



National League for Nursing Accrediting Commission, Inc.

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NLNAC ANNUAL REPORT
for Postsecondary and Higher Degree Programs in Nursing
2008-2009 Academic Year: July 1, 2008 - June 30, 2009

NLNAC Accredited Programs: **MASTER'S AND BACCALAUREATE**
 Report Not Submitted - Last Saved: 11/9/2009

GENERAL INFORMATION

Governing Organization

Name: University of Maryland, Baltimore
 Address: 522 West Lombard Street
 City: Baltimore
 State: MD
 Zip: 21201
 Website:

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 2008-2009 academic year*.
 (see Accreditation Manual 2008 Edition, pp. 45-49)

* academic year: July 1, 2008 - June 30, 2009

Substantive Change Notification required within 4 months prior to implementation

- | | | | |
|---|---|--|-----------------|
| a. Change in ownership, legal status, or form of control | <input checked="" type="radio"/> No <input type="radio"/> Yes | <input type="checkbox"/> reported to NLNAC prior to change | Program Type(s) |
| b. Change in mission or objectives | <input checked="" type="radio"/> No <input type="radio"/> Yes | <input type="checkbox"/> reported to NLNAC prior to change | Program Type(s) |
| c. Implementation of <u>distance education</u> | <input checked="" type="radio"/> No <input type="radio"/> Yes | <input type="checkbox"/> reported to NLNAC prior to change | Program Type(s) |
| d. Addition of courses or programs different in context or method of delivery from what was previously offered and accepted | <input checked="" type="radio"/> No <input type="radio"/> Yes | <input type="checkbox"/> reported to NLNAC prior to change | Program Type(s) |
| e. Addition of programs with a different level of credentials | <input checked="" type="radio"/> No <input type="radio"/> Yes | <input type="checkbox"/> reported to NLNAC prior to change | Program Type(s) |
| f. Significant change in length of program and fees in relation to program and credentials | <input checked="" type="radio"/> No <input type="radio"/> Yes | <input type="checkbox"/> reported to NLNAC prior to change | Program Type(s) |
| g. Changes in method of academic measure- | | | Program Type(s) |

- ments (clock, credit, or vice-versa) or change in the number of clock or credit hours No Yes reported to NLNAC prior to change
- h. Establishment of an additional location No Yes reported to NLNAC prior to change Program Type(s)
- i. Relocation of nursing education unit No Yes reported to NLNAC prior to change Program Type(s)
- j. Program Closing No Yes reported to NLNAC prior to change Program Type(s)
- k. Change in enrollment ($\geq 25\%$) by headcount for the 2008-2009 academic year No Yes 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 Yes reported to NLNAC Program Type(s)
- m. Adverse action by appropriate institutional accrediting agency (see Policy #18) No Yes reported to NLNAC Program Type(s)
- n. Identified pattern of declining performances on NCLEX, certifying examinations, and/or employment rates No Yes 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 Yes reported to NLNAC Program Type(s)
 - Fraud and abuse No Yes reported to NLNAC Program Type(s)
 - Adverse action following financial or compliance audits, program review, or other information that becomes available No Yes 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.

SECTION II. PROGRAM OUTCOMES

2. What is the graduate rate of employment (percentage) during the 2008-2009 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 2008-2009 academic year*?
- | | | | |
|--|----------------|-------------------------------------|---|
| | Total | | % |
| | NP | | % |
| | CNS | | % |
| | Other | | % |
| | Not Applicable | <input checked="" type="checkbox"/> | |
- b. What is your licensure examination pass rate for the baccalaureate program during the 2008-2009 academic year*?
- | | | | |
|--|------------------------|--------------------------|---|
| | First-time Exam Takers | 92 | % |
| | Repeat Exam Takers | 96 | % |
| | Not Applicable | <input type="checkbox"/> | |
4. What is the program completion rate for the 2008-2009 academic year*?
- | | | | |
|--|---------------|----|---|
| | Master's | 90 | % |
| | Baccalaureate | 87 | % |

SECTION III. PROGRAM OPERATIONS

5. Total number of nursing students as of October 15, 2009 Master's

Full-time	378
Part-Time	619

	Baccalaureate
Pre-licensure Full-time	411
Pre-licensure Part-time	56
RN Students Full-time	16
RN Students Part-time	210

6. Total number of nursing graduates for the 2008-2009 academic year* Master's 264

Baccalaureate (pre-licensure)	192
Baccalaureate (licensed RN)	88

7. Faculty

Master's

a. Total <u>FTE (full-time equivalent)</u> faculty teaching master's degree students as of October 15, 2009	FTE	68
b. Total number of individuals teaching full-time		87
c. Full-time faculty education listing <u>only the highest degree earned per individual (list each individual once)</u>		
i. Number with an earned doctoral degree		54
ii. Number with an earned nursing master's degree		30
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
d. Total number of individuals teaching part-time (anyone teaching less than full-time)		44
e. Part-time faculty education listing <u>only the highest degree earned per individual (list each individual once)</u>		
i. Number with an earned doctoral degree		17
ii. Number with an earned nursing master's degree		60
iii. Number with an earned nursing baccalaureate degree		6
iv. Number with non-nursing master's degree with an earned nursing baccalaureate degree		2
v. Number of faculty with other degrees		0
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, 2009	FTE	54
b. Total number of individuals teaching full-time		56
c. Full-time faculty education listing <u>only the highest degree earned per individual (list each individual once)</u>		
i. Number with an earned doctoral degree		23
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		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)		

e. Part-time faculty education listing only the highest degree earned per individual (list each individual once)	44
i. Number with an earned doctoral degree	4
ii. Number with an earned nursing master's degree	33
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

8. Preceptors

Master's

- a. Do you use preceptors in the delivery of your nursing program?
(If Yes, answer Master's 8b and 8c) No Yes
- b. How many are used on average per semester/quarter? 300
- 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 8b and 8c) No Yes
- b. How many are used on average per semester/quarter? 150
- c. When are preceptors used during the program of study? Last Course Multiple Courses

9. Complaints

Total number of complaints about the program for the 2008-2009 academic year.*
or (Criterion 1.9 - 2008 Standards and Criteria)

Master's	0
Baccalaureate	0

10. Enrollment

10a. Total number of students enrolled at the governing organization, including students as of October 15, 2009 by headcount. 1874

10b. Organization specific

Significant change in enrollment (≥25%) for the 2008-2009 academic year* by headcount
 Increase Decrease No Significant Change

10c. Program specific

Significant change in enrollment (≥25%) for the 2008-2009 academic year* by headcount

Master's Increase Decrease No Significant Change

Baccalaureate Increase Decrease No Significant Change

11. 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 location
- 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 location
- 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

12. Standardized Testing

Master's

- a. Do you use standardized testing as part of your nursing program delivery? (If Yes, answer 12a and 12b) 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 12a and 12b) 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

13. 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



14. 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 14b)
- 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 14b)
- 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)

15. Simulations

Master's

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

- No
- Yes (if Yes, answer Master's 15b and 15c)

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 15b and 15c)

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.

Please note that numbers 3a and 3b are not filled in (we did not fill in last year either)because we do not have this information. Please contact me if you have questions at 410-706-3424.

Lisa Vikell

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 23, 2009. 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

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RESET FORM

SAVE FOR LATER SUBMISSION

For assistance, please contact Sherwin Santiago by email ssantiago@nlnac.org or phone 404.975.5014