

Enclosure 8 Evaluation Information

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Nurse Anesthesia Program
Daily Evaluation
Clinical Semester 2
(September-December)

Student:	Staff:	Date:				Hospital:
		Exceeds Expectations	Meets Expectations	Below Expectations	N/O	
1. Preoperative Assessment						
A. Performs preop interviews completely and assigns physical risk correctly.						
B. Assess problems that impact on anesthesia care; orders appropriate lab tests.						
2. Anesthetic Preparation						
A. Develops a rational anesthetic plan based on ASA status surgical needs, sound physiologic principles and safe practice.						
B. Selects appropriate equipment; performs anesthesia machine checks.						
C. Knowledgeable in the set-up and function of anesthesia equipment.						
3. Intra/Perioperative Management						
A. Becoming proficient in IV cannulation.						
B. Uses proper technique during laryngoscopy and intubation.						
C. Regional anesthesia reflects choice of proper technique, basic knowledge of anatomy, and correct local anesthetic choice and dose.						
D. Monitoring: vigilant consistent with ASA/AANA standards understands and applies safety guidelines in clinical practice.						
E. Utilizes universal infection control procedures.						
F. Calculates, initiates, manages fluid and blood component therapy.						
G. Positions patients to prevent injury.						
H. Demonstrates basic knowledge of anesthetic and adjunctive drugs, including dose, drug classification and basic anesthetic implications.						
4. Professional Development						
A. Punctual for assignments, eager to learn.						
B. Record keeping is legible and complete.						
C. Accepts constructive criticism well.						
D. Demonstrates personal and professional integrity and the ability to interact on a professional level.						

PLEASE MAKE ANY ADDITIONAL COMMENTS ON THE BACK OF THIS FORM

Staff signature: _____

Student signature: _____



UNIVERSITY OF MARYLAND
SCHOOL OF NURSING

Nurse Anesthesia 'ram
Daily Evaluat,
Clinical Semester 3
(January - May)

Student:	Staff:	Date:	Hospital:			
			Exceeds Expectations	Meets Expectations	Below Expectations	N/O
1. Preoperative Assessment						
a. Evaluation reflects thoroughness in assessing medical problems, therapy, and tests that impact on the delivery of safe, quality anesthesia.						
b. Anesthetic plan is safe, workable, and consistent with the patient's medical status.						
2. Anesthetic Preparation						
a. Equipment chosen is appropriate and utilized in a correct manner.						
3. Intra/Perioperative Management						
a. Demonstrates sophistication in airway management.						
b. Demonstrates increased proficiency in regional anesthesia.						
c. Constantly vigilant of the patient's course and surgical environment.						
d. Anesthetic induction, maintenance and emergence are performed smoothly and within acceptable physiologic parameters.						
e. Maintains composure and responds appropriately during stressful situations.						
4. Professional Development						
a. Developing abilities for autonomous practice.						
b. Demonstrates self-directed, on-going learning; aware of own limitations.						
c. Actively participates in quality improvement activities (conferences, M&M, lectures).						
d. Seeks and benefits from constructive criticism.						
e. Works harmoniously with all present.						

Comments:

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Nurse Anesthesia Program
Daily Evaluation
Clinical Semester 4
(June - August)

Student:		Staff:		Date:		Hospital:	
		Exceeds Expectations	Meets Expectations	Below Expectations	N/O		
1. Preoperative Assessment		<p>Evaluation Standards: Daily evaluations are based on semester objectives, which progressively increase in scope and difficulty. Students should be evaluated in the context of those objectives.</p> <p>BELOW EXPECTATIONS</p> <ul style="list-style-type: none"> • Unable to apply didactic knowledge to clinical application • Rudimentary psychomotor clinical skills inconsistent with level of training • Requires frequent verbal/physical cues (50-75% of time) • Requires supervision inconsistent with level of training • Inconsistently applies didactic knowledge to clinical practice • Psychomotor skills are inconsistent • Requires frequent supervision <p>MEETS EXPECTATIONS</p> <ul style="list-style-type: none"> • Applies didactic knowledge to clinical practice • Consistently performs required psychomotor skills • Requires only occasional verbal/physical cues (25-50% of the time) • Supervision requirements appropriate for level of training <p>EXCEEDS EXPECTATIONS</p> <ul style="list-style-type: none"> • Using acquired knowledge, analyzes information and makes correct clinical decisions • Psychomotor skills consistently performed above level of expectation • Requires minimal supporting cues (0-25% of the time) • Requires minimal supervision 					
2. Anesthetic Preparation							
3. Intra/Perioperative Management							
4. Professional Development							
Comments:							

PLEASE MAKE ANY ADDITIONAL COMMENTS ON THE BACK OF THIS FORM

Staff signature: _____

Student signature: _____



**Nurse Anesthesia Program Daily Evaluation
Clinical Semester 5
(Sept-Dec)**

Student: _____	Staff: _____	Date: _____	Hospital: _____	Evaluation Standards:			
				Exceeds Expectations	Meets Expectations	Below Expectations	N/O
1. Preoperative Assessment					<p>Daily evaluations are based on semester objectives, which progressively increase in scope and difficulty. Students should be evaluated in the context of those objectives.</p>		
<p>a. Functions effectively as a resource person for the health care team.</p> <p>2. Anesthetic Preparation</p> <p>a. Interprets and integrates data required for optimal preoperative anesthetic assessment.</p>					<p>BELOW EXPECTATIONS</p> <ul style="list-style-type: none"> • Unable to apply didactic knowledge to clinical application • Rudimentary psychomotor clinical skills inconsistent with level of training • Requires frequent verbal/physical cues (50-75% of time) • Requires supervision inconsistent with level of training • Inconsistently applies didactic knowledge to clinical practice • Psychomotor skills are inconsistent • Requires frequent supervision 		
<p>3. Intra/Perioperative Management</p> <p>a. Ability to integrate and employ data gained from complex monitoring modalities.</p> <p>b. Is able to continually adapt the anesthetic plan and modify management based on the individual needs of the patient.</p> <p>c. Consistently demonstrates the ability to independently provide general/regional anesthesia for patients of all ages and ASA classifications</p>					<p>MEETS EXPECTATIONS</p> <ul style="list-style-type: none"> • Applies didactic knowledge to clinical practice • Consistently performs required psychomotor skills • Requires only occasional verbal/physical cues (25-50% of the time) • Supervision requirements appropriate for level of training 		
<p>4. Professional Development</p> <p>a. Pursues and demonstrates knowledge of current anesthesia literature.</p> <p>b. Incorporates current research into daily anesthetic practice.</p>					<p>EXCEEDS EXPECTATIONS</p> <ul style="list-style-type: none"> • Using acquired knowledge, analyzes information and makes correct clinical decisions • Psychomotor skills consistently performed above level of expectation • Requires minimal supporting cues (0-25% of the time) • Requires minimal supervision 		
					Comments:		

**University of Maryland
Nurse Anesthesia Program
Preceptor Evaluation**

**FALL 2006
CRITERIA FOR EVALUATION**

1. Discusses current topics in anesthesia practice.
2. Discusses the anesthetic procedure and management prior to induction.
3. Asks appropriate questions in order to test knowledge.
4. Is available to answer questions or solve problems
5. Is able to transfer knowledge effectively.
6. Offers clinical assistance appropriate to level of training
7. Communicates effectively.
8. Encourages student decision making.
9. Exercises sound judgement.
10. Acknowledges own limits.
11. Offers appropriate praise / criticism
12. Exhibits empathy/understanding.
13. Serves as positive role model.
14. Calm under pressure.

**5 -Outstanding
4-Good
3 - Fair
2 -Poor
1. N/A**



Student:	Staff:	Date:	Hospital:		
	NA		NA		
		Exceeds Expectations	Meets Expectations	Below Expectations	N/O
Evaluation Standards: Daily evaluations are based on semester objectives which progressively increase in scope and difficulty. Students should be evaluated in the context of those objectives.					
BELOW EXPECTATIONS <ul style="list-style-type: none"> • Unable to apply didactic knowledge to clinical application • Rudimentary psychomotor clinical skills inconsistent with level of training • Requires frequent verbal/physical cues (50-75% of time) • Requires supervision inconsistent with level of training • Inconsistently applies didactic knowledge to clinical practice • Psychomotor skills are inconsistent • Requires frequent supervision 					
MEETS EXPECTATIONS <ul style="list-style-type: none"> • Applies didactic knowledge to clinical practice • Consistently performs required psychomotor skills • Requires only occasional verbal/physical cues (25-50% of the time) • Supervision requirements appropriate for level of training 					
EXCEEDS EXPECTATIONS <ul style="list-style-type: none"> • Using acquired knowledge, analyzes information and makes correct clinical decisions • Psychomotor skills consistently performed above level of expectation • Requires minimal supporting cues (0-25% of the time) • Requires minimal supervision 					
4. Professional Development <ul style="list-style-type: none"> A. Punctual for assignments, eager to learn. B. Record keeping is legible and complete. C. Accepts constructive criticism well. D. Demonstrates personal and professional integrity and the ability to interact on a professional level. 					

PLEASE MAKE ANY ADDITIONAL COMMENTS ON THE BACK OF THIS FORM

Staff signature: _____

Student signature: _____

Student:	Staff:	Date:		Hospital:	
		Exceeds Expectations	Meets Expectations	Below Expectations	N/O
1. Preoperative Assessment					
a. Evaluation reflects thoroughness in assessing medical problems, therapy, and tests that impact on the delivery of safe, quality anesthesia.	b. Anesthetic plan is safe, workable, and consistent with the patient's medical status.	Below EXPECTATIONS <ul style="list-style-type: none"> • Unable to apply didactic knowledge to clinical application • Rudimentary psychomotor clinical skills inconsistent with level of training • Requires frequent verbal/physical cues (50-75% of time) • Requires supervision inconsistent with level of training • Inconsistently applies didactic knowledge to clinical practice • Psychomotor skills are inconsistent • Requires frequent supervision 			
2. Anesthetic Preparation					
a. Equipment chosen is appropriate and utilized in a correct manner.		MEETS EXPECTATIONS <ul style="list-style-type: none"> • Applies didactic knowledge to clinical practice • Consistently performs required psychomotor skills • Requires only occasional verbal/physical cues (25-50% of the time) • Supervision requirements appropriate for level of training 			
3. Intra/Perioperative Management					
a. Demonstrates sophistication in airway management.	b. Demonstrates increased proficiency in regional anesthesia.	EXCEEDS EXPECTATIONS <ul style="list-style-type: none"> • Using acquired knowledge, analyzes information and makes correct clinical decisions • Psychomotor skills consistently performed above level of expectation • Requires minimal supporting cues (0-25% of the time) • Requires minimal supervision 			
4. Professional Development					
a. Developing abilities for autonomous practice.	b. Demonstrates self-directed, on-going learning; aware of own limitations.	<ul style="list-style-type: none"> • • • • • 			
c. Actively participates in quality improvement activities (conferences, M&M lectures).	d. Seeks and benefits from constructive criticism.				
e. Works harmoniously with all present.					
<p>Comments:</p>					

PLEASE MAKE ANY ADDITIONAL COMMENTS ON THE BACK OF THIS FORM



Nurse Anesthesia Program
SELF Evaluation
Clinical Semester 4
(June - August)

Student:	Staff:	Date:	Hospital:
			NA
Evaluation Standards: Daily evaluations are based on semester objectives, which progressively increase in scope and difficulty. Students should be evaluated in the context of those objectives.			
BELOW EXPECTATIONS			
<ul style="list-style-type: none">• Unable to apply didactic knowledge to clinical application• Rudimentary psychomotor clinical skills inconsistent with level of training• Requires frequent verbal/physical cues (50-75% of time)• Requires supervision inconsistent with level of training• Inconsistently applies didactic knowledge to clinical practice• Psychomotor skills are inconsistent• Requires frequent supervision			
MEETS EXPECTATIONS			
<ul style="list-style-type: none">• Applies didactic knowledge to clinical practice• Consistently performs required psychomotor skills• Requires only occasional verbal/physical cues (25-50% of the time)• Supervision requirements appropriate for level of training			
EXCEEDS EXPECTATIONS			
<ul style="list-style-type: none">• Using acquired knowledge, analyzes information and makes correct clinical decisions• Psychomotor skills consistently performed above level of expectation• Requires minimal supporting cues (0-25% of the time)• Requires minimal supervision			
Comments:			
<p>e. Demonstrates an understanding of and practices with an in-depth knowledge of professional ethics and medical law as practiced by nurse anesthetists.</p>			

PLEASE MAKE ANY ADDITIONAL COMMENTS ON THE BACK OF THIS FORM

Staff signature: _____
Student signature: _____

University of Maryland
 Nurse Anesthesia Program
Oral Board Exam Review Sheet

Student: _____ **Date:** _____

4= Excellent 3=Meets Expectations 1=Unacceptable	2=Below Expectations	4	3	2	1	NA
1. Preoperative Assessment						
A. Verbalizes understanding of pertinent physiology.						
B. Assesses problems that impact on anesthesia care; identifies potential risks; obtains additional information as needed.						
2. Anesthesia Preparation						
A. Develops anesthetic plan based on patient status and anesthetic goals.						
B. Develops alternate plans for unanticipated difficulties or emergencies.						
3. Intra/Perioperative Management						
A. Discusses options for regional anesthetics.						
B. Discusses plan/priorities for induction						
C. Discusses plan/priorities for maintenance						
D. Discusses plan/priorities for emergence						
E. Discusses plan/priorities for post-op management						
4. Professional Development						
A. Organization of thoughts/ priorities.						
B. Rational arguments to support anesthetic choices.						
C. Self confident demeanor						

Comments:

Student signature: _____

Faculty signature(s): _____



**Nurse Anesthesia Program
Time Study**

The following is a time study that you may have to complete at the end of your training and submit to the ANA. It will be conducted for two weeks to obtain an average number of the hours you spend each week in the listed areas. Do not count a segment of time twice. For example, do not count postanesthesia time as clinical time, or call time as clinical time. Please start these within the next week and record your data for two weeks. When you have completed the data hand them in at class.

WEEK 1		SUN	MON	TUE	WED	THU	FRI	SAT	TOTALS
1. Number of class hours/week		4							
2. Number of hours spent in classroom preparation	4	1	4						
3. Number of clinical hours		6	6	7	6	7	7	7	42
4. Number of hours spent in pre/post anesthesia rounds		1	6						
5. Number of hours in-house on call									
6. Number of hours spent on pre-case preparation	2				1	30 min	30 min	1	
7. Total time commitment	6 hrs	4 hrs	9 hrs	9 hr 30 min	8 hr 30 m.	9 hr 30 m.	6 hr	51.5 hrs	51.5 hrs

Feb. 4th - 10th



UNIVERSITY OF MARYLAND
SCHOOL OF NURSING

Nurse Anesthesia Program
Time Study

WEEK 2	SUN	MON	TUE	WED	THU	FRI	SAT	TOTALS
1. Number of class hours/week		4						
2. Number of hours spent in classroom preparation	8	4	1	1	1	1	4	
3. Number of clinical hours			7	6	8	5		
4. Number of hours spent in pre/post anesthesia rounds				1	1	1.5	30min	
5. Number of hours on call								
6. Number of hours spent on pre-case preparation	2		1	1		30min	1	
7. Total time commitment	10hr	8hr	10hr	9hr	10.5hr	7hr	5hr	59.5 hrs

**UNIVERSITY OF MARYLAND
SCHOOL OF NURSING**

**ANESTHESIA PROGRAM ASSESSMENT
DECEMBER 2006**

Conducted by the UMB SON Office of Research

**R. Barker Bausell, Director
Allison Hewitt, Technical Services**

February 22, 2005

Introduction

The Program Assessment Questionnaire (PAQ) is administered to all graduating UMB School of Nursing students twice per academic year: once in December and once in May. The PAQ is designed to solicit recent graduates' opinions regarding all aspects of their nursing education experience while attending the School of Nursing.

During the Fall 2006 semester, a total of 9 PAQs were received from the 17 graduating anesthesia students (which constituted only a 53% response rate). This was the first graduating class from this program, hence the purpose of this evaluation is to identify potential strengths and opportunities for improvement for future graduates with the full realization that the small sample size limits any generalizations or overall assessment of the impact of the program to this point.

Evaluation Results

The PAQ contains a total of 56 rating items assessed via a four-point scale from Completely Satisfactory to Completely Unsatisfactory. (For interpretative purposes this scale has been switched so that higher numbers represent greater satisfaction.) These 56 items are designed to assess five dimensions of program satisfaction:

1. Program Utility and Efficacy.
2. Learning Resources.
3. Time Efficiency and Student Demands.
4. Faculty Student Relationships.
5. Curricular Options and Utility.

In addition, two global rating items were included (overall satisfaction with the program and whether or not respondents would recommend the program to others). Table 1 presents a comparison of the grand means of each of five overall dimensions, which in turn potentially provides a gross indication of overall program strengths and weaknesses. This table can be

Overall Impressions of the Program

The ratings for the two global items, overall satisfaction with the program and willingness to recommend the program to a friend, both received average ratings approaching "satisfactory".

Table 9. Overall Impressions of the Program

	N	Mean
55. Overall, how well satisfied are you with your program?	9	2.67
56. Would you recommend the program to others?	9	2.78

Conclusions

It should be repeated that the number of students responding to this survey was quite limited and the response rate was relatively low (53%). With this said, the results of this program evaluation component has identified a number of areas that could potentially be improved in the future and in general point to the fact that graduating students were generally less satisfied with their program than was true of the 70 other graduating masters students who returned an program assessment questionnaire. In fact, anesthesia students rated only one of the 56 items on the survey numerically higher than their other masters' degree peers (the adequacy of the financial assistance available to them). It should be noted, however, that this is a completely new program that has witnessed a high degree of faculty turnover during these students' educational experience, hence as the program evolves and matures it is expected that student satisfaction with their educational experiences will improve. It should also be noted that students were quite satisfied with what may well be the most important dimension of the survey, their faculty's clinical competence.

**UNIVERSITY OF MARYLAND
SCHOOL OF NURSING**

**SCHOLARLY ACTIVITY BY UNIVERSITY OF MARYLAND
SCHOOL OF NURSING FACULTY: 2002-2006**

Conducted by the UMB SON Office of Research

**R. Barker Bausell, Director
Allison Hewitt, Technical Services**

June 6, 2006

Each year a questionnaire designed to assess non-instructional faculty productivity is completed by University of Maryland full-time faculty (see Appendix). This questionnaire is designed to assess scholarly productivity (e.g., externally funded grants, refereed articles, papers presented at national association meetings) for the previous fiscal year. The present report presents the University of Maryland School of Nursing results on 10 of these indicators for the fiscal year 2005-2006 and compares these results to the three previous fiscal years (2002-2003, 2003-2004, and 2004-2005).

2005-2006 Results

A total of 98 faculty responded to the questionnaire in the Spring of 2006, 28 (29%) of whom were tenured or on the tenure track, 70 (71%) of whom were not.

Indicator 1: On how many competitive and externally funded research or other grants/contracts did you serve as a principal investigator or project director?

Thirty-six (37%) of the faculty reported being a PI or PD on one or more grants for a total of 78 such awards. The distribution of grants was as follows:

Table 3. Non-Refereed Works

Number of Non-Refereed Publications	N	%
0	75	76.5
1	8	8.2
2	6	6.1
3	4	4.1
4	2	2.0
6	1	1.0
7	1	1.0
11	1	1.0

Indicator 5: In how many creative activities did you have a significant role (e.g. development of original works such as multimedia projects or software)?

Engaging in creative activities, along with publishing non-refereed articles, were the only scholarly activities that the average non-tenured output surpassed that of the tenured faculty. (As indicated in Table 10, however, this difference did not reach statistical significance.)

Table 4. Creative Activities

Number of Creative Activities Engaged In	N	%
0	68	69.4
1	13	13.3
2	8	8.2
3	5	5.1
4	2	2.0
11	1	1.0
12	1	1.0
11	1	1.0

Indicator 6: How many papers/posters did you present at professional meetings?

As indicated in Table 5, a majority of the faculty presented at least one paper or poster at a professional meeting during the 2005-2006 fiscal year for a total of 217 presentations.

Table 5. Papers/Posters

Number of Papers/Posters Presented	N	%
0	40	40.8
1	20	20.4
2	11	11.2
3	8	8.2
4	6	6.1
5	4	4.1
6	1	1.0
8	1	1.0
9	2	2.0
11	1	1.0
12	1	1.0
16	1	1.0
17	1	1.0
19	1	1.0

Indicator 7: On how many off-campus peer review panels and accreditation and/or certification teams did you serve?

Thirty-three percent of the faculty reported serving on a peer review panel or accreditation/certification team. Fifteen engaged in two or more such activities.

Table 6. Professional Activities

Number of Peer Review Panels And Accreditation/Certification Teams	N	%
0	66	67.3
1	17	17.3
2	7	7.1
3	4	4.1
4	1	1.0
5	1	1.0
7	1	1.0
8	1	1.0

Indicator 8: How many manuscripts did you read/review for professional journals, conferences and presses?

One half of the faculty reviewed one or more manuscripts for a professional journal, conference, or other publishing outlet. Ten individuals reviewed 11 or more manuscripts. This was the most frequently engaged in activity, with a total of 355 manuscripts/papers reviewed for the year.

Table 7. Manuscript Reviews

Number of Manuscripts Reviewed	N	%
0	50	51.0
1	11	11.2
2-5	20	20.4
6-10	7	7.1
>10	10	10.2

Indicator 9: On how many professional journals did you serve as editor, area or associate editor or as a member of their editorial board?

Only 30% of the faculty engaged in this particular activity.

Table 8. Journal Editorial Duties

Number of Journals Edited Or Review Boards Served Upon	N	%
0	69	70.4
1	19	19.4
2	5	5.1
3	2	2.0
4	2	2.0
12	1	1.0

Indicator 10: In how many professional associations did you hold office?

The school was well represented in professional associations with 40 individuals holding an office in one or more associations.

Table 9. Officer of Professional Associations

Number of Offices in Professional Associations	N	%
0	58	59.2
1	23	23.5
2	9	9.2
3	5	5.1
5	1	1.0
6	1	1.0
7	1	1.0
11	1	1.0

Tenure vs. Non-Tenured Faculty Productivity

As would be expected, the average tenured faculty tended to write significantly more grants, refereed articles, present more papers/posters at conferences, play a more active role with journals (including review of more manuscripts), and serve on more peer review panels (including accreditation and credentialing activities) than her/his non-tenured colleagues.

Table 10. Tenured vs. Non-Tenured Differences in Productivity

Indicator	Tenure Status	N	Proportion
GRANTS	Non-Tenure	70	.2857
	Tenure/Tenure Track	28	.5714*
BOOKS	Non-Tenure	70	.0714
	Tenure/Tenure Track	28	.1071
REFEREED	Non-Tenure	70	.5000
	Tenure/Tenure Track	28	.8214*
NONREFER	Non-Tenure	70	.2429
	Tenure/Tenure Track	28	.2143
CREATIVE	Non-Tenure	70	.3286
	Tenure/Tenure Track	28	.2500
PAPERS	Non-Tenure	70	.5143
	Tenure/Tenure Track	28	.7857*
PEERPANEL	Non-Tenure	70	.2286
	Tenure/Tenure Track	28	.5714*
MAN. REV.	Non-Tenure	70	.4000
	Tenure/Tenure Track	28	.7143*
EDITORIAL	Non-Tenure	70	.2286
	Tenure/Tenure Track	28	.4643*
PR. ASSOC.	Non-Tenure	70	.4000
	Tenure/Tenure Track	108	.4259

It is worth noting, however, over the three year span encompassed by this report, the total output by non-tenured faculty exceeded that of the tenured faculty, primarily because there were more than twice as many of the former:

Table 11. 2003-2006 Total Production: Tenure vs. Non-Tenured Faculty

Indicator	Non-Tenured Faculty (N=207)	Non-Tenured Faculty (N=108)	4-Year Totals (N=379)
Grants	190	154	344
Books	29	20	49
Refereed Articles	259	422	684
Non-refereed Works	106	152	260
Creative Activities	168	79	248
Papers-Posters	464	451	915
Peer Review Panels	116	144	264
Manuscript Reviews	754	693	1456
Journal Editorial Functions	78	128	210
Professional Association Officers	168	103	271

Departmental Differences

Although there are many factors involved in comparing departments, a secondary analysis was nevertheless undertaken to ascertain if any substantive departmental differences existed. To accomplish this administrators at the rank of Associate Dean and above were deleted.

As indicated in Table 12, the OSHAH department had slightly more faculty members engaged for each of the productivity indicators except non-refereed

Table 12. Department Productivity Differences

grant.di	OSHAH	49	.4082
	FCH	46	.3261
book.di	OSHAH	49	.1020
	FCH	46	.0435
refer.di	OSHAH	49	.6531
	FCH	46	.5000
Nonre.di	OSHAH	49	.1633
	FCH	46	.2826
creat.di	OSHAH	49	.4286
	FCH	46	.1739
paper.di	OSHAH	49	.6122
	FCH	46	.5435
peer.di	OSHAH	49	.4082
	FCH	46	.2391
Man.di	OSHAH	49	.5306
	FCH	46	.4130
editor.di	OSHAH	49	.3673
	FCH	46	.1957
Prof.di	OSHAH	49	.4694
	FCH	46	.3478

publications, although none of these comparisons reached statistical significance. It should also be noted that the OSHAH department had almost twice as many tenured faculty as FCH (65% vs. 35%), which may well account for these differences.

Scholarly Productivity Trends Across Time

SON faculty productivity was tracked across the 10 indicators in two ways: average per faculty behavior and the proportion of faculty engaged in each type of scholarly behavior. Because it is not as susceptible to outliers, the latter approach is probably preferable and is presented in Table 12 below.

There were few substantive (and no statistically significant) differences across the four years. One exception involved the proportion of faculty engaged in peer-reviewed publications, which reached an all time high in 2006 and actually increased 23% from the previous year. In addition, the proportion of faculty participating in a leadership role in their professional associations also reached an all time high in 2006.

Table 12. Year-to-Year Differences w/r to Proportions of Faculty Engaged in Scholarly Activity

Indicator	2003 (N=94)	2004 (N=85)	2005 (N=102)	2006 (N=98)	4-Year Average (N=379)
Grants	.39	.46	.39	.37	.40
Books	.12	.12	.11	.08	.11
Refereed Articles	.46	.51	.48	.59	.51
Non-refereed Works	.20	.20	.20	.23	.21
Creative Activities	.24	.28	.32	.31	.29
Papers-Posters	.57	.63	.53	.59	.58
Peer Review Panels	.35	.34	.35	.33	.34
Manuscript Reviews	.52	.51	.51	.49	.51
Journal Editorial Functions	.30	.32	.29	.30	.30
Professional Association Officers	.37	.38	.35	.41	.38

Conclusions

It is difficult to put these results into perspective since there is no comparison group. On one level the fact that, over the past four years, almost 700 peer-reviewed papers have been published by the faculty is quite impressive. From another viewpoint, however, the fact that in any given year only about one-half of the faculty engage in this particular activity indicates a considerable opportunity for improvement. These results must also be interpreted with caution, because they are self-reported and although the respondents are asked to submit their CVs with the questionnaire, all faculty do not do this and it is doubtful that the chairs have time to check the two sources on an item-by-item basis. An alternative approach would be to require each respondent to cut-and-paste the appropriate documentation from her/his CV for a few selected indicators, which would make actual verification more practical and encourage greater accuracy in filling out the questionnaire.

All of the criteria for C.20 have been traced to courses, seminars, clinical experiences or case discussions and are outlined in the table below.

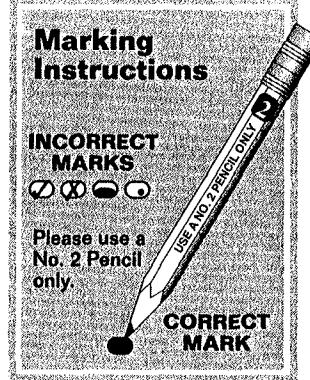
Criteria	Demonstrated by:	Evident in
<p>a. Patient safety is demonstrated by the ability of the graduate to:</p> <ul style="list-style-type: none"> • Be vigilant in the delivery of patient care. • Protect patients from iatrogenic complications. • Participate in the positioning of patients to prevent injury. • Conduct a comprehensive and appropriate equipment check. • Utilize standard precaution and appropriate infection control measures. 	<p>The following topics are presented and discussed in basic anesthesia courses and simulation lab:</p> <ul style="list-style-type: none"> • Vigilance • Patient safety and monitoring • Proper positioning and positioning complications • Proper machine check protocol and problem solving • Universal infection control standards 	<p>Syllabus for: NURS 613, 614, 617</p> <p>Daily Clinical Evaluations</p> <p>Hands-on machine check lab</p> <p>Simulation Lab</p> <p>Written Exams in basic anesthesia principle courses.</p>
<p>b. Individualized perianesthetic management is demonstrated by the ability of the graduate to:</p> <ul style="list-style-type: none"> • Provide care throughout the perianesthetic continuum. • Use a variety of current anesthesia techniques agents adjunctive drugs, and equipment while providing anesthesia. • Administer general anesthesia to patients of all ages and physical conditions for a variety of surgical and medically related procedures. • Provide anesthesia services to all patients, including trauma and emergency cases. • Administer and manage a variety of regional anesthetics. • Function as a resource person for airway and ventilatory management of patients. • Possess current advanced cardiac life support (ACLS) recognition. • Possess current pediatric advanced life support (PALS) recognition. • Deliver culturally competent perianesthetic care throughout the anesthesia experience. 	<p>The following topics are presented and discussed in basic and advanced anesthesia courses and simulation lab:</p> <ul style="list-style-type: none"> • General anesthesia techniques • Anesthesia for: <ul style="list-style-type: none"> -pediatrics -orthopedics -geriatrics -renal disease -cardiovascular disease -trauma and emergency case <ul style="list-style-type: none"> - regional anesthesia techniques - airway management • Pharmacology of anesthesia agents • Cultural diversity in the workplace 	<p>Syllabus for: NURS 613, 614, 617, 604, 723, 672</p> <p>Difficult airway workshop</p> <p>Simulation Lab: <ul style="list-style-type: none"> - airway -spinal and epidural tech </p> <p>Daily Clinical Evaluations</p> <p>Shock Trauma student schedule</p> <p>Medatrax case log</p> <p>Admission requirements</p> <p>Copies of ACLS/PALS</p>

Criteria	Demonstrated by:	Evident in
<p>c. Critical thinking is demonstrated by the graduate's ability to:</p> <ul style="list-style-type: none"> • Apply theory to practice in decision-making and problem solving. • Provide nurse anesthesia care based on sound principles and research evidence. • Perform a preanesthetic assessment and formulate an anesthesia care plan for patients to whom they are assigned to administer anesthesia. • Identify and take appropriate action when confronted with anesthetic equipment-related malfunctions. • Interpret and utilize data obtained from noninvasive and invasive monitoring modalities. • Calculate, initiate, and manage fluid and blood component therapy. • Recognize and appropriately respond to anesthetic complications that occur during the perianesthetic period. • Pass the Council on Certification of Nurse Anesthetists' (CCNA) certification examination in accordance with CCNA policies and procedures. 	<p>The following topics are presented and discussed in basic and advanced anesthesia courses, case discussions and simulation lab:</p> <ul style="list-style-type: none"> • Preanesthetic assessment • Noninvasive and invasive monitoring • Fluid management and blood therapy • Complication in anesthesia practice 	<p>Syllabus for: NURS 613, 614, 617, 604, 723, 672, 701, 672, 670</p> <p>Daily Clinical Evaluations</p> <p>Medatrax case log</p> <p>Self Evaluation Examination (SEE) results</p> <p>CCNA pass rate(pending)</p>

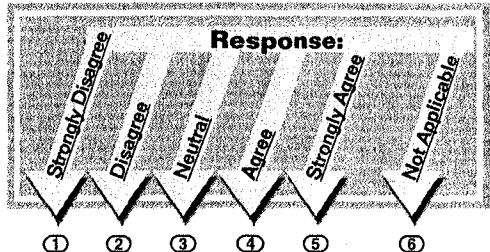
Criteria	Demonstrated by:	Evident in
<p>d. Communication skills are demonstrated by the graduate's ability to:</p> <ul style="list-style-type: none"> • Effectively communicate with all individuals influencing patient care. • Utilize appropriate verbal, nonverbal, and written communication in the delivery of perianesthetic care. 		<p>Daily Clinical Evaluations Anesthetic Patient Care Plans</p>
<p>e. Professional role is demonstrated by the graduate's ability to:</p> <ul style="list-style-type: none"> • Participate in activities that improve anesthesia care. • Function within appropriate legal requirements as a registered professional nurse, accepting responsibility and accountability for his or her practice. • Interact on a professional level with integrity and teach others. • Participate in continuing education activities to acquire new knowledge and improve his or her practice. 	<p>The following topics are presented in advanced anesthesia principles and professional aspects of nurse anesthesia:</p> <ul style="list-style-type: none"> • Legal and legislative review • Licensing • Reimbursement • Malpractice insurance and liability • Professionalism 	<p>Syllabus for: 676, 672, 640 Professional Aspects seminar agenda Students attending AANA annual meeting and MANA state meetings</p>

University of Maryland School of Nursing Course Evaluation Questionnaire

This survey helps assess and improve the quality of our courses and faculty. Please complete the course identifying information below. We encourage written comments and suggestions at the end of this form.

Course	Section	Instructor's Last Name	Semester	Year
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/>	<input type="checkbox"/> Winter <input type="checkbox"/> Spring <input type="checkbox"/> Summer <input type="checkbox"/> Fall	<input type="text"/> <input type="text"/>
A A A A A ① ① ① B B B B B ② ② ② C C C C C ③ ③ ③ D D D D D ④ ④ ④ E E E E E ⑤ ⑤ ⑤ F F F F F ⑥ ⑥ ⑥ G G G G G ⑦ ⑦ ⑦ H H H H H ⑧ ⑧ ⑧ I I I I I ⑨ ⑨ ⑨ J J J J J K K K K K L L L L L M M M M M N N N N N O O O O O P P P P P Q Q Q Q Q R R R R R S S S S S T T T T T U U U U U V V V V V W W W W W X X X X X Y Y Y Y Y Z Z Z Z Z	① ① ② ② ③ ③ ④ ④ ⑤ ⑤ ⑥ ⑥ ⑦ ⑦ ⑧ ⑧ ⑨ ⑨	A A A A A A A A A B B B B B B B B B C C C C C C C C C D D D D D D D D D E E E E E E E E E F F F F F F F F F G G G G G G G G G H H H H H H H H H I I I I I I I I I J J J J J J J J J K K K K K K K K K L L L L L L L L L M M M M M M M M M N N N N N N N N N O O O O O O O O O P P P P P P P P P Q Q Q Q Q Q Q Q Q R R R R R R R R R S S S S S S S S S T T T T T T T T T U U U U U U U U U V V V V V V V V V W W W W W W W W W X X X X X X X X X Y Y Y Y Y Y Y Y Y Z Z Z Z Z Z Z Z Z		① ① ② ② ③ ③ ④ ④ ⑤ ⑤ ⑥ ⑥ ⑦ ⑦ ⑧ ⑧ ⑨ ⑨
<p>Marking Instructions</p> <p>INCORRECT MARKS <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Please use a No. 2 Pencil only.</p>  <p>CORRECT MARK</p>				

Please record the number representing your response by filling in the appropriate oval at the right of each statement



In this course:

- Content flowed logically from objectives.
- The amount of work for credit earned was about right.
- Textbook, readings and other instructional materials contributed to my learning.
- Assignments were consistent with course objectives.
- Materials were accessible.
- Materials helped meet course objectives.
- Evaluation measured objectives appropriately.
- Assignments/examinations reflected course content.
- Technology used in the course enhanced my learning.
- Feedback provided on assignments was useful.
- I learned useful information.

This instructor:

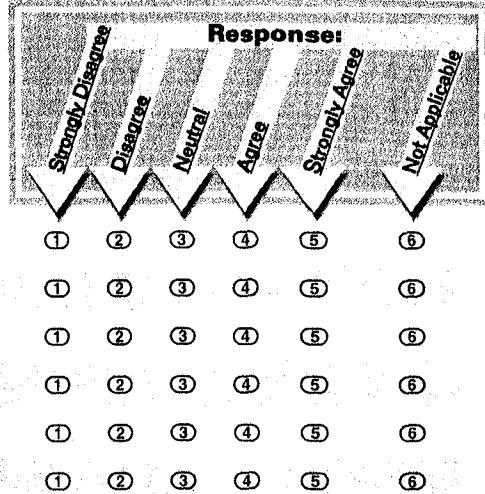
- Was knowledgeable about course content.
- Used effective teaching strategies to meet objectives.
- Demonstrated ability to clearly convey complex material, using examples and illustrations.
- Was adequately prepared.

- (1) (2) (3) (4) (5) (6)
- (1) (2) (3) (4) (5) (6)
- (1) (2) (3) (4) (5) (6)
- (1) (2) (3) (4) (5) (6)
- (1) (2) (3) (4) (5) (6)

PLEASE TURN OVER

his instructor: (continued)

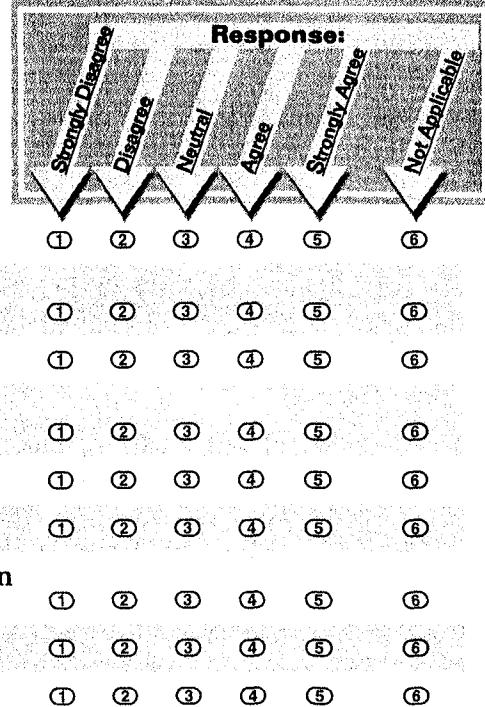
16. Presented information in a logical flow.
17. Provided constructive feedback throughout the course.
18. Encouraged discussion and questions.
19. Acknowledged various points of view.
20. Applied consistent standards in evaluating work.
21. Treated students with respect.



For this technology enhanced course:

All of these items may not be applicable to every course. If one or more is not applicable to this one, simply mark "6" (not applicable):

22. My level of technical expertise with computers and the internet at the start of the course was sufficient.
23. Hardware and software requirements were adequate to complete the course.
24. Course navigation was easily executed.
25. Readings, multimedia, and discussion questions worked together to promote efficient and effective learning.
26. I knew whom to contact when I had technical questions.
27. I received prompt response to my technical questions.
28. I was adequately prepared to use the instructional technology required in this course.
29. The examination process was easily executed.
30. Submission of materials to instructor was easy.



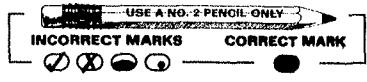
31. What did you like most about this course? _____

32. What did you like least about this course? _____

33. What could be done to improve this course? _____

34. What activity contributed most to your learning? _____

UNIVERSITY OF MARYLAND SCHOOL OF NURSING PROGRAM ASSESSMENT QUESTIONNAIRE



Year Graduated:

①	②	③	④	⑤	⑥	⑦	⑧	⑨
①	②	③	④	⑤	⑥	⑦	⑧	⑨

(Fill in two digit year)

Month Graduated:

○ Dec
○ May
○ Aug

Cumulative GPA:
(Estimate if you can't remember exactly)

--	--	--

Type of degree program:

- BSN Traditional RN to MS MS/CNL PhD
- RN to BSN MS/MBA MS DNP
- Other (specify): _____

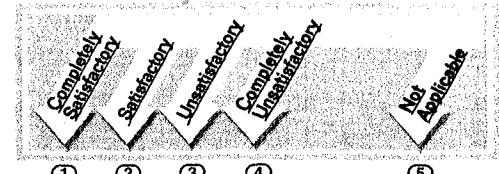
If master's, mark your official specialty or the one that best fits your master's program:

- | | | |
|---|---|--|
| <input type="checkbox"/> Adult Primary Care Nurse Practitioner
<input type="checkbox"/> Advanced Practice Pediatric Nursing
<input type="checkbox"/> Clinical Nurse Leader
<input type="checkbox"/> Clinical Research Management
<input type="checkbox"/> Community/Public Health Nursing
<input type="checkbox"/> Community/Public Health Nursing: Environmental Emphasis | <input type="checkbox"/> Family Nurse Practitioner
<input type="checkbox"/> Gerontological Nurse Practitioner
<input type="checkbox"/> Health Services Leadership & Management
<input type="checkbox"/> Nurse Anesthesia
<input type="checkbox"/> Nursing Informatics | <input type="checkbox"/> Nurse-Midwifery
<input type="checkbox"/> Oncology
<input type="checkbox"/> Psychiatric-Mental Health Nursing
<input type="checkbox"/> Trauma Critical Care & Emergency Nursing |
|---|---|--|

A. PROGRAM UTILITY AND EFFICACY

To what degree did your program:

1. help you acquire necessary nursing skills? (1) (2) (3) (4) (5)
2. provide overall intellectual growth? (1) (2) (3) (4) (5)
3. enhance your personal growth? (1) (2) (3) (4) (5)
4. provide help toward achieving your career goals? (1) (2) (3) (4) (5)
5. provide integration of courses and other learning experiences into a meaningful whole? (1) (2) (3) (4) (5)
6. require you to use the skills you had prior to entry? (1) (2) (3) (4) (5)
7. prepare you for a position appropriate to the level of education? (1) (2) (3) (4) (5)
8. encourage collegial behavior among you and your peers? (1) (2) (3) (4) (5)
9. enhance your commitment to professional nursing? (1) (2) (3) (4) (5)
10. provide role models in nursing practice (including direct practice and indirect practice such as education or administration or health policy development)? (1) (2) (3) (4) (5)
11. provide role models in scholarly conduct? (1) (2) (3) (4) (5)
12. prepare you to assume responsibility for self assessment and continuing professional development? (1) (2) (3) (4) (5)
13. provide you access to clinical agencies with suitable nursing role models? (1) (2) (3) (4) (5)



B. CURRICULUM OPTIONS AND INDIVIDUALIZATION

What is your level of satisfaction with:

14. alternatives in meeting course objectives? (1) (2) (3) (4) (5)
15. alternatives in meeting program objectives? (1) (2) (3) (4) (5)
16. academic advising? (1) (2) (3) (4) (5)
17. course scheduling? (1) (2) (3) (4) (5)
18. course sequencing? (1) (2) (3) (4) (5)
19. the degree your former experiences were taken into account in curriculum planning? (1) (2) (3) (4) (5)
20. the degree your special learning needs were met? (1) (2) (3) (4) (5)
21. amount of input you had or could have had into your program? (1) (2) (3) (4) (5)

C. TIME EFFICIENCY AND STUDENT DEMANDS

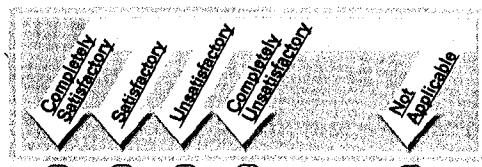
To what degree were you satisfied that there was:

22. no unnecessary duplication of clinical experiences? (1) (2) (3) (4) (5)
23. no unnecessary duplication of theoretical content? (1) (2) (3) (4) (5)

C. TIME EFFICIENCY AND STUDENT DEMANDS (continued)

To what degree were you satisfied that there was:

- 1. an overall emphasis on scientific basis for nursing practices?
- 25. a well articulated curriculum?
- 26. manageability of demands?
- 27. adequate time for learning required content?
- 28. adequate presentation and application of the conceptual framework in School of Nursing course?



- | | | | | |
|-----|-----|-----|-----|-----|
| (1) | (2) | (3) | (4) | (5) |
| (1) | (2) | (3) | (4) | (5) |
| (1) | (2) | (3) | (4) | (5) |
| (1) | (2) | (3) | (4) | (5) |
| (1) | (2) | (3) | (4) | (5) |

D. FACULTY STUDENT RELATIONSHIPS

How satisfied were you with faculty:

- 29. competence in theory presentations?
- 30. clinical competence?
- 31. concern for you as an individual?
- 32. concern for your overall education?
- 33. availability (during office hours or by appointment)?
- 34. sensitivity to your needs?

- | | | | | |
|-----|-----|-----|-----|-----|
| (1) | (2) | (3) | (4) | (5) |
| (1) | (2) | (3) | (4) | (5) |
| (1) | (2) | (3) | (4) | (5) |
| (1) | (2) | (3) | (4) | (5) |
| (1) | (2) | (3) | (4) | (5) |
| (1) | (2) | (3) | (4) | (5) |

E. LEARNING RESOURCES

To what degree were the following satisfactory:

- 35. depth of clinical (or laboratory) experiences?
- 36. variety of clinical experiences?
- 37. variety of courses available to you?
 - 38. depth of courses available to you?
- 39. financial assistance available to you?
- 40. classrooms?
- 41. conference rooms?
- 42. support services?
- 43. library holdings (books, journals, etc.)?
- 44. library hours?
- 45. library physical facilities?
- 46. library staff?
- 47. computer laboratory instructions?
- 48. computer laboratory hours?
- 49. computer laboratory hardware?
- 50. computer laboratory software?
- 51. currency of materials in the media center?
- 52. materials produced by the media center?
- 53. working condition of media equipment?
- 54. adequacy of School of Nursing physical facilities?

- | | | | | |
|-----|-----|-----|-----|-----|
| (1) | (2) | (3) | (4) | (5) |
| (1) | (2) | (3) | (4) | (5) |
| (1) | (2) | (3) | (4) | (5) |
| (1) | (2) | (3) | (4) | (5) |
| (1) | (2) | (3) | (4) | (5) |
| (1) | (2) | (3) | (4) | (5) |
| (1) | (2) | (3) | (4) | (5) |
| (1) | (2) | (3) | (4) | (5) |
| (1) | (2) | (3) | (4) | (5) |
| (1) | (2) | (3) | (4) | (5) |
| (1) | (2) | (3) | (4) | (5) |
| (1) | (2) | (3) | (4) | (5) |
| (1) | (2) | (3) | (4) | (5) |
| (1) | (2) | (3) | (4) | (5) |
| (1) | (2) | (3) | (4) | (5) |
| (1) | (2) | (3) | (4) | (5) |
| (1) | (2) | (3) | (4) | (5) |

F. OVERALL IMPRESSIONS OF THE PROGRAM

55. Overall, how well satisfied are you with your program?

- | | | | | |
|-----|-----|-----|-----|-----|
| (1) | (2) | (3) | (4) | (5) |
|-----|-----|-----|-----|-----|

56. Would you recommend the program to others?

- | | | | | |
|-----|-----|-----|-----|-----|
| (1) | (2) | (3) | (4) | (5) |
|-----|-----|-----|-----|-----|



Self-Evaluation Examination (SEE)

Program Director's Roster

July 01, 2005 to December 31, 2005

Second Year in Program

Program 2105

University of Maryland School of Nursing Grad Prog in Nurse Anesthesia

Baltimore, MD

Name	AANA ID	Total Score	Scaled Scores*					
			Sub 1	Sub 2	Sub 3	Sub 4	Sub 5	Sub 6
Alcantara, Brigida B	076593	413	406	400	331	479	446	399
Anderson, Gregory A	076594	384	304	363	510	399	342	416
Brooks, Hugh	076595	392	427	389	488	377	455	340
Carpenter, Tracy M	076596	354	318	367	458	373	300	369
Haggas, Meghan R	076597	394	450	356	445	403	441	383
Libutti, Richard M	076598	420	391	463	350	463	407	385
Lin, Lu	076599	358	300	349	373	336	336	481
Marcelle, Eugene R	076601	393	600	397	438	397	337	379
Miller, Sharee T	076602	332	423	379	364	313	329	300
MoCombe, Ramses P	076603	351	344	355	331	335	383	351
Nagbe, Lloyd R	076604	351	347	361	335	340	452	304
Perper, Barry M	076605	347	300	323	300	377	368	403
Dowell, Yuri J	076606	367	300	392	377	399	300	378
urifoy, Frankie L	076607	395	377	386	515	431	306	412
Roberson, Tonya M	076608	318	600	300	346	384	300	402
Snyder, Kimberly J	076609	323	322	320	351	331	300	344
Thomas, Sharon L	076610	446	467	452	391	498	468	407

Total for 2105 = 17

* Sub 1 = Professional Aspects of Nurse Anesthesia
Sub 2 = Anatomy, Physiology, and Pathophysiology
Sub 3 = Chemistry, Biochemistry, Physics, and Equipment
Sub 4 = Pharmacology
Sub 5 = Basic Principles of Anesthesia Practice
Sub 6 = Advanced Principles of Anesthesia Practice



Council on Certification of Nurse Anesthetists
Self-Evaluation Examination (SEE)

Program Director Summary Report

August 24, 2006 to November 30, 2006

Program 2105

University of Maryland School of Nursing Grad Prog in Nurse Anesthesia

Baltimore, MD

	Percent of Questions in Test Plan	Mean Percentile Nationally 1st Year	# in Group	Mean Percentile Your Prog. 1st Year	# in Group	Mean Percentile Nationally 2nd Year	# in Group	Mean Percentile Your Prog. 2nd Year	# in Group
TOTAL TEST	100%	41.6	286	*	*	51.3	597	49.1	35
1. Professional and Legal Aspects of Nurse Anesthesia	13%	42.5	286	*	*	46.0	597	51.4	35
2. Anatomy, Physiology, Pathophysiology, Anesthesia Considerations	29%	45.9	286	*	*	49.7	597	53.4	35
3. Pharmacology	25%	45.0	286	*	*	51.8	597	46.8	35
4. Basic Principles of Anesthesia Practice	14%	44.1	286	*	*	52.7	597	43.0	35
5. Advanced Principles of Anesthesia Practice	19%	39.9	286	*	*	52.8	597	48.7	35
				*	*				

*= No candidates tested in this group

Page: 1



Self-Evaluation Examination (SEE)

Program Director's Roster

August 24, 2006 to November 30, 2006

Second Year in Program

Program 2105

University of Maryland School of Nursing Grad Prog in Nurse Anesthesia

Baltimore, MD

Name	AANA ID	Overall Percentile	Percentile Scores*				
			Sub 1	Sub 2	Sub 3	Sub 4	Sub 5
Alcantara, Brigida B	076593	82	56	75	0	83	82
Anderson, Gregory A	076594	53	52	16	0	78	33
Brooks, Hugh L	076595	64	80	64	0	58	32
Carpenter, Tracy M	076596	48	25	68	0	55	73
Haggas, Meghan R	076597	89	44	88	0	77	98
Libutti, Richard M	076598	95	31	99	0	88	81
Lin, Lu	076599	40	15	65	0	25	70
Manosalva, Yamile	076600	15	62	7	0	38	18
Marcelle, Eugene R	076601	50	63	32	0	60	75
Miller, Sharee T	076602	60	23	70	0	47	73
MoCombe, Ramses P	076603	59	63	61	0	65	10
Nagbe, Lloyd R	076604	74	65	42	0	65	80
Onyder, Kimberly J	076609	13	14	20	0	42	12
Thomas, Sharon L	076610	98	62	85	0	78	100
Akpadiha, Israel N	078845	26	71	15	0	19	68
Amos, Veronica Y	078846	7	78	17	0	15	7
Badger, Samuel R	078847	72	83	58	0	90	17
Banankhah, Soudabeh K	078848	68	65	44	0	50	66
Bennett-Hankins, Avonny C	078849	10	37	39	0	7	7
Berbari, Brian D	078850	68	42	42	0	79	68
Bradley, Chrystal D	078851	57	77	80	0	25	90
Broussard, Michael P	078852	22	39	60	0	17	15
Capen, Karen E	078853	37	55	53	0	17	10
Cline, Cheryl A	078854	23	28	62	0	23	16
Davidson, Amber	078855	39	78	45	0	25	15
Drager, Emilene S	078856	74	66	46	0	86	33
Eller, Lisa C	078857	3	20	17	0	7	8
Fayer, Anne M	078858	43	45	88	0	31	12
Freedman, Lauren S	078859	47	35	68	0	21	40
Herrick, Daniel M	078860	26	53	22	0	29	10

* Sub 1 = Professional and Legal Aspects of Nurse Anesthesia
Sub 2 = Anatomy, Physiology, and Pathophysiology
Sub 3 = Pharmacology
Sub 4 = Basic Principles of Anesthesia Practice
Sub 5 = Advanced Principles of Anesthesia Practice



Self-Evaluation Examination (SEE)

Program Director's Roster

August 24, 2006 to November 30, 2006

Second Year in Program

Program 2105

University of Maryland School of Nursing Grad Prog in Nurse Anesthesia

Baltimore, MD

Name	AANA ID	Overall Percentile	Percentile Scores*				
			Sub 1	Sub 2	Sub 3	Sub 4	Sub 5
Jubb, Annette M	078861	76	83	88	0	63	32
Kim, Soo-Ok	078862	42	65	66	0	34	22
Mitchell, Jacqueline C	078863	36	26	54	0	33	77
Scott-Herring, Mary J	078864	44	76	50	0	48	23
Swier, Sarah J	078865	58	23	64	0	60	33

Total for 2105 = 35

* Sub 1 = Professional and Legal Aspects of Nurse Anesthesia
Sub 2 = Anatomy, Physiology, and Pathophysiology
Sub 3 = Pharmacology
Sub 4 = Basic Principles of Anesthesia Practice
Sub 5 = Advanced Principles of Anesthesia Practice

Program Evaluation Plan

STANDARD I: Mission and Governance

The program has a clear and publicly stated mission and/or philosophy and purposes appropriate to postsecondary or higher education in nursing.

Operational Definition:

- UMB and SON mission and philosophy are congruent when there is evidence of SON faculty participation in the development and implementation of the UMB and SON Strategic initiatives and action plans; content analysis of SON and UMB documents reveals observable, direct correspondence between all components of the two Strategic plans especially in regard to commitment to a diverse community, support of interdisciplinary education, and programming for distance education and between the policies and procedures developed to implement them.
- SON faculty and student participation in governance is evidenced by SON faculty and students serving as voting members of UMB governing bodies, including UMB faculty senate; campus committees and taskforces; and on SON governing bodies including Faculty Council, standing committees, and taskforces that are charged with the development, implementation, and evaluation of SON and Campus Policies and Procedures.
- The SON Dean is a nurse with a master's degree in nursing and an earned doctorate from a regionally accredited institution who has an established track record as a nursing administrator in baccalaureate and/or higher degree nursing programs whose workload enables her to assume leadership and administrative responsibilities as evidenced by her CV, transcript, and achieved outcomes.

Expected Level of Achievement/Decision Rule for Action:

- 100% of the UMB and SON strategic plans, policies, and procedures components demonstrate direct one-to-one correspondence.
- 100% of faculty participate in at least one governing activity in any given year.
- 100% of the full-time students will have the opportunity to participate in at least one SON and/or UMB governing activity in any given year.
- The Dean of SON will have the defined qualifications for the position.

PROCESS				IMPLEMENTATION			
Component	Where Documents/Information is Found	Person Responsible	Frequency of Assessment	Assessment Methods	Degree of Reliability, Validity, Trustworthiness	Results of Data Collection and Analysis <i>Including actual level/s of achievement</i>	Actions For program Development, Maintenance, or Revision
Criterion 1: UMB and SON mission congruent	UMB Strategic Plan UMB Facts & Figures Book	UMB President, VP for Academic Affairs, Faculty Senate	Ongoing	Committee minutes monitored to identify faculty participation, needed revisions/actions for program.	Reliability: 100% agreement of reviewers re faculty participation in development.	Evidence of ongoing monitoring and congruence reflected in SON minutes in document room.	Continue to monitor and make changes when indicated.

STANDARD I: Mission and Governance (continued)

PROCESS				IMPLEMENTATION																											
Component	Where Documents/ Information is found	Person Responsible	Frequency of Assessment	Assessment Methods	Degree of Reliability, Validity, Trustworthiness	Results of Data Collection and Analysis Including actual level/s of achievement	Actions For program Development, Maintenance, or Revision																								
Criterion 1 (cont'd)	<p>SON Catalog, SON Strategic Plan</p> <p>SON ByLaws</p>	<p>SON Dean, SON Faculty</p> <p>SON Faculty Council, SON ByLaws Committee, Faculty Assembly</p>	<p>Ongoing and comprehensive review at least every 3 years</p>	<p>SON reviewers do comparative evaluation using content analysis to examine correspondence between components of strategic plans.</p>	<p>Reliability- 100% agreement between components, Validity-by consensus of reviewers.</p>	<p>Review of documents indicates UMB & SON demonstrate 1-1 correspondence. 100% agreement between components.</p>	<p>Continue to monitor for congruence.</p>																								
- Commitment to diverse community	<p>USM, UMB, and SON human resources policy, admission policies, UMB and SON Strategic Plan; Minutes of SON Student Affairs Committee; USGA; Faculty personnel records</p>	<p>UMB President, Asst. VP for Human Resources Services, SON Dean, Administrators, Faculty, Students and Alumni, Office of Student Affairs, Student Organizations, e.g., USGA, Black Student Nurses Assoc., Chi Eta Phi</p>	<p>Ongoing and annually</p>	<p>Analysis of student enrollment data; enrollment projections and recruitment plans and activities reflect commitment to a diverse faculty and staff composition</p>	<p>Direct correspondence between published documents reflecting commitment to diverse community and actions reflected in recruitment and enrollment data</p>	<p>100% consistency. Faculty Diversity:</p> <table> <tr> <td>'98</td> <td>White</td> <td>89%</td> </tr> <tr> <td>African American</td> <td>9%</td> <td></td> </tr> <tr> <td>Hispanic</td> <td>1%</td> <td></td> </tr> <tr> <td>Other</td> <td>1%</td> <td></td> </tr> <tr> <td>'99</td> <td>White</td> <td>86%</td> </tr> <tr> <td>African American</td> <td>11%</td> <td></td> </tr> <tr> <td>Hispanic</td> <td>2%</td> <td></td> </tr> <tr> <td>Other</td> <td>1%</td> <td></td> </tr> </table>	'98	White	89%	African American	9%		Hispanic	1%		Other	1%		'99	White	86%	African American	11%		Hispanic	2%		Other	1%		<p>Continue concerted efforts to recruit and retain a culturally diverse faculty.</p> <p>Examine mechanisms for career development for minority faculty.</p>
'98	White	89%																													
African American	9%																														
Hispanic	1%																														
Other	1%																														
'99	White	86%																													
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STANDARD I: Mission and Governance (continued)

IMPLEMENTATION						
PROCESS			IMPLEMENTATION			
Component	Where Documents/ Information is Found	Person Responsible	Frequency of Assessment	Assessment Methods	Degree of Reliability, Validity, Trustworthiness	Results of Data Collection and Analysis <i>Including actual level/s of achievement</i>
Criterion 1 (cont'd)						<p><u>Student Diversity:</u></p> <p><u>BSN '98</u> White N-Hispanic 70% African American 20% Hispanic 3% Other 7% Total Minority 30%</p> <p><u>BSN '99</u> White N-Hispanic 70% African American 22% Hispanic 2% Other 6% Total Minority 30%</p> <p><u>BSN '00</u> White N-Hispanic 65% African American 25% Hispanic 3% Other 7% Total Minority 35%</p> <p><u>BSN '01</u> White N-Hispanic 61% African American 26% Hispanic 3% Other 10%</p>

STANDARD I: Mission and Governance (continued)

					IMPLEMENTATION		
Component	Where Documents/ Information is Found	Person Responsible	Frequency of Assessment	Assessment Methods	Degree of Reliability, Validity, Trustworthiness	Results of Data Collection and Analysis <i>Including actual level/s of achievement</i>	Actions <i>For program Development, or Maintenance, or Revision</i>
Criterion 1 (cont'd)						Total Minority 39%	
					<u>MS '98</u>	White N-Hispanic 80% African American 15% Hispanic 2% Other 3% Total Minority 20%	Re-examine MS student recruitment plan to identify factors leading to precipitous increase in '99 to 30% and '01 to 31% to incorporate additional strategies for maintaining the increasing percentage of culturally diverse MS student body.
					<u>MS '99</u>	White N-Hispanic 70% African American 16% Hispanic 3% Other 11% Total Minority 30%	
					<u>MS '00</u>	White N-Hispanic 78% African American 13% Hispanic 2% Other 7% Total Minority 22%	
					<u>MS '01</u>	White Hispanic 69% African American 17% Hispanic 2% Other 12% Total Minority 31%	
					Consensus of reviewers	Review of SON minutes including the Student Affairs Committee,	Continue to monitor and make indicated changes.
					Content analysis of minutes and reports reflecting commitment		

STANDARD I: Mission and Governance (continued)

PROCESS				IMPLEMENTATION				
Component	Where Documents/ Information is Found	Person Responsible	Frequency of Assessment	Assessment Methods	Degree of Reliability, Validity, Trustworthiness	Results of Data Collection and Analysis <i>Including actual level/s of achievement</i>	Actions <i>For program Development, Maintenance, or Revision</i>	
Criterion 1 (cont'd)	- Support of interdisciplinary education	UMB Mission and Strategic Plan; SON Mission and Strategic Plan; Other USM campuses, other UMB schools and SON Catalogs; course syllabi; course schedules; grants and contracts; continuing education offerings; brochures and announcements of interdisciplinary campus and SON activities	UMB President; VP for Academic Affairs, Faculty Senate; Deans; SON Academic Administrators; Curriculum Committee; Office of Research and Development; Office of Clinical Practice and Services; Director of Continuing Education; Faculty; SON Evaluator; UMB & SON Director of	Ongoing and annually	% faculty involved in interdisciplinary activities	<p>CEQ Item 17 – students % satisfied “collaborative relationships developed and maintained with other units of the University and others”</p> <p>Reliability-Item to total correlation for Item 17: BSN from .69 to .83 MS from .59 to .84</p> <p># of interdisciplinary courses offered last 3 years</p>	<p>Over 50% of faculty are involved in interdisciplinary education activities.</p> <p>CEO Item 17: BSN '98 88% BSN '99 87% BSN '00 86%</p> <p>MS '98 92% MS '99 93% MS '00 92%</p> <p>Accuracy verified by comparing course catalog with course schedules.</p>	<p>Increase dissemination of information regarding interdisciplinary activities.</p> <p>Increase focus on outcome evaluation research for interdisciplinary education</p> <p>Continue to seek external funding to support interdisciplinary education especially as it relates to use of technology and SON clinical</p>

STANDARD I: Mission and Governance (continued)

PROCESS				IMPLEMENTATION			
Component	Where Documents/ Information is found	Person Responsible	Frequency of Assessment	Assessment Methods	Degree of Reliability, Validity, Trustworthiness	Results of Data Collection and Analysis <i>Including actual levels of achievement</i>	Actions <i>For program Development, Maintenance, or Revision</i>
Criterion 1 (cont'd)		Communication		# of interdisciplinary programs		Managing for Results Report (June, 2000) Interdisciplinary programs pp. 12-13.	Continue to develop and foster interdisciplinary educational and collaborative practice sites.
- Programming for distance education	UMB Distance Education Council Minutes; USM Web-Based Initiative in Teaching; School of Nursing Web-based Course Committee Minutes; Electronic Reserves at HS/HSL Library; Institute for Teaching and Learning; Class	VP for Academic Affairs Office, Director of Professional & Distributive Studies, Acting Director of Distance Learning, Instructional Designer for Web-based courses; SON Academic Administrators, Site	Ongoing and annually	Review of minutes, reports and other documents reflecting support for interdisciplinary education	100% agreement among reviewers.	Managing for Results Report (June, 2000) Interdisciplinary collaborative activities pp. 1-4.	Continue to evaluate information technology and infrastructure and make changes necessary to improve efficient and effective use of distance education.

STANDARD I: Mission and Governance (continued)

PROCESS				IMPLEMENTATION				
Component	Where Documents/Information is found	Person Responsible	Frequency of Assessment	Assessment Methods	Degree of Reliability, Validity, Trustworthiness	Results of Data Collection and Analysis <i>Including actual level/s of achievement</i>	Actions <i>For program Development, Maintenance, or Revision</i>	
Criterion 1 (cont'd)	schedules; SON Distance education grants and contracts; Course schedules	Coordinators, Specialty/Course Coordinators Faculty, HS/HSL Library representatives, Director of Registration & Records	Faculty/Student access to technology, e-mail	Validation by product review.	100% faculty, students, and staff have access to e-mail. Validation by observation, computer labs, student listservs, records of email.	Survey of online courses (Fall 2000) Evaluation of online courses	Evaluation of what teaching strategies work best is ongoing. Based on results of analysis, teaching methodologies are adjusted for particular courses. More than 95% of respondents were happy with the technical support provided by web course administrator.	Faculty development sessions and individual work with faculty to ensure their courses.

STANDARD I: Mission and Governance (continued)

PROCESS				IMPLEMENTATION																				
Component	Where Documents/ Information is found	Person Responsible	Frequency of Assessment	Assessment Methods	Degree of Reliability, Validity, Trustworthiness	Results of Data Collection and Analysis <i>Including actual level/s of achievement</i>	Actions <i>For program Development, Maintenance, or Revision</i>																	
Criterion 1 (cont'd)						<p>13% were not ready to continue with the course given the technical and time requirements for the course.</p> <p># distance education courses</p> <table> <thead> <tr> <th colspan="2"><u>Schedule of Distance Education Courses:</u></th> </tr> <tr> <th>'99</th> <th>'00</th> </tr> </thead> <tbody> <tr> <td>37</td> <td>40</td> </tr> <tr> <td></td> <td></td> </tr> <tr> <th colspan="2"><u>Web based:</u></th> </tr> <tr> <th>'99</th> <th>'00</th> </tr> <tr> <td>0</td> <td>3</td> </tr> <tr> <td></td> <td></td> </tr> </tbody> </table> <p>Continue to monitor quality of distance education courses as quantity rapidly increases.</p> <p>Distance education courses increased 92% between '99 and '01 and 3 web-based courses were introduced for 1st time in 2000.</p>	<u>Schedule of Distance Education Courses:</u>		'99	'00	37	40			<u>Web based:</u>		'99	'00	0	3			<p>availability and familiarity with now to interact successfully with students in online courses.</p> <p>Additional technician employed.</p>	
<u>Schedule of Distance Education Courses:</u>																								
'99	'00																							
37	40																							
<u>Web based:</u>																								
'99	'00																							
0	3																							

STANDARD I: Mission and Governance (continued)

IMPLEMENTATION PROCESS					
Component	Where Documents/Information is found	Person Responsible	Frequency of Assessment	Assessment Methods	Degree of Reliability, Validity, Trustworthiness
Criterion 2: Faculty, administrators, students participate in governance	UMB Faculty Senate Minutes and Bylaws SON Bylaws	UMB President and Campus Administrators SON Dean and Administrative Council, Faculty Bylaws Committee	Ongoing and annually	Meeting and committee rosters % faculty participate in governance in each of last 3 yrs.	Reliability- 100% agreement among reviewers Validity- consensus of reviewers. 100% students have opportunity to participate in governing activities in any given year

STANDARD I: Mission and Governance (continued)

PROCESS						IMPLEMENTATION		
Component	Where Documents/Information is found	Person Responsible	Frequency of Assessment	Assessment Methods	Degree of Reliability, Validity, Trustworthiness	Results of Data Collection and Analysis Including actual level/s of achievement	Actions For program Development, Maintenance, or Revision	
Criterion 2 (cont'd)	Minutes SON Standing Committees USM Shared Governance Policy	Chair						
Criterion 3: Dean qualified nurse with authority and responsibility	Curriculum Vitae, Academic Transcript	UMB President, SON Associate Dean for Administrative Services	Annual review Every 5 years external review	Review of CV, transcripts, position description, press releases, and other accomplishments.	Personnel verification of accuracy of contents.	Dean has qualifications defined for position.		
	Position Description							
	Honors Received							
	Press releases and other materials recognizing accomplishment	SON Director of Communications						
Criterion 4: SON and UMB policies consistent	UMB Graduate School Handbook & Catalog	UMB Vice President for Student Services, Campus Administrators	Ongoing and comprehensive review every 2 years	Committee minutes monitored to identify needed revisions.	Faculty review and majority vote.	Ongoing review is evidenced by SON Faculty Assembly, minutes, and end-of-year reports.	Continue to monitor and make necessary revisions.	
	SON Faculty and Student	SON Assistant Dean for						
			Comparative evaluation using content analysis	Reliability- 100%	100% correspondence between UMB and SON			

STANDARD I: Mission and Governance (continued)

PROCESS				IMPLEMENTATION			
Component	Where Documents/ Information is found	Person Responsible	Frequency of Assessment	Assessment Methods	Degree of Reliability, Validity, Trustworthiness	Results of Data Collection and Analysis Including actual level/s of achievement	Actions For program Development, Maintenance, or Revision
Criterion 4 (cont'd)	Handbooks & Catalog SON Faculty Assembly and Standing Committee Minutes - Non-discrimination	Student Affairs Faculty Assembly Secretary, Committee Chairs USM Policies SON Bylaws UMB Policies	to examine correspondence between policy components UMB and SON	consistency between components Validity- Content by faculty a priori faculty input into development.	Document and Bylaws review; comparison with peer institutions	Bylaws Revised	Development of SON faculty enhancement policy.
	- Faculty appointment - Academic rank Grievance Procedures	Shared: Dean & Faculty, UMB administrators (President and Vice Presidents USM Policies UMB Policies SON APT Criteria USM Policy, UMB Policy, SON Bylaws	At least yearly in School of Nursing Board of Regents, Chancellor, President, Dean, APT Committee, Faculty	Annually and comprehensive every 2 years Ongoing and annually	Document and Bylaws review; comparison between UMB and SON for consistency.	Faculty Council Board of Regents, Chancellor, President,	Elaboration and refinement of grievance procedure. APT Committee minutes; external review for senior ranks.
Promotion		USM Policy, UMB Policy, SON APT Criteria					Revision of APT criteria (1998)

STANDARD I: Mission and Governance (continued)

IMPLEMENTATION					
Component	Where Documents/Information is found	Person Responsible	Frequency of Assessment	Assessment Methods	Degree of Reliability, Validity, Trustworthiness
Criterion 4 (cont'd)	Salary and Benefits	Dean, APT Committee, Faculty	Ongoing and annually	Document review; comparison with SON peer institutions and AACN data for all public schools with doctoral programs.	USM identified 85 th percentile as goal for faculty salary attainment and budget has provided recruitment and retention funds over the past three years.

STANDARD I: Mission and Governance (continued)

Component	Where Documents/ Information is found	PROCESS			IMPLEMENTATION		
		Person Responsible	Frequency of Assessment	Assessment Methods	Degree of Reliability, Validity, Trustworthiness	Results of Data Collection and Analysis Including actual level/s of achievement	Actions For program Development, Maintenance, or Revision
Criterion 4 (cont'd) Tenure	USM Policy, UMB Policy, SON APT Criteria	Board of Regents, Chancellor, President, Dean, APR Committee, Faculty	Ongoing and annually	Document and Bylaws review; comparison between UMB and SON for consistency.	Number of SON tenure and promotion applications received and granted	⁹⁸ <u>2</u> received, 1 approved ⁹⁹ <u>3</u> received, 3 approved ⁹⁰ <u>2</u> received, 2 approved	Consistent in all cases.
Rights and Responsibilities	USM Policies, UMB Policies, SON Faculty and Student Handbooks	Board of Regents, Chancellor, President, Dean, Faculty		Document and Bylaws review; comparison between USM, UMB, SON for consistency.		Consistent in all cases.	
Termination	USM Policy, UMB Policy	Board of Regents, Chancellor, President, Dean, Faculty Senate		Document and Bylaws review; comparison between USM, UMB, SON for consistency.		Consistent in all cases.	
Accessibility of faculty policies	USM, UMB Website, Faculty Handbook, SON Bylaws	Board of Regents, Chancellor, President, Dean, Faculty Council, Faculty		Document and Bylaws review; comparison between USM, UMB, SON for consistency.		Consistent in all cases.	



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Maryland's Alliance for Graduate Education and the Professoriate



GRADUATE COUNCIL GRIEVANCE COMMITTEE GUIDELINES

Appeal of Academic Dismissal and Academic Misconduct

PROCESS

This is a formal hearing for academic cases that have not been resolved at the department level. Following the hearing, which takes place as set forth under "FORMAT," below, the Graduate Council Grievance Committee (GCGC) will deliberate in closed session and will recommend a decision and action to the Associate Dean of the Graduate School. The hearing is chaired by a member of the GCGC. The committee is staffed by the non-voting Administrative Assistant of the Associate Dean of the Graduate School who will record the hearing for archival purposes only.

FORMAT

- a. Chair's introduction, summary of issues and process overview.
- b. Department representative's presentation of issues (15 minutes maximum).
- c. Student presentation of issues (15 minutes maximum).
- d. Optional: Presentation by witnesses (limited to three per side and a maximum of 15 minutes per side).
- e. Questions by committee members.
- f. All presenters and witnesses are excused.
- g. Deliberations by committee members.
- h. Written recommendation to the Associate Dean or Dean of the Graduate School [within 15 calendar days, unless extended by the Associate Dean or Dean of the Graduate School, with notice of the extension given to all parties (the grievant(s) and the department) in writing].

PREPARATION

All materials that the grievance committee are to review must be submitted to the Graduate School at least two weeks (14 days) in advance of the hearing, at which time such materials will be distributed to all parties to the grievance and to the members of the GCGC. Thereafter, to the extent that any of the parties wish to have additional materials considered by members of the committee, such materials must be received by the Graduate School no later than one week (seven days) in advance of the scheduled date of the hearing, at which time all such additional written materials will be distributed to the parties as well as to the members of the GCGC. The Graduate School will pay for reasonable reproduction costs, but the cost of reproducing voluminous packets, i.e., those exceeding 50 pages, will be charged to the submitting party (the student or the department).

The proceedings will be recorded for archival purposes only.

If witnesses are to be called by either side, their names must be received by the Graduate School, in writing, at least one week (seven days) in advance of the hearing.

Presentation of the issues should be concise and relevant. Obviously, the case is complex or it would not have reached this stage. The points of dispute or ambiguity may be summarized or illustrated by anecdote. Experience suggests that the best approach is to minimize formalized presentations and allow the committee members maximum time for questions.

ATTORNEYS

An attorney is neither necessary nor recommended. The GCGC described herein operates as part of an academic hearing, not a judicial proceeding. However, if the student elects to have counsel present, the University's attorney must also be afforded an opportunity to attend. Accordingly, the student must notify the Graduate School, in writing, at least two weeks (14

days) prior to the hearing if he/she intends to use an attorney. Once a lawyer has contacted the Graduate School on behalf of a student, all contact, both written and oral, must be with approval of the Office of General Counsel.

The lawyer(s)' presence at the hearing does not change the proceedings. The lawyer(s) will not be able to examine witnesses, ask questions or otherwise take part in the proceedings, except in an unobtrusive manner, in an advisory capacity to their clients.

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Student Academic Misconduct

This document sets out the basic University of Maryland Graduate School, Baltimore policy and procedures for dealing with the various forms of student academic misconduct primarily in course work. Such misconduct involves significant breaches of integrity which may take numerous forms such as, but not limited to, those listed below:

- Fabrication: The intentional and unauthorized generation or altering of data, information, citation, or result in an academic exercise.
- Falsification: The intentional and unauthorized altering of any information, citation, or result in an academic exercise.
- Plagiarism: The intentional or knowing representation of the words, ideas, or work of others as one's own in an academic exercise. The appropriation of the language, ideas, or thoughts of another and representation of them as one's own original work.
- Cheating: The intentional or attempted use of unauthorized material in an academic exercise.
- Improprieties of Authorship: Improper assignment of credit or misrepresentation of material as original without proper referencing of the original authors.
- Facilitating Academic Dishonesty: The intentional or knowing assistance or attempted assistance of another student to commit an act of academic misconduct.

Student misconduct in research and scholarly work falls under the purview of the University of Maryland Baltimore County document, "Policy and Procedures Concerning Misconduct in Scientific Work," or the University of Maryland Baltimore document, "Policy and Procedures Concerning Misconduct in Scholarly Work."

All graduate students of the UMGSB are subject to the standards of academic integrity required by the UMGSB and to the possible penalties for academic misconduct in course work. Students must also observe any additional standards announced by faculty members for particular courses.

Each faculty member is responsible for maintaining academic integrity in his or her courses and has the authority, using proper procedures and reasonable judgment, to determine whether a student has engaged in academic misconduct. The faculty member must decide whether the misconduct involves a less-serious infraction susceptible to resolution by informal methods or a more-serious infraction requiring severe and stigmatizing penalty, such as suspension or expulsion. Once the faculty member has made an initial determination of academic misconduct, he or she shall initiate the process explained below. The faculty member should make initial determination of academic misconduct within two weeks of the infraction, if possible, and the entire process should be completed within 90 days, if feasible.

I. Less-Serious Infractions

Examples of infractions that can be considered less serious are:

- minor instances of plagiarism or cheating on examinations or papers required for a course
- minor fabrication or falsification of data for a laboratory report for a course
- facilitating academic dishonesty by students in an academic exercise

After identifying academic misconduct and providing written notification and obtaining written authorization from the Associate Dean or the Dean's Designee, the faculty member has authority to resolve less serious cases of academic misconduct by means of informal methods such as warning, counseling, additional assignments, or grading. A typical penalty that has been exacted has been to assign a zero grade for the exercise and to compute the course grade including the zero grade for the exercise. The student may be reprimanded by the instructors, and the Graduate School can send letters of reprimand with the threat of dismissal.



should there be further occurrence. Such informal methods shall not be considered to be severe or stigmatizing. Confidential records of authorized informal actions shall be kept by the Associate Dean or the Dean's Designee for use of the Graduate Council Grievance Committee*. The GCGC may release only general statistical summaries of such information and may not release identifying information.

Having made an initial determination of academic misconduct involving a less serious infraction and having consulted the Associate Dean or the Dean's Designee for authorization, the faculty member shall observe certain rights of the student: the faculty member shall notify the student in writing within five days, if feasible, of the initial determination of academic misconduct and shall provide the student an opportunity within five days of notification to give explanation. Should the student fail to offer an explanation within the time frame, seek an extension for a good faith reason, or make a written request to the Associate Dean or the Dean's Designee for a full hearing before the GCGC, the informal action shall become final.

The faculty member's informal action shall be final and conclusive and not subject to appeal within the University System of Maryland on grounds related to academic misconduct.

II. More-Serious Infractions

Infractions that can be considered as more serious include:

- major instances of plagiarism or cheating on examinations or papers for a course
- fabrication or falsification of data for publication, thesis, or dissertation
- a pattern of, or repeated occurrences of, less-serious infractions

Having made a final determination of more-serious academic misconduct, the faculty member shall notify the student in writing within five days, if feasible. The student shall have an opportunity within 10 days to respond and give an explanation to the faculty member before the determination of more serious academic misconduct can be made final by the faculty member.

After making an initial determination of an instance of more-serious academic misconduct requiring severe and stigmatizing penalty, the faculty member shall within five days send a letter to the Associate Dean or the Dean's Designee. The faculty member's letter shall describe the academic misconduct and recommending suspension, probation, expulsion, or other action commensurate with the seriousness and circumstances of the misconduct. The faculty member shall send a copy of the letter to the student, to the graduate program director, and to the department chair. The Associate Dean or the Dean's Designee will notify the registrar, if appropriate, to prevent the student from dropping the course, thereby evading a penalty. The letter to the student shall include a copy of this policy. The faculty member shall also make reasonable efforts to preserve any evidence that might be needed by the GCGC in the event of an appeal by the student.

III. Appeals and Hearings

When the faculty member has filed with the Associate Dean or the Dean's Designee a letter establishing academic misconduct requiring severe or stigmatizing penalty, the student shall have the right to a hearing before the GCGC. The student must file a written request for a hearing with the Associate Dean or the Dean's Designee within 10 days of notification. When a student requests a hearing in a case involving severe or stigmatizing penalty, the UMGSB administration shall provide facilities and personnel requested by the chair of the GCGC for the purpose of providing due process. If the faculty member recommends suspension or expulsion, the GCGC shall (unless the student waives the right to a hearing) automatically conduct a hearing to determine if there is enough evidence of misconduct, or history of misconduct, to justify suspension or expulsion.

Upon its notification of a hearing request, the Dean of the Graduate School will appoint a three-person committee from among members of the GCGC. The GCGC should conduct an investigation, gather evidence, and interview witnesses to determine the facts. The investigation shall include a statement from the faculty member, describing the situation and action, a statement from the student including reason for the hearing request, and all statements by witnesses. The Associate Dean or the Dean's Designee shall circulate the statements to GCGC members, noting that confidential items must be kept in a secure location. The GCGC shall also obtain any additional information requested by the faculty member, the student, or the committee members. If requested by the chair of the GCGC, the Associate Dean or the Dean's Designee shall provide the GCGC the record of academic misconduct of any student requesting a hearing. The GCGC should, if necessary, hold a pre-hearing meeting of committee members to discuss the investigation. Copies of all items of evidence should be sent to the faculty member and the student or, if the evidence cannot be copied, the Associate Dean or the Dean's Designee should arrange for the evidence to be inspected by these parties at a convenient time.

The GCGC shall then schedule a hearing, conducted by the chair of the GCGC, allowing sufficient time, including continuations if necessary, for the committee to be satisfied that further inquiry would turn up no new material. If feasible, the hearing should be scheduled within 30 days of the GCGC's notice of a hearing request. At least three members of the GCGC must attend a hearing to form a quorum. Hearings will be held in closed session and will be tape recorded. Accidental erasure of the tapes, failure of the recording equipment, or poor quality of the recording will not be grounds for appeal. The faculty member and the student shall attend the hearing. Witnesses may be present at the hearing only during their own testimonies except with the permission of both the student and the chair of the GCGC. Legal counsel for the student or the university may be present at the hearing in an advisory role. Legal counsel shall not function as an advocate. The student shall have the right to state his or her case, to offer explanations and interpretations of each item of evidence and testimony, and to ask questions of the faculty member and witnesses. The faculty member may offer interpretations of the evidence and testimony and ask questions as necessary. Each committee member may ask questions. The proceedings of the hearing are to be confidential and are not to be discussed outside the hearing.

Those members of the GCGC who were present throughout the hearing shall discuss the case in closed session as soon as possible after the conclusion of the hearing. They then vote whether to uphold the faculty member's initial determination of academic misconduct. When a faculty member's recommendation of suspension or expulsion is involved, the GCGC also votes whether to uphold the recommendation. No votes in absentia shall be counted.

The GCGC shall send its findings and recommendations in writing to the Associate Dean or the Dean's Designee within 10 days of the hearing, if possible. (A dissenting opinion may be submitted and filed by any GCGC member.) The Associate Dean or the Dean's Designee will act upon the recommendations of the report and notify the student, the faculty member, and other necessary parties of the results of the determination. If the GCGC determines that the faculty member acted improperly or mistakenly in his or her initial determination of more serious academic misconduct, it may recommend that the Associate Dean or the Dean's Designee expunge the notice of academic misconduct or attach a letter of explanation to the notice. The GCGC may, in its report to the Associate Dean or the Dean's Designee, include other penalties. While the GCGC may not impose grade alterations based on the content of the student's work, it has the authority to uphold the grade sanctions recommended by the faculty member if the student is found to have engaged in academic misconduct. The Associate Dean or the Dean's Designee's notification letter shall direct the student to the Dean of the Graduate School should he or she want to appeal the decision. The GCGC shall also send the Dean of the Graduate School the various documents and records used as evidence in the case.

The student has the right to appeal to the Dean of the Graduate School. The appeal must be in writing and must be filed within 10 days of receiving the GCGC report. The Dean will review the GCGC report and may uphold the decision, reverse the decision, modify the decision or penalties, or refer the case back to the GCGC. In any case, the decision of the Dean of the Graduate School is final.

The Dean of the Graduate School shall maintain a confidential file of academic misconduct communications which shall constitute the student's record of academic conduct. The Dean of the Graduate School may place appropriate notations on the student's transcript and provide the academic misconduct record of any student to outside institutions making inquiry appropriate under the federal Buckley Amendment laws.

*The GCGC is composed of three graduate faculty members from each campus, University of Maryland Baltimore and University of Maryland Baltimore County. GCGC members may be members of the Graduate Council and are appointed by the respective deans of the Graduate School to a term of two years. The initial appointment of one year for two members assures continuity of membership on the committee. Monthly meeting times will be set for the GCGC and any grievances that are filed will be heard at these times. Additional meeting times may be scheduled as needed. When a grievance is filed, all parties of the grievance and the members of the GCGC will be asked if there would be a conflict of interest with members of the committee or with any party filing the grievance. The Dean of the Graduate School will select three members of the GCGC who have no conflict of interest with any party affected by the grievance to serve on a panel to hear the case. Two members of the panel will be from the campus of the person filing the grievance. A panel may be augmented by two Graduate Student Association members of the Graduate Council (or other selected students) for the deliberation of academic misconduct grievances. The GCGC panel will serve as an informal fact-finding body, taking written statements from all participants and interviewing witnesses. The investigation may take the form of a hearing in which statements from all participants may be reviewed and the participants questioned. Legal counsel may be present at the hearing in an advisory role, but shall not function as an advocate. Every consideration will be taken to insure the confidentiality of witnesses. The GCGC panel will deliberate in closed session and make its recommendations to the Associate Dean or the Dean's Designee. Original

documents of the proceedings and records of the hearing will also be submitted to the Associate Dean or the Dean's Designee.

(Approved and adopted by the Graduate Council, September 1993; revised July 23, 1998; revised Nov. 25, 2002.)

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UNIVERSITY OF MARYLAND

SCHOOL OF NURSING

Nurse Anesthesia Program

Clinical Probation Contract for
Annette Jubb
September 18, 2006

This clinical probation contract is written for Annette Jubb. Ms. Jubb has received several "below expectations" daily evaluations and is not progressing at a level for her to successfully complete this clinical semester. Students are placed on clinical probation for having documented difficulty in their clinical knowledge, skills or ability. Probation is designed to assist the student overcome their weaknesses and evaluate her clinical performance. This probation period will take place in the operating room at Johns Hopkins Bayview Hospital. This contract will be in force for the period of Monday, September 18, 2006 through Friday October 27, 2006.

Tim Smith, CRNA and Henry Boffen, CRNA are assigned as clinical preceptors to assist Ms. Jubb during this period of probation. These preceptors should work with Ms. Jubb the majority of her OR days during the probation period. Preceptors shall complete clinical evaluations daily on Ms. Jubb's clinical performance and note progress toward meeting the below objectives.

Ms. Jubb will meet weekly with the Director of clinical education to review the daily evaluations and discuss her clinical progress. All counseling sessions will be documented.

The Director of clinical education will maintain frequent contact with the assigned clinical preceptors and discuss Ms. Jubb's progress.

Clinical attendance is mandatory and no time may be taken off from clinical during the probation period.

The following criteria and objectives outline the areas of concern for Ms. Jubb. They are designed to facilitate evaluation of her clinical performance during the probation period. Ms. Jubb needs to work on general organization, basic airway skills, fluid management and record keeping.

Specifically she shall:

1. Synthesize an appropriate anesthesia management plan. Consisting of (but not limited to) demonstration of physical assessment skills, creating and implementing a fluid management plan including estimation of blood volume and allowable blood loss, fluid replacement for existing deficits and anticipated intraoperative loss, and selection of appropriate maintenance fluid.
2. Determine and apply appropriate monitors for all given cases including but not limited to routine monitors such as EKG, BPC, pulse oximeter and neuromuscular blockade. Assess complex patients and determine need and use of advanced monitoring techniques such as A-line and CVP.
3. Demonstrates and applies universal precaution techniques including the ability to maintain proper infection control while performing intravenous cannulation, intubation and other routine anesthesia techniques.
4. Maintain proper ventilation of the lungs during anesthesia (induction, maintenance and emergence). This is to include the assessment of breath sounds, oxygen saturation, and end-tidal CO₂ levels. Ms. Jubb shall demonstrate knowledge of the normal and abnormal wave-form of the end-tidal CO₂.
5. Demonstrate the ability to properly insert an oral or nasal airway and intubate the trachea. Ms. Jubb should be able to intubate 90% of patients with Mallampati score of 1 to 2 (9 out of 10) without assistance. In addition, she should recognize potentially difficult airway patients and prepare an appropriate plan.
6. State the concentration (mg/ml) and dosage (mg/kg) of the intravenous drugs used to administer anesthesia. This includes induction agents, opioids, sedatives, muscle relaxants and reversal drugs.
7. Maintain an accurate, neat, and **legible** anesthetic record. Including but not limited to preop, intraop and postop notes.
8. Transfer, with appropriate vigilance, the patient to the Post Anesthesia Care Unit (PACU). Provide PACU personnel with an accurate and comprehensive report concerning the operative procedure and current patient status.

Per the NAP's clinical guidelines:

"Criteria for release from probation status will be identified. The student must meet all criteria to be removed from probation. If the student has successfully met the established criteria, he/she will be removed from probation. If a student fails to meet the established criteria, a recommendation will be made to the graduate school for dismissal."

Program Director

Date

Student

Date



UNIVERSITY OF MARYLAND
SCHOOL OF NURSING

Nurse Anesthesia Program
Employer Evaluation of Graduates

Please evaluate the abilities and practice of the following individual. This information is kept confidential and utilized only for program improvement. Comments are very helpful and may be written on the back of this form.

Name: _____

Date: _____

Facility Name	Criteria	Outstanding	Satisfactory	Unsatisfactory	NA
	1. Knowledge and application of:				
	a. the pharmacology of anesthetic drugs				
	b. the principles of physiology and pathophysiology				
	2. Use of a variety of anesthetic techniques				
	3. Completion of preoperative examinations				
	4. Use of appropriate clinical judgment to formulate sound anesthetic plans				
	5. Knowledge and clinical management of:				
	a. pediatrics				
	b. obstetrics				
	c. shock and trauma				
	d. airway/ventilatory care				
	e. ASA 3/4 patients				
	6. Knowledge and performance of regional anesthesia				
	7. Skill in use and knowledge of the anesthesia machine				
	8. Ability to read and critically evaluate anesthesia literature				
	9. Attitude and adaptability				
	10. Interest in teaching				
	11. Acceptance of responsibility				
	12. Ability to function as a valuable member of the anesthesia team				
	13. Self confidence				
	14. Ability to function as an independent practitioner				

15. Are there any strengths or weaknesses of this practitioner that you care to comment on?

16. Is there anything that we could change in the educational process to make this practitioner more useful or better prepared?



UNIVERSITY OF MARYLAND
SCHOOL OF NURSING

**Nurse Anesthesia Program
Graduate Self-Evaluation**

Use the following scale to evaluate the education you received in the University of Maryland Nurse Anesthesia Program. This information is kept confidential and utilized only for program quality improvement. Comments are very helpful and may be written on the back of the form.

Name: _____ Date: _____
Facility: _____

		Strongly Agree	Agree	Disagree	Strongly Disagree	NA
1.	I use appropriate clinical judgment to formulate sound anesthetic plans.					
2.	I am comfortable performing preanesthetic assessments.					
3.	I am able to provide safe, competent anesthesia care for					
a.	pediatrics					
b.	obstetrics					
c.	shock/trauma					
4.	ASA 3/4 patients					
5.	I have an in-depth knowledge of the pharmacology of anesthetic drugs.					
6.	I have a strong background in the principles of physiology and pathophysiology.					
7.	I employ a variety of anesthetic techniques.					
8.	I am adept at regional anesthetics.					
9.	I am able to function as a resource person for airway and ventilation management.					
10.	I am able to read and critically evaluate anesthesia literature.					
11.	I am interested in teaching.					
12.	I am skilled in the use and knowledge of the anesthesia machine.					
13.	I am a valuable member of the anesthesia team.					
14.	I accept responsibility for my practice and my position in the anesthesia department					
15.	I feel I practice as an independent practitioner.					

1. Do you enjoy your work as a nurse anesthetist?
2. Knowing what you know now, would you still make the decision to become a nurse anesthetist? Please explain why.
3. If you could improve the UMB NAP educational process, what changes would you make?
4. How could your clinical education be improved?