

MARYLAND BOARD OF NURSING
4140 PATTERSON AVENUE
BALTIMORE, MARYLAND 21215
Phone: (410) 585-1900
Fax: (410) 358-3530

**2007 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 data for the **2005-2006 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 identified duplicate items.
- Schools with both RN and PN programs must submit *separate forms* for each.
- Return by **February 28, 2007**, to **Nayna Philipsen, JD, Ph.D., RN, 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 G B.S.N. G RN to B.S.N. G A.D.N. G P.N. Certificate G Other: _____

Contact Information

Name of Parent Institution: **University of Maryland School of Nursing**
Name of Dean/Administrator of Nursing Program, with credentials:
Janet D. Allan, PhD, RN, CS, FAAN
Title: **Dean and Professor**
E-mail: **allan@son.umaryland.edu** _____ Phone
Number: **410-706-6741 Fax: 410-706-4231**
Nursing Program Website: **www.nursing.umaryland.edu**
Mailing Address: **655 W. Lombard St., Baltimore, MD. 21201-1579**

I am attaching: NLNAC Annual Report AACN Summary Annual Report

*Comments and suggestions for this Report are welcome. Please attach them to end of your Annual Report or email to:
nphilipsen@dhhm.state.md.us.*

A. Administration

Using a check mark, indicate whether you have made any of the following **substantive changes** during the 2004-2005 academic year. For all **Ayes** responses, **attach an explanation or description** (includes NLNAC).

	Response	
	Yes	No
1) <i>N</i> Change in mission or objectives.....	G	G
2) <i>N</i> Implementation of distance education.....	G	G
3) <i>N</i> Significant change in length of program or fees.....	G	G
4) <i>N</i> Any charge of fraud and abuse, or any adverse action following an audit....	G	G
5) <i>N</i> Establishment of a branch campus.....	G	G
6) Adverse action by The Middle States Association of Colleges and Schools.....	G	G
7) Change in credentials of the Dean or Program Administrator.....	G	G
8) Change in responsibilities of the Dean or Program Administrator	G	G
9) <i>N</i> Change in method of academic measure or number of clock credit hours.....	G	G
10) <i>N</i> Addition of courses or programs different in content or method of delivery.....	G	G
11) Change in program's resources/facilities.....	G	G
12) Change in status with NLNAC or CCNE?.....	G	G
13) Program Closing.....	G	G
14) Change in clinical facilities or agencies used (attach <i>list</i>).....	G	G
15) Does the school catalog, submitted with this Report, include policies pertaining to safeguarding the health and well-being of the students?.....	G	G
If yes, on which page(s)? : <u>pp.18-23 Undergrad.Stud.Handbook</u>		
16) Did your program have selective admission of students in Fall 2005?.....	G	G

B. Outcomes

1. Which outcomes did your program include in your plan for program evaluation for 2005-2006?

- 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 2005-2006 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? G Upon completion G To progress in a course (identify course/courses):

NURS 487 (approx. 6 wks. Before graduation)

4. Total number of complaints about the program 2005-2006 (Attach *description* of complaints):

ZERO (0)

5. *N* Significant change in enrollment in the program (>20%) in 2005-2006:

Increase G Decrease G No Significant change

If significant change, attach an explanation or description.

C. 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, 2006:**
399

RN only: How many in "junior" year? 0 All programs: How many in final or "senior" year? 122

Accelerated RN? 0 Accelerated 2nd degree? 56 RN to BSN 23

◆ **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, 2006: NA

2. Tuition for in-state students (2006-2007):

a. What is the cost of tuition (exclusive of fees) per semester/quarter for the full-time student?

(Give average if the cost varied in different semesters/quarters) \$3445.00

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

3. Fees for in-state students (2006-2007):

What are the total fees (exclusive of tuition, room and board) per semester/quarter for the full-time student? (Give average if the cost varied in different semesters/quarters). \$812.00

4. Using a check mark, indicate the type of program delivery cycle:

Semesters Quarters _____ Other _____

And Frequency of Student admissions: Fall Spring Summer _____

5. What was the 2005-2006 total operating budget for your nursing program? \$26 million

6. What was the 2005-2006 total budget for instructional salaries in your nursing program? \$8.6 million

7. **Attach** the following information for *all* program faculty and clinical instructors (hereinafter "CI") **teaching now, Spring 2007**, in this nursing program (see COMAR 10.27.03.08).

***** SEE ATTACHMENT #7**

Faculty Name:

Maryland License Number & Exp 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, 2006

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

	<u>Number of Individuals</u>	<u>Equivalents</u>
Nursing faculty with doctoral degree who are:		and total FTEs <u>61</u>
full-time	<u>61</u>	
part-time	<u>5</u>	and total FTEs <u>2.3</u>
Total number	<u>66</u>	and total FTEs <u>63.3</u>
Nursing faculty with MSN who are:		and total FTEs <u>32</u>
full-time	<u>32</u>	
part-time	<u>7</u>	and total FTEs <u>365</u>
Total number	<u>39</u>	and total FTEs <u>35.65</u>
Nursing faculty/C.I.s with BSN who are:		and total FTEs <u>0</u>
full-time	<u>0</u>	
part-time	<u>0</u>	and total FTEs <u>0</u>
Total number	<u>0</u>	and total FTEs <u>0</u>
Non-Nursing faculty who are:		and total FTEs <u>0</u>
full-time	<u>0</u>	
part-time	<u>0</u>	and total FTEs <u>0</u>
Total number	<u>0</u>	and total FTEs <u>0</u>

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

**** NUMBERS REPRESENT FULL & PART TIME FACULTY ONLY**

- b. Number of faculty who retired* in academic year 2005-2006: 7
 Number of additional faculty you expect to retire by summer 2008: 8

*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?
Approx. 260
- d. *N* When are preceptors used: _____ last course X multiple courses
- e. How many vacant faculty positions did your program have in 2005-2006? 6
- f. How many vacant faculty positions did your program have in Fall 2006? 6
- g. How many faculty positions did your program advertise in 2005-2006? 6

10. Describe the limitations on the capacity of your program during the *current* academic year (2006-2007) below:

- a. Faculty recruitment. Specify areas of expertise and/or primary barriers:
Difficulty finding clinical instructors- especially for Peds & OB
- b. Availability of clinical placements. Specify area(s) of shortage:
Limited clinical placements for Peds & OB & limited size of clinical groups for those areas, thereby requiring more groups.
- 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 including equitable faculty salaries.

11. C Provide the following information for the identified time periods. Count only applicants to enter nursing courses in this program, not pre-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 or Session for indicated Program	Program Capacity (new students only)	Number of qualified applicants	Qualified But not Admitted	Admitted who Registered
Fall, 2006	146	360	111	146
2005-2006	228	530	300	228

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.

	Fall, 2006			8/1/2005-7/31/2006		
FOR U.S. RESIDENTS ONLY:	<u>TOT/ADM/GRAD</u>			<u>TOT/ADM/GRAD</u>		
American Indian/Alaskan Native	5	1	---	0	0	2
Asian, Hawaiian or Pacific Islander	58	8	5	62	19	23
Black, African American	194	36	32	263	86	94
Other Black, (Dominican, Ethiopian, and so on)	--	--	--	--	--	--
Hispanic/Latino	23	2	4	30	7	8
White, non Hispanic	351	45	53	410	114	192
Unknown or Multiple Category	17	--	--	40	--	5
NON-US Residents	26	--	--	35	--	9
FOR ALL STUDENTS:						
Male	77	11	16	92	37	46
Average Age (Mean) in years	28	28	28	28	28	28

TOT means the number of enrolled nursing students taking one or more nursing courses.

ADM refers to the 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 refers to the number of nursing students who graduated.

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

None: CNL	Fall, 2006			8/1/2005-7/31/2006		
FOR U.S. RESIDENTS ONLY:	<u>TOT/ADM/GRAD</u>			<u>TOT/ADM/GRAD</u>		
American Indian/Alaskan Native	2	--	--	--	--	0
Asian, Hawaiian or Pacific Islander	12	--	3	9	--	0
Black, African American	23	12	19	23	--	0
Other Black, (Dominican, Ethiopian, and so on)	---	--	--	---	--	0
Hispanic/Latino	3	--	2	--	--	0
White, non Hispanic	86	33	29	72	--	0
Unknown or Multiple Category	3	--	4	--	--	0
NON-US Residents	6	3	--	6	--	--
FOR ALL STUDENTS:						
Male	13	--	--	13	--	--
Average Age (Mean) in years	32			32		

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.

None:	Fall, 2006			8/1/2005-7/31/2006		
FOR U.S. RESIDENTS ONLY:	<u>TOT/ADM/GRAD</u>			<u>TOT/ADM/GRAD</u>		
American Indian/Alaskan Native	2	0	0	0	0	0
Asian, Hawaiian or Pacific Islander	11	4	2	19	8	2
Black, African American	75	23	9	86	19	33
Other Black, (Dominican, Ethiopian, and so on)	-NA-----			NA-----		
Hispanic/Latino	3	--	--	--	--	2
White, non Hispanic	95	50	12	208	21	43
Unknown or Multiple Category	6	--	--	--	--	--
NON-US Residents	10	--	--	--	--	--
FOR ALL STUDENTS:						
Male	16	--	7	11	--	6
Average Age (Mean) in years	32			32		

15. Enter the number of nursing program faculty and clinical instructors in 2005-2006 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	1	1
Asian, Hawaiian or Pacific Islander	0	2
Black, African American	8	6
Other Black, (Dominican, Ethiopian, and so on)	0	0
Hispanic/Latino	2	2
White, non Hispanic	98	47
Unknown or Multiple Category	1	0
Male	12	5
Part-time	12	58
Average Age (Mean) in years	51.78	46.43

16. What is the total number of students who graduated from this nursing program in 2005-2006? 393

17. What is the total number of the above students (item 16) who had financial aide? 322

18. What is the percentage of 2005-2006 graduates who completed the program *within two years* after admission to the first nursing clinical course? 92%

19. What is the percentage of 2004-2005 entering "juniors" who graduated in 2005-2006? 92%

Remember to include with this report:

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

2007 ANNUAL REPORT ADDENDUM TO MARYLAND STATE BOARD OF NURSING

LIST OF ATTACHMENTS

Attachment #7 – Full & Part-Time Faculty/Clinical Instructors 2007 & 2006

University of Maryland School of Nursing Undergraduate Student Handbook

University of Maryland School of Nursing Graduate Handbook

NLNAC Annual Report for 2005-2006 Academic Year



UNIVERSITY OF MARYLAND

February 1, 2007

Nayna Philipsen, J.D., Ph.D., RN, CFE, FACCE
Director of Education, Examination
Maryland Board of Nursing
4140 Patterson Ave.
Baltimore, MD. 21215-2254

Dear Dr. Philipsen:

This letter is per your email request of 1/26/07, and to confirm that Patricia G. Morton, PhD, RN, CRNP, FAAN is serving as the Interim Associate Dean of Academic Affairs and has been in this position since August 2006. She has replaced Dr. Mary Etta Mills.

Dr. Morton's contact information is listed below:

Patricia Gonce Morton, PhD, RN, CRNP, FAAN
Interim Associate Dean of Academic Affairs
University of Maryland School of Nursing
655 W. Lombard St., Rm. 505-K
Baltimore, MD. 21201
Phone: 410-706-4378
Fax: 410-706-7832

If you require further information, please feel free to contact Dr. Morton.

Sincerely,

A handwritten signature in cursive script that reads "Janet D. Allan".

Janet D. Allan, Ph.D, RN, CS, FAAN
Dean & Professor
University of Maryland School of Nursing



SEPTEMBER 18, 2006

Conway, Lisa (SON)

From: Nayna PHILIPSEN [NPHILIPSEN@dhhm.state.md.us]
Sent: Friday, January 26, 2007 12:04 PM
To: Conway, Lisa (SON)
Subject: RE: 2007 Annual Report for Univ. Of Maryland

This is to verify that Dr. Patricia Morton at the email below has been added to the group email at the Board of Nursing for education and examination. Also, your voice mail from this morning just came into my voice mailbox! I was in another office between 9 and 10 this morning; sorry I missed the opportunity to talk with you. Call me if you have questions, but call today, because hereafter I will be gone!! (Donna Aversa is still the contact for the examination.)

>>> "Conway, Lisa (SON)" <conway@son.umaryland.edu> 1/26/2007 11:54 AM
>>>
her email address is morton@son.umaryland.edu

Thanks for your help

-----Original Message-----

From: Nayna PHILIPSEN [mailto:NPHILIPSEN@dhhm.state.md.us]
Sent: Friday, January 26, 2007 11:45 AM
To: Conway, Lisa (SON)
Subject: RE: 2007 Annual Report for Univ. Of Maryland

Lisa, I just changed Dr. Mills to Dr. Morton in the Examination Unit this week! Below I am forwarding the information about the online form by "copy and paste" from the original. Please feel free to contact Rodney Lambson if you have trouble using this. What is Dr. Morton's email address? I can add her to that list before I leave if you send it

back to me today. Thank you, Nayna
>>> Nayna PHILIPSEN 1/2/2007 3:45 PM >>>
Dear Nursing Education Leaders,

The Report Form for the 2007 Annual Program Report to the Board (for the 2005-2006 academic year) is available electronically at:
http://www.mbon.org/education/2007_annual_report_survey.pdf

It is not linked to any other page on the Board's web site.

You will note that accredited programs are exempt from responding to questions marked with an "N" or a "C" depending on whether they are NLNAC or CCNE accredited (or both).

Quarterly NCLEX reports are being mailed today, along with a hard copy of the above report form, to the indicated program administrators.

As always, we are receptive to suggestions for future improvements. Please contact me with any questions or concerns.

Happy New Year 2007!

Nayna Philipsen, J.D., Ph.D., RN, CFE, FACCE
Director of Education, Examination,
Research and Communication
Maryland Board of Nursing
4140 Patterson Ave.

SEPTEMBER 18, 2006

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Happy New Year 2007!

Nayna Philipsen, J.D., Ph.D., RN, CFE, FACCE
Director of Education, Examination,
Research and Communication
Maryland Board of Nursing
4140 Patterson Ave.
Baltimore, MD 21215-2254

>>> "Conway, Lisa (SON)" <conway@son.umaryland.edu> 1/26/2007 11:03 AM
>>>

Are you saying that there is an access code that will allow me to access the survey on the web? If so, I dont have this code? Dr. Mills is no longer in this position, Dr. Patricia Morton is the Interim Associate Dean and I am her assistant. Please let me know. Thanks so much, I appreciate.

-----Original Message-----

From: Nayna PHILIPSEN [mailto:NPHILIPSEN@dhhm.state.md.us]
Sent: Friday, January 26, 2007 11:02 AM
To: Conway, Lisa (SON)
Cc: Rodney Lambson
Subject: Re: 2007 Annual Report for Univ. Of Maryland

Good morning, Lisa! I have no idea how I could have missed your previous email! I am forwarding your message on to Rodney Lambson (above), who is working on this form. Until he finishes working on this,

SEPTEMBER 18, 2006

I expect that it will not be functional online; we had expected that the version on the web (using the access code e-mailed to Dr. Mills) would allow convenient on-line filing for our schools. Because I am leaving next week to become the Director of Faculty and Staff Development at Coppin State University next week, you will need to direct future inquiries to Pam Ambush-Burris or Emmaline Woodson.

Nayna Philipsen, J.D., Ph.D., RN, CFE, FACCE
Director of Education, Examination,
Research and Communication
Maryland Board of Nursing
4140 Patterson Ave.
Baltimore, MD 21215-2254

>>> "Conway, Lisa (SON)" <conway@son.umaryland.edu> 1/26/2007 9:04 AM
>>>

Good Morning:

I have emailed you twice, left voicemails and still have not yet heard back from you. I need to know if this survey can be completed on-line and if I can be emailed a copy of the survey. Please contact me at 410-706-3424 or email me at this address. Thanks very much.

Have a nice day.

Lisa Conway
Coordinator, Office Of Academic Affairs
University of Maryland, Baltimore
School of Nursing, Rm. 505
655 W. Lombard St.
Baltimore, MD. 21201
410-706-3424 phone 410-706-7832 fax

SEPTEMBER 18, 2006

Conway, Lisa (SON)

From: Rodney Lambson [rlambson@dhhm.state.md.us]
Sent: Tuesday, February 06, 2007 10:59 AM
To: Conway, Lisa (SON)
Cc: Morton, Patricia G.
Subject: RE: 2007 Annual Report for Univ. Of Maryland



2007_annual_repor2007_annual_repor
t_survey.pdf t_survey.doc

>>> On 02/05/07 at 3:34 PM, in message

<E60EC2F305213C4D88994DB727F913253CFFB1@sonsvrexcg01.son.umaryland.edu>, "Conway, Lisa (SON)" <conway@son.umaryland.edu> wrote:

> Well Dr. Morton has not received the web based survey. Can you send it to her

> at morton@son.umaryland.edu or to me so that we can put in the information

> for the annual report?

> Thanks

>

> -----Original Message-----

> From: Rodney Lambson [mailto:rlambson@dhhm.state.md.us]

> Sent: Monday, February 05, 2007 3:15 PM

> To: Conway, Lisa (SON)

> Subject: RE: 2007 Annual Report for Univ. Of Maryland

>

>

> There is no access code to edit / view the PDF file. All security in the

> PDF document has been removed.

>

> The file can be downloaded from

> www.mbon.org/education/2007_annual_report_survey.pdf. Just copy/paste

> the URL into a web browser.

>

> You will require Acrobat Reader 6.0 or later installed on your computer

> to view the document. Adobe Acrobat Reader will allow you to fill in

> the form fields, the print out your responses to either mail or fax back

> to the Board.

>

> If you have access to the full version of Adobe Acrobat 6 or later , you may save your responses in the PDF file itself and e-mail the PDF

> back to Pamela Burris (paburris@dhhm.state.md.us).

>

> If you do not have the full version of Adobe Acrobat, a Microsoft Word

> version of the survey can be downloaded from

> www.mbon.org/education/2007_annual_report_survey.doc.

>

> I do not have Dr. Morton's e-mail available. Could you please forward

> these details for me?

>

> Thank you!