

MARYLAND BOARD OF NURSING
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BALTIMORE, MD 21215
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2008 Annual Report for
Maryland Board of Nursing
Approved and Accredited Nursing Programs

PURPOSES: This Report is in compliance with COMAR 10.27.03,
To provide a mechanism to monitor components essential to the maintenance of a quality
educational program; and
To facilitate the generation and reporting of trended aggregate data concerning nursing
education.

- DIRECTIONS:**
- ▶ Use available date for the **2006-2007 academic year** for this Annual Report, *unless* otherwise indicated.
 - ▶ Include the most recent school catalogue and/or bulletin.
 - ▶ Attach your Interim Report, if due this year (Board approved only programs).
 - ▶ NLNAC and CCNE accredited programs must attach a copy of the latest Annual Report, and a copy of all correspondence not already forwarded.
 - ▶ NLNAC (“N”) and AACN/CCNE (“C”) duplicate items are marked **N** or **C**. Accredited programs do not need to respond to the identified duplicate items.
 - ▶ Schools with both RN and PN programs must submit separate forms for each.
 - ▶ Return **by July 7, 2008 to Director of Education, Research, and Examination.**

Indicate the type of Nursing Program for this Report. You must do a separate Report for each:
Master’s entry **BSN** **RN to BSN** **ADN** **PN Certificate** **Other:**

Contact Information:

Name of Parent Institution: University of Maryland, School of Nursing

Name of Dean/Administrator of Nursing Program, with credentials:

Janet Allan, PhD, RN, CS, FAAN

Title: Dean & Professor

E-mail address: allan@son.umaryland.edu

Phone: 410-706-6740 Fax: 410-706-4231

Nursing Program Website: www.nursing.umaryland.edu

Mailing address: 655 West Lombard Street Room 505
Baltimore, MD 21201

I am attaching **NLNAC Annual Report** **AACN Summary Annual Report**

Comments and suggestions for this Report are welcome. Please attach them to the end of your Annual Report.

ADMINISTRATION:

Using a "x", indicate whether you have made any of the following substantive changes during the 2006-2007 academic year. For all "yes" responses, attach an explanation or description (includes NLNAC).

- | | Yes | No |
|---|-------------------------------------|-------------------------------------|
| 1. N Change in mission or objectives | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 2. N Implementation of distance education | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 3. N Significant change in length of program or fees | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 4. N Any charge of fraud and abuse, or any adverse action following an audit | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 5. N Establishment of a branch campus | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 6. Adverse action by The Middle States Association of Colleges and Schools | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 7. Change in credentials of the Dean or Program Administrator | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 8. Change in responsibilities of the Dean or Program Administrator | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 9. N Change in method or academic measure or number of clock credit hours | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 10. N Addition of courses or programs different in content or method of delivery | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 11. Change in program's resources/facilities | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 12. Change in status with NLNAC or CCNE | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 13. Program closing | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 14. Change in clinical facilities or agencies used (attach list) | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 15. Does the school catalog, submitted with this Report, include policies pertaining to safeguarding the health and well-being of the students?
If yes, on which page(s): pages 18-23 undergrad student handbook | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 16. Did your program have selective admission of students in Fall 2006? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

OUTCOMES:

1. Which outcomes did your program include in your plan for program evaluation for 2006-2007?
 - Graduation rate
 - NCLEX pass rate
 - Graduate satisfaction
 - Employer satisfaction
 - Scholarship
 - Public service
 - Other:
 - Other:

2. N What is your graduate job placement rate (percentage) during the 2006-2007 academic year?
(Employment in nursing within 6-9 months after graduation) 93%

3. Will you require satisfactory performance on a standardized exam before certifying a student to take the NCLEX?
Yes No
If yes, which exam? Pre-RN Assessment
When in the program? Upon completion To progress in a course
Identify course or courses: NURS 487 (about 6 weeks before graduation)

4. Total number of complaints about the program 2006-2007. Attach **description** of complaints:
0

5. N Significant change in enrollment in the program (>20%) in 2006-2007:
Increase Decrease No significant change
If significant change, attach an explanation or description.

PROGRAM OPERATIONS:

1. **Total number** of students **enrolled** in one or more clinical **nursing** courses in this program (if a student is enrolled in two or more nursing courses simultaneously, count that student only once) on **October 15, 2007**:

NA

RN only: How many in "junior" year?

All programs: How many in final or "senior" year?

Accelerated RN?

Accelerated 2nd degree?

RN to BSN?

- **Associate Degree "1+1" programs:** PN enrollment is only those students who have announced the intention to complete the PN Certificate requirements in your program. *For PN enrollment in 1+1 programs only*, how many PN students are also counted in your RN program enrollment above? NA
- **All Programs:** *If your program has pre-clinical (pre-junior year) nursing courses*, total number of additional students (not counted above) enrolled in one or more of these nursing courses on **October 15, 2007**:

2. Tuition for in-state students (2007-2008):

What is the cost of tuition (exclusive of fees) per semester/quarter for the full time student? \$3,445.00
(Give average if the cost varied in different semesters/quarters)

What is the cost per credit for the part-time student? \$301.00

3. Fees for in-state students (2007-2008):

What are the total fees (exclusive of tuition, room and board) per semester/quarter for the full-time student?
\$1462.50 (Give average if the cost varied in different semesters/quarters).

4. Indicate the type of program delivery cycle: Semesters Quarters Other

Add frequency of student admissions: Fall Spring Summer

5. What was the 2006-2007 total operating budget for your nursing program? 29 million
6. What was the 2006-2007 total budget for instructional salaries in your nursing program? 11.8 million
7. Attach the following information for all program faculty and clinical instructors (hereinafter "CI") teaching now, Spring 2008, in this nursing program (see COMAR 10.27.03.08).

Faculty Name

Maryland License Number and Expiration Date

Date of Appointment

Full or Part Time %FTE

Highest Nursing Degree or Other Degree

Responsibilities (Theory, Clinical Only, Skills Lab, etc.)

8. How does your program define and calculate Faculty FTEs (Full Time Equivalent)?

1 FTE=40 hours

9. Faculty as of October 15, 2007:

a. N Provide the following numbers for *all* persons teaching nursing in this program:

	<u>Number of Individuals</u>	<u>Equivalents (Total FTEs)</u>
Nursing faculty with doctoral degree who are:		
full-time	57	
part-time	5	
Total number	62	
Nursing faculty with MSN who are:		
full-time	33	
part-time	8	
Total number	41	
Nursing faculty/CIs with BSN who are:		
full-time	0	
part-time	0	
Total number		

Number of faculty/CIs enrolled in a graduate nursing program: 0

b. Number of faculty who retired* in academic year 2006-2007: 3

Number of additional faculty you expect to retire by summer 2009: 10

*Retire=leaving your institution for reasons related to (1) Age or (2) Leaving the profession of nursing education.

c. N How many preceptors are used on average per semester/quarter in the delivery of your nursing program?
523

d. N When are preceptors used? Last course Multiple courses

e. How many vacant faculty positions did your program have in 2006-2007? 8

f. How many vacant faculty positions did your program have in Fall 2007? 8

g. How many faculty positions did your program advertise in 2006-2007? 8

10. **Describe** the limitations on the **capacity** of your program during the *current* academic year (2007-2008) below:

a. Faculty recruitment. Specify areas of expertise and/or primary barriers:
Difficulty finding qualified clinical instructors

b. Availability of clinical placements. Specify area(s) of shortage:
Pediatrics
OB

c. Other. Describe (e.g. institutional capacity, demand, student recruitment, etc.):
Budget limitations

d. What single change or additional resource, in your opinion, would most enhance your nursing program?
Increased state funding of higher education specific to nursing

11. C Provide the following information for the identified time periods; Count only applicants to enter nursing courses in this program, not re-requisite courses. "Qualified" must be a new applicant to the nursing program whose application was complete and reviewed for admission to nursing courses.

Academic Year/Session for Indicated Program	Program Capacity (new students only)	Number of qualified applicants	Qualified but not admitted	Admitted who registered
Fall 2007	146	281	138	142
2006-2007	236	422	80	333

12. C Enter the number of **generic (basic, entry-level)** nursing program students for each category. Definitions are below. **Do not enter percentages.** Reports with percentages will be returned as incomplete.

FOR U.S. RESIDENTS ONLY	Fall 2007	8/1/2006-7/31/2007
	TOT/ADM/GRAD	TOT/ADM/GRAD
American Indian/Alaskan Native	2/1/0	2/0/1
Asian, Hawaiian or Pacific Islander	61/29/11	56/21/21
Black, African American	119/32/22	142/58/50
Other Black (Dominican, Ethiopian, etc.)	0/0/0	0/0/0
Hispanic/Latino	18/7/2	21/9/9
White, non Hispanic	231/59/49	292/126/111
Unknown or Multiple Category	13/7/2	13/4/7
NON-U.S. Residents	27/7/4	28/17/4
FOR ALL STUDENTS:		
Male	59/14/7	83/12/27
Average Age (Mean) in years	28/28/29	29/28/29

TOT = number of enrolled nursing student taking one or more nursing courses.

ADM = number of new students admitted to the clinical nursing program. Do not include students with nursing as a declared major but not yet admitted and enrolled in the nursing program.

GRAD = number of nursing students who graduated.

13. C Enter the number of **accelerated 2nd degree** nursing program students for each category. Definitions are on the preceding page. **Do not enter percentages.** Reports with percentages will be returned as incomplete.

FOR U.S. RESIDENTS ONLY	Fall 2007	8/1/2006-7/31/2007
	TOT/ADM/GRAD	TOT/ADM/GRAD
American Indian/Alaskan Native	/ /	/ /
Asian, Hawaiian or Pacific Islander	13/1/5	45/9/3
Black, African American	30/10/8	80/19/10
Other Black (Dominican, Ethiopian, etc.)	/ /	/ /
Hispanic/Latino	2/1/1	6/1/2
White, non Hispanic	75/33/23	210/39/60
Unknown or Multiple Category	6/0/3	16/5/0
NON-U.S. Residents	3/2/0	6/0/4
FOR ALL STUDENTS:		
Male	22/7/3	50/15/8
Average Age (Mean) in years	30/30/30	30.8/31/30

14. C Enter the number of **RN to BSN** nursing program students for each category. Definitions are above.
Do not enter percentages. Reports with percentages will be returned as incomplete.

FOR U.S. RESIDENTS ONLY	Fall 2007	8/1/2006-7/31/2007
	TOT/ADM/GRAD	TOT/ADM/GRAD
American Indian/Alaskan Native	0/0/0	2/0/1
Asian, Hawaiian or Pacific Islander	10/4/5	10/9/4
Black, African American	64/20/9	97/48/32
Other Black (Dominican, Ethiopian, etc.)	0/0/0	0/0/0
Hispanic/Latino	2/0/1	3/2/1
White, non Hispanic	76/31/7	102/45/27
Unknown or Multiple Category	3/1/1	6/5/2
NON-U.S. Residents	17/7/1	20/21/4
FOR ALL STUDENTS:		
Male	17/7/1	20/12/4
Average Age (Mean) in years	36/34/35	38/37/36

15. Enter the number of nursing program faculty and clinical instructors in 2006-2007 academic year for each category. Enter each individual once in each appropriate category (race, gender, part-time mean age). **Do not enter percentages.** Reports with percentages will be returned as incomplete.

	Faculty	Clinical Instructors
American Indian/Alaskan Native		
Asian, Hawaiian or Pacific Islander	1	
Black, African American	8	
Other Black (Dominican, Ethiopian, etc.)		
Hispanic/Latino	1	
White, non Hispanic	96	
Unknown or Multiple Category	1	
Male	9	
Part-time	13	
Average age (Mean) in years	52.10	

16. What is the total number of students who graduated from this nursing program in 2006-2007? 273
17. What is the total number of the above students who had financial aid? 353
18. What is the percentage of 2006-2007 graduates who completed the program within two years after admission to the first nursing clinical course? not available%
19. What is the percentage of 2005-2006 entering "juniors" who graduated in 2006-2007? not available%

REMEMBER TO INCLUDE WITH THIS REPORT

- Your most recent school catalog and/or bulletin.
- List of faculty and list of clinical agencies.
- If applicable*, the copy of your latest **NLNAC** or **CCNE annual report**, and
- All correspondence** related to accreditation with NLNAC and/or CCNE not yet submitted to the Board.
- Your **Interim Report** to the Board for program approval, if due this year.
- All other indicated attachments.
- Any suggestions for improvement.