparing tomorrow’s leaders for service in a global society. With this in mind, we recently created a graduate program in Exercise and Sport Administration for implementation in August, 2008. This program is designed to develop competencies that future leaders can utilize in serving their organization and community.

Kinesiology and the Global Society. “*If exercise could be packed into a pill, it would be the single, most prescribed and beneficial medicine in the nation.*” (Robert Butler, M.D. Director, National Institute on Aging) The relevance and application of kinesiology in today’s society is quite broad in scope. Kinesiological principles are applied in three broadly-defined areas: health promotion, rehabilitation/therapy, and human performance. Given current epidemiological data and trends, the allied health industry may be most critical setting for kinesiology professionals to apply their competencies. A significant portion of the incidences of chronic disease are avoidable. Many can be prevented and treated via a physically active lifestyle that is accompanied by a well-designed physical activity program, aka, an exercise

prescription. Health education and behavior modification programs for people of all ages in all types of community settings are needed as well.

Kinesiology and the Concho Valley. Given our aging and increasingly sedentary and obese population, the DoK is uniquely positioned to fill an emerging niche in this region. Graduates in our two fastest growing programs, exercise science and athletic training, are commonly employed in the health-care industry upon graduation. The exercise science program also serves as an allied health pre-professional program. Many graduates of this program enroll in physical therapy, physician's assistant, and medical schools. An academic program in community health or health promotion would fill a health-care void that exists in the region and may be worth investigating. If such a program is added, a more descriptive name for the DoK would be advisable. Some of the possibilities might include *Kinesiology and Health Promotion*, or *Health and Exercise Sciences*.

Kinesiology and University Wellness. Faculty members in the DoK are very interested in developing a University Wellness Program for students, faculty, and staff. Such a program should be a collaborative effort involving several related academic and non-academic departments. The program would not only benefit the participants, but also the graduate and undergraduate students who would be working with clients of the Wellness Program.

Kinesiology and Vision 2012. In order to make the DoK's vision for 2012 a reality, three key resources are needed:

- **Highly Qualified Faculty.** For many years, the DoK has depended heavily on part-time faculty, namely coaches. A memorandum proposing a discontinuation of this practice has been submitted to the Dean, College of Education. Monies currently designated for part-time faculty lines should be reallocated to fund additional tenure-track faculty lines. Currently allocated monies would only meet our immediate needs, so additional faculty will be needed as programs continue to grow and as new programs are added.

Estimated Cost: \$60,000 to \$70,000 per tenure-track faculty line, annually.

- **Laboratory Facilities and Equipment.** The current laboratory space is woefully inadequate. We currently share very small, exercise physiology and motion analysis laboratories with the Department of Physical Therapy. This situation inhibits both student and faculty scholarship. Lab space that is appropriately configured for exercise physiology, motion analysis, motor learning/control, rehabilitation/athletic training, nutrition analysis, fitness/wellness assessment, etc. can and should be shared by other programs, such as Physical Therapy and Nursing. With such laboratory spaces and the appropriate faculty, a graduate and/or undergraduate degree in clinical exercise physiology and/or a related field(s) could be added.

Estimated Cost: \$5,000,000 to \$7,000,000 initial investment, unless current and available space can be reconfigured.

- **Wellness/Recreational Facilities and Equipment.** For a comprehensive University Wellness Program to exist, a multifaceted wellness facility must be constructed. The current Center for Human Performance should be renovated, expanded, and renamed the Center for Health Promotion.

Estimated Cost: \$7,000,000 to \$10,000,000 initial investment.

The Future of “Kinesiology”

“Physical Education” is in decline regionally and nationally.

- The job market for K-12 physical education is shrinking
- Physical education is now considered a subdiscipline of kinesiology/exercise science; and is losing influence in the profession
- Fewer PhD’s and EdD’s in physical education coming out of graduate schools
- Most professionals want to disassociate themselves with “fiz ed” and athletics

The future is as an allied health discipline – “Kinesiology and Health Sciences.”

- Research/community outreach; “The Wellness Movement”
 - “If exercise were a pill...” (Preventative and Rehabilitative)
 - Epidemiology (Surgeon General’s Report of 1996)
 - Obesity/Diabetes; Aging and Hispanic Populations (HSI)
- Careers/student enrollment
 - ASU Kinesiology enrollment growth is in:
 - Exercise Science
 - Athletic Training
- Accreditations
 - Commission on Accreditation of Allied Health Education Programs
 - Exercise Physiologist
 - Exercise Scientist
 - Kinesiolotherapist
 - Commission on Accreditation of Athletic Training Education
- PhD’s
 - Exercise Physiology
 - Biomechanics/Kinesiology
 - Motor Learning/Control
 - Health Promotion
- Certifications
 - ACSM
 - Health Fitness Certifications (Health Fitness Instructor)
 - Clinical Certifications (Clinical Exercise Physiologist)
 - NATABOC
 - Certified Athletic Trainer (ATC)
 - National Commission for Health Education Credentialing
 - Certified Health Education Specialist

“Kinesiology and Health Sciences” in an Allied Health College

- Building Synergy: Common Characteristics with Nursing and Physical Therapy
 - Careers Paths in the Health Care Industry
 - Shared Resources (faculty, curriculum and lab space)
 - Research Collaboration (HSI)
 - External Funding Sources (HSI)
 - Community Outreach (HIS)
 - Collaborations with TTUHSC

FY 10-11 SPECIAL ITEM REQUEST

Center for Rural Health Sciences Education

Legislative Initiatives:

- Rural services
- Health Care
 - Nursing
 - Physical Therapy
 - Athletic Training
 - Kinesiology

Scope:

Center for Health Sciences Education will serve as a outreach function that will enhance current and future programs to be delivered by Angelo State University. It would support research initiatives on better ways to deliver rural health care as well as educational programs via inter-active distance learning. It would address our prior initiatives of LVN to RN transitional programs.

I am sure you can think of much more.

Potential Funding Requests:

Faculty positions	1,000,000
Stipends (LVN-RN)	800,000
Equipment	1,000,000
Building Enhancements	2,000,000
Inter-active Distance Learning	1,500,000
Operating Expenses	250,000
Total	6,500,000

Potential Contact Point:

Illinois Institute for Rural Affairs
Chris Merrett

<http://www.iira.org/about/people/index.asp>