

# Initial Report

Last Modified: 12/18/2014

**1. Please choose the program option that best describes your position.**

#	Answer		Response	%
1	Division of Health Sciences		13	10%
2	Pre-Health Advising		1	1%
3	Institute of Rural Health		3	2%
4	College of Pharmacy		10	8%
5	BioMed & Pharm Sciences		3	2%
6	Non Traditional PharmD Program		0	0%
7	Pharm Pract & Admin Sci		4	3%
8	Department of Counseling		7	6%
9	Dietetics		4	3%
10	Health Care Administration		2	2%
11	Health Education		1	1%
12	Medical Lab Science		2	2%
13	Paramedic Science		1	1%
14	Public Health		0	0%
15	Radiographic Science		0	0%
16	Department of Dental Hygiene		8	6%
17	Department of Dental Sciences		3	2%
18	Family Medicine		9	7%
19	Department of Physician Assistant Studies		6	5%
20	Audiology		5	4%
21	Sign Language Interpreting		2	2%
22	Speech Language Pathology		10	8%
23	Physical Therapy		4	3%

24	Occupational Therapy		5	4%
25	School of Nursing		19	15%
26	Idaho Center for Health Research		2	2%
Total			124	100%

Statistic	Value
Min Value	1
Max Value	26
Mean	14.70
Variance	74.52
Standard Deviation	8.63
Total Responses	124

## 2. Please indicate your position type in the DHS.

#	Answer	Response	%
1	Faculty		79 61%
2	Classified Staff		39 30%
3	Non-Classified Staff		12 9%
Total			130 100%

Statistic	Value
Min Value	1
Max Value	3
Mean	1.48
Variance	0.44
Standard Deviation	0.66
Total Responses	130

**3. If Faculty, please indicate position/rank.**

Text Response

Clinical Asst Professor

Clinical Assistant Professor

Assistant Clinical Prof

Professor

Associate Professor

non-tenure assistant professor

Associate Professor

Associate Prof

Assistant Professor

Assistant Professor/ associate program director

Clinical Prof

Clinical AOP

Assistant Professor

assistant clinical professor

Instructor

Professor and Graduate Program Director

Temporary Assistant Professor

clinical assitant professor

director / Clinical professor

Associate professor

Associate Prof.

Associate Professor

assistant professor

Department Chair/Associate Professor

Program Director, Associate Professor

Associate Professor

Clinical Assistant Professor

Tenure-track Assistant Professor

Asst. Prof.

professor

Clinical Assistant Professor

Professor

Instructor

Research Associate Professor

Professor

Clinical Associate Professor

Clinical Assistant Professor

Clinical faculty

Professor tenured

Clinical Associate Professor

professor/associate chair

assistant professor

Associate Professor

Professor, Tenured

Clinical Associate Professor

Assistant Professor

assistant professor

professor

Clinical Assistant Professor

Assistant professor

Clinical Associate Professor
Interim Program Director/Department Chair
clinical assistant professor
Associate Professor
Asst. Professor
Associate Professor
Clinical Assistant Professor
Program Director/Clinical Associate Professor
Clinical Associate
Clinical Assistant Professor
Assistant Professor
Clinical Assistant Professor
Clinical Assistant Professor
Assistant Professor
Associate Professor
Research Assistant Professor
Associate professor
Assistant Professor
Research Professor
Professor
associate professor
assoc. dean/professor

Statistic	Value
Total Responses	72

#### 4. 1. My program educates caring and competent professionals.

#	Answer	Response	%
1	Strongly Disagree	7	6%
2	Disagree	0	0%
3	Neither Agree nor Disagree	7	6%
4	Agree	45	35%
5	Strongly Agree	68	54%
	Total	127	100%

Statistic	Value
Min Value	1
Max Value	5
Mean	4.31
Variance	1.00
Standard Deviation	1.00
Total Responses	127

## 5. Please list ways, if any, that your program could improve in this area:

### Text Response

We need to increase our interprofessional curriculum

More full-time faculty

I would like to see an office for teaching excellence at the university or for ITRC to offer seminars on components of teaching

Find the best students in admission process and continue to work with students about professionalism and compassion throughout the curriculum

full complement of faculty

Time to work with students in a less harried manner

We need a chair who is responsive and understanding of students' needs.

More interprofessional opportunities to ready the students for the "real" world

This is a strength of the program.

Develop a magical admission rubric that finds only the most dedicated students!

increase diversity of the workforce

Weeding out the weaker students early on instead of late into the program

Redistribute load throughout program

Increased mindfulness training

I cannot vouch for all of the students, but I have met some who seem to have compassion and intellect, yet others lack professionalism...I have noted this personally in email communication with some and have heard their professionalism is less than ideal in clinical settings, too.

Highlight research in nursing to pre-nursing and upper-division students to help them think about research opportunities and make connections before and/or during their clinical experiences.

Our program needs to continue to educate our students to be competent in skills that are not legal to perform in Idaho but are legal in surrounding states. This shows our commitment to the profession as a whole.

more skilled faculty

The goal is to facilitate them to be caring and confident individuals-however with lack of faculty this is difficult especially with an online venue for undergraduate students.

I think there are so many meetings and other concerns, that the faculty does not have as much time to devote to teaching.

Realistic online expectations for faculty to student ratio. Too many students without assistance for faculty does not allow us to reach each student and answer concerns.

Create a nutrition clinic or partner with existing clinics to provide nutrition counseling services. clinical sites - so that students have a variety and enough clinical hours - this takes both program and university resources to maintain and expand

Nursing does a great job with this!

We should follow our guidelines and require 2 years of practice prior to acceptance into the program.

The leadership of the school could decrease the amount of presence in the daily operations of the faculty

Have enough resources to spend adequate time with students.

Better address the unique needs of our increasingly number of international students

This is a research and demonstration unit

the issue is not with the students but with the administration in both the upper and within the college

Statistic	Value
Total Responses	31

## 6. 2. My program promotes collaborative research.

#	Answer	Response	%
1	Strongly Disagree	5	4%
2	Disagree	14	11%
3	Neither Agree nor Disagree	22	17%
4	Agree	53	42%
5	Strongly Agree	33	26%
	Total	127	100%

Statistic	Value
Min Value	1
Max Value	5
Mean	3.75
Variance	1.17
Standard Deviation	1.08
Total Responses	127

## 7. Please list ways, if any, that your program could improve in this area:

Text Response
Reducing teaching load to accommodate more research efforts
Associate Dean of Clinical Research to work more with developing ideas and assist with external funding opportunities. Sometimes I feel like faculty are competing with each other on similar projects or ideas. Our efforts could be coordinator better.
Hire faculty that conduct good research
I would like to know how to start some research and what topics would be helpful and informative.
We would have to add some collaborative research into the curriculum.
allow dedicated time to do research
Time to meet with and collaborate with colleagues
mentoring
Through thesis, students learn collaborative research.
matrix of faculty driven research to have students/faculty work together on within the SRCS
Not enough time due to faculty shortage and other requirements, poor resources, lack of communication
I am not sure if enough inter-disciplinary research/partnerships exist between SON and other DHS/university areas. Additionally, it appears as if our faculty are attempting to work together as grad/undergrad with upcoming research opportunities.
Need more infrastructure to support collaborative research
Our teaching load and service activities restrict the time available to collaborate
Our full-time faculty are currently involved in several collaborative projects.
research is not a priority yet at the SON
The dean does not facilitate collaboration among peers
more presentations at different venues - time is the obstacle
take idea of collaboration and actually do it; huge possibilities with Pharmacy, Nursing, PA --- case scenarios - Research Day 2014 was a start; but actual session promoting and explaining expectations to have all participate
The Dean in Nursing actively promotes research with others
There are not enough faculty so finding time to collaborate is difficult
Teaching loads are not conducive to scholarship
We are doing really well right now!
More research monies need to be found & used
More collaboration with interested researchers
up until recently the department was making significant efforts to do so with a sister institution, that got cut from the upper administration

Statistic	Value
Total Responses	26

### 8. 3. My program promotes collaborative (clinical) practice.

#	Answer	Response	%
1	Strongly Disagree	5	4%
2	Disagree	4	3%
3	Neither Agree nor Disagree	19	15%
4	Agree	59	46%
5	Strongly Agree	40	31%
	Total	127	100%

Statistic	Value
Min Value	1
Max Value	5
Mean	3.98
Variance	0.95
Standard Deviation	0.98
Total Responses	127

**9. Please list ways, if any, that your program could improve in this area:**

## Text Response

### Communication

Embed behavioral health providers on the teams.

Have more joint classes with other professions.

mentoring

Perhaps at a Division level assisting the business world to understand the value in providing clinical opportunities for multiple students from different medical disciplines to train together.

This could facilitate for the employer the ease with which their employees from multiple disciplines work together more efficiently for the benefit of the patient and the business.

The program promotes collaborative practice, however, there is not a clinical component to the program.

We could use a bigger clinic space.

Update recording equipment, it is VHS and should be digital. Makes our dept look outdated.

Assign a faculty member to oversee this type of program.

Not enough time due to faculty shortage and other requirements

I think if there were more opportunities for hands-on experiences for students it would be highly beneficial, in addition to having them work in rural clinical settings.

To have a clinical experience that utilizes all of the specialties offered by DHS, such as radiographic science, respiratory, pharmacy, etc

NA

We do "teach" the other mid-level providers what to look for in a general assessment so I think this qualifies. More collaboration with the first year medical residents could get our mission for improved oral health thus better systemic health would improve the care we all offer to patients.

We are establishing a collaborative relationship with the Department of Psychology and plan to continue these efforts.

need more work in this area

The dean's vision is not one of collaboration-if it is -it hasn't been demonstrated. Things are kept very siloed

We used to have community volunteers come in and the OT and PT students would work together with them. This was dropped because of a concern of liability with the community volunteer. I think this is a shame. The co-treatment that was occurring was helpful to the students and the community volunteer.

this is logistically difficult but could be done with more time

We still need to hire an OT for our clinic

N/A--not a clinical program

Provide workload adjustments for more collaborative projects that are above and beyond expected collaborations.

Some faculty are innovative and offering interdisciplinary practice experience but this is not often respected by leadership.

We participate in IET and the ABC Diabetes program. It would be beneficial to find more outlets

Clinical rotations for discipline alone are only 12 weeks; clinical practice depends on clinical sites and their philosophy on this

Nursing supports practice one day per week

Practice in clinical settings does not seem to be encouraged for full time faculty

We could design more opportunity for our admin students to interact with clinical students not involved in clinical practice

It can as we collaborate with clinicians on specific areas of health care research.

more not less, especially with real patient case studies especially those patients with complex pathologies and therapeutics

Statistic	Value
Total Responses	31

### 10. 4. My program is a high quality program.

#	Answer	Response	%
1	Strongly Disagree	3	3%
2	Disagree	1	1%
3	Neither Agree nor Disagree	8	7%
4	Agree	40	33%
5	Strongly Agree	68	57%
	Total	120	100%

Statistic	Value
Min Value	1
Max Value	5
Mean	4.41
Variance	0.73
Standard Deviation	0.85
Total Responses	120

## 11. Please list ways, if any, that your program could improve in this area:

Text Response
The quality of my program is at risk of deterioration because of faculty inbreeding new faculty, better students
Fill 2 open positions.
This is an area in which we excel.
All of the faculty are suffering from near burn-out. If we could catch our breath enough to get more thorough alignment in our courses, we could have THE best program in the West.
Integrate new and innovative teaching strategies
Need a stronger chair that works with the professors in a more collaborative way instead of a competitive way
Global focus in clinical exchange program
I believe that faculty retention is necessary to have consistent high quality. The faculty we have right now are very intelligent, motivated, and beneficial for the students and university as a whole.
WE need to provide our students with increased technology for patient assessment as this is what they will find in private practice. WE are branching out and providing rotations in setting other than the on-campus clinical setting which is wonderful! I truly believe when we do this for our students, once they graduate they are not afraid to continue to provide services in these "other" settings even if on a volunteer basis,
I do not feel a fully-on line undergraduate nursing program is high quality especially with the high faculty to student ratio
I am fearful we are not a high quality program. We have very poor leadership.
Higher pass rate for first time takers of the registration exam
Additional resources. Current faculty are among most productive in division. Stretched just for teaching; does not leave time or energy for collaborative research or interactions
School of nursing administration treating all employees with dignity and respect
The program is clearly understaffed and struggles to perform all of its required duties as well as it might
Update curriculum
Elevation of its profile in the University and dedication of University Research resources to build a foundation for the financially more stable critical mass of dedicated researchers.
However, the upper administration must stop its micromanagement of colleges and departments within the DHS!

Statistic	Value
Total Responses	19

## 12. 5. My program is efficient.

#	Answer	Response	%
1	Strongly Disagree	3	3%
2	Disagree	11	9%
3	Neither Agree nor Disagree	13	11%
4	Agree	53	44%
5	Strongly Agree	40	33%
	Total	120	100%

Statistic	Value
Min Value	1
Max Value	5
Mean	3.97
Variance	1.04
Standard Deviation	1.02
Total Responses	120

### 13. Please list ways, if any, that your program could improve in this area:

Text Response
We do NOT have enough support staff in Meridian and Professors spend a lot of time doing secretarial tasks.
Tends to be very "curriculum dense". More classroom teaching than necessary; less clinical learning than desirable
We strive to keep the program efficient with predominantly online education experiences for students.
Faculty need to strive to take on tasks/responsibilities besides just for their own portfolio Would be more efficient if the chair and the professors got along better
Leadership at the level of the department Chair.
Better support, less busy work, better communication with administration, more realistic view of workload, more positive attitude, better teamwork
Less meaningless trivia from the university
More organization needed at the department level. Communication is lacking and it definitely affects how the program runs on all levels.
I think the programs taking a short amount of time, plus the online options available make it very plausible and efficient for students.
We are constantly making improvements
Combine some courses with other HC professions, less time in classroom and case studies, more time in practice
Increase technology resources for clinical supervision, e.g. improve capability for clinical recording and review. Acquire electronic documentation system for clinical practice and clinical supervision. Acquire electronic curriculum/program portfolio documentation system for connecting all aspects of our student's performance in courses and clinical practice.
our school is running lean, not efficient
If our funding (grant) agency regulated our program less, we could actually get more valuable activities accomplished rather than always pushing paper.
addition of clinical coordinator
I would say my program is highly efficient however I believe the university system is often inefficient. For example, "Banner doesn't allow that" comes up frequently.
We have trouble getting equipment, no warranties or maintenance on our sim manikins, can't get a new computer, can't get what we need to teach students.
Burn out of faculty that is there. Under staffed and under resourced. Expectations of university (perceived or real) need to match resources.
Nursing is improving in this area
It seems to be micromanaged. There are not enough faculty and sometimes there seems to be times where faculty are overmanged and not allowed to do their jobs.
There are too many redundant committees, and meetings run extremely long. More needs to be accomplished via email, rather than in another meeting.
We have to be extremely efficient to survive in a very competitive research marketplace.
we could be better and the department is working towards that goal, but there still are issues with the upper administration

Statistic	Value
Total Responses	24

## 14. 6. My program is cost effective.

#	Answer	Response	%
1	Strongly Disagree	2	2%
2	Disagree	4	3%
3	Neither Agree nor Disagree	24	20%
4	Agree	48	40%
5	Strongly Agree	41	34%
	Total	119	100%

Statistic	Value
Min Value	1
Max Value	5
Mean	4.03
Variance	0.84
Standard Deviation	0.92
Total Responses	119

## 15. Please list ways, if any, that your program could improve in this area:

Text Response
We have many adjuncts teaching classes
Our quality and efficiency is high and so is our tuition which is in the top 10% for our profession
An expensive program, but it does not seem to decrease potential candidates, so I don't believe it is a problem.
In comparison to other programs, we are cost effective.
I'm not sure how to evaluate this...
Too much paper used, need to move to paperless system
I see waste of funds but not sure how it could be monitored more closely....
We waste a lot of money on stuff we never use
I know that we are an expensive program (as are most clinical programs), but we are careful with resources, particularly because they arise predominantly from student fees.
TOO MUCH MONEY GOES TO THE UNIVERSITY FROM THE STUDENTS WITH LITTLE IF ANY EVIDENCE OF RETURN - give more money back to the program from the university
I cannot vouch for this because I am not aware of student costs while in school compared with job-finding/employment after graduating.
developing online classes
As I am not in charge of the budget, I do not feel I can offer many suggestions here, the students do not get a high quality program for the price
It must be cost effective since there are not enough faculty to serve students and it is difficult to convince the dean of needed equipment. I understand capital budgets and strategic planning but in the end it the Deans vision does not appear to value certain things necessary for student success and by that I mean a quality product that can care for people once out of school (beyond NCLEX).
Must be since we can't get equipment we need!
Find more revenue streams
Already do a great deal with nothing. Donations and strong clinical support from the few sites that we have keeps us going.
This is an unknown to me because in the past, I have not had access to the school of nursing budget. Increased transparency is needed in this area.
Cost effectiveness more than implies the best use of resources to accomplish a carefully defined goal that is compared with another alternative. This program always tries to accomplish that scenario.
more student scholarships and aid options

Statistic	Value
Total Responses	21

## 16. 7. My program is student oriented.

#	Answer	Response	%
1	Strongly Disagree	3	3%
2	Disagree	4	3%
3	Neither Agree nor Disagree	8	7%
4	Agree	41	34%
5	Strongly Agree	63	53%
	Total	119	100%

Statistic	Value
Min Value	1
Max Value	5
Mean	4.32
Variance	0.86
Standard Deviation	0.93
Total Responses	119

**17. Please list ways, if any, that your program could improve in this area:**

Text Response
We need a chair who is supportive of students' needs.
From first contact to last contact with students, we are very student oriented.
Faculty need to be readily available in campus offices on a regular basis
I think we do a great job at this
I do think that functioning in such a way as to not view our program/department as the only one in the state that offers the degree would be helpful. We need to function as if we have competitors all around us.
If we centered less on money and more on being able to supply our students with technology and the ability to learn in the most up-to-date fashion, I think we could be considered more student oriented.
the student to faculty ratios are too high, the students do not want a fully on on-line program, not using GSA's in key educational roles
Strongly disagree. Undergraduate students cannot have online learning for theory for fundamental and assessment courses as well as med surg. I've been checking around schools in UT, MT, OR and this is not done. As they advance to senior level, hybrid is great for the classes. It's really the same for medical school and many PA schools. Students need to learn and socialize with the theory instructors-those with experience not only clinical but can facilitate conversations and scaffolding with new knowledge. Nursing is a face-to-face endeavor even in the classroom. Yes students are in clinical with instructors however the face-face theory is critical for knowledge building. Also with the amount to of students to be enrolled, there is no way a quality product can be developed with the high faculty-student ratio in. Communication, verbal and written is critical as well, however this cannot be achieved with the amount of students to be enrolled.
Maybe too much so - we've been asked to cater so much students in recent years then they leave the program and have to work in the real world. Students need to demonstrate professional behaviors in addition to strong clinical skills. How do you teach the importance of responsibility and professionalism when administration is so concerned about liability and risk of litigation? I feel unsupported by administration and feel that my professional opinion is discounted when they try to keep students (who are not fit to be in the program). Faculty are expected to cater to the students' needs and wishes and that isn't the real world and we are supposed to be gatekeepers to the profession.
Going online is a read student concern. Faculty are concerned too when they are expected to teach over 60 students without help or a few hours of help from a GTA.
More resources (especially laboratory and clinical sites)
RESIDENT
More time to advise and place (internships) students would help
Because of our very helpful use of CPIs.
student accountability continues to be an issue that needs improvement

Statistic	Value
Total Responses	15

**18. 8. My program creates an environment that is conducive to inquiry.**

#	Answer	Response	%
1	Strongly Disagree	4	3%
2	Disagree	7	6%
3	Neither Agree nor Disagree	25	21%
4	Agree	39	33%
5	Strongly Agree	44	37%
	Total	119	100%

Statistic	Value
Min Value	1
Max Value	5
Mean	3.94
Variance	1.12
Standard Deviation	1.06
Total Responses	119

## 19. Please list ways, if any, that your program could improve in this area:

Text Response
I believe support, encouragement and interest from the Office of Research would help with the research promotion in Meridian.
Add more patient presentations from 2nd year students to 1st year students
limited time to be creative, collaborate and experiment
Most classes seem to spoon feed students using PowerPoint, so students do not read additional literature or research
I think we are very conducive to inquiry
See #5
I think a multi-course (i.e., cross-course) case study course would cause students to cross course boundaries in their thinking (faculty too).
Involve more undergraduate students in research, especially interprofessional experiences
I think yes and no; I hear inquiry all the time....potential research, ideas to make the program better, etc. - yet these things somehow fizzle out or are put down by others.
The size of the data dump precludes time to do inquiry-however we do require research course at undergrad level - at graduate level inquiry is strongly emphasized
No time with large classes being put online and no help.
Need more research productivity
Faculty that actually works together as a team for common goals.
It seems that there is a push to complete research and publish, but the work load is significant for full time faculty, making this difficult to do.
Decrease amount of time spent in meetings so that faculty may engage in scholarship.
Because of limited staff it's very difficult to find time for scholarly efforts. The faculty, nevertheless, force time to do so.
That is our purpose and our charter. We try to stretch the frontiers of evidence based knowledge, research and health practice.
Keeping both faculty and students seeking new and different information is tough. Change is always difficult.

Statistic	Value
Total Responses	18

**20. 9. My program helps to expand the DHS's image as a destination site for health professional education.**

#	Answer	Response	%
1	Strongly Disagree	2	2%
2	Disagree	4	3%
3	Neither Agree nor Disagree	11	9%
4	Agree	34	29%
5	Strongly Agree	68	57%
	Total	119	100%

Statistic	Value
Min Value	1
Max Value	5
Mean	4.36
Variance	0.83
Standard Deviation	0.91
Total Responses	119

## 21. Please list ways, if any, that your program could improve in this area:

Text Response
need more funding for student scholarships
Would love a more cohesive way for the programs/colleges in DHS to promote the whole health professions, as in with some type of advertising.
Continue to define the BS program as different from an AS program
I think we are doing all we can, we are continually improving our image and our reputation
Improve undergraduate recruitment
I think the SON is one of the best in the state and we could continue improving if we hold on to our current faculty/staff that know what they are doing with regard to teaching compassionate healthcare.
WE have begun branching out in these last few years and it has been noticed throughout the community!
I believe this program is becoming weaker and this is seen by the students and community
The vision of the dean is not what this school (nor the community) needs for a quality nursing program. Solid nurse are needed to advocate and care for individuals and population of the local and global community. This cannot and will not occur with current vision. It is such a disservice to the students, future students and the community.
visibility of the program needs to be improved
I hear too much in the community that's negative to think that the school of nursing has a great reputation.
In 2014 the program turned away about 10-15 fully qualified interested applicants. We have built a strong and positive reputation. Need resources to match expectations and keep quality and standards intact.
Actively recruiting highly qualified students and faculty to the school of nursing in both undergraduate and graduate programs. Also valuing master's prepared faculty as clinical experts. Leadership has stratified Master's vs Terminal degree faculty, which does not reflect the opinion of the faculty in general.
31 applications for 4 seats in Poky and nearly the same in Meridian
Breaking out the DHS from ISU like this diffuses the focus of responsibility that ISU has for health professions. Nobody outside of ISU really knows or cares what DHS is.
The IRH is much better known and appreciated nationally than it is statewide. Consistent marketing efforts may be helpful. The lack of internal resources both monetary and personnel limits the IRH ability to carry out this function continuously and effectively.
More statewide marketing and bring legislators and other players into what we are and what we do for the state!

Statistic	Value
Total Responses	17

## 22. Research consultant to bounce ideas off of

#	Answer		Response	%
1	critically needed		20	18%
2	very needed		42	38%
3	neither needed or not needed		36	32%
4	not needed		11	10%
5	not needed at all		3	3%
	Total		112	100%

Statistic	Value
Min Value	1
Max Value	5
Mean	2.42
Variance	0.97
Standard Deviation	0.98
Total Responses	112

## 23. Writer/editor

#	Answer		Response	%
1	critically needed		17	15%
2	very needed		40	36%
3	neither needed or not needed		41	37%
4	not needed		11	10%
5	not needed at all		3	3%
	Total		112	100%

Statistic	Value
Min Value	1
Max Value	5
Mean	2.49
Variance	0.92
Standard Deviation	0.96
Total Responses	112

## 24. Literature search help

#	Answer	Response	%
1	critically needed	8	7%
2	very needed	39	35%
3	neither needed or not needed	44	39%
4	not needed	18	16%
5	not needed at all	3	3%
	Total	112	100%

Statistic	Value
Min Value	1
Max Value	5
Mean	2.72
Variance	0.83
Standard Deviation	0.91
Total Responses	112

## 25. Statistician to design study

#	Answer	Response	%
1	critically needed	55	50%
2	very needed	29	26%
3	neither needed or not needed	18	16%
5	not needed	5	5%
6	not needed at all	3	3%
	Total	110	100%

Statistic	Value
Min Value	1
Max Value	6
Mean	1.91
Variance	1.51
Standard Deviation	1.23
Total Responses	110

## 26. Statistician to run and help interpret the data

#	Answer		Response	%
1	critically needed		56	51%
2	very needed		30	27%
3	neither needed or not needed		16	15%
4	not needed		5	5%
5	not needed at all		3	3%
	Total		110	100%

Statistic	Value
Min Value	1
Max Value	5
Mean	1.81
Variance	1.05
Standard Deviation	1.03
Total Responses	110

## 27. Collaborator (s)

#	Answer		Response	%
1	critically needed		14	13%
2	very needed		50	45%
3	neither needed or not needed		36	32%
4	not needed		9	8%
5	not needed at all		2	2%
	Total		111	100%

Statistic	Value
Min Value	1
Max Value	5
Mean	2.41
Variance	0.77
Standard Deviation	0.88
Total Responses	111

## 28. Grant manager

#	Answer		Response	%
1	critically needed		29	26%
2	very needed		44	39%
3	neither needed or not needed		33	29%
4	not needed		4	4%
5	not needed at all		2	2%
	Total		112	100%

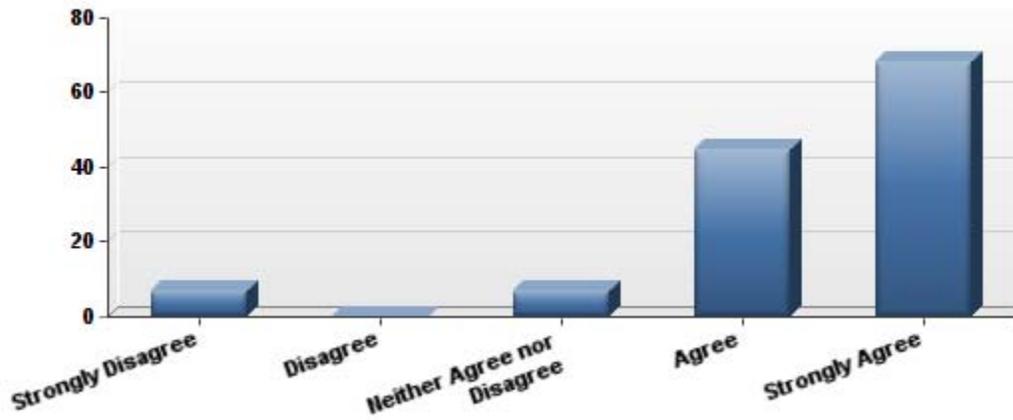
Statistic	Value
Min Value	1
Max Value	5
Mean	2.16
Variance	0.84
Standard Deviation	0.92
Total Responses	112

## 29. Please list other help that you would like (other than time!)

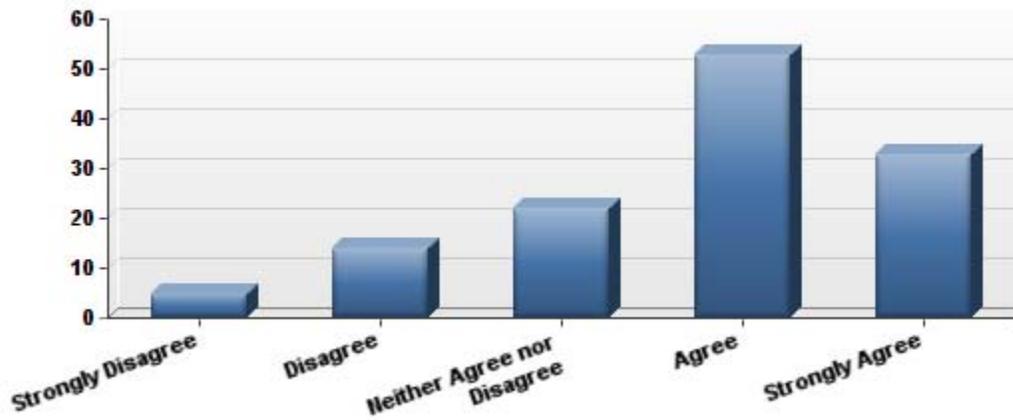
Text Response
DHS needs to have its own grant office that is focused our needs
We desperately are in need of a qualified biostats person who has TIME to work on projects and assist with writing
If researchers need a writer/editor (I'll take that job), help with lit searches, statistical help to design their study (I'll take that job), they are not very good researchers.
At the end of the day, there just is not much time left for research activity for most faculty.
Improving the training of grants & contracts staff would help
I have no input on this, not applicable to my position
I would like to stress the need for a statistician.
Other than time? Okay, but time is still the biggest factor. Mentors! Better communication between departments. Research expertise other than data mining of big purchased data sets.
One more critical element would be people who could help faculty find potential resources. The Office of Research really doesn't do that anymore, and IHRC is pretty limited now due to resource loss.
ISU Foundation funding opportunities for programs
help with seed and start-up money and sorry, I have to say time...when we are short staffed we cannot conduct research
More equitable student services on the Meridian Campus.
Someone to help with sim.
Nothing will happen if faculty are not given time to do specifically add research to their routine.
The university (not the DHS) to offer each of these services - Consultant, Writer, Stats person as services available at a Research Institution for faculty in all areas of the university using the indirects they have rather than only funding internal grants and larger collaborative grants. An easily assessable contact list of individuals fitting the above criteria would be great. Sometimes just figuring out who you need to contact is the hardest step or figuring out the process that needs to be followed.
Startup research money. More grant writing mentorship.
HEALTH IT Database and Database analysts needed to make built adequate analytic data foundations for use in both clinical and health services research. This very badly needs to be done and quickly. It will help provide data for both early investigators and more experiences researchers.
Less micromanagement from the upper administration. Let us do what we have the passion for and the talent to do!

Statistic	Value
Total Responses	19

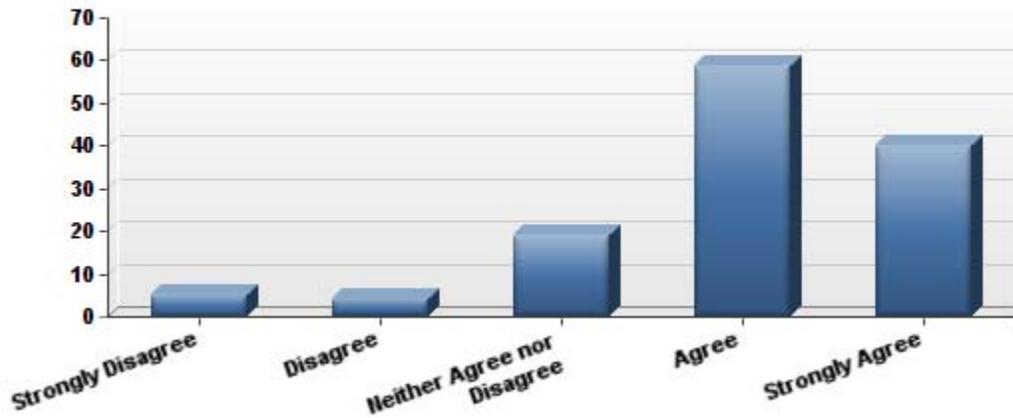
**My program educates caring and competent professionals.**



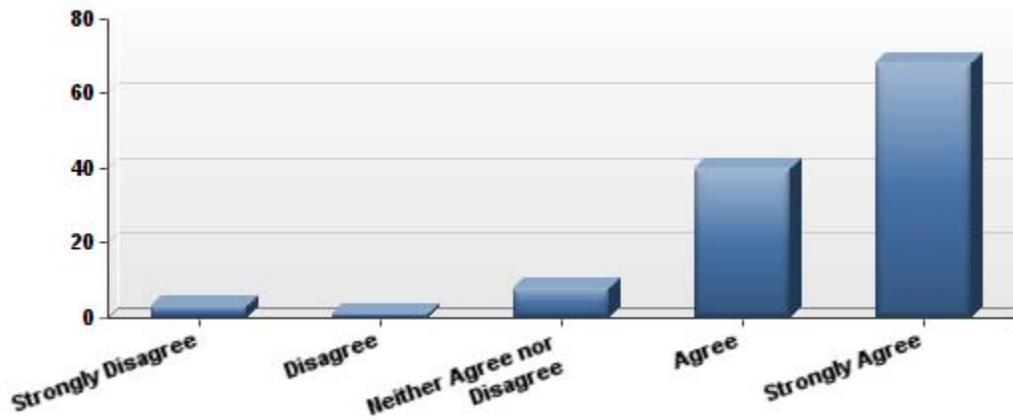
**My program promotes collaborative research.**



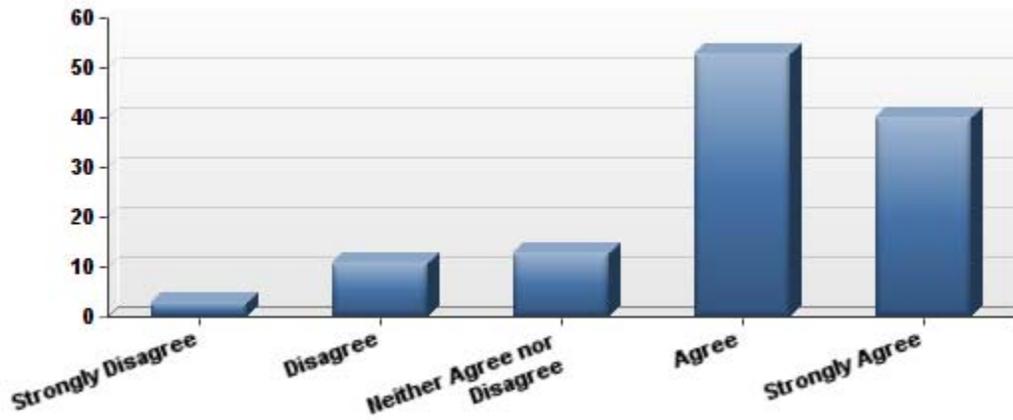
**My program promotes collaborative (clinical) practice.**



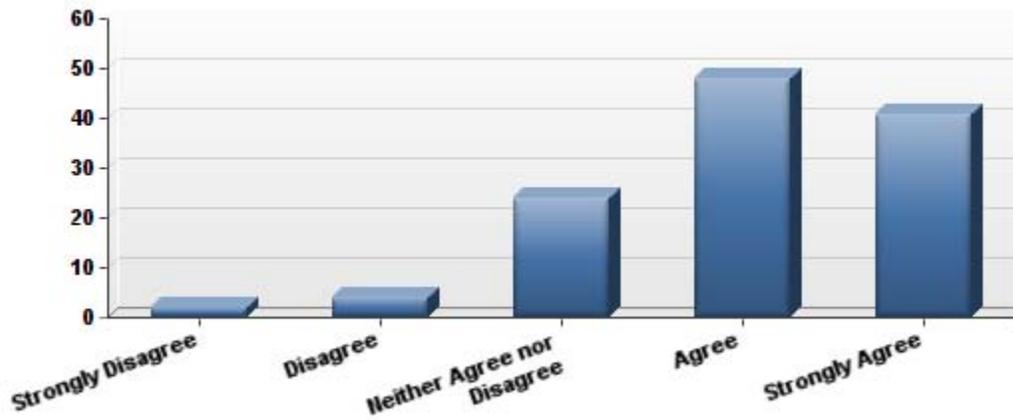
**My program is a high quality program.**



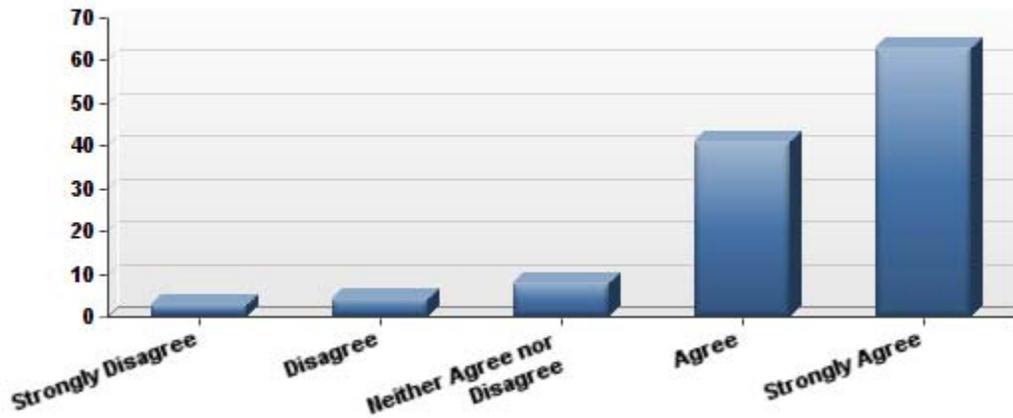
## My program is efficient.



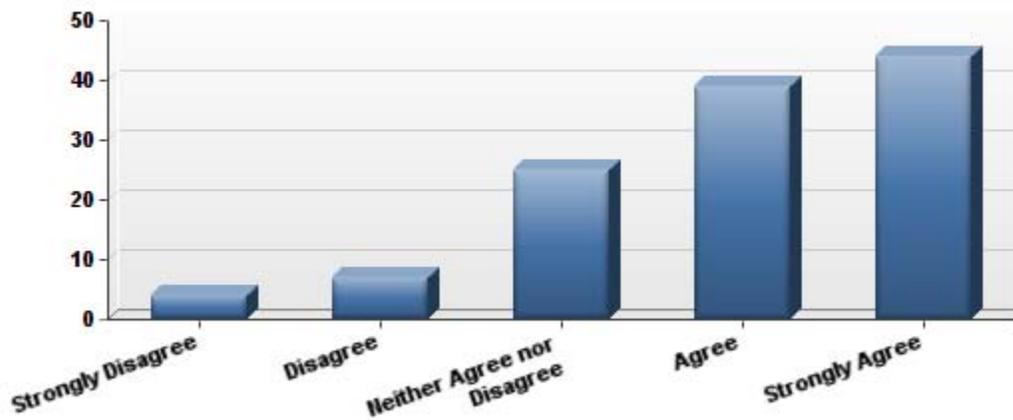
## My program is cost effective.



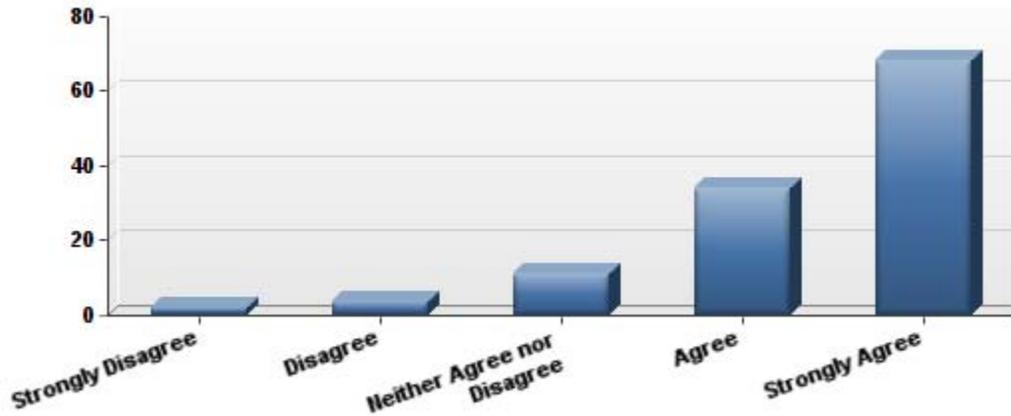
**My program is student oriented.**



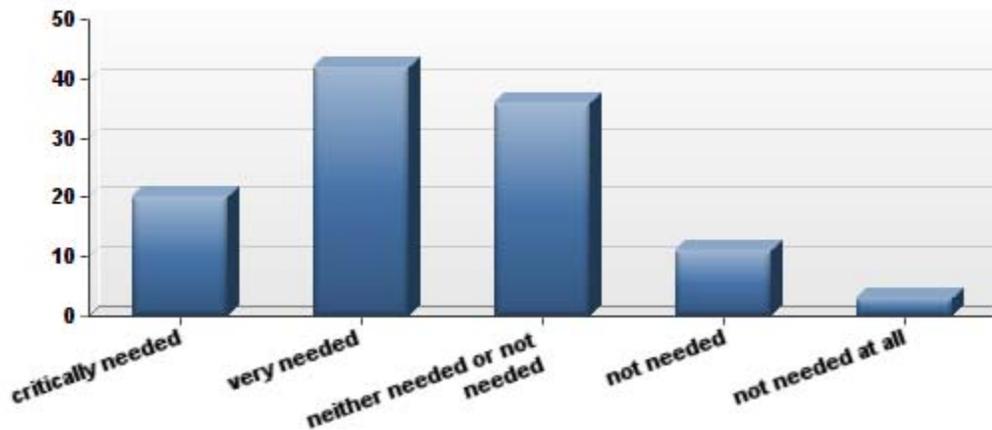
**My program creates an environment that is conducive to inquiry.**



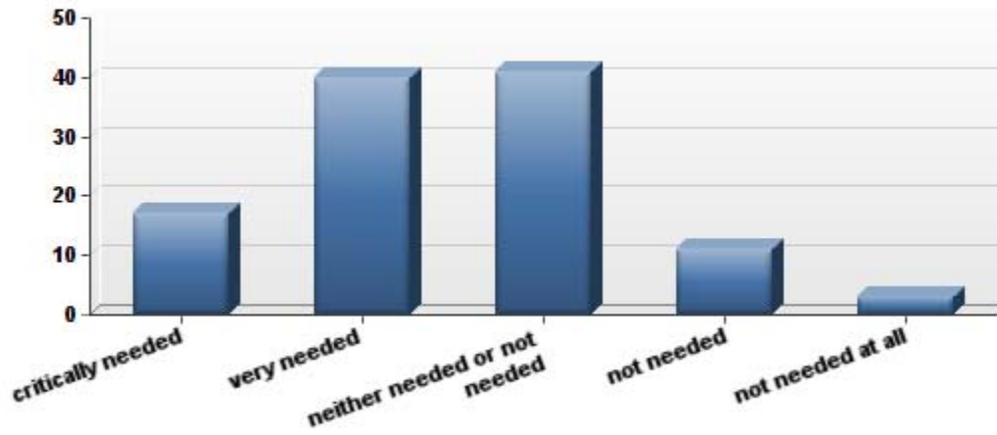
**My program helps to expand the DHS's image as a destination site for health professional education.**



**Research consultant to bounce ideas off of**



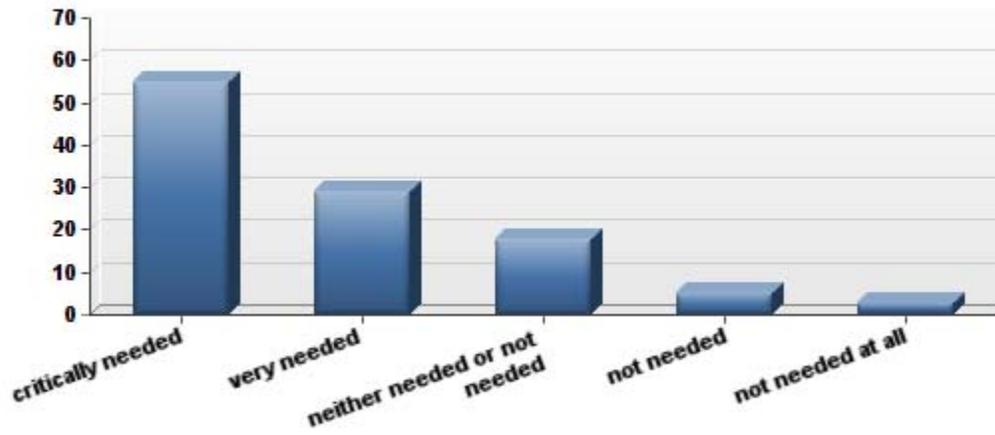
## Writer/editor



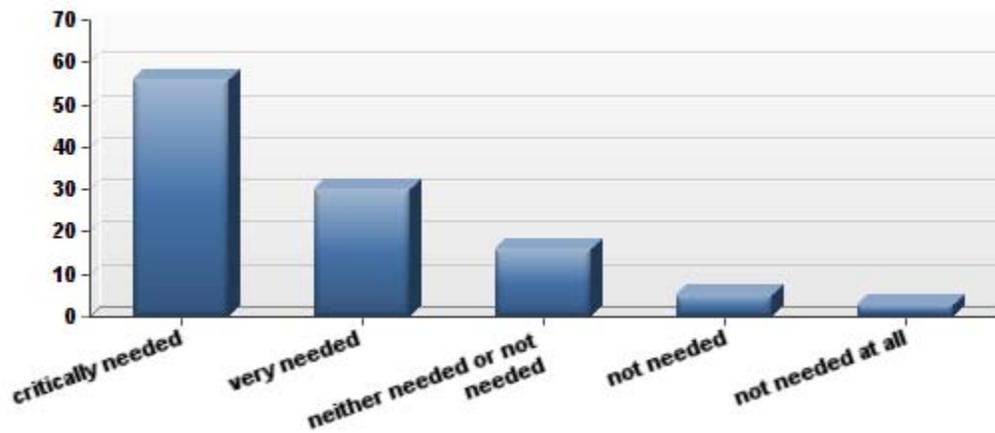
## Literature search help



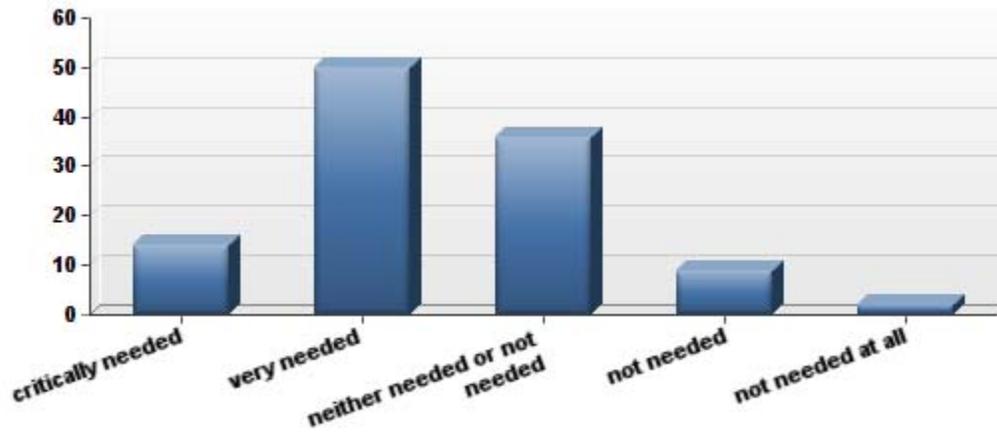
## Statistician to design study



## Statistician to run and help interpret the data



## Collaborator (s)



## Grant manager

