

MARYLAND BOARD OF NURSING
4140 PATTERSON AVENUE
BALTIMORE, MD 21215
Phone: 410-585-1903
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2013 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 reporting of trended aggregate data concerning nursing education.

- DIRECTIONS:**
- ▶ Use available data for the September 1, 2012 to May 31, 2013 academic years including summer 2012 for this Annual Report, unless otherwise indicated.
 - ▶ Include the most recent school catalogue and/or bulletin. (If the catalogue/bulletin are online, please send relevant photocopies of nursing pages.)
 - ▶ Attach your Interim Report if due this year (Board approved only programs).
 - ▶ ACEN and AACN/CCNE accredited programs must attach a copy of the latest Annual Report and a copy of all correspondence not already forwarded.
 - ▶ ACEN ("A") and AACN/CCNE ("C") duplicate items are marked "A" 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 Friday, May 29, 2015, to patricia.kennedy@maryland.gov.

Indicate the type of Nursing Program for this Report. You must do a separate Report for each:

Master's	_____	BSN	<input checked="" type="checkbox"/> _____	ADN	_____
RN to BSN	_____	PN Cert.	_____	Other	_____

Contact Information:

Lisa Vikell

Name of Parent Institution:

University of Maryland School of Nursing

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

Jane Kirschling, PhD, RN, FAAN

Title:

Dean and Professor

E-mail Address:

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Phone:

410-706-6740/41

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Nursing Program Website:

www.nursing.umaryland.edu

Mailing Address:

655 W. Lombard Street, Room 505

Baltimore, MD. 21201

I am attaching:

- _____ ACEN Annual Report
 AACN/CCNE Summary Annual Report

Attachments are in addition to completion of this Annual Report.

ADMINISTRATION:

Using an "x," indicate whether you have made any of the following substantive changes from July 1, 2012 to June 30, 2013. For all "yes" responses, attach an explanation or description (includes ACEN).

1. "A" Change in mission or objectives.
2. Attach the list of nursing courses with brief descriptions to the end of this report.
3. "A" Implementation of distance education.
4. "A" Significant change in length of program and fees.
5. "A" Any charge of fraud and abuse or any adverse action following an audit.
6. "A" Establishment of a branch campus.
7. "A" Adverse action by The Middle States Association of Colleges and Schools.
8. Change in credentials of the Dean or Program Administrator.
9. Change in responsibilities of the Dean or Program Administrator.
10. "A" Change in method or academic measure or number of clock credit hours.
11. "A" Addition of courses or programs different in content or method of delivery.
12. Change in program's resources/facilities.
13. Change in status with ACEN or AACN/CCNE.
14. "A" Program closing.
15. Change in clinical facilities or agencies used (attach list).
16. Attach contractual agreements between your program and clinical agencies.
17. Does the school catalog submitted with this Report include policies pertaining to safeguarding the health and well-being of the students? If yes, include page(s) in narrative.
18. Did your program have selective admission of students?
19. "A" Title IV Participant Compliance

YES	NO
<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>
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<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>

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:
- b. Fraud and abuse:
- c. Adverse action following financial or compliance audits, program review, or other information that becomes available:

<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>

OUTCOMES:

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

- Graduation rate
- NCLEX pass rate
- Graduate satisfaction
- Employer satisfaction
- Scholarship
- Public service
- Other: _____
- Other: _____

2. "A" What was your graduate job placement rate (percentage)? (Employment in nursing within 6-9 months after graduation):

3. Will you require satisfactory performance on a standardized exam before certifying a student to take the NCLEX?

Yes No

If yes, which exam? _____

When in the program? _____

Upon completion, do you require performance satisfaction as part of a course? Yes No

Identify course(s): _____

4. Performance (past %) of first-time candidates per year for the past five years: 2009: 92.71% 2010: 89.71% 2011: 88.16% 2012: 93.44% 2013: 96.65%

5. "A" Total number of complaints about the program (attach description of complaints): 0

6. "A" Significant change in enrollment in the program (>10%), compared:

Increase	Decrease	No change
		x

If significant change, attach an explanation or description.

PROGRAM OPERATIONS:

1. Total number of admissions to the school per year for the past five academic years: 2009: 307 2010: 273 2011: 252 2012: 313 2013: 331

2. Total number of students enrolled in one or more clinical nursing courses in this program on October 15, 2012. 466
 (if a student is enrolled in two or more nursing courses simultaneously, count that student only once):

a. Pre-licensure RN only: How many in first or "junior" year? 130
 b. How many in final or "senior" year? 336

Accelerated RN?	Accelerated 2 nd degree?	RN to BSN?
N/A	N/A	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? N/A

c. 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, 2012: N/A

3. Tuition for in-state students:

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): \$3,929.50
 b. What is the cost per credit for the part-time student?: \$328
 c. Cite the location of the tuition and refund policies (i.e., catalog, student handbook, etc.): stud. handbook-Pg.19
 Attach tuition and refund policies with redacted tuition and non-tuition examples (fees, etc.).

4. Fees for in-state students:

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.) \$1,765

5. Indicate the type of program delivery cycle:

Semesters	Quarters	Other
x		

6. Add frequency of student admissions:

Fail	Spring	Summer
x	x	

7. What was the total operating budget for your nursing program?: 25M

8. Attach a copy of your audited fiscal budget that includes incomes and expenditures.

9. What was the total budget for instructional salaries in your nursing program?: 15.9M

10. Attach the following information for all program faculty and clinical instructors (hereinafter "CI") teaching as of October 15, 2012 (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.)

11. Faculty as of October 15, 2012.

- a. "A" 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.

		Number of Individuals	Equivalents (Total FTEs)
Nursing faculty with doctoral degree who are:	Full-time	<input type="text"/>	<input type="text"/>
	Part-time	<input type="text"/>	<input type="text"/>
	Total number	<input type="text"/>	<input type="text"/>
Nursing faculty with MSN who are:	Full-time	<input type="text"/>	<input type="text"/>
	Part-time	<input type="text"/>	<input type="text"/>
	Total number	<input type="text"/>	<input type="text"/>
Clinical nursing faculty with BSN who are:	Full-time	<input type="text"/>	<input type="text"/>
	Part-time	<input type="text"/>	<input type="text"/>
	Total number	<input type="text"/>	<input type="text"/>

Number of nursing faculty/clinical nursing faculty enrolled in a graduate nursing program:

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

2
3
8

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

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

d. "A" When are preceptors used?

Last course	Multiple courses
<input type="text"/>	<input type="text"/>

- e. How many vacant faculty positions did your program have? Full-time: Adjunct?
- f. How many vacant faculty positions does your program have now? Full-time: Adjunct?
- g. If vacancies, what was the primary cause?:
 Budget constraints
 Lack of qualified applicants
 Other (Specify):

12. Describe the limitations on the capacity of your program during the *current* fiscal year (July 1, 2012 - June 30, 2013) below:

a. Faculty recruitment. Specify areas of expertise and/or primary barriers:

Limitations include state budget constraints.

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

Areas of shortage include: Peds, Community Health, Psych, and OB

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

d. What single change or additional resource, in your opinion, would most enhance your nursing program?:

13. "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.

Fiscal Year/Session for Indicated Program	July 1, 2012 to June 30, 2013	Fall 2012
Program Capacity (new students only)	_____	_____
Number of qualified applicants	_____	_____
Qualified but not admitted	_____	_____
Admitted who registered	_____	_____

14. "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	July 1, 2012 to June 30, 2013			
	Oct. 15, 2012	TOT	ADM	GRAD
American Indian/Alaskan Native	_____	_____	_____	_____
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	_____	_____	_____	_____

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.

15. "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	July 1, 2012 to June 30, 2013			
	Oct. 15, 2012	TOT	ADM	GRAD
American Indian/Alaskan Native	_____	_____	_____	_____
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	_____	_____	_____	_____

16. "C" Enter the number of RN to BSN nursing program students for each category. Definitions are on the previous page. Do not enter percentages. Reports with percentages will be returned as incomplete.

FOR U.S. RESIDENTS ONLY	July 1, 2012 to June 30, 2013			
	Oct. 15, 2012	TOT	ADM	GRAD
American Indian/Alaskan Native	_____	_____	_____	_____
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	_____	_____	_____	_____

17. "C" As of October 15, 2013, 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	_____	_____
Asian, Hawaiian or Pacific Islander	_____	_____
Black, African American	_____	_____
Other Black (Dominican, Ethiopian, etc.)	_____	_____
Hispanic/Latino	_____	_____
White, non-Hispanic	_____	_____
Unknown or Multiple Category	_____	_____
Male	_____	_____
Part-time	_____	_____
Average age (Mean) in years	_____	_____

18. "A" What is the total number of students who graduated from this nursing program per year for the past five academic years? 2009: 199 2010: 216 2011: 217 2012: 222 2013: 206

19. What is the total number of students in item 16 who had financial aid? na

20. "A" 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.

21. How many nursing students enrolled in fall 2011 returned in fall 2012? 232

REMEMBER TO INCLUDE WITH THIS REPORT:

- Your most recent school catalog and/or bulletin. (If the catalogue/bulletin are online, please send relevant harcopies of nursing pages.)
- Lists of faculty, clinical instructors and clinical agencies.
- If applicable, the copy of your latest ACEN or AACN/CCNE annual report.*
- Copy of correspondence related to accreditation with ACEN and/or AACN/CCNE not yet submitted to the Board.
- Include your Interim Report due the third year after Board survey visit. If due this year, request Guidelines.
- Attach tuition and refund policies with redacted tuition and non-tuition examples.
- All other indicated attachments: Courses and descriptions, substantive curriculum changes, contractual agreements, changes in clinical facilities/agencies, significant enrollment changes, complaints against program, audited fiscal budget.