

MARYLAND BOARD OF NURSING
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2010 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 September 1-May 31, 2009-2010 academic years including summer 2009 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 the 2nd Friday, December 2010 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	<input checked="" type="checkbox"/>	A D N	<input type="checkbox"/>	Other	<input type="checkbox"/>
RN to BSN	<input checked="" type="checkbox"/>	PN Cert.	<input type="checkbox"/>		

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

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

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 2009-2010 academic year. For all "yes" responses, attach an explanation or description (includes NLNAC).

1. N Change in mission or objectives
2. N Implementation of distance education
3. N Significant change in length of program and fees
4. N Any charge of fraud and abuse, or any adverse action following an audit
5. N Establishment of a branch campus
6. N Adverse action by The Middle States Association of Colleges and Schools
7. Change in credentials of the Dean or Program Administrator
8. Change in responsibilities of the Dean or Program Administrator
9. N Change in method or academic measure or number of clock credit hours
10. N Addition of courses or programs different in content or method of delivery
11. Change in program's resources/facilities
12. Change in status with NLNAC or CCNE
13. N Program closing
14. Change in clinical facilities or agencies used (attach list)
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)?:
16. Did your program have selective admission of students?
17. **N Title IV Participant Compliance**

YES	NO
	X
	X
	X
	X
	X
	X
	X
	X
X	
	X
	X
X	
	X
X	
X	
X	

Financial Aid:

Title IV Participant Compliance--Respond yes or no to each item :

- a. Default rate in student loan program that exceeds threshold set by legislation, regulation, and policies no
- b. Fraud and abuse no
- c. Adverse action following financial or compliance audits, program review, or other information that becomes available no

OUTCOMES:

1. Which outcomes did your program include in your plan for program evaluation?
(NLNAC defines graduation as completing the program within 150% of the time.)

Graduation rate	x
NCLEX pass rate	x
Graduate satisfaction	x
Employer satisfaction	x
Scholarship	
Public service	
Other	
Other	

N What was your graduate job placement rate (percentage)? (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- X	NO
If yes, which exam?	Pre-RN assessment	
When in the program? a course?	6 wks before grad.	Upon completion, do you require performance satisfaction as part of Identify course(s) NURS 487

9. Faculty as of October 15th.

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

Calculate FTEs using the following formula:

FTE calculation: 1 FTE = 15 credits or 600 hours per semester.

Total number of contact hours/semester divided by 6.

		<u>Number of Individuals</u>	<u>Equivalents (Total FTEs)</u>
Nursing faculty with doctoral degree who are:	full-time	81	81
	part-time	6	2.45
	Total number	87	83.45
Nursing faculty with MSN who are:	full-time	39	39
	part-time	9	4.6
	Total number	48	43.6
Nursing faculty/CIs with BSN who are:	full-time	2	
	part-time	8	
	Total number	5	

Number of faculty/CIs enrolled in a graduate nursing program

- b. Number of faculty who retired*: 2
 Number of additional faculty you expect to retire within the next year? 8
 How many expect to retire within the next 2-4 years? 5
 *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? 500-550

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

e. How many vacant faculty positions did your program have? Fulltime? 12

f. How many vacant faculty positions does your program have now? Fulltime? 8

g. If vacancies, what was the primary cause?

- Budget constraints
- Lack of qualified applicants
- Other (Specify) non competitive salary health agency

10. **Describe** the limitations on the **capacity** of your program during the *current* academic year (2009-2010) below:

a. Faculty recruitment. Specify areas of expertise and/or primary barriers:
 difficulty finding qualified nurse educators

b. Availability of clinical placements. Specify area(s) of shortage:
 Peds, Psych, Community Health

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 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/Session for Indicated Program	2009-2010	Fall 2010
	10-Sep	11-Oct
Program Capacity (new students only)	248	121
Number of qualified applicants	333	165
Qualified but not admitted	35	25
Admitted who registered	248	121

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	TOT as of October 15th	2009 to 2010		
		TOT	ADM	GRAD
American Indian/Alaskan Native	6	5	2	1
Asian, Hawaiian or Pacific Islander	84	97	42	31
Black, African American	91	122	38	41
Other Black (Dominican, Ethiopian, etc.)				
Hispanic/Latino	24	30	14	11
White, non Hispanic	249	289	135	99
Unknown or Multiple Category	5	3	1	2
NON-U.S. Residents	20	32	11	14
FOR ALL STUDENTS:				
Male	80	104	50	29
Average Age (Mean) in years	26.6	27.3	26.6	27.6

TOT = number of enrolled nursing students 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 above. Do not enter percentages. Reports with percentages will be returned as incomplete.

FOR U.S. RESIDENTS ONLY	TOT as of October 15th	2009 to 2010		
		TOT	ADM	GRAD
American Indian/Alaskan Native	not applicable			
Asian, Hawaiian or Pacific Islander				
Black, African American				
Other Black (Dominican, Ethiopian, etc.)				
Hispanic/Latino				
White, non Hispanic				
Unknown or Multiple Category				
NON-U.S. Residents				
FOR ALL STUDENTS:				
Male				
Average Age (Mean) in years				

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	TOT as of October 15th	2009 to 2010		
		TOT	ADM	GRAD
American Indian/Alaskan Native		2	1	2
Asian, Hawaiian or Pacific Islander	18	24	13	8
Black, African American	47	96	36	40
Other Black (Dominican, Ethiopian, etc.)				
Hispanic/Latino	3	5	2	1
White, non Hispanic	85	136	53	52
Unknown or Multiple Category	7		5	4
NON-U.S. Residents	6	9	4	8
FOR ALL STUDENTS:				
Male	23	43	25	18
Average Age (Mean) in years	36.5	37.3	36.2	37.3

15. **C** As of October 15th enter the number of nursing program faculty and clinical instructors 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	0	0
Asian, Hawaiian or Pacific Islander	3	5
Black, African American	9	8
Other Black (Dominican, Ethiopian, etc.)	0	0
Hispanic/Latino	2	1
White, non Hispanic	118	59
Unknown or Multiple Category	2	3
Male	11	4
Part-time	14	76
Average age (Mean) in years	52.8	55.1

16. **N** What is the total number of students who graduated from this nursing program? 302

17. What is the total number of students in item 16 who had financial aid? not available

18. **N** What is the graduation rate of your program?

Graduation rate is defined as the number of students who completed the program within 150% of the time of the stated program Length.

19. How many nursing students enrolled in fall 2009 returned in fall 2010? 347

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.