

**MARYLAND BOARD OF NURSING (MBON)**  
**NURSING PROGRAM ANNUAL REPORT**  
**July 1, 2017 – June 30, 2018**

Thank you for taking the time to complete the attached Nursing Program Annual Report. This report is being collected in compliance with COMAR 10.27.03.16: Annual Review. Annually, a program shall submit the following to the Board: 1) A program catalog; 2) Any annual reports to the Board Recognized Nursing Accreditation Agency (BRNAA); 3) Any correspondence related to the status of the program's accreditation; 4) A summary of practices followed in safeguarding the health and well-being of students; and 5) Accurate and complete data including, but not limited to, number of enrollments, admissions, graduates, and faculty. Information requested from nursing education programs ensures compliance with the Nurse Training Act of 1964 (United States Department of Education).

**DIRECTIONS:**

- Complete a separate Annual Report for EACH applicable program.
- Review for accuracy and completeness prior to submission as it will be returned if incomplete or if corrections are required.
- Submit the Annual Report and supporting documents by **December 12, 2018**
- The following must be submitted as part of the Annual Report:
  - Description of roles/responsibilities of the Program Administrator.
  - Program's curriculum plan(s) in effect during the **2017-2018 (July 1, 2017 to June 30, 2018)** academic year. Plan(s) must identify all courses, allocation of clock hours to each course, and the ratio of credit hours to class, laboratory, and clinical hours. Plan(s) must identify semester/term and year in which each course is provided.
  - Copy of the program evaluation plan (with latest data).
  - Copy of the program's accreditation annual report for pre-licensure program: Accreditation Commission for Education in Nursing (ACEN) [Formerly NLNAC]; Collegiate Commission on Nursing Education (CCNE); or Commission on Nursing Education Accreditation (CNEA). Include a copy of any correspondence related to the status of the program's accreditation.
  - Summary of any formal complaints made against the program.
  - Most recent nursing audited fiscal budget that includes income and expenditures.
  - Institution's catalog and nursing program handbook, on a labeled removable storage device. Please ensure that policies related to financial aid, tuition refunds, admission, progression, and graduation can be located within these documents.

## I. PROGRAM INFORMATION

<b>PROGRAM:</b>	University of Maryland School of Nursing
<b>ADDRESS:</b>	655 West Lombard Street, Baltimore MD 21201
<b>PROGRAM ADMINISTRATOR:</b>	Jane Kirschling, PhD, RN, FAAN
<b>TYPE OF PROGRAM:</b>	<input type="checkbox"/> PN Community College <input type="checkbox"/> PN Vocational <input type="checkbox"/> RN Diploma <input type="checkbox"/> RN Associate Degree <input type="checkbox"/> RN Baccalaureate Degree <input checked="" type="checkbox"/> RN Direct Entry Masters
<b>OTHER PROGRAMS OFFERED:</b>	<input checked="" type="checkbox"/> RN-BSN <input type="checkbox"/> Traditional <input checked="" type="checkbox"/> Online <input checked="" type="checkbox"/> Master's <input checked="" type="checkbox"/> Traditional <input checked="" type="checkbox"/> Online <input type="checkbox"/> Concentration: _____ <input checked="" type="checkbox"/> DNP <input checked="" type="checkbox"/> Traditional <input checked="" type="checkbox"/> Online <input type="checkbox"/> Concentration: _____ <input checked="" type="checkbox"/> PHD <input checked="" type="checkbox"/> Traditional <input type="checkbox"/> Online <input type="checkbox"/> Concentration: _____ <input type="checkbox"/> Other _____
<b>TELEPHONE NUMBER:</b>	410-706-6740
<b>FAX NUMBER:</b>	410-706-4231
<b>E-MAIL ADDRESS:</b>	kirschling@umaryland.edu
<b>PROGRAM WEBSITE:</b>	<a href="http://www.nursing.umaryland.edu/">http://www.nursing.umaryland.edu/</a>

## II. APPROVAL AND ACCREDITATION

AGENCY/ORGANIZATION	LAST REVIEW DATE	NEXT REVIEW DATE	APPROVAL STATUS (DATES)			DENIED
			Initial	Full	Conditional	
MBON						
ACEN						
CCNE	09/24/14	06/30/2025	11/16/2009	09/22/2014		
CNEA						
OTHER: (Specify)						

### III. APPLICANT/STUDENT DATA

<b>PROGRAM PERFORMANCE DATA</b>	<b>2014</b>	<b>2015</b>	<b>2016</b>	<b>2017</b>	<b>2018</b>
<b>A: TOTAL NUMBER OF APPLICATIONS RECEIVED</b>	958	974	916	830	910
<b>B: TOTAL NUMBER OF QUALIFIED APPLICATIONS RECEIVED</b>	507	658	638	521	743
<b>C: TOTAL NUMBER OF QUALIFIED APPLICANTS NOT ADMITTED</b>	188	282	242	141	60
<b>D: NUMBER ENROLLED AS NEW STUDENTS AND IN ATTENDANCE THE FIRST DAY OF NURSING PROGRAM</b>	268	289	331	331	328
<b>G: NUMBER OF PROGRAM GRADUATES</b>	208	263	252	301	166 to date

	<u><b>2014</b></u>	<u><b>2015</b></u>	<u><b>2016</b></u>	<u><b>2017</b></u>	<u><b>2018</b></u>
<b>NCLEX SCORES</b>	<u><b>88.89%</b></u>	<u><b>91.43%</b></u>	<u><b>84.09%</b></u>	<u><b>87.04%</b></u>	<u><b>89.08%</b></u>

**IV. NURSING FACULTY DATA**

\*If needed, label and add nursing faculty data to the end of this report.

NAME	RANK AND TITLE	HIGHEST DEGREE	SPECIALTY AREA/FOCUS/ RESPONSIBILITIES (clinical, didactic, lab )	FTE STATUS
Please see the attached Excel Workbook labeled UMSON.BSN.Data				<input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART TIME
				<input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART TIME
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BUDGETED FULL TIME FACULTY POSITIONS: 158

NUMBER OF UNFILLED BUDGETED FULL TIME POSITIONS: 6

## VI. RESOURCES

### 1. Indicate adequacy or limitations of physical, fiscal, and human resources to meet program goals and student learning outcomes (clinical placements, recruitment of qualified faculty etc.).

Please see the attached PDF labeled UMB Financial Statement

Total operating budget: \$ 35.3 million

Total budget for instructional salaries: \$ 19.5 million

Limitations: Capacity limitations include budget constraints and difficulty recruiting faculty with pediatric and obstetric expertise. For the years ended June 30, 2017, increases in total employee payments of \$743K over FY 17, respectively, represent the largest component of the overall increase in operating expenses over the prior year. For 2017 the largest increases associated with employee payments were for institutional support and instruction activities, respectively. The University of Maryland, College Park, the University of Maryland, Baltimore, and the University of Maryland, Baltimore County each have considerable numbers of faculty that pursue research grants and other sponsored funding arrangements. The University of Maryland, Baltimore provides services to hospital and critical care facilities under contractual arrangements with the State. The revenue derived from these activities were reported primarily as contract and grant revenue.

### COOPERATING/CLINICAL AGENCIES

- If you have contracts with more than 10 agencies please label and add continuing pages to the end of this report.
  - You may also submit this information in a different format as long as all of the sections are addressed.

AGENCY	CONTENT AREA	TYPE OF CLINICAL EXPERIENCE (MARK ALL THAT APPLY)
Please see the attached Excel Workbook labeled UMSON. BSN.Data		<input type="checkbox"/> Clinical <input type="checkbox"/> Observation <input type="checkbox"/> Preceptorship
		<input type="checkbox"/> Clinical <input type="checkbox"/> Observation <input type="checkbox"/> Preceptorship
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		<input type="checkbox"/> Clinical <input type="checkbox"/> Observation <input type="checkbox"/> Preceptorship

**SIMULATION**

If needed, label and add additional information to the end of this report.

<b>CONTENT AREA</b>	<b>% CLINICAL HOURS MET THROUGH SIMULATION ACTIVITIES</b>	<b>TYPE OF SIMULATION ACTIVITY</b>
See attached report UMSON. BSN.SimulationUse		<input type="checkbox"/> HI FIDELITY <input type="checkbox"/> MID FIDELITY <input type="checkbox"/> LOW FIDELITY
		<input type="checkbox"/> HI FIDELITY <input type="checkbox"/> MID FIDELITY <input type="checkbox"/> LOW FIDELITY
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		<input type="checkbox"/> HI FIDELITY <input type="checkbox"/> MID FIDELITY <input type="checkbox"/> LOW FIDELITY
		<input type="checkbox"/> HI FIDELITY <input type="checkbox"/> MID FIDELITY <input type="checkbox"/> LOW FIDELITY

## VII: Programmatic Changes

Indicate programmatic changes that may potentially increase or decrease student and/or faculty populations. (Include current and planned nursing program as well as distance education options)

1. "A" Change in mission or objectives.	NO
2. Attach the list of nursing courses with brief descriptions to the end of this report.	Attached
3. "A" Implementation of distance education.	NO
4. "A" Significant change in length of program and fees.	NO
5. "A" Any charge of fraud and abuse or any adverse action following an audit.	NO
6. "A" Establishment of a branch campus.	NO
7. "A" Adverse action by The Middle States Association of Colleges and Schools.	NO
8. Change in credentials of the Dean or Program Administrator.	NO
9. Change in responsibilities of the Dean or Program Administrator.	NO
10. "A" Change in method or academic measure or number of clock credit hours.	NO
11. "A" Addition of courses or programs different in content or method of delivery.	NO
12. Change in program's resources/facilities.	NO
13. Change in status with ACEN or AACN/CCNE.	NO
14. "A" Program closing.	NO
15. Change in clinical facilities or agencies used (attach list)	NO
16. Attach contractual agreements between your program and clinical agencies.	N/A
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.	YES
18. Did your program have selective admission of students?	YES

## VIII. VERIFYING SIGNATURE

**PROGRAM ADMINISTRATOR:** Jane Kirschling, PhD, RN, FAAN

**TITLE:** Dean and Professor

**DATE:** December 12, 2018