

**Clinical Health**  
**Longwood University Student Affairs**  
**CAS Executive Summary and Action Plan 2009-10**

Self-Assessment Review Team Members:

Margo Potts, RN, MSN, FNP-C-Director of Student Health and Wellness Center  
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Timeline for the self-study:

December 2009	receive instructions, self-assessment guides (SAG) and useful documentation via email, and begin completing the SAG
January 2010	meet to collect completed SAGs and discuss missing evidence; submit to Associate Dean's office for compilation
March 2010	meet to interpret collective ratings and discuss appropriate actions to reach standards and or improve practice
April 2010	draft executive summary and action plan
June 2010	forward draft to team members, finalize executive summary and action plan
June 30, 2010	final executive summary and action plan submitted to Associate Dean's Office

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Clinical Health is an integral part of the Student Affairs Division at Longwood University. The mission of Clinical Health is to contribute to the "development of citizen leaders who are prepared to make positive contributions to the common good of society." Furthermore, we adopt the central focus of College Health, "prevention, education, and the learning of wellness behaviors/self-care...[which] helps students become full participants [and/or partners] in their own health, which in turn helps students...achieve academic success, and become contributing members and leaders [citizen leaders] for our society." Our mission is consistent with the university's focus on developing citizen leaders.

The primary elements of Clinical health are individual health care, health education/promotion, supervise internships/practicum/preceptorships, continuous quality improvement, professional development, assessment, and evaluation. We utilize student satisfaction surveys, Student Health Partner surveys, learning outcomes, and the American College Health Association's National College Health Assessment (NCHA) to foster evidence based learning and development. Results from each method are posted on the centers website.

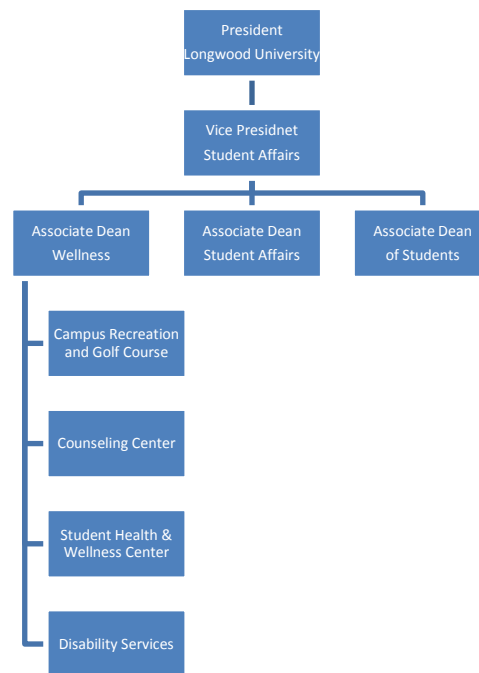
Divisional leadership has the appropriate credentials as does the Director of Clinical Health who has an advanced practice degree in nursing. The Director of Student Health

also has experience with college health as well as private practice. The Director for Student Health Services at Longwood University maintains a democratic and collaborative approach to leadership.

The most pressing concerns related to staffing the program are adjusting salaries and personnel quotas to reflect the national trend. This area is significantly important because we found clinician positions remaining vacant as a direct result of our inability to fund salaries comparable to the regional average, according to the American College Health Association Salary and Staffing Report, 2006-2007. Based on these recommendations for an institution of our size and location, we should have 3.15 clinician fulltime equivalents (FTEs). In addition, we should have 1.4 RN FTEs and 1.0 Director FTE. We are currently funded for 2.55 clinician FTEs, .5 RN FTE, and .5 Director FTE. Revenue is generated which helps support the RN position for a total of approximately 1000 hours during the academic year. During the 2009-2010 academic year, one clinical position was vacant for the year; another became vacant for the spring semester, so a temporary part time clinician and registered nurses were utilized to assist in addressing the needs of the campus until those positions could be filled. The salary disparity issue was addressed with the end result being, all 2.55 FTE clinician positions are now staffed. Due to a lack of resources in this area, program services are limited. Qualifications for staff are verified and standardized performance review audits take place annually. The center follows university human resource policies.

The Policy and Procedure manual outline the ethical principles, standards, statements, and codes which guide the program and its staff members. Confidentiality is well advertised and strictly adhered to in that each staff person, whether they are paid or volunteer, sign a confidentiality agreement. Although student health records are protected under FERPA, we also refer to HIPPA guidelines to ensure appropriate confidentiality of protected medical records. As for crucial legal issues faced by the program, we pay special attention to potential student privacy discrimination, adverse reactions to medical treatment, and malpractice. We seek to insure non-discriminatory, fair, and equitable treatment to all students and staff. We nurture diversity by targeting and serving ALL students.

Below is our institutional organizational structure that defines and enables the program:



The Clinical program is overseen by the Director. She is supervised by The Associate Dean of Wellness who reports to the Vice President of Student Affairs. Annually, a yearly report is produced which addresses the status of the program and how effectively the learning outcomes have been achieved. Periodically, the program participates in the Council on the Advancement of Standards in Higher Education Assessment.

Maintaining campus and external relations are very important to the program's overall success. Outreach and program evaluations prove that our partnerships add value to our efforts. We work effectively with the Prince Edward County Health Department, the Virginia Department of Health, the Division of Student Affairs, Student Government Association, Student Health Partners, and Peer Health Educators. Evidence of our effective relationships is seen through our leadership within The Alcohol, Tobacco, and Other Drug Team, Wellness/Fitness Fairs which have both campus and community vendors, Flu Vaccination and Cold Self-Care Clinics, family weekend programs, sexual misconduct and prevention education, Virginia Dept. of Health Tobacco Cessation Grant Funding, and The Great American Smokeout. As previously stated, our main limitation and immediate concern related to funding is that staff funding does not support recommended staffing needs and ultimately the needs of our campus.

To address program strengths and weaknesses, 14 component areas were rated. All were "well met." None were considered to be "minimally met" or "not met" (i.e., overall

component average rating of 2.9 or lower). There is one area which is considerably important, needed, and achievable, financial resources, which had a rating of 3.13.

As an Action Plan, the committee recommends:

- Updating the Student Health website to reflect current assessment outcomes
- Updating the Policy and Procedure Manual to reflect position titles and not specific employees.
- Acquiring funding for adequate staffing based on current recommendations. Given the current fiscal climate, a reasonable expectation is to increase 1 clinician and 1 RN FTE during the 2012-2013 academic year. Those responsible for completing these steps are the Director of Student Health and Wellness, the Associate Dean of Wellness, the Vice President for Student Affairs, the Vice President of Finance, the President, and if necessary, the Board of Visitors.

Appendix A: Overall Averages for each of the 14 CAS Component Areas

	<b>Clinical Health</b>
Part 1. Mission	3.81
Part 2. Program	3.67
Part 3. Leadership	3.66
Part 4. Human Resources	3.58
Part 5. Ethics	3.93
Part 6. Legal Responsibilities	3.91
Part 7. Equity and Access	3.87
Part 8. Diversity	3.50
Part 9. Organization & Management	3.90
Part 10. Campus & External Relations	3.84
Part 11. Financial Resources	3.13
Part 12. Technology	3.74
Part 13. Facilities & Equipment	3.88
Part 14. Assessment & Eval	3.88