**Advising Conference - Faculty Panel**

1. **Describe your advising philosophy? Has your philosophy changed over the years or between different institutions?**
	1. Dr. Davidson – This is the 5th university that Dr. Davidson has worked and each has been different. The teaching institutions tend to be more personal & take a developmental approach with students and tend to provide more information to students. The research institutions tend to be more prescriptive with students. For the College of Business and Economics, he has seen a great improvement in advising since the addition of pre-business. Now the faculty are only advising upper division students which allows the more time and freedom to discuss developmental items.
	2. Dr. Call – Remembers that things used to be much worse with advising. He started with around 120 advisees and had to transpose information on two separate forms, and then figure out where students stood with their degree requirements. He said that registration advising was a nightmare with all of those steps. Now, with new advising tools and resources, he has been able to switch from just discussing the nuts and bolts of the degree to a more developmental approach and has been able to help students find their passion.
	3. Dr. Cooper – Dr. Cooper has a love/hate relationship with email. Before email students fixed their own problems, but email has allowed for more individualized advising especially with upper division nursing students. Email allows faculty to know the reason for a student’s visit in advance. That way the faculty member can prepare for that specific student’s needs. Nursing does some group and some individual advising sessions. Group advising seems to help when they anticipate that many of the students will have the same questions. For example all of the students that were not accepted to Nursing. Those students could come in individually, but it helps to come for group advising when they all need to hear the same message. They can easily discuss what the students’ next steps should be and how it works. The same goes for the students that were accepted to nursing. They all need to know what they need to do next and either group may be scared and lost. Discussing the similar fears and instructions in a group can be very helpful.
2. **Describe your average advising appointment. What does your process look like?**
	1. Dr. Duncan – He emails students to set-up appointment times in advance, which helps him to prepare for the appointment. He uses Excel to keep track of his students’ requirements and notes. His advance preparation helps him to simplify the in-person advising process, which allows for a more productive conversation. He starts with the courses students must take for their major and then gives them a range of choices for their additional options that he has pre-packaged during the preparation for the appointment.
	2. Dr. Sallee – has a similar approach to Dr. Duncan. He uses a Word document to keep track of and prepare for his students requirements and notes. Dr. Sallee’s advising case load is currently around 50 students, but it used to be much higher and efficiency was very important for him. He would email class suggestions to students in advance and ask them to start planning their schedule base on those suggestions. That way they could make multiple versions of their schedule and find problems with their schedule before they even came in to meet with him. Sometimes it would take them several tries, but when it was time for their face-to –face meeting the students already had their schedules prepared so they could talk with Dr. Sallee about career and professional information.
	3. Mr. Tickle – In his advising meetings students cover a wide range of topics from class information to career information and often about personal issues as well. He said that he needs to be able to switch hats pretty quickly in those meetings, because of the wide range of topics. His advising meetings are now often done in a group advising session. He said that if everyone does what they are supposed to do in and before the meeting, his advising appointments only take about 15 or so minutes.
	4. Dr. Lane – She mentioned that the length and topics of her advising appointments depend on the student’s year classification. For freshmen, she starts with their goals and what they want to do. She asks if their plans have changed and helps them make a 4-year plan. That way they can discuss when classes are offered and pre-requisites. By the time students are in their senior year there is very little to do with classes and they already have a plan, so she can focus on more career, internship, and research information with them. She said that she does more hand holding in the student’s 1st and 2nd year at school and she said that she would like to see mid-term grades all the way through the students’ college career. Since students only receive mid-term grades their first year, advisors have to trust the students’ assessment of their grades, but trying to gauge where they are can be difficult.
	5. Dr. Phelps-Durr – She works with biology freshmen. She starts by talking to them about how things are going for them. If things are not going well, she asks them if they know where their grades stand in their classes. If the student is having issues they also discuss if and how the student can fix the problem. Dr. Phelps-Durr makes a point to discuss future career plans with her students, even with freshmen and even if their career plans change. She also tries to get students to tell her what they need for classes, to help train them to know their own requirements. Her appointments could take anywhere from 15-45 minutes depending on the student and the situation.
	6. Dr. Bradbury – Dr. Bradbury uses her student meeting time to talk to students about big picture things. She advocates for discussing study abroad, career and internship information early and to help students start making a plan for their big picture right away.
	7. Dr. Robinson – The department of Design has a very prescriptive approach with classes. Since the students don’t have many options for classes, they can spend time discussing other things in their advising sessions. Dr. Robinson tends to spend more time with freshmen that upper classmen. The discuss things like how to register and when, making sure students know the process. At Quest, there is so much going on students often forget they forget or they had someone helping them, so they might not even remember registering. Dr. Robinson uses group advising for sophomores & juniors. With the juniors, she makes sure to double check what the student has left to complete and does that math with them to make sure they are going to earn a total of 120 total credit hours. She has found that depending on their choices for math versus science and whether or not they completed UNIV 100, several of her students are short by 1 or 2 credit hours and need to find electives in their last year or two.
3. **Training and resources**
	1. Dr. Robinson – In the Design department, faculty advise all of their students and the advising center is used as a resource for their problem children. They tend to use the students’ unofficial transcript as a resource to keep track of their classes.
	2. Dr. Davidson – Dr. Davidson remembers doing graduation check outs for students by hand. He really likes the Degreeworks program. It provides a lot of information on classes and grades, as well as being a quick way to see how close the student is to graduation. He finds it very helpful to quickly and easily see patterns.
	3. Dr. Page – Dr. Page can’t image advising without the degree audit. He currently lays out a 4-year plan with his students using pen and paper, but he heard about a possible addition to the degree audit that would include the option to create 4-year plans through Degreeworks and he is excited about that possibility.
	4. Dr. Call – Dr. Call believes the students seem to like the degree audits, so he uses Degreeworks a lot. He said that it can help to find things that may have been overlooked and between him and the student checking, it comes to their attention.
	5. Dr. Robinson – She has had issues with the degree audit and since Design is so prescriptive, they have found it easier to use progress sheets instead of the degree audit.
4. **Notes**
	1. Dr. Sallee – He uses the advising note (AgileGrad) system for notes, but prefers to keep a single file in Word for his notes on students’ progress. He keeps track of the classes he suggests to students in a single Word document for all of his students, which then makes it easier for his to quickly find that information if the student forgets or needs extra help later. He also finds that document helpful when he is assisting with course planning for the department. From the Word document he is able to relay information to his department chair regarding how many students should be planning to take a particular class, just by doing a quick search in the document. The notes he puts in the advising note system are just copied and pasted from the Word document.
	2. Dr. Duncan – Dr. Duncan keeps folders by semester, for each student. He does put notes in AgileGrad, but he prefers to keep his personal file. His personal files allow him to easily go back to his previous notes and to talk to student about what they skipped from last conversation.
	3. Dr. Lane – Dr. Lane agrees that there are always one or two students who knew what they were supposed to do, but did the opposite. She started looking at her advisees schedule during the 1st week of classes to check to make sure they followed through with what they had talked to Dr. Lane about doing. Dr. Lane has small student advisee load, but that allows her time to talk to her advisees during the first week if they selected classes that would put them off track.
	4. Dr. Robinson – In the Design department they fill out a registration form during the advising meeting and the bottom of the form requires a signature from the student and the advisor. A copy of that form stays with the advisor, so they can hold the student accountable if they get off track due to not following recommendations.
	5. Dr. Sallee – He asked if others have dealt with a student who had their classes dropped due to financial aid yet. He said that in his department they check their student’s GPAs often to try to avoid the surprise of having classes dropped.
	6. Dr. Page- Dr. Page commented that he doesn’t have students sign-up for the wrong courses very often.
5. **Do you feel like you have adequate Training and Resources to fulfill your advising role?**
	1. Dr. Davidson – remarked about a filter on university emails and departmental emails.
	2. Dr. Bradbury – She feels lucky to have professional advisors that can help with policies and double checking course which gives faculty the opportunity to talk more about career information.
	3. Dr. Robinson – commented that the advising centers are awesome
	4. Dr. Davidson – commented that we need to keep the advising centers decentralized
	5. All of panel agrees to both of the previous comments
	6. Dr. Sallee – He would like to see all advisors receive access to the level of training that faculty receive to help with Quest. He feels that he learned a lot from being a faculty advisor at Quest that he would not have known otherwise. He said that right now most of the training for new advisors is on their own, but the Quest experience really helps.
	7. Mr. Tickle – He said having a faculty mentoring program would help and getting to know your advising center. He said it was helpful for faculty advisors to remember that they don’t have to know everything. You have help and resources too, even as a faculty. Don’t be afraid to use the advising center as a resource.
	8. Dr. Millar – Dr. Millar said her department really taps into using professional advisors for help so the faculty advisors can do more mentoring and career help, along with study skills. Even many of their juniors and seniors still struggling with time management and study skills.
	9. Dr. Lane – She commented everyone picks up bits and pieces as they go. They could have a new faculty institute, but she felt very thrown into advising. It would be helpful to be given some resources, even if it’s just a binder. She would also like to see more exposure to resources for faculty. For example she just found out this year where to send a student who needs assistance with a learning disability. She wishes she had known that right away or at least much earlier.
	10. Dr. Millar – She said that teaching UNIV 100 taught her a ton. She learned about a lot of resources and policies through that experience.
	11. Dr. Cooper – Dr. Cooper said that her appointments usually start out being about academics and turn into the student needing a box of tissues. The appointment almost always ends up being about something you don’t expect. It may start out routine and then ends up needing crisis intervention. She said that having a list of extended resource right at your fingertips is very helpful. She has gathered a list of resources over the years and keeps it in one easy to access place. She also keeps mini water bottles in her office refrigerator for students who become very worked up in her office. She said that for some reason just having that small drink of water helps to calm them down.
	12. Dr. Lane – Said she keeps candy in her office for the same reason.
	13. Dr. Davidson – He said that, as chair for his department, he assigns faculty mentors to new faculty advisors. He is selective when choosing mentors and specifically selects experienced faculty who have good habits and work well with advising center as faculty advising mentors.
6. **Is there currently a mentoring system in place or would one be helpful?**
	1. Dr. Phelps-Durr – Said that you learn as you go. She makes phone calls when she needs extra help. She said at first she just talked to students about registration. Now, she talks about real advising.
	2. Dr. Sallee – Dr. Sallee said that it depends on who you work for. If you work for Dr. Dan Davidson, you get a mentor. In Dr. Sallee’s office they put together materials that faculty can get to and refer to when they need it, but they don’t know what they need until they need it. He said there are a lot of good people trying very hard, but it’s hard to know what you need until you’re in the moment. He asked the genera question, ‘how do we get together to figure out what the best way to get information out to people is’?
	3. Dr. Duncan – He said that he was given a building tour as his orientation. He was given a few advisees right away and was thrown in. When he needed help he would just wander down to the advising center and ask the professional advisors.
	4. Dr. Page – Had a very similar experience. He described it as trial by fire. He is the sole advisor for his entire department, so he works with the advising center often. He said he did not have much preparation.
	5. Dr. Davidson – His asked the other panelists, who has a policies and procedures manual? – Design department and Waldron faculty responded as having manuals – Dr. Davidson has one in his college and thinks that it helps to level the advising experience across departments.
7. **Describe an experience in which advising a student didn’t go as expected, what was your take away?**
	1. Dr. Sallee – Dr. Sallee said that mistakes have faces. He worked with a girl who came to Radford as a transfer student. She wanted to get into a very competitive graduate program and had 2.5 GPA, but that wasn’t going to be good enough. He did not talk to her about alternative plans, but he did warn her that getting into that graduate program was not going to happen. She left the meeting with him and never came back, so he didn’t get to see her again to talk about alternative plans. He reminded the group to look at bigger picture, not just provide answers to specific questions. Even though the student didn’t ask about alternative plans he wishes that he would have taken the conversation a step farther while she was in his office that time.
	2. Dr. Davidson – Now Dr. Davidson does not hesitate to recommend that a struggling student change his or her major, possibly even to a major in a different college. However, he said it took him years to suggest that they change majors to be more successful. He is always happy to see when he suggests they make that change and it goes well now.
	3. Dr. Robinson – Dr. Robinson worked with a student who was failing one of her classes and the student requested a meeting to talk about her future. In the Design program if you fail a Design class it adds a year to the student’s graduation plan. When Dr. Robinson met with the student and they talked about what she really wants do in the future, Dr. Robinson found out the student really wasn’t passionate about design. They were able to talk about what he student is passionate about and after talking they hopefully found the right path for her. Instead of just letting this student fail, Dr. Robinson was happy they could figure out where she might be able to do well, but she said that when she was a new faculty advisor she did not always have that conversation.
	4. Dr. Lane – Dr. Lane talked about how it can be hard trying to nicely tell students that they are not in the right major. Some of the students hear you and understand other refuse to listen to you. Other times it goes the other way and a generally good student, who is failing one course, wants to quit program. For those students she has had to help them figure out that they are allowed to struggle with one experience and that does not need to change their entire major and career path.
	5. Dr. Phelps-Durr – She encourages other faculty advisors not to be afraid to be persistent with your students. She has had students who have no chance of finishing a Biology degree. It may take a while to convince the student they will not be able to finish that degree, but it can help them to get to doing the best thing for them.
	6. Dr. Lane – Mentioned that some students may know they are not in the right major, but they are afraid to talk to mom and dad about it.
	7. Dr. Duncan – He said he has run into the same situation with university withdrawals. Students are afraid to withdraw, but have no chance of succeeding that semester. He also said that with the university withdraw when the student stops taking classes; it often means that they won’t come back. However, the university withdrawal is a better way to keep their options open for the future.
	8. Dr. Cooper – In nursing, when students are not successful they are required to change majors, which is very painful. Many of the students then think they are a failure and will have to settle for something else. She said that it is very important to help these students realize that changing their major due to not doing well in the nursing program is not a character flaw. It is also important to remind them that they can still be successful and help people in other ways. It is still a success if they find a different fulfilling path and it doesn’t mean they will never become a nurse, it just means they will not become a nurse right now. She had one student who really struggled with personal problems, but did fine in the nursing program. This student wanted to withdraw from university when she was very close to finishing the program. The faculty tried to say no and convince her not to withdraw when she was so close to finishing the program, but the student said she needed to withdraw now. The faculty made sure to give her all of the information on what her next steps would be to withdraw, but the student just drove away and didn’t complete the official paperwork, so she failed everything that semester. Dr. Cooper said they did everything they could think of aside from physically walking her over to the advising center, she still wonders what else they could have done.
	9. Time ran out for discussion, but there was a group consensus that we should end on a positive note, so…
	10. Dr. Davidson shared the story of a student he worked with many years ago who was now taking his child to college. When the student was asked by their child if they remembered anyone from college, the student thought of Dr. Davidson. The student sent Dr. Davidson a note thanking him for his help years ago and Dr. Davidson said that when he received the note he was going through a tough time and that note really made his day.