

Vikell, Lisa

To: amariquit@nlac.org
Subject: Survey

I just submitted our survey, however, I clicked submit too fast. I just went back and changed the CEO name. It was Dr. David Ramsay and should now be Dr. Jay Perman, his credentials are MD and the phone number remains the same as last year. Thank you

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National League for Nursing Accrediting Commission, Inc.

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NLNAC ANNUAL REPORT
for Postsecondary and Higher Degree Programs in Nursing
 2009-2010 Academic Year: July 1, 2009 - June 30, 2010*

NLNAC Accredited Programs: **MASTER'S AND BACCALAUREATE**
 Report Not Submitted - Last Saved: 11/18/2010

GENERAL INFORMATION

Governing Organization

Name: University of Maryland, Baltimore
 Address: 522 West Lombard Street
 City: Baltimore
 State: MD
 Zip: 21201
 Website: www.nursing.umaryland.edu

Nursing Education Unit

Name: School of Nursing
 Address: 655 West Lombard Street, RM 505
 City: Baltimore
 State: MD
 Zip: 21201-1579
 Website: www.nursing.umaryland.edu

Chief Executive Officer

Prefix:
 Firstname: David J.
 Lastname: Ramsay
 Credentials: DM, Dphil
 Title: President
 Phone: (410)706-7002
 Extension:
 Fax:
 Email: dramsay@umaryland.edu

Nurse Administrator

Prefix: Dr.
 Firstname: Janet D.
 Lastname: Allan
 Credentials: PhD, RN, CS, FAAN
 Title: Dean and Professor
 Phone: (410)706-6741
 Extension:
 Fax: (410)706-4231
 Email: allan@son.umaryland.edu

SECTION I. SUBSTANTIVE CHANGE

1. Substantive Change

Indicate whether you have made any of the following substantive changes during the 2009-2010 academic year*.
 (see online Accreditation Manual 2008 Edition, pp. 44-46)

* *academic year: July 1, 2009 - June 30, 2010*

Substantive Change Notification required within 4 months prior to implementation

- | | | |
|---|--|------------------------|
| <p>a. Change in ownership, legal status, or form of control</p> | <p><input checked="" type="radio"/> No <input type="checkbox"/> reported to NLNAC prior to change</p> <p>Yes</p> | <p>Program Type(s)</p> |
| <p>b. Change in mission or objectives</p> | <p><input checked="" type="radio"/> No <input type="checkbox"/> reported to NLNAC prior to change</p> <p>Yes</p> | <p>Program Type(s)</p> |
| <p>c. Implementation of <u>distance education</u></p> | <p><input checked="" type="radio"/> No <input type="checkbox"/> reported to NLNAC prior to change</p> <p>Yes</p> | <p>Program Type(s)</p> |
| <p>d. Addition of courses or programs different in context or method of delivery from what was previously offered and accepted</p> | <p><input checked="" type="radio"/> No <input type="checkbox"/> reported to NLNAC prior to change</p> <p>Yes</p> | <p>Program Type(s)</p> |

- e. Addition of programs with a different level of credentials No reported to NLNAC prior to change Program Type(s)
 - f. Significant change in length of program and fees in relation to program and credentials No reported to NLNAC prior to change Program Type(s)
 - g. Changes in method of academic measurements (clock, credit, or vice-versa) or change in the number of clock or credit hours No reported to NLNAC prior to change Program Type(s)
 - h. Establishment of an additional location No reported to NLNAC prior to change Program Type(s)
 - i. Relocation of nursing education unit and/or program No reported to NLNAC prior to change Program Type(s)
 - j. Program Closing No reported to NLNAC prior to change Program Type(s)
 - k. Change in enrollment (≥25%) by headcount for the 2009-2010 academic year No reported to NLNAC prior to change Program Type(s)
- Other Substantive Change Notification required immediately**
- l. Change in State Board of Nursing approval status (see Policy # 17) No reported to NLNAC Program Type(s)
 - m. Adverse action by appropriate institutional accrediting agency (see Policy #18) No reported to NLNAC Program Type(s)
 - n. Identified pattern of declining performances on NCLEX, certifying examinations, and/or employment rates No reported to NLNAC Program Type(s)
- o. Title IV Participant Compliance:
- Default rate in student loan program that exceeds threshold set by legislation, regulation, and policies No reported to NLNAC Program Type(s)
 - Fraud and abuse No reported to NLNAC Program Type(s)
 - Adverse action following financial or compliance audits, program review, or other information that becomes available No reported to NLNAC Program Type(s)

p. If you have answered **Yes** to any of the above, provide date of implementation and a brief explanation of the change. Please also note that all substantive changes require the submission of a substantive change report in accordance with Policy #14. Reporting on this form does not replace the submission of a substantive change report.

SECTION II. PROGRAM OUTCOMES

2. What is the graduate rate of employment (percentage) during the 2009-2010 academic year*? (employment in nursing within 6-9 months after graduation, excluding those who have returned to formal education)

Master's 100 %
 Baccalaureate 100 %

3. Pass Rates

a. What is your certification examination pass rate for the master's program during the 2009-2010 academic year*?

Total %
 NP %
 CNS %
 Other %
 Not Applicable

b. What is your licensure examination pass rate for the baccalaureate program during the 2009-2010 academic year*?

First-time Exam Takers 88 %
 Repeat Exam Takers 93 %
 Not Applicable

4. What is the program completion rate for the 2009-2010 academic year*?

Master's 90 %
 Baccalaureate 90 %

SECTION III. PROGRAM OPERATIONS

5. Total number of nursing students as of October 15, 2010

	Master's
Full-time	360
Part-Time	494
	Baccalaureate
Pre-licensure Full-time	424
Pre-licensure Part-time	55
RN Students Full-time	16
RN Students Part-time	143

6. Total number of nursing graduates for the 2009-2010 academic year*

Master's 309
 Baccalaureate (pre-licensure) 199
 Baccalaureate (licensed RN) 115

7. Academic Credits

Master's

a. Total number of academic credits in the program of study (Please use a conversion factor of 1:1 for lecture and 1:3 for clinicals and labs for reporting total credits)

999

b. Choose one (1): Semester Credits Quarter Credits Clock Credits

Baccalaureate

a. Total number of academic credits in the program of study (Please use a conversion factor of 1:1 for lecture and 1:3 for clinicals and labs for reporting total credits)

61

b. Choose one (1): Semester Credits Quarter Credits Clock Credits

8. Faculty

Master's

a. Total FTE (full-time equivalent) faculty teaching master's degree students as of October 15, 2010

FTE 62

b. Total number of individuals teaching full-time

83

c. Full-time faculty education listing only the highest degree earned per individual (list each individual once)

i. Number with an earned doctoral degree

60

ii. Number with an earned nursing master's degree

21

iii. Number with an earned nursing baccalaureate degree	0
iv. Number with non-nursing master's degree with an earned nursing baccalaureate degree	0
v. Number of faculty with other degrees	2
vi. Number of faculty enrolled in a graduate nursing program	0
d. Total number of individuals teaching part-time (anyone teaching less than full-time)	42
e. Part-time faculty education listing only the highest degree earned per individual (list each individual once)	
i. Number with an earned doctoral degree	9
ii. Number with an earned nursing master's degree	31
iii. Number with an earned nursing baccalaureate degree	0
iv. Number with non-nursing master's degree with an earned nursing baccalaureate degree	0
v. Number of faculty with other degrees	1
vi. Number of faculty enrolled in a graduate nursing program	0

Baccalaureate

a. Total <u>FTE (full-time equivalent)</u> faculty teaching baccalaureate degree students as of October 15, 2010	FTE	51.35
b. Total number of individuals teaching full-time		58
c. Full-time faculty education listing only the highest degree earned per individual (list each individual once)		
i. Number with an earned doctoral degree		28
ii. Number with an earned nursing master's degree		28
iii. Number with an earned nursing baccalaureate degree		0
iv. Number with non-nursing master's degree with an earned nursing baccalaureate degree		1
v. Number of faculty with other degrees		1
vi. Number of faculty enrolled in a graduate nursing program		0
d. Total number of individuals teaching part-time (anyone teaching less than full-time)		46
e. Part-time faculty education listing only the highest degree earned per individual (list each individual once)		
i. Number with an earned doctoral degree		2
ii. Number with an earned nursing master's degree		37
iii. Number with an earned nursing baccalaureate degree		6
iv. Number with non-nursing master's degree with an earned nursing baccalaureate degree		1
v. Number of faculty with other degrees		1
vi. Number of faculty enrolled in a graduate nursing program		0

9. Preceptors

Master's

- a. Do you use preceptors in the delivery of your nursing program? (If Yes, answer Master's 9b and 9c) No Yes
- b. How many are used on average per semester/quarter? 350
- c. When are preceptors used during the program of study? Last Course Multiple Courses

Baccalaureate

- a. Do you use preceptors in the delivery of your nursing program? (If Yes, answer Baccalaureate 9b and 9c) No Yes
- b. How many are used on average per semester/quarter? 200
- c. When are preceptors used during the program of study? Last Course Multiple Courses

10. Complaints

Total number of <u>complaints</u> about the program for the 2009-2010 academic year.*	Master's	0
	Baccalaureate	0

10. Enrollment

10a. Total number of students enrolled at the governing organization, including students as of October 15, 2010 by headcount. 1333

10b. Organization specific

Significant change in enrollment ($\geq 25\%$) for the 2009-2010 academic year* by headcount

Increase Decrease No Significant Change

10c. Program specific

Significant change in enrollment ($\geq 25\%$) for the 2009-2010 academic year* by headcount

Master's Increase Decrease No Significant Change

Baccalaureate Increase Decrease No Significant Change

12. Alternate Methods of Delivery

Master's

a. Do you use alternate methods of delivery for your program? No Yes (If Yes, select all that apply)

- Online
- Multiple (teaching) locations
- Accelerated program option
- Alternate schedule (e.g. part-time or weekend)
- ITV
- Self-paced learning packages/courses
- Compressed video
- Other (if other, please explain below)

b. Which one of the following options best applies to the online offerings of your nursing program?

- entire nursing program major is online
- several courses of the nursing program major are online
- one course of the nursing program major is online
- online activities as requirements in at least one course of the nursing program major
- no online activities

Baccalaureate

a. Do you use alternate methods of delivery for your program? No Yes (If Yes, select all that apply)

- Online
- Multiple (teaching) locations
- Accelerated program option
- Alternate schedule (e.g. part-time or weekend)
- ITV
- Self-paced learning packages/courses
- Compressed video
- Other (if other, please explain below)

b. Which one of the following options best applies to the online offerings of your nursing program?

- entire nursing program major is online
- several courses of the nursing program major are online
- one course of the nursing program major is online
- online activities as requirements in at least one course of the nursing program major
- no online activities

13. Standardized Testing

Master's

- a. Do you use standardized testing as part of your nursing program delivery?
(If Yes, answer 13a and 13b) No Yes
- b. Are the tests part of a specific course(s)? No Yes
- c. Do students have to achieve a certain minimum score to continue or graduate from the program? No Yes

Baccalaureate

- a. Do you use standardized testing as part of your nursing program delivery?
(If Yes, answer 13a and 13b) No Yes
- b. Are the tests part of a specific course(s)? No Yes
- c. Do students have to achieve a certain minimum score to continue or graduate from the program? No Yes

14. Partnerships

Do you currently have partnerships?

Master's No Yes

Baccalaureate No Yes

If Yes to any of the above, please identify partnerships below

UMBC & UMCP - academic partnerships for Masters
Clinical Scholars Program for Baccalaureate

15. Laboratory Personnel

Master's

a. What types of personnel are used in your skills laboratory? (check all that apply)

- Staff (if staff personnel are used, answer 15b)
- Faculty
- Combination of staff and faculty
- None

b. If staff personnel are used, please note qualifications (check all that apply)

- RN with associate degree
- RN with baccalaureate degree
- RN with master's degree
- Non-nurse staff
- Other (if other, please specify)

Baccalaureate

a. What types of personnel are used in your skills laboratory? (check all that apply)

- Staff (if staff personnel are used, answer 15b)
- Faculty
- Combination of staff and faculty
- None

b. If staff personnel are used, please note qualifications (check all that apply)

- RN with associate degree
- RN with baccalaureate degree
- RN with master's degree

- Non-nurse staff
- Other (if other, please specify) _____

16. Simulations

Master's

a. Do you use simulation(s) in the delivery of your curriculum?

- No
- Yes (if Yes, answer Master's 16b and 16c)

b. Identify the type(s) of simulations used

Mannequin based models with programmable scenarios

c. How are simulations used (check all that apply)

- Part of a class
- Out-of-class assignment
- Remediation
- Skill check-off
- Other (if other, please explain below) _____

Baccalaureate

a. Do you use simulation(s) in the delivery of your curriculum?

- No
- Yes (if Yes, answer Baccalaureate 16b and 16c)

b. Identify the type(s) of simulations used

Mannequin based models with programmable scenarios

c. How are simulations used (check all that apply)

- Part of a class
- Out-of-class assignment
- Remediation
- Skill check-off
- Other (if other, please explain below) _____

FEEDBACK/SUGGESTIONS

Please use the space provided below for suggestions in improving NLNAC policies and procedures.

#7- Academic credit in the program of study for Masters Program varies from 39-72 dependent upon MS specialty.

RECOMMENDATIONS TO SERVE AS COMMISSIONERS OR SITE VISITORS

Use the spaces provided below to recommend/nominate individuals to serve as NLNAC Commissioners or Site Visitors. Please include name, credentials, position/title, and contact information.

COMMISSIONERS	SITE VISITORS	
	EDUCATORS	CLINICIANS

Please submit your completed report by November 22, 2010.
Be sure to print a copy of your completed report for your files.

Your report is not submitted until you click on the **SUBMIT** button.
Thank you for your cooperation.

SUBMIT

PRINT

RESET FORM

SAVE FOR LATER SUBMISSION

For assistance, please contact Alex Mariquit by email amariquit@nlac.org or phone 404.975.5000