



National League for Nursing Accrediting Commission, Inc.

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**NLNAC ANNUAL REPORT
 for Postsecondary and Higher Degree Programs in Nursing
 2007-2008 Academic Year: July 1, 2007 - June 30, 2008**

NLNAC Accredited Programs: MASTER'S AND BACCALAUREATE
 Report Not Submitted - Last Saved: 11/13/2008

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 2007-2008 academic year*.
 (see Accreditation Manual 2006 Edition, pp. 58-61)

* academic year: July 1, 2007 - June 30, 2008

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"/> was 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"/> was reported to NLNAC prior to change | Program Type(s) |
| c. Implementation of distance education | <input checked="" type="radio"/> No <input type="radio"/> Yes | <input type="checkbox"/> was 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"/> was 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"/> was 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"/> was 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 Yes was reported to NLNAC prior to change Program Type(s)
 - h. Establishment of an additional location No Yes was reported to NLNAC prior to change Program Type(s)
 - i. Relocation of nursing education unit No Yes was reported to NLNAC prior to change Program Type(s)
 - j. Program Closing No Yes was reported to NLNAC prior to change Program Type(s)
- Other Substantive Change Notification required immediately**
- k. Change in State Board of Nursing approval status (see Policy # 17) No Yes was reported to NLNAC prior to change Program Type(s)
 - l. Adverse action by appropriate institutional accrediting agency (see Policy #18) No Yes was reported to NLNAC prior to change Program Type(s)
 - m. Identified pattern of declining performances on NCLEX, certifying examinations, and/or employment rates No Yes was reported to NLNAC prior to change Program Type(s)
 - n. Title IV Participant Compliance:
 - Default rate in student loan program that exceeds threshold set by legislation, regulation, and policies No Yes was reported to NLNAC prior to change Program Type(s)
 - Fraud and abuse No Yes was reported to NLNAC prior to change Program Type(s)
 - Adverse action following financial or compliance audits, program review, or other information that becomes available No Yes was reported to NLNAC prior to change Program Type(s)
 - o. If you have answered **Yes** to any of the above, provide date of implementation and a brief explanation of the change.

SECTION II. STUDENT ACADEMIC ACHIEVEMENT

- 2. What is the graduate rate of employment (percentage) during the 2007-2008 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 2007-2008 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 2007-2008 academic year*

First-time Exam Takers	93.02	%
<u>Repeat Exam Takers</u>		%
Not Applicable	<input type="checkbox"/>	
- 4. What is the graduation rate for the 2007-2008 academic year**?

Master's	90	%
Baccalaureate	87	%

SECTION III. PROGRAM OPERATIONS

- 5. Total number of nursing students as of October 15, 2008

Full-time	359	
Part-Time		Master's

548

	Baccalaureate
Pre-licensure Full-time	385
Pre-licensure Part-time	78
RN Students Full-time	10
RN Students Part-time	248

6. Total number of nursing graduates for the 2007-2008 academic year*	Master's	230
	Baccalaureate (pre-licensure)	218
	Baccalaureate (licensed RN)	90

7. Faculty

Master's

a. Total FTE (full-time equivalent) faculty teaching master's degree students as of October 15, 2008	FTE	75.95
b. Faculty education (per individual included in 7a) listing only the highest degree earned		
i. Number with an earned doctoral degree		53
ii. Number with an earned nursing master's degree		40
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		3
vi. Number of faculty enrolled in a graduate nursing program		0

Baccalaureate

a. Total FTE (full-time equivalent) faculty teaching baccalaureate degree students as of October 15, 2008	FTE	52.24
b. Faculty education (per individual included in 7a) listing only the highest degree earned		
i. Number with an earned doctoral degree		17
ii. Number with an earned nursing master's degree		63
iii. Number with an earned nursing baccalaureate degree		1
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)	<input type="radio"/> No <input checked="" type="radio"/> Yes
b. How many are used on average per semester/quarter?	300
c. When are preceptors used during the program of study?	<input type="radio"/> Last Course <input checked="" type="radio"/> Multiple Courses

Baccalaureate

a. Do you use preceptors in the delivery of your nursing program? (If Yes, answer Baccalaureate 8b and 8c)	<input type="radio"/> No <input checked="" type="radio"/> Yes
b. How many are used on average per semester/quarter?	150
c. When are preceptors used during the program of study?	<input checked="" type="radio"/> Last Course <input type="radio"/> Multiple Courses

9. Complaints

Total number of complaints about the program (Criterion 20 - 2005 Standards and Criteria)	Master's	2
or (Standard 1.9 - 2008 Standards and Criteria)	Baccalaureate	0

10. Change in Enrollment

Significant change in enrollment in the program (>10%) for the 2007-2008 academic year*

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
- 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
- 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 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 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
- 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
- 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 what simulations are used (check all that apply)

- Mannequin-based models with programmable scenarios
- Virtual simulation via computer

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 what simulations are used (check all that apply)

- Mannequin-based models with programmable scenarios
- Virtual simulation via computer

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: Numbers 3A & 3B are not filled in because we do not have this information. Please contact me if you have questions. Thank you.

Lisa Vikell
410-706-3424

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 21, 2008.
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@nl nac.org or phone 800.669.1656 ext. 247