

NLNAC

National League for Nursing Accrediting Commission

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**NLNAC 2001 Annual Report
for
Post Secondary and Higher Degree Programs in Nursing**

Master's and Baccalaureate

(Required to be completed by all Accredited Programs)

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School of Nursing
655 West Lombard Street
Baltimore, MD 21201-1579
X445

Please use the following to make corrections/additions to the mailing information presented above.

Name of Parent Institution: University of Maryland, Baltimore

Name of Nursing Program (department/college/division): School of Nursing

Address: 655 W. Lombard Street Baltimore MD 21201
city state zip

Nursing Unit Administrator: *(name and credentials)* Barbara R. Heller, EdD, RN, FAAN

(title) Dean and Professor

(e-mail) heller@son.umaryland.edu

Nursing Unit Phone Number: (410) 706-6741 Fax: (410) 706-4231

Nursing Unit Web Site: www.nursing.umaryland.edu

PURPOSES: 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: Please return completed form by February 28, 2001 to Annie Tiu, Administrative Assistant

Section I. Monitoring

1. Using a , indicate whether you have made any of the following *substantive changes* during the 1999-2000 academic year* [see Accreditation Manual, (2001) page 66-73]. If yes, indicate program type/s involved and if the change was reported to NLNAC prior to implementation or at the time of change where required.

(*July 1, 1999-June 30, 2000)

Substantive Change –Notification Required within 4 Months of Implementation	Program Type	Response		
Change in ownership, legal status or form of control		<input type="checkbox"/> yes	<input checked="" type="checkbox"/> no	<input type="checkbox"/> was reported to NLNAC prior to change
Change in mission or objectives		<input type="checkbox"/> yes	<input checked="" type="checkbox"/> no	<input type="checkbox"/> was reported to NLNAC prior to change
Implementation of distance education		<input type="checkbox"/> yes	<input checked="" type="checkbox"/> no	<input type="checkbox"/> was reported to NLNAC prior to change
Addition of courses-or programs different in context or method of delivery from what was previously offered and accepted		<input checked="" type="checkbox"/> yes	<input type="checkbox"/> no	<input checked="" type="checkbox"/> was reported to NLNAC prior to change
Addition of programs with a higher level of credentials		<input type="checkbox"/> yes	<input checked="" type="checkbox"/> no	<input type="checkbox"/> was reported to NLNAC prior to change
Significant change in length of program and fees in relation to program and credentials		<input type="checkbox"/> yes	<input checked="" type="checkbox"/> no	<input type="checkbox"/> was reported to NLNAC prior to change
Change in method of academic measurements (clock or credit or vice-versa), or change in the number of clock or credit hours		<input type="checkbox"/> yes	<input checked="" type="checkbox"/> no	<input type="checkbox"/> was reported to NLNAC prior to change
Establishment of a branch campus		<input type="checkbox"/> yes	<input checked="" type="checkbox"/> no	<input type="checkbox"/> was reported to NLNAC prior to change
Closing		<input type="checkbox"/> yes	<input checked="" type="checkbox"/> no	<input type="checkbox"/> was reported to NLNAC prior to change
Other Substantive Changes – Notification Required Immediately				
Change in State Board of Nursing approval status		<input type="checkbox"/> yes	<input checked="" type="checkbox"/> no	<input type="checkbox"/> was reported to NLNAC at time of change
Adverse action by appropriate institutional accrediting agency		<input type="checkbox"/> yes	<input checked="" type="checkbox"/> no	<input type="checkbox"/> was reported to NLNAC at time of change
Identified pattern of declining performance on NCLEX, certifying examinations, and/or employment rates		<input type="checkbox"/> yes	<input checked="" type="checkbox"/> no	<input type="checkbox"/> was reported to NLNAC at time of change
Title IV Participant Compliance:		<input type="checkbox"/> yes	<input checked="" type="checkbox"/> no	<input type="checkbox"/> was reported to NLNAC at time of change
• Default rate in student loan program that exceeds threshold set by legislation, regulation, and policies		<input type="checkbox"/> yes	<input checked="" type="checkbox"/> no	<input type="checkbox"/> was reported to NLNAC at time of change
• Fraud and abuse		<input type="checkbox"/> yes	<input checked="" type="checkbox"/> no	<input type="checkbox"/> was reported to NLNAC at time of change
• Adverse action following financial or compliance audits, program review, or other information that becomes available		<input type="checkbox"/> yes	<input checked="" type="checkbox"/> no	<input type="checkbox"/> was reported to NLNAC at time of change

If yes to any of the above, provide a brief explanation of the change: A traditional BSN program option was initiated at our Shady Grove, Maryland outreach location. This is not a new site but an extension of our program option offerings. Selected Web based courses are available to undergraduate students.

Section II. Systematic Planning for Program Evaluation and Assessment of Outcomes

2. Using a ✓, indicate which two of the following elective outcomes your program/s includes in your systematic plan for program evaluation and assessment of outcomes (see criterion 19, 1999 Standards and Criteria).

Elective Outcome	Response	
	Baccalaureate	Master's
1) Attainment of credentials.....	<input type="checkbox"/>	<input type="checkbox"/>
2) Graduate satisfaction with the program	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
3) Employer satisfaction with graduates.....	<input type="checkbox"/>	<input type="checkbox"/>
4) Graduation rates.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
5) Scholarship.....	<input type="checkbox"/>	<input type="checkbox"/>
6) Public service.....	<input type="checkbox"/>	<input type="checkbox"/>

3. What is your graduate rate of employment (percentage) during the 1999-2000 academic year?* (employment in nursing within 6-9 months after graduation) Baccalaureate 100 %
 (*July 1, 1999-June 30, 2000) Master's 100 %

4. What is your NCLEX pass rate during the 1999-2000 academic year?..... Baccalaureate
 First time exam takers 84.6 %
 Repeat exam takers 47.9 %
 Not Applicable %

5. What is your certification examination pass rate during the 1999-2000 academic year?..... Master's
 First time exam takers 100 %

Section III. Program Operations

6. Total number of nursing students as of October 15, 2000.....1300..... Baccalaureate 635
 (including doctoral students) Master's 596

7. Total number of nursing graduates for the 1999-2000 academic year? 492... Baccalaureate 289
 Master's 203

8. Faculty - Baccalaureate program
 A. Total FTE (full-time equivalent) teaching Baccalaureate students as of Oct.15, 2000 FTE 63.61

B. Faculty education, per person, listing only the highest degree earned

Number with an earned Doctoral degree	<u>36</u>
Number with a Master's degree in Nursing	<u>38</u>
Number with a Baccalaureate degree in nursing	<u>0</u>
Other	<u> </u>

9. Faculty - Master's program

A. Total FTE (full-time equivalent) teaching Master's students as of Oct.15, 2000..... **FTE** 58.98

B. Faculty education, per person, listing only the highest degree earned

Number with an earned Doctoral degree	<u>48</u>
Number with a Master's degree in Nursing	<u>22</u>
Number with a Baccalaureate degree in nursing	<u>0</u>
Other	<u>1</u>

10. Total number of Complaints about the program [see Accreditation Manual,

(2001 page 74). **Baccalaureate** 0
Master's 0

11. Significant change in enrollment in the program (>20%) for the 1999-2000 academic year

Baccalaureate

Increase Decrease No Significant change

If significant change, explanation:

Master's

Increase Decrease No Significant change

If significant change, explanation:

12. Feedback: Standards and Criteria:

Suggestions for revision of any of the 1999 Standards and /or Criteria to better reflect contemporary nursing education.

PLEASE RETURN THE COMPLETED REPORT BY February 28, 2001
 THANK YOU FOR YOUR COOPERATION.

