



UNIVERSITY *of* MARYLAND
SCHOOL OF NURSING

Self-Study Report
to the
Commission on Collegiate
Nursing Education

APPENDICES

University of Maryland
School of Nursing
2014

Table of Contents

Introduction

Intro-1	University System of Maryland (USM) List of Schools	1
Intro-2	Organizational Chart for University of Maryland, Baltimore (UMB)	2
Intro-3	Organizational Chart for the University of Maryland School of Nursing (UMSON)	3

Standard I: Program Quality: Mission and Governance

IA-1	Mission Statements	4
IA-2	Comparison of Missions of USM, UMB and UMSON	5
IA-3	Baccalaureate, Master's and Doctor of Nursing Practice Program Outcomes	6
IA-4	Congruence of the Mission of UMB, UMSON, and Program Outcomes	8
IA-5	Congruence of AACN Professional Standards with Program Outcomes	12
IA-6	Congruence of Selected Professional Standards with Program Outcomes	18
IA-7	Master Evaluation Plan	20
IC-1	Appointment, Promotion, and Tenure Committee Policies and Procedures	33
IC-2	Congruence of UMSON Mission with Appointment, Promotion and Tenure Criteria	59
IC-3	UMSON Faculty Workload and Responsibilities	60
ID-1	UMSON Faculty Council, Committees, Faculty Senate & Judicial Board Representatives	69
ID-2	UMSON Student Organizations	72

Standard II: Program Quality: Institutional Commitment and Resources

IIB-1	Nursing Student Organizational Structure	74
IIB-2	Counseling Support Services at Universities at Shady Grove	75
IIB-3	Organized Research Centers	78
IIB-4	UMSON Strategic Plan 2012-2017	80
I-C-1	Jane Kirschling Curriculum Vitae	82
IID-1	Full-Time/Part-Time Faculty Roster	115
IID-2	Guidelines for Appointment of Adjunct Faculty	132
IID-3	Guidelines for Nomination of Faculty Associates	134
IID-4	Professional Services Agreement	137

Standard III: Program Quality: Curriculum, Teaching-Learning Practices, and Individual Student Learning Outcomes

IIIA-1	Comparison of Revised and Current BSN Plans of Study	144
IIIA-2	Comparison of Revised and Current RN-BSN Plans of Study	146
IIIA-3	Comparison of Revised and Current CNL Plans of Study	147
IIIB-1	Congruence of BSN Program Outcomes with AACN Baccalaureate Essentials	148
IIIB-2	Congruence of Traditional BSN and RN-BSN Courses with AACN	149

	Baccalaureate Essentials	
IIIB-3	Congruence of Selected Master’s Courses with AACN Master’s Essentials	151
IIIB-4	Congruence of Master’s Program Outcomes with AACN Master’s Essentials	156
IIIB-5	Congruence of CNL Courses with Baccalaureate and AACN Master’s Essentials	157
IIIB-6	Congruence of DNP Courses with AACN Essentials of Doctoral Education for Advanced Nursing Practice	161
IIIE-1	Map of Medically Underserved Areas	167
IIIG-1	Student Evaluation of Preceptor and Site	168
IIIG-2	Site Visit Form	169
IIIG-3	DNP Clinical Evaluation	170

Standard IV: Program Effectiveness: Aggregate Student Performance and Faculty Accomplishments

IVA-1	Course and Evaluation Questionnaire	173
IVA-2	Program Assessment Questionnaire	175
IVA-3	Dashboard	177
IVH-1	Program Assessment Tool	179

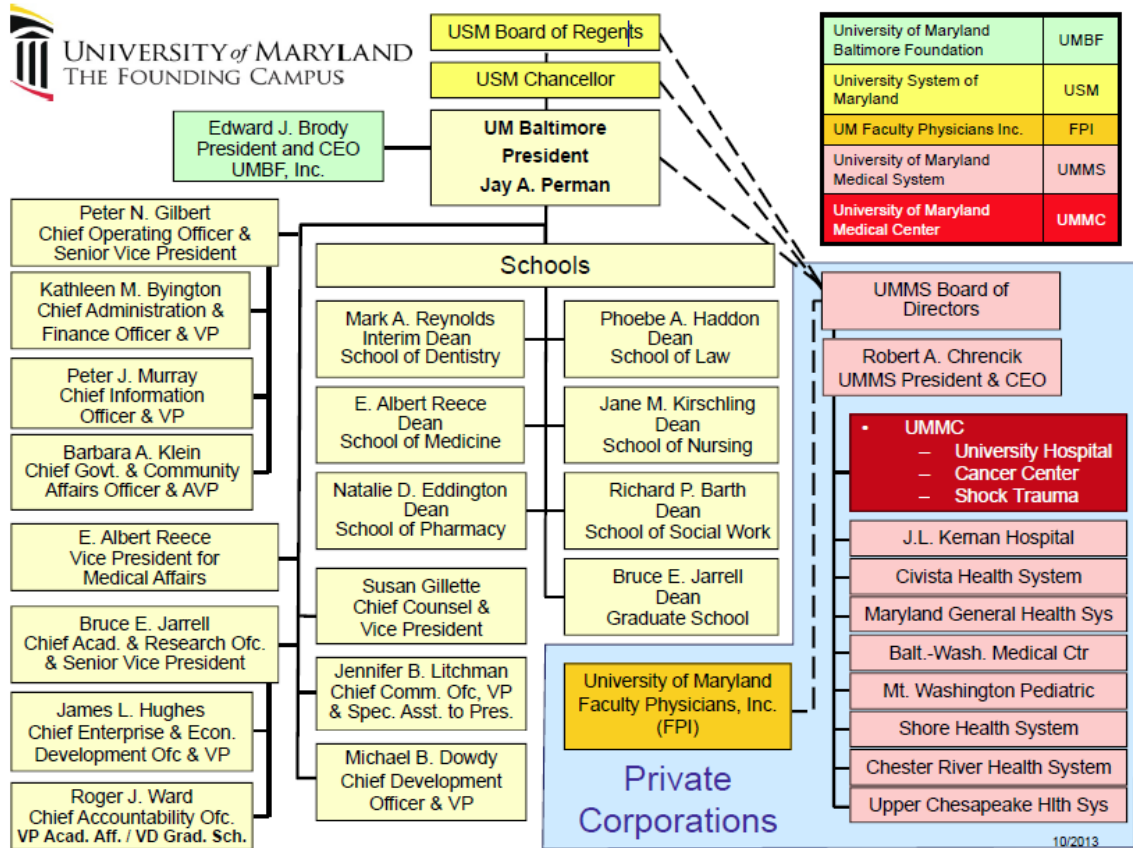
Appendix Intro-1

University System of Maryland



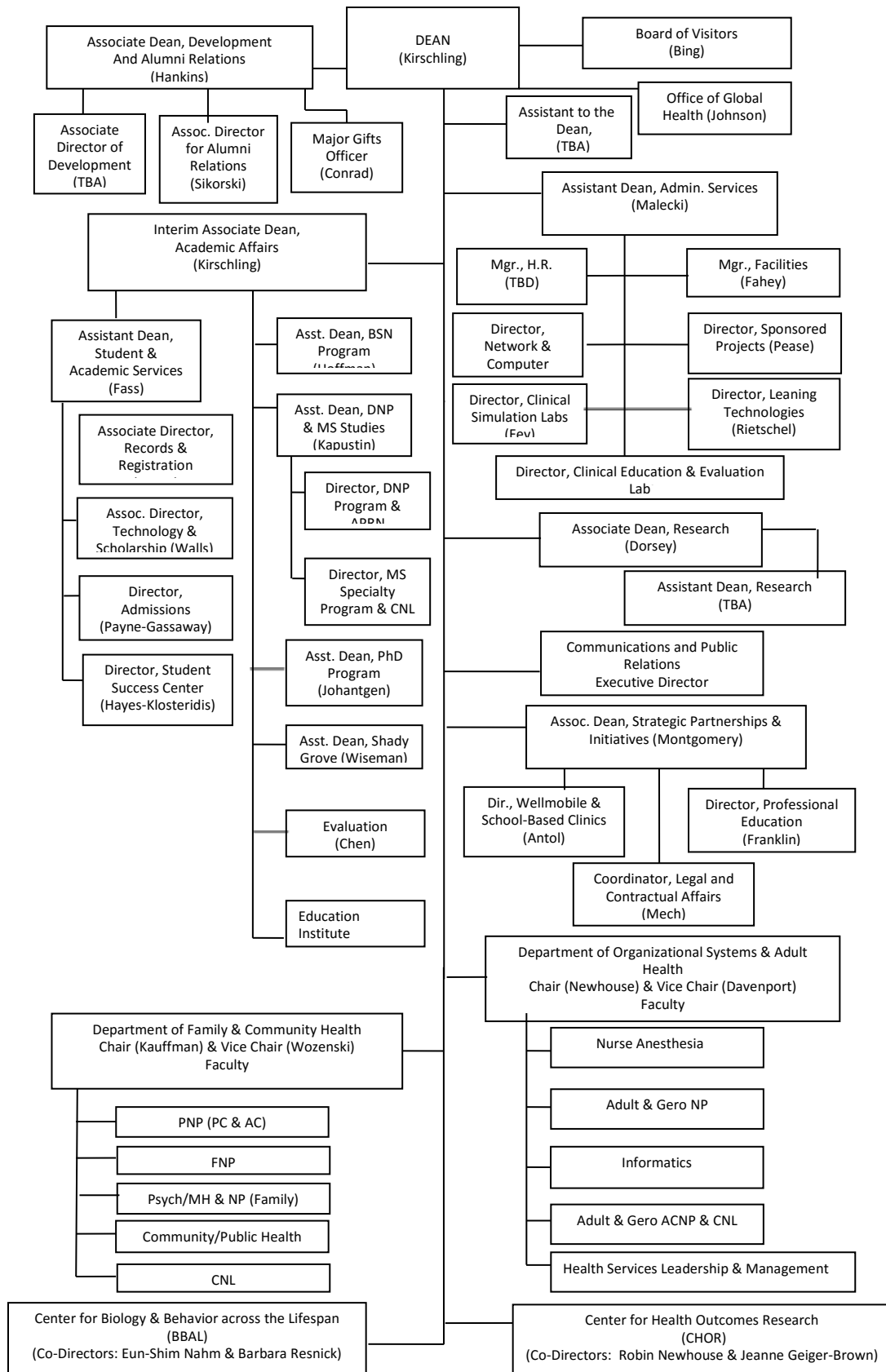
Appendix Intro-2

Organizational Chart for University of Maryland, Baltimore



Appendix Intro-3

Organizational Chart for University of Maryland School of Nursing



Appendix IA-1

Mission Statements

Mission, University System of Maryland (USM)

The University System of Maryland seeks to improve the quality of life for the people of Maryland by providing a comprehensive range of high quality, accessible, and affordable educational opportunities; engaging in research and creative scholarship that expand the boundaries of current knowledge; and providing knowledge-based programs and services that are responsive to the needs of the citizens of Maryland and the nation. The University System of Maryland fulfills its mission through the effective and efficient management of its resources and the focused missions and activities of each of its component institutions.

Mission, University of Maryland, Baltimore (UMB)

The University of Maryland, Baltimore is the state's public academic health and law university devoted to professional and graduate education, research, patient care, and public service. As a diverse community of outstanding faculty, staff, and students, and using state-of-the-art technological support, we educate leaders in health care delivery, biomedical science, global health, social work, and the law. We emphasize interdisciplinary education and research in an atmosphere that explicitly values civility, diversity, collaboration, teamwork, and accountability. By conducting internationally recognized research to cure disease and to improve the health, social functioning, and just treatment of the people we serve, we fosters economic development in the city, state, and nation. We are committed to ensuring that the knowledge we generate provides maximum benefit to society and directly enhances our various communities.

Mission, the University of Maryland School of Nursing

We shape the profession of nursing by developing nursing leaders in education, research and practice.

Appendix IA-2

Comparison of Missions of University System of Maryland (USM), University of Maryland Baltimore (UMB), and the University of Maryland School of Nursing (UMSON)

USM Mission	UMB Mission	SON Mission
Provide a comprehensive range of high quality, accessible, and affordable education opportunities	Using state-of-the-art technological support, we educate leaders in health care delivery, biomedical science, global health, social work, and the law.	We shape the profession of nursing by developing nursing leaders in education , research and practice.
Engage in research and create scholarship that expand the boundaries of current knowledge.	By conducting internationally recognized research to cure disease and to improve the health, social functioning, and just treatment of the people we serve, we foster economic development in the city, state, and nation.	We shape the profession of nursing by developing nursing leaders in education, research and practice.
Provide knowledge-based programs and services that are responsive to the needs of the citizens of the state and nation.	We are committed to ensuring that the knowledge we generate provides maximum benefit to society, and directly enhances our various communities .	We shape the profession of nursing by developing nursing leaders in education, research and <i>practice</i> .

Appendix IA-3

Program Outcomes

BSN Program Outcomes

Graduates of the BSN program are prepared to:

- Combine theoretical knowledge from the sciences, humanities and nursing as a foundation to professional nursing practice that focuses on health promotion and prevention of disease for individuals, families, communities, and populations
- Use the nursing process to manage care for individuals, families, communities and populations integrating physical, psychological, social, cultural, spiritual, and environmental considerations
- Integrate competencies in leadership, quality improvement and patient safety to improve health and promote interdisciplinary care
- Use the research process through translation of evidence-based findings to advance professional nursing and the delivery of healthcare
- Incorporate information management and patient care technology in the delivery of quality patient centered care
- Integrate knowledge of healthcare policy from social, economic, political, legislative, and professional perspectives to influence the delivery of care to individuals, families, communities, and populations
- Employ interprofessional communication and collaboration to ensure safe, quality care across the lifespan
- Use principles of ethics, legal responsibility and accountability to guide professional nursing practice across the lifespan and across the healthcare continuum
- Accept personal accountability for lifelong learning, professional growth, and commitment to the advancement of the profession

Masters Program Outcomes

Graduates of the MS program are prepared to:

- Incorporate scientific inquiry and theoretical concepts into efforts to improve the care to individuals and communities

- Lead evidence-based and interprofessional approaches for the design and delivery of comprehensive, culturally competent care to individuals/families, communities, and populations
- Participate in the design, implementation, and evaluation of health care systems to foster safety and excellence in health care delivery
- Engage in ethically sound, culturally sensitive, and evidenced-based practice to promote the health of individuals and communities
- Commit to lifelong learning for self and promote lifelong learning to consumers
- Practice advanced nursing roles in collaborative relationships across disciplines and in partnership with communities (i.e. nursing education, nursing administration, nursing informatics, advanced clinical practice and clinical nursing leadership)

DNP Program Outcomes

Graduates of the DNP program are prepared to:

- Initiate, facilitate, and participate in collaborative efforts that influence health care outcomes with scholars, practitioners, clinicians, and policy makers from other disciplines
- Lead at the highest educational, clinical, and executive ranks
- Evaluate and apply ethically sound, culturally sensitive, evidence-based practice for the improvement of education, clinical practice, systems management, and nursing leadership
- Analyze and apply scientific knowledge and related skills for the highest level of nursing practice
- Design, implement, manage, and evaluate patient care and organizational systems

Appendix IA-4

**Congruence of the Mission University of Maryland Baltimore (UMB)
and the University of Maryland School of Nursing (UMSON)
with the Outcomes of the Baccalaureate (BSN), Master’s (MS)
and Doctor of Nursing Practice (DNP) Programs**

UMB Mission	UMSON Mission	Outcomes of the BSN Program	Outcomes of the MS Program	Outcomes of the DNP Program
<p>Education: Using state-of-the-art technological support, UMB educates leaders in health care delivery, biomedical science, social services and law.</p>	<p>Education: We shape the profession of nursing by developing nursing leaders in education, research and practice.</p>	<p>Education:</p> <ul style="list-style-type: none"> • Combine theoretical knowledge from the sciences, humanities and nursing as a foundation to professional nursing practice that focuses on health promotion and prevention of disease for individuals, families, communities, and populations • Integrate competencies in leadership, quality improvement and patient safety to improve health and promote interdisciplinary care • Incorporate information management 	<p>Education:</p> <ul style="list-style-type: none"> • Incorporate scientific inquiry and theoretical concepts into efforts to improve the care to individuals and communities • Participate in the design, implementation, and evaluation of health care systems to foster safety and excellence in health care delivery • Engage in ethically sound, culturally sensitive, and evidenced-based practice to promote the health of individuals and communities • Commit to lifelong learning for self and promote lifelong learning to consumers 	<p>Education:</p> <ul style="list-style-type: none"> • Initiate, facilitate, and participate in collaborative efforts that influence health care outcomes with scholars, practitioners, clinicians, and policy makers from other disciplines • Lead at the highest educational, clinical, and executive ranks • Evaluate and apply ethically sound, culturally

		<p>and patient care technology in the delivery of quality patient centered care</p> <ul style="list-style-type: none"> • Integrate knowledge of healthcare policy from social, economic, political, legislative, and professional perspectives to influence the delivery of care to individuals, families, communities, and populations • Use principles of ethics, legal responsibility and accountability to guide professional nursing practice across the lifespan and across the healthcare continuum • Accept personal accountability for lifelong learning, professional growth, and commitment to the advancement of 		<p>sensitive, evidence-based practice for the improvement of education, clinical practice, systems management, and nursing leadership</p> <ul style="list-style-type: none"> • Analyze and apply scientific knowledge and related skills for the highest level of nursing practice • Design, implement, manage, and evaluate patient care and organizational systems
--	--	---	--	--

		the profession		
<p>Research and Scholarship: By conducting internationally recognized research to cure disease and to improve the health, social functioning, and just treatment of the people it serves, the campus fosters economic development in the state.</p>	<p>Research and Scholarship: We shape the profession of nursing by developing nursing leaders in education, research and practice.</p>	<p>Research and Scholarship:</p> <ul style="list-style-type: none"> • Use the research process through translation of evidence-based findings to advance professional nursing and the delivery of healthcare 	<p>Research and Scholarship:</p> <ul style="list-style-type: none"> • Incorporate scientific inquiry and theoretical concepts into efforts to improve the care to individuals and communities • Participate in the design, implementation, and evaluation of health care systems to foster safety and excellence in health care delivery 	<p>Research and Scholarship:</p> <ul style="list-style-type: none"> • Initiate, facilitate, and participate in collaborative efforts that influence health care outcomes with scholars, practitioners, clinicians, and policy makers from other disciplines • Evaluate and apply ethically sound, culturally sensitive, evidence-based practice for the improvement of education, clinical practice, systems management, and nursing leadership • Analyze and apply

				scientific knowledge and related skills for the highest level of nursing practice
<p>Service: UMB is committed to ensuring that the knowledge it generates provides maximum benefit to society, directly enhancing the community.</p>	<p>Service: We shape the profession of nursing by developing nursing leaders in education, research and practice.</p>	<p>Service:</p> <ul style="list-style-type: none"> • Use the nursing process to manage care for individuals, families, communities and populations integrating physical, psychological, social, cultural, spiritual, and environmental considerations • Integrate competencies in leadership, quality improvement and patient safety to improve health and promote interdisciplinary care • Integrate knowledge of healthcare policy from social, economic, political, legislative, and professional perspectives to 	<p>Service:</p> <ul style="list-style-type: none"> • Incorporate scientific inquiry and theoretical concepts into efforts to improve the care to individuals and communities • Lead evidence-based and interprofessional approaches for the design and delivery of comprehensive, culturally competent care to individuals/families, communities, and populations • Participate in the design, implementation, and evaluation of health care systems to foster safety and excellence in health care delivery • Practice advanced nursing roles in collaborative relationships across disciplines and in partnership with communities (i.e. nursing education, nursing administration, nursing informatics, 	<p>Service:</p> <ul style="list-style-type: none"> • Initiate, facilitate, and participate in collaborative efforts that influence health care outcomes with scholars, practitioners, clinicians, and policy makers from other disciplines • Lead at the highest educational, clinical, and executive ranks • Evaluate and apply ethically sound, culturally sensitive, evidence-based practice for the improvement

		<p>influence the delivery of care to individuals, families, communities, and populations</p>	<p>advanced clinical practice and clinical nursing leadership)</p>	<p>t of education, clinical practice, systems management , and nursing leadership</p> <ul style="list-style-type: none"> • Analyze and apply scientific knowledge and related skills for the highest level of nursing practice • Design, implement, manage, and evaluate patient care and organizational systems
--	--	--	--	--

Appendix IA-5

Congruence of the American Association of Colleges of Nursing (AACN) Professional Standards with Program Outcomes

THE ESSENTIALS OF BACCALAUREATE EDUCATION FOR PROFESSIONAL NURSING PRACTICE	BACCALAUREATE NURSING PROGRAM OUTCOMES
Liberal Education for Baccalaureate Generalist Nursing Practice	Combine theoretical knowledge from the sciences, humanities and nursing as a foundation to professional nursing practice that focuses on health promotion and prevention of disease for individuals, families, communities, and populations.
Basic Organizational and Systems Leadership for Quality Care and Patient Safety	Integrate competencies in leadership, quality improvement and patient safety to improve health and promote interdisciplinary care.
Scholarship for Evidence-Based Practice	Use the research process through translation of evidence-based findings to advance professional nursing and the delivery of healthcare.
Information Management and Application of Patient Care Technology	Incorporate information management and patient care technology in the delivery of quality patient centered care.
Healthcare Policy, Finance, and Regulatory Environments	Integrate knowledge of healthcare policy from social, economic, political, legislative, and professional perspectives to influence the delivery of care to individuals, families, communities, and populations.
Interprofessional Communication and Collaboration for Improving Patient Health Outcomes	Employ interprofessional communication and collaboration to ensure safe, quality care across the lifespan.
Clinical Prevention and Population Health	<p>Combine theoretical knowledge from the sciences, humanities and nursing as a foundation to professional nursing practice that focuses on health promotion and prevention of disease for individuals, families, communities, and populations.</p> <p>Use the nursing process to manage care for individuals, families, communities and populations integrating physical, psychological, social, cultural, spiritual, and environmental considerations.</p>

Professionalism and Professional Values	<p>Use principles of ethics, legal responsibility and accountability to guide professional nursing practice across the lifespan and across the healthcare continuum.</p> <p>Accept personal accountability for lifelong learning, professional growth, and commitment to the advancement of the profession.</p>
Baccalaureate Generalist Nursing Practice	<p>Use the nursing process to manage care for individuals, families, communities and populations integrating physical, psychological, social, cultural, spiritual, and environmental considerations</p> <p>Use principles of ethics, legal responsibility and accountability to guide professional nursing practice across the lifespan and across the healthcare continuum.</p>
ESSENTIALS OF MASTER'S EDUCATION	MASTER'S NURSING PROGRAM OUTCOMES
Background for Practice from Sciences and Humanities	<p>Incorporate scientific inquiry and theoretical concepts into efforts to improve the care to individuals and communities</p> <p>Participate in the design, implementation, and evaluation of health care systems to foster safety and excellence in health care delivery</p> <p>Engage in ethically sound, culturally sensitive, and evidenced-based practice to promote the health of individuals and communities.</p>
Organizational and Systems Leadership	<p>Lead evidence-based and interprofessional approaches for the design and delivery of comprehensive, culturally competent care to individuals/families, communities, and populations</p> <p>Engage in ethically sound, culturally sensitive, and evidenced-based practice to promote the health of individuals and communities.</p> <p>Commit to lifelong learning for self and promote lifelong learning to consumers</p>

	Practice advanced nursing roles in collaborative relationships across disciplines and in partnership with communities (i.e. nursing education, nursing administration, nursing informatics, and advanced clinical practice)
Quality Improvement and Safety	<p>Incorporate scientific inquiry and theoretical concepts into efforts to improve the care to individuals and communities</p> <p>Lead evidence-based and interprofessional approaches for the design and delivery of comprehensive, culturally competent care to individuals/families, communities, and populations</p> <p>Engage in ethically sound, culturally sensitive, and evidenced-based practice to promote the health of individuals and communities.</p> <p>Practice advanced nursing roles in collaborative relationships across disciplines and in partnership with communities (i.e. nursing education, nursing administration, nursing informatics, and advanced clinical practice)</p>
Translating and Integrating Scholarship into Practice	<p>Incorporate scientific inquiry and theoretical concepts into efforts to improve the care to individuals and communities</p> <p>Lead evidence-based and interprofessional approaches for the design and delivery of comprehensive, culturally competent care to individuals/families, communities, and populations</p> <p>Engage in ethically sound, culturally sensitive, and evidenced-based practice to promote the health of individuals and communities.</p> <p>Practice advanced nursing roles in collaborative relationships across disciplines and in partnership with communities (i.e. nursing education, nursing administration, nursing informatics, and advanced clinical practice)</p>
Informatics and Healthcare Technologies	<p>Incorporate scientific inquiry and theoretical concepts into efforts to improve the care to individuals and communities</p> <p>Lead evidence-based and interprofessional approaches</p>

	<p>for the design and delivery of comprehensive, culturally competent care to individuals/families, communities, and populations</p> <p>Participate in the design, implementation, and evaluation of health care systems to foster safety and excellence in health care delivery</p>
<p>Health Policy and Advocacy</p>	<p>Lead evidence-based and interprofessional approaches for the design and delivery of comprehensive, culturally competent care to individuals/families, communities, and populations</p> <p>Participate in the design, implementation, and evaluation of health care systems to foster safety and excellence in health care delivery</p> <p>Engage in ethically sound, culturally sensitive, and evidenced-based practice to promote the health of individuals and communities</p>
<p>Interprofessional Collaboration for Improving Patient and Population Health Outcomes</p>	<p>Incorporate scientific inquiry and theoretical concepts into efforts to improve the care to individuals and communities</p> <p>Lead evidence-based and interprofessional approaches for the design and delivery of comprehensive, culturally competent care to individuals/families, communities, and populations</p> <p>Participate in the design, implementation, and evaluation of health care systems to foster safety and excellence in health care delivery</p> <p>Engage in ethically sound, culturally sensitive, and evidenced-based practice to promote the health of individuals and communities.</p> <p>Commit to lifelong learning for self and promote lifelong learning to consumers</p> <p>Practice advanced nursing roles in collaborative relationships across disciplines and in partnership with communities (i.e. nursing education, nursing administration, nursing informatics, and advanced clinical practice)</p>

Clinical Prevention and Population Health for Improving Health	<p>Participate in the design, implementation, and evaluation of health care systems to foster safety and excellence in health care delivery</p> <p>Engage in ethically sound, culturally sensitive, and evidenced-based practice to promote the health of individuals and communities</p> <p>Practice advanced nursing roles in collaborative relationships across disciplines and in partnership with communities (i.e. nursing education, nursing administration, nursing informatics, and advanced clinical practice)</p>
Master's-Level Nursing Practice	<p>Incorporate scientific inquiry and theoretical concepts into efforts to improve the care to individuals and communities</p> <p>Lead evidence-based and interprofessional approaches for the design and delivery of comprehensive, culturally competent care to individuals/families, communities, and populations</p> <p>Participate in the design, implementation, and evaluation of health care systems to foster safety and excellence in health care delivery</p> <p>Engage in ethically sound, culturally sensitive, and evidenced-based practice to promote the health of individuals and communities</p> <p>Commit to lifelong learning for self and promote lifelong learning to consumers</p> <p>Practice advanced nursing roles in collaborative relationships across disciplines and in partnership with communities (i.e. nursing education, nursing administration, nursing informatics, and advanced clinical practice)</p>
ESSENTIALS OF DOCTORAL EDUCATION FOR ADVANCED NURSING PRACTICE	DOCTOR OF NURSING PRACTICE PROGRAM OUTCOMES
Scientific Underpinnings for Practice	Evaluate and apply ethically sound, culturally sensitive,

	<p>evidence-based practice for the improvement of education, clinical practice, systems management, and nursing leadership.</p> <p>Analyze and apply scientific knowledge and related skills for the highest level of nursing practice.</p>
Organizational Systems Leadership for Quality Improvement and Systems Thinking	<p>Initiate, facilitate, and participate in collaborative efforts that influence health care outcomes with scholars, practitioners, clinicians, and policy makers from other disciplines.</p> <p>Lead at the highest educational, clinical, and executive ranks.</p> <p>Analyze and apply scientific knowledge and related skills for the highest level of nursing practice.</p> <p>Design, implement, manage, and evaluate patient care and organizational systems.</p>
Clinical Scholarship and Analytical Methods for Evidence-based Practice	<p>Initiate, facilitate, and participate in collaborative efforts that influence health care outcomes with scholars, practitioners, clinicians, and policy makers from other disciplines.</p> <p>Evaluate and apply ethically sound, culturally sensitive, evidence-based practice for the improvement of education, clinical practice, systems management, and nursing leadership.</p> <p>Analyze and apply scientific knowledge and related skills for the highest level of nursing practice.</p> <p>Design, implement, manage, and evaluate patient care and organizational systems.</p>
Information Systems/Technology and Patient Care Technology for the Improvement and Transformation of Health Care	<p>Initiate, facilitate, and participate in collaborative efforts that influence health care outcomes with scholars, practitioners, clinicians, and policy makers from other disciplines.</p> <p>Design, implement, manage, and evaluate patient care and organizational systems.</p>
Health Care Policy for Advocacy in	<p>Initiate, facilitate, and participate in collaborative</p>

<p>Health Care</p>	<p>efforts that influence health care outcomes with scholars, practitioners, clinicians, and policy makers from other disciplines.</p> <p>Lead at the highest educational, clinical, and executive ranks.</p> <p>Analyze and apply scientific knowledge and related skills for the highest level of nursing practice.</p> <p>Design, implement, manage, and evaluate patient care and organizational systems.</p>
<p>Inter-professional Collaboration for Improving Patient and Population Health Outcomes</p>	<p>Initiate, facilitate, and participate in collaborative efforts that influence health care outcomes with scholars, practitioners, clinicians, and policy makers from other disciplines.</p> <p>Lead at the highest educational, clinical, and executive ranks.</p> <p>Analyze and apply scientific knowledge and related skills for the highest level of nursing practice.</p> <p>Design, implement, manage, and evaluate patient care and organizational systems.</p>
<p>Clinical Prevention and Population Health for Improving the Nation's Health</p>	<p>Initiate, facilitate, and participate in collaborative efforts that influence health care outcomes with scholars, practitioners, clinicians, and policy makers from other disciplines.</p> <p>Evaluate and apply ethically sound, culturally sensitive, evidence-based practice for the improvement of education, clinical practice, systems management, and nursing leadership.</p> <p>Analyze and apply scientific knowledge and related skills for the highest level of nursing practice.</p> <p>Design, implement, manage, and evaluate patient care and organizational systems.</p>
<p>Advanced Nursing Practice</p>	<p>Initiate, facilitate, and participate in collaborative efforts that influence health care outcomes with scholars, practitioners, clinicians, and policy makers</p>

	<p>from other disciplines.</p> <p>Lead at the highest educational, clinical, and executive ranks.</p> <p>Evaluate and apply ethically sound, culturally sensitive, evidence-based practice for the improvement of education, clinical practice, systems management, and nursing leadership.</p> <p>Analyze and apply scientific knowledge and related skills for the highest level of nursing practice.</p> <p>Design, implement, manage, and evaluate patient care and organizational systems.</p>
--	---

Appendix IA-6

Congruence of Selected Professional Standards with Program Outcomes

Competencies and Curricular Expectation for Clinical Nurse Leader (AACN, 2013)	Masters Program Outcomes
<ol style="list-style-type: none"> 1. Interpret patterns and trends in quantitative and qualitative data to evaluate outcomes of care within a microsystem and compare to other recognized benchmarks or outcomes, e.g. national, regional, state, or institutional 2. Apply concepts of improvement science and systems theory 	<p>Incorporate scientific inquiry and theoretical concepts into efforts to improve the care of individuals and communities.</p> <p>Lead evidence-based and interprofessional approaches for the design and delivery of comprehensive, culturally competent care to individuals/families, communities, and populations.</p>
<ol style="list-style-type: none"> 1. Demonstrate a working knowledge of the healthcare system and its component parts, including sites of care, delivery models, payment models, and the roles of health care professionals, patients, caregivers, and unlicensed professionals. 2. Use systems theory in the assessment, design, delivery, and evaluation of health care within complex organizations. 3. Collaborate with healthcare professionals, including physicians, advanced practice nurses, nurse managers and others, to plan, implement and evaluate an improvement opportunity. 	<p>Lead evidence-based and interprofessional approaches for the design and delivery of comprehensive, culturally competent care to individuals/families, communities, and populations</p> <p>Participate in the design, implementation, and evaluation of health care systems to foster safety and excellence in health care delivery</p> <p>Practice advanced nursing roles in collaborative relationships across disciplines and in partnership with communities (i.e. nursing education, nursing administration, nursing informatics, advanced clinical practice and clinical nursing leadership)</p>
<ol style="list-style-type: none"> 1. Use evidence to design and direct system improvements that address trends in safety and quality 2. Implement quality improvement strategies based on current evidence, analytics, and risk anticipation 	<p>Incorporate scientific inquiry and theoretical concepts into efforts to improve the care to individuals and communities.</p> <p>Lead evidence-based and interprofessional approaches for the design and delivery of comprehensive, culturally competent care to individuals/families, communities, and populations.</p> <p>Engage in ethically sound, culturally sensitive, and evidence-based practice to promote the health of individuals and communities.</p>

Criteria for Evaluation of Nurse Practitioner Programs (National Task Force, 2012)	DNP Program Outcomes
<p>Criterion III.B: The curriculum is congruent with national standards for graduate level and advanced practice registered nursing (APRN) education and is consistent with nationally recognized core role and population-focused NP competencies.</p>	<p>Evaluate and apply ethically sound, culturally sensitive, evidence-based practice for the improvement of education, clinical practice, systems management, and nursing leadership</p> <p>Initiate, facilitate, and participate in collaborative efforts that influence health care outcomes with scholars, practitioners, clinicians, and policy makers from other disciplines.</p> <p>Lead at the highest educational, clinical, and executive ranks.</p> <p>Design, implement, manage, and evaluate patient care and organizational systems.</p> <p>Initiate, facilitate, and participate in collaborative efforts that influence health care outcomes with scholars, practitioners, clinicians, and policy makers from other disciplines.</p>
<p>Criterion VI.A.4: Evaluate students' attainment of competencies throughout the program.</p> <p>Criterion VI.A.5: Evaluate students cumulatively based on clinical observation of student competence and performance by NP faculty and/or preceptor assessment.</p> <p>Criterion VI.A.6: Evaluate clinical sites at regularly scheduled intervals.</p> <p>Criterion VI.A.7: Evaluate preceptors at regularly scheduled intervals.</p>	<p>Evaluate and apply ethically sound, culturally sensitive, evidence-based practice for the improvement of education, clinical practice, systems management, and nursing leadership.</p> <p>Analyze and apply scientific knowledge and related skills for the highest level of nursing practice</p>

Appendix IA-7

Master Evaluation Plan

Element	Instrument (Data)	Data Source (Who)	Frequency (When)	Benchmark (When Applicable)	Summary Report Prepared By	Summary Report Received By	Official Data Housed
<i>Academic Programs</i>							
Mission Statement, Philosophy	Internal Community of Interest, Document Review	Faculty and Staff	Every 4 Years		Strategic Plan Committee	Faculty, Staff, UMB, and External Stakeholders	Office of the Dean
<i>Graduate Program</i>							
Goals and MS/CNL Outcomes							
MS Program CNL	Course Evaluation Questionnaire (CEQ)	MS Students	End of Every Semester	3.5 or higher on a 5-point scale	Director of Evaluation	Faculty, Department Chair and Vice Chair, Assistant Dean/ Directors for the Master's and DNP Programs	Office of Evaluation
	Faculty Evaluation Questionnaire (FEQ)	MS Students	End of Every Semester	3.5 or higher on a 5-point scale	Director of Evaluation	Faculty, Department Chair and Vice Chair	Office of Evaluation
	Program Assessment Questionnaire (PAQ)	MS Students	End of Last Semester	2.5 or higher on a 4-point scale	Director of Evaluation	Assistant Dean for the Master's and DNP Programs	Office of Evaluation

	MS Specialty Evaluation	MS Specialty Directors	Every 3 Years		MS/DNP Curriculum Committee	Assistant Dean for the Master's and DNP Programs	MS/DNP Curriculum Committee Minutes
	■ Advisory Board	Stakeholders/Community of Interests	Every Year		Specialty Directors	MS/DNP Curriculum Committee, Assistant Dean for the Master's and DNP Programs	MS/DNP Curriculum Committee Minutes
	■ MS Clinical Site/Preceptor Evaluation	MS Students	End of Every Clinical Course		Faculty	Specialty Directors	Specialty Directors
	■ MS Clinical Site/Preceptor Evaluation	Faculty	End of Every Clinical Course		Faculty	Specialty Directors	Specialty Directors
	■ CNL Clinical Site Evaluation	CNL Students	End of Every Clinical Course		Clinical Coordinator, Director of Evaluation	Course Director, Entry-Level Curriculum Committee	Office of Evaluation
	■ CNL Clinical Site Evaluation	CNL Clinical Instructors	End of Every Clinical Course		Clinical Coordinator	Course Director, Department Chair and Vice Chair	Clinical Coordinator
	■ CNL Clinical Instructor Evaluation	CNL Students	End of Every Clinical Course		Clinical Coordinator, Director of Evaluation	Course Director, Department Chair and Vice Chair	Office of Evaluation
	■ CNL Preceptor Evaluation	CNL Students	End of Last Semester		Course Faculty	Course Director	Course Director

	Employment Survey	MS Recent Graduates	Within 12 Months After Graduation	70% of the employment rate from the returned responses	Director of Evaluation	Assistant Dean for the Master's and DNP Programs	Office of Evaluation
	Alumni Survey	MS Graduates	Every 4 Years	70% or higher rated "good" or "excellent" on program quality items from the returned responses	Director of Evaluation, Office of Alumni	Assistant Dean for the Master's and DNP Programs	Office of Evaluation
Goals and Poster-Master's Certificate Program Outcomes							
APRN Program (Pending MHEC Approval)	Course Evaluation Questionnaire (CEQ)	Poster-Master's Certificate Program Students	End of Every Semester	3.5 or higher on a 5-point scale	Director of Evaluation	Faculty, Department Chair and Vice Chair, Assistant Dean/ Directors for the Master's and DNP Programs	Office of Evaluation
	Faculty Evaluation Questionnaire (FEQ)	Poster-Master's Certificate Program Students	End of Every Semester	3.5 or higher on a 5-point scale	Director of Evaluation	Faculty, Department Chair and Vice Chair	Office of Evaluation
	Program Assessment Questionnaire (PAQ)	Poster-Master's Certificate Program Students	End of Last Semester	2.5 or higher on a 4-point scale	Director of Evaluation	Assistant Dean for the Master's and DNP Programs	Office of Evaluation
	Employment Survey	Poster-Master's Certificate Program Recent Graduates	Within 12 Months After Graduation	70% of the employment rate from the returned responses	Director of Evaluation	Assistant Dean for the Master's and DNP Programs	Office of Evaluation

	Alumni Survey	Poster-Master's Certificate Program Graduates	Every 4 Years	70% or higher rated "good" or "excellent" on program quality items from the returned responses	Director of Evaluation, Office of Alumni	Assistant Dean for the Master's and DNP Programs	Office of Evaluation
Goals and DNP Outcomes							
DNP Program	Course Evaluation Questionnaire (CEQ)	DNP Students	End of Every Semester	3.5 or higher on a 5-point scale	Director of Evaluation	Faculty, Department Chair and Vice Chair, DNP Program Director, Assistant Dean for the Master's and DNP Programs	Office of Evaluation
	Faculty Evaluation Questionnaire (FEQ)	DNP Students	End of Every Semester	3.5 or higher on a 5-point scale	Director of Evaluation	Faculty, Department Chair and Vice Chair	Office of Evaluation
	Program Assessment Questionnaire (PAQ)	DNP Students	End of Last Semester	2.5 or higher on a 4-point scale	Director of Evaluation	DNP Program Director, Assistant Dean for the Master's and DNP Programs	Office of Evaluation
	DNP Curriculum Evaluation	DNP Program Director	Every 3 Years		MS/DNP Curriculum Committee	Assistant Dean for the Master's and DNP Programs	MS/DNP Curriculum Committee Minutes
	■ Advisory Board	Stakeholders/Community of Interests	Every Year		DNP Program Director	MS/DNP Curriculum Committee, Assistant Dean for the Master's and DNP Programs	MS/DNP Curriculum Committee Minutes

	■ Practicum Site Evaluation	DNP Students	End of Every Practicum Course		Course Faculty	Practicum Course Coordinators, DNP Program Director, Assistant Dean for the Master's and DNP Programs	Office of Evaluation
	■ Practicum Site Evaluation	Faculty	End of Every Practicum Course		Course Faculty	Practicum Course Coordinators, DNP Program Director, Assistant Dean for the Master's and DNP Programs	Office of Evaluation
	Employment Survey	DNP Recent Graduates	Within 12 Months After Graduation	70% of the employment rate from the returned responses	Registration Office, Director of Evaluation	DNP Program Director, Assistant Dean for the Master's and DNP Programs	Office of Evaluation
	Alumni Survey	DNP Graduates	Every 4 Years	70% or higher rated "good" or "excellent" on program quality items from the returned responses	Director of Evaluation, Office of Alumni	DNP Program Director, Assistant Dean for the Master's and DNP Programs,	Office of Evaluation
Goals and PhD Outcomes							
PhD Program	Course Evaluation Questionnaire (CEQ)	PhD Students	End of Every Semester	3.5 or higher on a 5-point scale	Director of Evaluation	Faculty, Department Chair and Vice Chair, Assistant Dean for PhD Program	Office of Evaluation
	Faculty Evaluation Questionnaire (FEQ)	PhD Students	End of Every Semester	3.5 or higher on a 5-point scale	Director of Evaluation	Faculty, Department Chair and Vice Chair	Office of Evaluation

	Program Assessment Questionnaire (PAQ)	PhD Students	End of Last Semester	2.5 or higher on a 4-point scale	Director of Evaluation	Assistant Dean for PhD Program,	Office of Evaluation
	PhD Evaluation of Curriculum	Assistant Dean for PhD Program	Every 7 Years	Time to completion; rate for completion	External Review Committee	Assistant Dean for PhD Program, Dean	Assistant Dean for PhD Program
	Employment Survey	PhD Graduates	Within 12 Months After Graduation		Registration Office, Director of Evaluation	Assistant Dean for PhD Program	Office of Evaluation
	Alumni Survey	PhD Graduates	Every 4 Years		Director of Evaluation, Office of Alumni	Assistant Dean for PhD Program	Office of Evaluation
Undergraduate Program							
Goals and BSN Outcomes							
BSN Program	Course Evaluation Questionnaire (CEQ)	BSN Students	End of Every Semester	3.5 or higher on a 5-point scale	Director of Evaluation	Faculty, Department Chair and Vice Chair, Assistant Dean for BSN Program, Assistant Dean for UMSON Program at Shady Grove	Office of Evaluation
	Faculty Evaluation Questionnaire (FEQ)	BSN Students	End of Every Semester	3.5 or higher on a 5-point scale	Director of Evaluation	Faculty, Department Chair and Vice Chair, Assistant Dean for UMSON Program	Office of Evaluation

						at Shady Grove	
	Program Assessment Questionnaire (PAQ)	BSN Students	End of Last Semester	2.5 or higher on a 4-point scale	Director of Evaluation	Assistant Dean for BSN Program	Office of Evaluation
	Advisory Board	Stakeholders/Community of Interests	Every Year		Assistant Dean for BSN Program	Entry-Level Curriculum Committee	Assistant Dean for BSN Program
	Clinical Site Evaluation	BSN Students	End of Every Clinical Course		Clinical Coordinator, Director of Evaluation	Course Director, Entry-Level Curriculum Committee, Assistant Dean for BSN Program	Office of Evaluation
	Clinical Site Evaluation	BSN Clinical Instructors	End of Every Clinical Course		Clinical Coordinator	Course Director, Department Chair and Vice Chair, Assistant Dean for UMSON Program at Shady Grove, Assistant Dean for BSN Program	Clinical Coordinator
	Clinical Instructor Evaluation	BSN Students	End of Every Clinical Course		Clinical Coordinator, Director of Evaluation	Course Director, Department Chair and Vice Chair, Assistant Dean for UMSON Program at Shady Grove	Office of Evaluation

	Preceptor Evaluation	BSN Students	End of Last Semester		Course Faculty	Course Director, Department Chair and Vice Chair, Assistant Dean for UMSON Program at Shady Grove	Course Director
	Employment Survey	BSN Recent Graduates	Within 12 Months After Graduation	70% of the employment rate from the returned responses	Registration Office, Director of Evaluation	Assistant Dean for BSN Program	Office of Evaluation
	Alumni Survey	BSN Graduates	Every 4 Years	70% or higher rated "good" or "excellent" on program quality items from the returned responses	Director of Evaluation, Office of Alumni	Assistant Dean for BSN Program	Office of Evaluation
<i>Faculty</i>							
Performance Review	Annual Review	Faculty	Yearly		Department Chair, Assistant Dean for UMSON Program at Shady Grove	Human Resources, Dean	Human Resources, Department Chair
Reappointment (Adjunct/Contractual)	Annual Review	Adjunct/Contractual Faculty	Yearly		Course Director	Department Chair, Assistant Dean for UMSON Program at Shady Grove, Human Resources, Dean	Human Resources, Department Chair

Reappointment (Non-Tenured)	Annual Review	Non-Tenured Faculty	Yearly		Department Chair, Assistant Dean for UMSON Program at Shady Grove	Human Resources, Dean	Human Resources, Department Chair
Promotion	APT Documents	Faculty	Per APT Guideline or Policy		Department Chair, Assistant Dean for UMSON Program at Shady Grove, APT	Human Resources, Dean, President	Human Resources, Department Chair
Faculty Activity	Faculty Progress and Productivity Report (FPPR) and Teaching Workload	Faculty	Yearly		Department Chair, Director of Evaluation	Dean, Office of Institutional Research and Accountability	Office of Evaluation
<i>Governance</i>							
Dean	Comprehensive Materials Review of Leadership	Dean	Every 5 Years		Dean	President	President's Office
Associate Deans	Comprehensive Review	Associate Deans	Annually		Associate Deans	Dean	Office of the Dean
Department Chairs/ Assistant Dean for UMSON Program at Shady Grove	Comprehensive Review	Department Chairs/ Assistant Dean for UMSON Program at Shady Grove	Annually		Department Chairs/ Assistant Dean for UMSON Program at Shady Grove	Dean	Office of the Dean
Assistant Deans/ Directors	Comprehensive Review	Assistant Deans/ Directors	Annually		Assistant Deans/ Directors	Dean	Office of the Dean

Faculty Organization	Review of Bylaws	Faculty Council	Every 2 Years		Chair of Faculty Council and Faculty Assembly	Faculty Council, Dean	Office of the Dean
<i>Students</i>							
PhD	Final Course Evaluation/Grade	PhD Students	Every Semester		Faculty	Office of Student and Academic Services	Office of Student and Academic Services
MS/DNP	Final Course Evaluation/Grade	MS/DNP Students	Every Semester		Faculty	Office of Student and Academic Services	Office of Student and Academic Services
MS Specialties	Certification Exam	MS Specialty Students Poster-Master's Certificate Program Students	After Graduation	80% or greater	Nursing Certification Board	Assistant Dean for the Master's and DNP Programs	Assistant Dean for the Master's and DNP Programs
CNL	Final Course Evaluation/Grade	CNL Students	Every Semester		Faculty	Office of Student and Academic Services	Office of Student and Academic Services
	Standardized Testing	CNL Students	Every Semester		CNL Program Director	CNL Program Director, Assistant Dean for the Master's and DNP Programs	Assistant Dean for the Master's and DNP Programs
	NCLEX	CNL Students	After Graduation	80% or greater	National Council of State Boards of Nursing	CNL Program Director, Assistant Dean for the Master's and DNP Programs	Assistant Dean for the Master's and DNP Programs

	Certification Exam	CNL Students	After Graduation	80% or greater	Nursing Certification Board	CNL Program Director, Assistant Dean for the Master's and DNP Programs	Assistant Dean for the Master's and DNP Programs
BSN	Final Course Evaluation/Grade	BSN Students	Every Semester		Faculty	Office of Student and Academic Services	Office of Student and Academic Services
	Standardized Testing	BSN Students	Every Semester		Assistant Dean for BSN Program	Assistant Dean for BSN Program	Assistant Dean for BSN Program
	NCLEX	BSN Students	After Graduation	80% or greater	National Council of State Boards of Nursing	Assistant Dean for BSN Program	Assistant Dean for BSN Program
Completion Rates	Student Records	Students	Yearly	70% of the students graduated within 5 years of their first enrollment	Assistant Dean of Student and Academic Services	Assistant Dean for BSN Program, Dean, Assistant Dean for the Master's and DNP Programs, Assistant Dean for PhD Program	Office of Student and Academic Services
<i>Strategic Partnerships and Initiatives</i>							
Professional Education	ANCC and OPE Annual Report	Continuing Nursing Education Documents and Participants	Annually		Associate Dean for Strategic Partnerships & Initiatives	Dean	Office of Strategic Partnerships and Initiatives
Clinical Enterprise	Annual Report	Clinical Enterprise Documents	Annually		Associate Dean for Strategic Partnerships & Initiatives	Dean	Office of Strategic Partnerships and Initiatives

Strategic Partnership	Review of Strategic Partnership	Strategic Partnership Portfolio /Goals	Annually		Associate Dean for Strategic Partnerships & Initiatives	Dean	Office of Strategic Partnerships and Initiatives
<i>Other</i>							
Course Evaluation	Summative Results of All Course Evaluations	CEQ Semester Results	Annually		Director of Evaluation	Deans and Chairs, Dean	Office of Evaluation
Technology Related Needs	Faculty, Staff, Administration Inputs	Technology Advisory Committee	Annually		Director of Network and Computer Services (NACS)	Assistant Dean of Administrative Services	Director of Network and Computer Services (NACS)
Physical Facilities	Review of Needs and Resources	Faculty, Staff, Administration	Ongoing		Manager of Facilities Support Services	Assistant Dean of Administrative Services	Manager of Facilities Support Services
Clinical Simulation Laboratory	METI Simulation Effectiveness Tool	Students/Faculty	End of Every Simulation Lab Course/Yearly		Director of Clinical Simulation Laboratory	Associate Dean for Academic Affairs	Director of Clinical Simulation Laboratory
Student Success Center	Student Success Center Survey	Students/Faculty	Semester/ Yearly		Director of Student Success Center	Assistant Dean of Student and Academic Services	Director of Student Success Center
Clinical Education and Evaluation Lab	Clinical Education and Evaluation Lab Survey	Students/Faculty	Semester/ Yearly		Director of Clinical Education and Evaluation Lab		Director of Clinical Education and Evaluation Lab
Learning Technology	Learning Technology Survey	Students/Faculty	Semester/ Yearly		Director of Learning Technology		Director of Learning Technology

Faculty Training and Development Needs	Faculty Survey	Faculty	Determined by Faculty Council		Department Chairs	Dean and Chair of Faculty Council	Department Chairs
Staff Training and Development Needs	Staff Survey	Staff	Determined by Staff Council		Chair of Staff Council	Dean	Chair of Staff Council
Comprehensive Evaluation Plan	Review of Documents	Office of Evaluation	Every 2 Years		Associate and Assistant Deans, Department Chairs	Dean	Office of Evaluation

Appendix IC-1

Appointment, Promotion, and Tenure Committee Policies and Procedures May 7, 2013

The School of Nursing follows University System of Maryland (USM) and University of Maryland Baltimore (UMB) policies and procedures. Faculty of the School should be familiar with the USM and UMB faculty policies that are in the UMB Faculty Handbook. Also, faculty should be familiar with these School of Nursing (SON) policies and procedures.

All faculty members whose professions require licensing must be licensed and, if certified in specialties needed to fulfill University responsibilities, must maintain certification.

School of Nursing faculty members are expected to perform satisfactorily in the following areas according to the terms of their appointment: teaching, scholarship, and service.

I. Faculty Ranks

The SON has both Tenure and Non-Tenure (Nursing School) Tracks for full-time faculty. Full time faculty members as defined by human resources policy are eligible for tenure.

A. Full-Time Faculty

1. Tenure Track Faculty

In addition to their instructional responsibilities, Tenure Track faculty members are expected to largely focus on research, secure peer-reviewed external funding for their research, and disseminate their results in peer reviewed venues. They may perform creative or other activities that result in the generation and application of intellectual property through technology transfer. The titles associated with such appointments are Assistant Professor, Associate Professor, and Professor. Tenure Track appointments are full-time positions.

a. Assistant Professor

Criteria for appointment to the rank of Assistant Professor include:

- i. An earned doctorate in nursing or a related field.
- ii. Demonstrated potential for superiority in research, which includes publishing research results and related materials.
- iii. Demonstrated potential to develop a focused research or technology transfer program.
- iv. Demonstrated potential for superiority in teaching.
- v. Demonstrated potential for superiority in service to the School, profession, and/or community.

More detailed criteria are given in later portions of this document

b. Associate Professor

In addition to meeting the qualifications for Assistant Professor, the appointee must have demonstrated excellence in teaching, research scholarship and/or activities that result in the generation and application of intellectual property through technology transfer, and service. More detailed criteria are given in later portions of this document.

c. Professor

The rank of Professor is awarded only to those faculty members who, in addition to meeting the qualifications for Associate Professor, demonstrate sustained excellence in teaching, research scholarship and/or activities that result in the generation and application of intellectual property through technology transfer, and service. More detailed criteria are given in later portions of this document.

2. Non-Tenure Track Faculty

In addition their instructional responsibilities, Non-Tenure Track faculty, are expected to focus on their chosen area of practice and to contribute in a scholarly way to the advancement of that practice via dissemination of their practice scholarship in peer reviewed venues. Practice is broadly defined to include clinical, educational, research, theory, technological, leadership, administrative, historical, policy or other activities that are related to the discipline of nursing. The titles associated with such appointments are Clinical Instructor (full-time), Nursing School Assistant Professor, Nursing School Associate Professor, and Nursing School Professor.

a. Clinical Instructor (full-time)

Criteria for appointment to the rank of Clinical Instructor include:

- i. A master's degree in nursing or a related field.
- ii. Demonstrated competence in area of practice.
- iii. Demonstrated potential for effective teaching.

b. Nursing School Assistant Professor

Criteria for appointment to the rank of Nursing School Assistant Professor include:

- i. An earned doctorate in nursing or a related field.
- ii. Demonstrated potential for superiority in dissemination of practice to the professional community.
- iii. Demonstrated potential for superiority in teaching.
- iv. A high level of ability and capacity for supervision of students in a specific area of practice.

c. Nursing School Associate Professor

In addition to meeting the qualifications for Nursing School Assistant Professor, the appointee must have demonstrated excellence in teaching, practice scholarship, and service. More detailed criteria are given in later portions of this document.

d. Nursing School Professor

The rank of Nursing School Professor is awarded only to those faculty members who, in addition to meeting the qualifications for Nursing School Associate Professor, demonstrate sustained excellence in teaching, practice scholarship, and service. More detailed criteria are given in later portions of this document.

B. Other Faculty Ranks

1. Part-time faculty with specialized responsibilities in clinical practice.

a. Clinical Instructor (part-time)

The criteria for this rank are the same as for Clinical Instructor (full-time).

b. Clinical Assistant Professor, Clinical Associate Professor, Clinical Professor

These ranks are for part-time faculty who have qualifications similar to those for Nursing School ranks and whose responsibilities are primarily in instruction/clinical practice.

2. Full-time or part-time faculty with specialized responsibilities in research.

a. Faculty Research Assistant

- i. Research Assistants are employed to work on specific research projects.
- ii. A baccalaureate degree is the minimum educational requirement.

b. Research Associate

- i. Research Associates ordinarily should hold a doctorate or have comparable experience.
- ii. The appointee should be capable of carrying out individual research or collaborating in group research at the advanced level.

c. Research Assistant Professor, Research Associate Professor, Research Professor

These ranks are for full-time or part-time faculty members who have qualifications in the area of research similar to those for the positions of Assistant Professor, Associate Professor, and Professor.

3. Additional ranks used by the SON

Lecturer; Adjunct Assistant Professor, Adjunct Associate Professor, and Adjunct Professor; Affiliate Assistant Professor, Affiliate Associate Professor, Affiliate Professor, and Visiting Assistant Professor, Visiting Associate Professor, and Visiting Professor.

4. All relevant definitions and policies from the USM Policy on Appointment, Rank and Tenure (ART) are hereby adopted and incorporated by reference.

C. Emeritus Faculty

An emeritus faculty member is a retired Professor or Nursing School Professor with a record of *exemplary* service to the School and to the profession as a whole. It is not necessary for the candidate to have retired directly from the UMB SON, but it is necessary that she/he be retired.

II. Appointment, Promotion, and Tenure

A. Overall Considerations

1. The appointment, promotion, and tenure policies of the SON are consistent with the APT policy of the UMB. In accordance with UMB APT policy, the detailed criteria and the relative weight of the criteria are determined by the SON.
2. In response to the needs of society and the expectations of accrediting agencies of UMB, priorities and needs of UMB and its Schools change over time. As a result, the criteria set forth in School Policy for promotion and tenure may change over time. Criteria should be reviewed regularly and updated as appropriate. Any changes in criteria must be promptly communicated to the School's faculty.
3. Each UMB faculty member must have a primary appointment to the faculty of one of the UMB Schools. Each faculty appointment shall be made to a designated academic rank and shall be effective on a specific date. Decisions about a faculty member's appointment, reappointment, promotion and tenure will be made with reference to the primary School Policy, the UMB Policy, and the USM Policy.
4. A faculty member with a primary appointment in another USM School may have a secondary appointment at the SON. Secondary appointments are uncompensated. The individual's rank at his or her primary appointment will be the rank at the SON. Tenure, if earned, is exclusively located in the primary appointment.
5. An individual employed primarily by an institution outside of the USM and with title of Nursing School Assistant Professor, Nursing School Associate Professor, or Nursing School Professor is governed by the policies for Non-Tenure Track faculty.
6. In USM Policy the general criteria for faculty appointment, promotion, rank and tenure are: (1) teaching effectiveness, including student advising; (2) research, scholarship, and, in appropriate areas, creative activities or other activities that result

in the generation and application of intellectual property through technology transfer; and (3) relevant service to the community, profession, and institution.

7. The Tenure Track academic ranks that may lead to consideration for tenure are full time appointments as Assistant Professor, Associate Professor, and Professor. Tenure is awarded only to full-time faculty at the ranks of Associate Professor and Professor. Tenure is granted only after an affirmative decision based upon a formal review specifically to evaluate a candidate for tenure is made
8. An appropriate review of credentials must occur before all appointments and promotions are made and before recommendations to grant tenure are made.
9. Promotion and tenure decisions, as well as decisions to hire and reappoint faculty, involve subjective evaluations about a person's abilities and past and potential contributions to the SON and UMB. Meeting minimum criteria does not entitle a faculty member to promotion and/or tenure.
10. Evaluations for reappointment, promotion, and tenure are conducted annually, using current criteria as stated in SON Policy and taking into account faculty, personnel, and academic program requirements.
11. Decisions on appointment, promotion, and tenure shall be based on the academic merit of candidates and on the academic needs of the Department, School, and Institution. Candidates for promotion and for tenure must have demonstrated the ability to work effectively in the academic environment through professional interactions with colleagues, students, and University personnel.
12. For any appointment that requires approval of the Senior Vice President of Academic Affairs, materials must be submitted in accordance with the UMB APT Policy.
13. Faculty appointment letters are prepared and issued by the Dean in accordance with UMB Policy on Faculty Appointment Letters.

B. Appointments

1. APT evaluation of new appointments for rank of Associate or Full Professor as a full time or adjunct faculty member requires submission of a nomination letter from the Department Chair, current CV, Self-evaluation and copies of five most significant publications. See Dossier procedures for more complete description. The APT Committee reviews the packet and makes a recommendation to the Dean.
2. Offers of appointment or reappointment are made by the Dean after the required approvals from the President or the President's designee have been received.
3. Appointment to Tenure or Non-Tenure Track
 - a. Appointment to a specific track is an administrative decision and is made at the time of appointment to any Tenure Track or Non-Tenure Track position at the rank of Assistant Professor or above.

- b. A faculty member at the rank of Nursing School Assistant Professor or above, who has never before been placed on the Tenure Track, will have one opportunity, subject to approval by the Department Chair and the Dean, to transfer to the Tenure Track.
- c. Transfers from the Tenure Track to the Non-Tenure Track may be made at any time prior to submission of the application for tenure with the approval of the Department Chair and the Dean. Faculty who make a change in track will have no expectation of subsequent review for tenure or return to the Tenure Track.
- d. Transfers from Tenure Track to Non-Tenure Track require approval from the Senior Vice President of Academic Affairs.

4. Tenure Track Appointments

For Tenure Track faculty appointed on or after July 1 and on or before December 31, the tenure review schedule will begin July 1 of that year. For Tenure Track faculty appointed on or after January 1 and before July 1, the tenure review schedule will begin July 1 of that year. An additional year in the Tenure Track may be granted after parenthood or extraordinary professional or personal circumstance according to UMB Policy (II -1.00c).

a. Appointments to the Rank of Assistant Professor

- i. A Tenure Track appointment made at the rank of Assistant Professor shall be for an initial term of one to three years. The first year of the initial appointment shall be a probationary year.
- ii. If the initial appointment is for one year, the Assistant Professor will be evaluated based on the set criteria at the end of the first six months by their Department Chair. If the appointment was made prior to or on December 31 of the academic year, the appointment may be terminated June 30 of that academic year if the appointee is so notified by March 1. If the appointment was made on or after January first of the academic year, the appointment may be terminated on June 30 of the next academic year if the appointee is so notified by March 1 of that year.
- iii. If the initial appointment is for two years, the appointment may be terminated if the appointee is so notified by December 15 of the second academic year .
- iv. If the initial appointment is for more than two years, the appointment may be terminated if the appointee is so notified by August 1 prior to the beginning of the final academic year of the appointment.
- v. After the second year of the appointment, the appointee shall be given one full year's notice if it is the intention not to renew the appointment.
- vi. An Assistant Professor whose has been appointed for a sixth year shall receive, no later than the sixth year, a formal review for tenure and promotion to Associate Professor. A full-time appointee who has completed six consecutive years of service as an Assistant Professor and who has been

notified that tenure has been denied, shall be granted an additional and terminal one-year appointment in that rank, but, barring exceptional circumstances, shall receive no further consideration for tenure.

- vii. A faculty member may request early tenure review. Requests for early review must be made by July 15th of the year in which review is desired. The Department Chair will consult with the Dean, who must concur in order for the review to be initiated. A negative decision by the Dean regarding early review is final.
 - viii. A full-time appointee who has applied for early tenure and who has been notified that tenure has been denied, shall be permitted to apply for tenure according to the pre-specified timeline without prejudice.
 - ix. Review for tenure will cease upon the Department Chair's notification of APT that the faculty member has been notified of termination or has resigned.
- b. Appointments to the rank of Associate Professor may carry immediate tenure if the faculty member has had tenure at another academic institution and they meet the UMB SON criteria for tenure or in extraordinary circumstances. Otherwise, such appointments shall be for an initial period of one to four years, except that initial appointments for individuals with no prior teaching experience may be for a maximum of seven years, and shall terminate at the end of that period unless the appointee is notified in writing that he or she has been granted tenure.
- i. An Associate Professor whose initial appointment is without tenure shall follow the hiring/review timeline for re-hiring for assistant professor, tenure track until tenure review occurs. Application for formal review for tenure shall be submitted by October 1 of the first fall of their appointment or according to the timeline of the normal SON promotion and tenure cycle up in the year prior to the end of the initial appointment or until the date that application would have been necessary if the initial appointment had been as an assistant professor on the tenure track, whichever is the later. After the initial year, if appointment was between July and October 1, or in the initial academic year, if the appointment was made after October 1, requests for review must be made by July 15th of the year in which review is desired.
 - ii. A faculty member whose initial appointment was as an associate professor may request early tenure review. Requests for early review must be made by July 15th of the year in which review is desired. The Department Chair will consult with the Dean, who must concur in order for the review to be initiated. A negative decision by the Dean regarding early review is final.
 - iii. A full-time appointee who has applied for early tenure and who has been notified that tenure has been denied, shall be permitted to apply for tenure according to the pre-specified timeline without prejudice. Review for tenure will cease upon the Department Chair's notification of APT that the faculty member has been notified of termination or has resigned.

- iv. A full-time appointee who has applied for tenure in the normal time sequence and who has been notified that tenure has been denied, shall be granted an additional and terminal one-year appointment in that rank, but, barring exceptional circumstances, shall receive no further consideration for tenure.
 - c. New appointments to the rank of Professor carry immediate tenure.
- 5. Full time Non-Tenure Track Appointments
 - a. Appointment to all Non-Tenure Track ranks is for a term not to extend beyond June 30th unless otherwise stipulated in the letter of appointment.
 - b. Faculty appointed to Non-Tenure Track ranks on a full-time (9 or 12 months per year) basis at least one academic year shall receive notice of non-renewal of appointment based upon their length of continuous full-time service in such ranks. If this service is less than seven years, at least 90 days' notice is required. If this service is seven years or more, at least six months' notice is required. If the required notice is not provided prior to the termination of the then-current contract, this condition may be remedied by extending the contract by the number of days necessary to meet the notice requirement.
- 6. Adjunct (part time) Non-Tenure Track Appointments follow Non-Tenure Track criteria.
- 7. Emeritus Faculty
 - a. The candidate must be a retired UMB Professor or Nursing School Professor with a record of *exemplary* service to the School and to the profession as a whole. It is not necessary for the candidate to have retired directly from the UMB SON, but it is necessary that she/he be retired. Self-nominations are acceptable.
 - b. The candidate has indicated an interest in continuing to support the mission of the School.
 - c. The candidate has been nominated by a current faculty member or self nominated via a letter addressed to the chair of APT detailing the exemplary nature of the candidate's service to the UMB SON and the profession of nursing.
 - d. Pending approval by a majority vote, the Chair of APT will request that the Chair of Faculty Council place this nomination before Faculty Assembly for a vote.
 - e. Approval by a majority vote of Faculty Assembly will constitute appointment to the position of Professor Emerita/Emeritus, UMB SON.

C. Promotion

- 1. To be considered for promotion to any rank, the candidate must possess at a minimum the qualifications listed for that rank. Possession of the minimum qualifications for a rank does not guarantee promotion to that rank.

2. Faculty members considering promotion must meet with their Department Chair to evaluate their potential for promotion before making formal application.
3. Adjunct Faculty desirous of promotion should apply de novo for a position at the rank they desire. They are required to submit a nomination letter from the Department Chair stating a recommendation for appointment and the role of the candidate at the SON, the candidates CV, self-evaluation, and five publications or other peer reviewed evidence of scholarly productivity. External reviews or evaluations may be sought at the discretion of the APT committee.

D. Tenure

1. When tenure is awarded, it is awarded within the SON. The 6 year deadline for obtaining tenure, with a seventh terminal year if tenure is not obtained, may be extended one year due to parenthood or extraordinary circumstances with the approval of the Department Chair.
2. Tenure will be granted only to those applicants who demonstrate a consistent pattern of development and achievement in teaching, research scholarship, and service and who show promise for continued achievement throughout their careers.
3. Tenure relates only to the academic appointment and not to administrative posts or responsibilities including, for example, deans, associate and assistant deans, chairpersons, and directors.
4. An academic year in which a faculty member has an approved leave of absence for more than six months will not be counted towards time on the Tenure Track. This provision may be invoked only once during the Tenure Track period.
5. An Assistant Professor, with the concurrence of the Department Chair, may request a review for tenure and promotion earlier than the sixth year. Requests for early review must be made by July 15 of the year in which review is desired. The Department Chair will consult with the Dean, who must concur in order for the review to be initiated. A negative decision by the Dean regarding early review is final. If the review occurs and the decision is not to grant tenure and promotion, the faculty member may continue on the Tenure Track and be reviewed again in the sixth year without prejudice.
6. Applicants for tenure must already hold the rank of Associate Professor or Professor or must be appointed or promoted to one of these ranks at the time tenure is awarded.

III. Criteria for Teaching Effectiveness

Excellence in teaching is basic to fulfilling the School's mission. Therefore, demonstrated excellence in teaching should accompany the appointment at or promotion to any rank and tenure. In the case of initial appointment, reasonable promise of excellent teaching is expected.

A. Standards of Performance for Appointment, Promotion to Each Rank, and Tenure

1. Assistant Professor or Nursing School Assistant Professor

Demonstrates competence and creativity in teaching activities. Demonstrates evidence of depth of knowledge in area of specialization. Contributes to curriculum development, implementation, and evaluation.

2. Associate Professor or Nursing School Associate Professor

Demonstrates excellence in teaching activities. Recognized as expert in area of specialization. Provides internal leadership in curriculum development, implementation, and evaluation.

3. Professor or Nursing School Professor

Demonstrates sustained excellence in teaching activities. Recognized nationally and/or internationally as expert in area of specialization. Provides national and/or international leadership in program and curricular development and evaluation. Mentors junior faculty. Makes significant contributions to the School and to nursing education.

B. Teaching competence, creativity, depth of knowledge, and excellence can be demonstrated in the following kinds of activities, although this list is not intended to be exhaustive:

1. Classroom/practice instruction that demonstrates a thorough knowledge of content and a mastery of appropriate instructional techniques.
2. Development and/or application of innovative teaching strategies.
3. Contribution to the School's continuing education and training programs.
4. Promotion of academic excellence through course and curriculum development, evaluation, and revision within the School and/or in collaborative interdisciplinary education.
5. Support and guidance of the student to promote learning, including professional and academic advising.
6. Contribution to graduate education including serving on committees for culminating projects.
7. Contribution to graduate education including serving on dissertation committees.
8. Development of education resources, including media materials and educational software.
9. Service as a site visitor for accreditation and/or a consultant to evaluate effectiveness of educational programs at other institutions.

IV. Criteria for Scholarship in Research or Scholarship in Practice

Excellence in scholarship is basic to fulfilling the School's mission. Therefore, demonstrated excellence in scholarship should accompany the appointment at or promotion to any rank and tenure. For tenure track appointments, scholarship is generally focused on research. For non-tenure track appointments, scholarship is generally focused on practice. In the case of initial appointment, reasonable promise of excellent scholarship is expected.

A. Tenure Track Positions

Excellence in research is fundamental to the School's mission of advancing the science of nursing and achieving excellence in its educational programs. Therefore, consideration of research productivity should accompany the award of tenure or promotion at any rank in the Tenure Track. In the case of initial appointment without tenure, reasonable promise of excellence and productivity in research is expected. Productivity is defined as conducting research, participating in collaborative or interdisciplinary studies, being the principal investigator on peer-reviewed externally funded studies, presenting research results at scholarly forums and publishing research methods and results.

1. Standards of Performance for Appointment, Tenure, or Promotion to Each Rank

a. Assistant Professor

Demonstrates competence and productivity in research and/or the generation and application of intellectual property that results in technology transfer. Demonstrates evidence of a focused area of research with specialized knowledge. Conducts research and disseminates findings within this area of specialization. Has received or sought funding to support research and/or the generation and application of intellectual property that results in technology transfer activities. Shows promise of contributing as a collaborator on research activities. Recognized at the regional level as an expert in area of specialization.

b. Associate Professor

Demonstrates excellence in research by sustained productivity, especially by being a principal investigator or co-investigator with a substantial contribution on peer-reviewed competitive external funding and by publications in peer-reviewed journals and/or by significant the generation and application of intellectual property that results in technology transfer. Recognized nationally as an expert in area of specialization. Mentors students in research.

c. Professor

Demonstrates sustained excellence and consistent productivity in research activities by being a principal investigator with peer-reviewed competitive external funding and or and/or the generation and application of intellectual property that results in technology transfer. Recognized nationally and/or internationally as an expert in area of specialization and provides leadership by making substantial

contributions to knowledge in area of specialization. Mentors other faculty members and doctoral students in research.

2. Research excellence can be demonstrated in the following kinds of activities, although this list is not intended to be exhaustive:
 - a. Consistent production of data-based publications and/or publications that address conceptual, methodological, or health policy research issues in high-quality peer-reviewed intra- and/or inter- disciplinary journals.
 - b. Dissemination of data based scholarship at peer-reviewed scientific meetings at local (Assistant), national (Associate) or national/international (Professor) levels.
 - c. Obtaining peer-reviewed external funding for research which results in data-based publications.
 - d. Substantive participation in interdisciplinary collaborative research projects/initiatives.
 - e. Serving as a reviewer of research proposals for local (Assistant), national (Associate), or national and/or international (Professor) review or study committees.
 - f. Serving as peer reviewer on local (Assistant), national (Associate), or national and/or international (Professor) editorial boards of scholarly journals in area of research and scholarship.
 - g. Consultation as an expert in chosen area of research at local (Assistant), national (Associate) or national and/or international (Professor) levels.
 - h. Mentoring faculty and students including direction of doctoral dissertations or other final scholarly doctoral products.
 - i. Publication of data-based manuscripts derived from innovative competitive, extramural grants
 - j. Activities that result in the generation and application of intellectual property through technology transfer

B. Non-Tenure Track Positions

Excellence in practice is fundamental to the School's mission of achieving excellence in educational programs and providing leadership in interdisciplinary, collaborative, and innovative nursing practice. Therefore, consideration of practice productivity should accompany appointment or promotion at any rank. Practice is broadly defined to include clinical, educational, research, theory, technological, leadership, administrative, historical, policy, or other activities that are related to the discipline of nursing.

1. Standards of Performance for Appointment or Promotion to Each Rank

a. Nursing School Assistant Professor

Demonstrates focused practice competence and productivity. Conducts practice within this area of specialization. Has received or sought funding to support innovative practice scholarship. Shows promise of contributing as a collaborator on health service activities and/or professional practice.

b. Nursing School Associate Professor

Demonstrates expertise in area of practice, especially by receiving external funding for activities and by publication in practice area. Recognized and involved nationally in practice programs and their evaluation. Demonstrates ability to secure and direct grants and/or service or professional contracts. Collaborates actively in practice initiatives.

c. Nursing School Professor

Demonstrates sustained practice excellence with consistent productivity and publication in practice area. Recognized internationally as an expert in area of practice. Provides national and/or international leadership by making substantial contributions to scholarship in area of practice. Mentors junior faculty and advanced practice students in practice-based education and/or issues.

2. Practice excellence can be demonstrated in the following kinds of activities, although this list is not intended to be exhaustive:

- a. Publication of innovative practice models, systematic reviews, outcome evaluation results, reports and evaluations of new practice methods, evidence-based policies, and programs in high-quality peer-reviewed journals.
- b. Development, implementation, and management of new health service/practice strategies emphasizing nursing's unique role in health care
- c. Presentations on innovative practice strategies at the local (Nursing School Assistant), national (Nursing School Associate), or national and/or international (Nursing School Professor) levels.
- d. Consultation/advisement on practice issues at the local (Nursing School Assistant), national (Nursing School Associate, or national and/or international (Nursing School Professor) levels to organizations and institutions.
- e. Consultation/advisement to agencies responsible for academic review and accreditation of clinical programs of study at local (Nursing School Assistant), state (Nursing School Associate, or national/international (Nursing School Professor) levels.
- f. Obtaining funding for health services practice sites, personnel, and training or educational programs that result in dissemination of innovative clinical teaching/practice models, outcome evaluation results, reports and evaluations of new practice methods and programs.

V. Criteria for Service

The SON is committed to serving the University, the nursing profession, and the community. A significant contribution in the area of service is expected of all faculty members. For appointment at or promotion to any rank and tenure, a continuing and relevant record of service should be demonstrated.

A. Standards of Performance for Appointment, Tenure, or Promotion to Each Rank

1. Assistant Professor or Nursing School Assistant Professor

Participates in professionally related service activities.

2. Associate Professor or Nursing School Associate Professor

Demonstrates excellence in professionally related local or national service activities.

3. Professor or Nursing School Professor

Demonstrates sustained excellence in professionally related national and/or international service activities

B. Excellence in service can be demonstrated in the following kinds of activities and achievements, although this is not intended to be an exhaustive list:

1. Service to the School, Campus, and University System

- a. Serves on (Assistant/Nursing Assistant), chairs or provides leadership (Associate/Professor or Nursing Associate/Nursing Professor) to Department, School, Campus, or University System committees/councils.
- b. Performs administrative responsibilities for the Department, School, Campus, or University System.
- c. Represents the School or University and academic nursing in the community.
- d. Advises student organizations.
- e. Receives service awards for service to the School, Campus, or University System.

2. Service to the Profession

- a. Holds office, chairs committee, or takes leadership position in professional organizations at local/state (Assistant/Nursing Assistant), national (Associate or Nursing Associate), or national and/or international (Professor/ Nursing Professor) level.
- b. Serves on policy-making bodies; influences development of regulations and legislation; advocates in area of expertise at local (Nursing School Assistant),

state (Nursing School Associate, or national/international (Nursing School Professor) levels.

- c. Organizes, designs, and/or leads conferences and workshops at local and/or state (Nursing School Assistant), state and/or national (Nursing School Associate, or national and/or international (Nursing School Professor) levels as appropriate for the sphere of nursing.
 - d. Reviews journal manuscripts (Assistant/Nursing School Assistant), serves as editor or on editorial advisory boards (Associate/Nursing School Associate or Professor/Nursing School Professor).
 - e. Serves as a professional mentor to colleagues in teaching, research, or practice .
 - f. Serves on professional committees, technical committees, or evaluation teams; provides external reviews for programs or faculty at other institutions.
 - g. Receives service awards for professional service.
3. Service to the Community
- a. Serves as member, holds office, or chairs local community groups, health agency boards, etc., as related to professional expertise.
 - b. Provides consultation in area of professional expertise to government agencies, schools, nonprofit organizations, and businesses on a voluntary basis.
 - c. Public speaking, testimony, or publications that make use of professional expertise to provide information to the community or contribute to the development of government policy and legislation.
 - d. Receives service awards for service to the community related to professional expertise.

VI. Review Procedures

A. Committee on Appointment, Promotion, and Tenure

1. Committee Structure: The Committee on Appointment, Promotion, and Tenure (APT) is a standing committee of the Faculty Council and its members are elected by the faculty.
 - a. The membership shall be composed of at least two and no more than four Professors, and four Associate Professors. At least two full Professors must be tenured; the remaining full Professors may be non-tenured. Two Associate Professors must be tenured, and two must be on the Non-Tenure Track.
 - b. The Dean, Associate Deans, Assistant Deans, and Department Chairpersons are not eligible to serve on the APT Committee.

- c. The term of office shall be for two academic years, with half the membership elected annually, whenever possible. Members must have been on the faculty in a full time teaching position for at least one year with a primary appointment to the SON. Members may serve more than two consecutive terms if needed to properly constitute committee membership. Faculty members shall not be members of the Appointments, Promotion, and Tenure Committee during the academic year that they will petition for promotion and/or tenure.

2. Committee Functions

- a. The APT Committee reviews all full-time appointments at the rank of Associate Professor and Professor and all promotions to those ranks. The Committee also reviews all applications for tenure and provides advisement for faculty who wish to apply promotion and tenure.
- b. An application for promotion to Assistant Professor is not reviewed by the APT Committee but is acted upon directly by the Dean on the basis of a recommendation by the Department Chair.
- c. The APT Committee reviews all recommendations for emeritus rank.
- d. The APT Committee reviews all materials related to an appointment, tenure, or promotion requests for those academic ranks listed above and makes a recommendation to the Dean.
- e. Action by the APT Committee is taken by secret ballot, and the vote is reported in the written recommendation to the Dean.
- f. An affirmative majority of those eligible to vote is required for a recommendation regarding promotion or tenure.
- g. Only tenured members of the Committee may vote on applications for tenure.
- h. Only Professors may vote on applications for appointment or promotion to the rank of Professor.
- i. The APT Committee may contact any persons who it believes will be helpful in evaluating the applicant.
- j. The APT committee conducts annual pre-tenure advisement. Each Tenure Track faculty member is invited to meet annually with the APT committee to review her/his progress toward tenure and/or promotion. Non-Tenure Track faculty may also request to meet with APT for promotion advisement. Faculty members will provide materials including CV and annual evaluations and any other documents requested to APT to assist in this advisement.
- k. The APT Committee conducts post tenure reviews (also termed comprehensive reviews) in accordance with University policy (UMB II—1.19). Each tenured faculty member of the SON shall complete a comprehensive review at least once every five years.

- I. Members of APT shall consider the possibility of a conflict of interest or the appearance of a conflict of interest in consideration of policies or candidates and will recuse themselves accordingly. A member of APT who has a close personal or business relationship with a candidate will recues her/himself from consideration of the candidate.

B. Promotion and Tenure Process

1. Each academic year the Dean's Office will issue a schedule for tenure and promotion actions taking into account the schedule established by the President's Office. Candidates for tenure will be informed of their status by the Dean's office.
2. Each applicant for tenure and/or promotion to Associate Professor or Professor must submit an unbound original dossier to the Department Chair by October 1 of the academic year in which the application is to be considered.
3. A cover letter must request consideration for promotion to a particular rank and/or tenure, and must state that all documents are current and accurate.
4. The dossier consists of:
 - a. Current curriculum vitae
 - i. must be signed and dated
 - ii. include statement: "This is to certify that my curriculum vitae is a current and accurate statement of my professional record"
 - b. Self-Evaluation (limited to 6 single-spaced pages)
 - i. A narrative description of how the applicant meets the criteria for promotion and/or tenure in the areas of teaching effectiveness, research and/or scholarship, practice (if applicable), and service to the community, profession, and institution.
 - ii. Emphasis should be placed upon the preceding five years (or for the full period of service at the rank of Assistant Professor if the application is for promotion to Associate Professor and tenure).
 - c. Publications

The applicant's five most significant publications, especially articles published in nationally recognized peer-reviewed journals.
 - d. Additional Supporting Documents
 - i. Teaching effectiveness
 - (1) Official copies of all teaching evaluations by students, including CEQ results, obtained during the preceding five years. These copies shall be attached to the dossier by the Department Chair.

(2) Copies of peer and supervisory reviews of teaching. These copies shall be attached to the dossier by the Department Chair.

(3) Letters from a minimum of three students, including graduate students, if the applicant has advised graduate students. These letters shall be solicited by the Department Chair and forwarded directly to the Chair of the APT Committee.

ii. Research Scholarship or Practice Scholarship

(1) Notification of acceptance for any articles indicated in the CV as “accepted for publication.”

(2) If an applicant has participated in externally funded research or practice projects as a co-principal investigator, co-investigator, or similar responsibility, a letter from the principal investigator of the project detailing the applicant’s responsibilities and achievements, shall be forwarded directly to the APT Committee.

(3) Supporting materials such as letters from clinic or other institutional managers/directors, supervisors, or peers addressing practice scholarship and leadership, if appropriate.

(4) Current certification, if appropriate.

iii. Service

Service to school, profession, and community may be reflected in award citations, certificates of appreciation, or other supportive documents.

e. Letters of Evaluation

i. A letter of evaluation of the candidate from the Department Chair shall be addressed to the Chair of the Committee on Appointment, Promotion, and Tenure.

(1) Letters of evaluation from three faculty members at UMB shall be requested by the applicant. The letters shall be solicited from full-time faculty of higher rank than the applicant. Preferably, the letters should be requested from faculty having the same emphasis as the applicant (research or practice) and having direct knowledge of the applicant’s teaching, research scholarship or practice scholarship, and service. These letters shall be addressed to the Chair of the Committee on Appointment, Promotion, and Tenure and delivered confidentially to the Department Chair.

(2) The applicant may request up to three letters of evaluation from recognized experts in the faculty member’s field. These letters shall be addressed to the Chair of the Committee on Appointment, Promotion, and Tenure and delivered confidentially to the Department Chair.

(3) The applicant may request up to three letters of support from other USM faculty of any rank. These letters shall be addressed to the Chair of the Committee on Appointment, Promotion, and Tenure and delivered confidentially to the Department Chair.

e. External Letters of Evaluation

Each applicant shall furnish a list of at least five persons external to the University of Maryland System who are qualified to serve as external reviewers and shall include a brief biosketch for each person suggested.

Eligible external reviewers must be at the same or higher rank for which the applicant is applying and tenured at his/her institution if applying for tenure. UMB APT policy provides exceptions from senior scholar review in extraordinary circumstances with prior approval of the Senior Vice President of Academic Affairs. External reviewers from peer institutions or school with comparable US ranking will be given preference.

5. APT Committee Review Procedures

- a. The Department Chair adds a table of contents and supporting materials to complete the dossier.
- b. The Department Chair will retain the original hard copy and forward an electronic password protected copy of the entire dossier plus a separate electronic password protected copy of the documentation of professional accomplishments (self evaluation, CV, and 5 publications) to the Chair of the Committee on Appointment, Promotion, and Tenure by October 15th.
- c. The APT Committee will solicit a minimum of four letters of evaluation from reviewers external to UMB taking into consideration the applicants' suggestions for reviewers. The Committee shall avoid selecting a reviewer who serves/served as the applicant's doctoral adviser, former colleague, or collaborator.
- d. The APT Committee sends each external reviewer the CV, the self-evaluation, and a copy of the publications submitted to the Committee by the applicant. The committee also sends a brief outline of the UM SON criteria for promotion to the sought academic rank.
- e. The Committee asks the external reviewers to comment on the candidate's research scholarship or practice scholarship record,; and service achievements. They may also comment on teaching effectiveness based on the materials reviewed. The UM SON criteria for teaching effectiveness, research scholarship or practice scholarship, and service will be sent to external reviewers as reference, however, the Committee requests that reviewers make a recommendation about the awarding of tenure and/or promotion in light of the ability to promote and tenure at their own institutions.

- f. All materials generated in consideration of the applicants for appointment, promotion or tenure shall be considered confidential, to the extent permitted by law. This includes the identities of the reviewers solicited and contents of the letters obtained. No information should be disclosed to the candidate or to the persons having no role in administration of appoint, promotion and tenure policies in the School.

6. Dean's Role in Promotion

The Dean reviews the recommendation made by the APT Committee and all materials pertaining to the applicant's request. If the Dean determines that tenure or promotion should not be granted, this will be the School's final action. If the Dean's recommendation is positive, the recommendation will be forwarded for further action as required by campus policy. The Dean will inform the applicant, in writing, of the final decision. In the event of a negative decision regarding tenure or promotion, the Dean will indicate to the applicant, either orally or in writing, which criteria were not satisfied. This communication shall be consistent with the confidentiality prescribed the APT policies and procedures.

C. Post Tenure Review

Each academic year the Dean's Office will issue a schedule for post tenure reviews taking into account the schedule established by the President's Office.

1. The review is based on the following principles:

- a. the review is a collegial assessment of the individual's professional achievements in teaching, research/scholarship and service;
- b. the review is based on performance expectations and individual goals that are consistent with the School's mission and strategic initiatives and the School's Appointment, Promotion and Tenure Criteria and
- c. the purpose of the review is to provide an opportunity for faculty development and growth, and to serve as a basis for recognizing exceptional performance.

2. Review Body

- a. The Post Tenure Review Committee shall consist of three tenured faculty members from among the tenured members of the School's Appointment, Promotion and Tenure Committee, one of whom will be designated as the

Chair of the Committee. One of these three members must be from the Department of the faculty member being reviewed. If such an individual is not on the APT committee at that time, the Dean will appoint a faculty member from the appropriate Department. The Dean shall confer with the Chair of the Appointment, Promotion and Tenure Committee each year in the selection of members of the Post Tenure Review Committee. Selection of members is the ultimate responsibility of the Dean.

- b. A faculty member may not participate in the post tenure review of any other tenured faculty member in the year in which he or she is subject to review.
- c. No reviewers external to the school will be involved in the process.
- d. The Dean, Associate Deans, Assistant Deans, and Department Chairpersons may not serve on the Post Tenure Review Committee.

3. Schedule for Review

- a. Each tenured faculty member shall be reviewed during the 12-month period following each anniversary that is a multiple of five of his or her appointment or promotion to a tenured position at the University of Maryland. . The Dean's office will provide the Chair of the Appointment, Promotion and Tenure Committee with a list of faculty scheduled for post tenure review each year.
- b. Separate reviews for consideration for promotion in rank may be substituted for post tenure review at appropriate times in the faculty member's career. In those cases, the appropriate review processes specified in the School's Appointment, Promotion and Tenure Policies and Procedures take precedence.
- c. In cases where a tenured faculty member receives two consecutive annual reviews by the department chair indicating material deficiency in meeting expectations, the faculty member shall undergo a post tenure review under this policy in the following year.

4. Review Procedures

- a. The faculty member being reviewed will prepare and forward to the Post Tenure Review Committee a written dossier to include: a current curriculum vitae and a brief (maximum five pages double-spaced) self-evaluation report that addresses for the period under review the faculty member's:
 - i. teaching, advising, and other educational activities;
 - ii. scholarly research activities;
 - iii. documented service activities to the university, government, and professional community;
 - iv. and where applicable, practice activities.
- b. The Post Tenure Review Committee may ask for additional documentation when necessary.
- c. The Department Chair or the supervisor who completes the faculty member's annual review will provide the faculty member and the Post Tenure Review Committee with a written statement of the performance expectations for the faculty member for the period of review. The performance expectations will be based on the criteria for rank and goals that were mutually agreed upon by

the faculty member and the department chair or supervisor for the five-year review period.

- d. The Department Chair or supervisor will provide an evaluation that includes a summary of the annual reviews conducted during the period for which the faculty member is being evaluated and an assessment of the faculty member's written report.
 - e. The faculty member will receive a copy of the evaluation.
 - f. The Post Tenure Review Committee shall prepare a written report based on the documentation submitted and the appropriate criteria for rank. The Committee shall evaluate the faculty member's performance as either meeting, or not meeting, the expectations for his or her rank
 - g. A copy of the Committee's evaluation report shall be provided to the faculty member, who shall have an opportunity to submit a written response to the report.
 - h. Documentation of the post tenure review shall be forwarded to the Dean. Documentation, at a minimum, shall consist of: the faculty member's report, the Department Chair's statement of performance expectations, the Department Chair's evaluation, the Post Tenure Review Committee's report, and the faculty member's response, if any.
 - i. If the faculty member's performance is evaluated as meeting expectations, no further action is required.
 - j. If the faculty member's performance is evaluated as being exceptional, this will be recognized.
 - k. If the faculty member's performance is evaluated as not meeting expectations for their rank,
 - i. If the faculty member does not agree with the evaluation, the Dean shall make the final decision, based on the record, about whether the faculty member has met expectations. The faculty member shall be provided with a copy of the dean's report and may submit a written response to be included in the file.
 - ii. A written development plan will be prepared by the Department Chair in consultation with the faculty member.
 - l. All documents related to the post tenure review shall be kept on file in the faculty member's official personnel file.
5. Development Plan
- a. The development plan will specify the steps needed to enhance the faculty member's performance. The plan shall include a procedure for evaluation or progress at stated intervals. If the faculty member and the Chair cannot reach agreement on the development plan the Associate Dean for Academic Affairs will become involved to

establish a plan. The plan shall be signed by the faculty member, the Department Chair, and the Dean.

- b. Progress in meeting the goals of the development plan shall be assessed at a follow-up review two years after the implementation of the development plan. The follow-up review may be deferred for one year if the Dean, in consultation with the Department Chair, determines that there has been insufficient time for significant progress under the plan.

6. Reports

- a. The Dean shall report to the Chief Academic and Research Officer, by July 31 of each year, the names of all faculty members for whom a comprehensive review was conducted during the preceding year, indicating whether the faculty member's performance was considered to meet expectations. For each faculty member whose performance was considered not to meet expectations, the Dean shall indicate that a development plan has been instituted as required.
- b. If, as a consequence of the follow-up review, a faculty member is found not to be making sufficient improvement in performance in accordance with the development plan, a copy of the comprehensive review and the report of the follow-up review shall be forwarded to the Chief Academic and Research Officer

VII. Appeals Procedure

- A. A faculty member whose application for tenure and/or promotion is denied may appeal the decision only on the following grounds: failure to follow stated policy, unlawful discrimination, or arbitrary and capricious action. Upon the filing of an appeal, a Special Review Committee will be named to evaluate the allegations of the appeal.
- B. The following schedule shall apply to appeals.
 1. The request for appeal must be made in writing to the Dean no later than 30 calendar days after the faculty member has been notified about the decision.
 2. The Special Review Committee shall be appointed within 15 business days of receipt of the appeal.
 3. The Special Review Committee shall convene within 10 business days of the appointment of the Committee.
 4. The Special Review Committee shall make a recommendation to the Dean no later than 40 business days after receipt of the appeal.
 5. Time limitations in these procedures for actions of the Special Committee may be waived by joint agreement of the appellant and Dean in the interest of giving full consideration to the issues.
 6. An appeal shall be made in writing to the Dean. An informal attempt at resolution must have been made through discussion with the Department Chair before the appeal is submitted. The Department Chair shall provide a brief written summary of

the meeting and forward it to the Dean. The Dean will forward the request to the Special Review Committee.

7. The Special Review Committee will consist of all tenured Professors who are not members of APT, or Department Chairs, or Deans in the School and two tenured Associate Professors eligible to serve on the APT Committee but not currently serving. The eligible Professors will meet, choose a chair, and appoint the Associate Professors, one of whom must be from the appellant's department.
8. If the appeal concerns promotion to the rank of Professor, and there are not at least three tenured Professors eligible to serve on the Special Review Committee, the chair of the Special Review Committee may invite tenured Professors with appropriate backgrounds from other USM Schools to serve on the Committee.
9. If the appeal concerns promotion in the Non-Tenure Track , one of the tenured members shall be replaced by a faculty member in the Non-Tenure Track at the rank of Professor or Associate Professor. Appointment of the Non-Tenure Track member will be made by the Chair of the Special Review Committee.
10. The Special Review Committee will review the dossier all evaluations and supporting materials, and the recommendations made by the APT Committee and the Dean and may interview members of the APT Committee, the Dean, the Associate Dean for Academic Affairs, and the Department Chair. Hearings shall be closed. The appellant shall be given an opportunity to present the appeal in person to the Special Review Committee. The Committee shall determine, based upon a preponderance of the evidence, whether each allegation is supported. The Committee shall make specific written findings as to each allegation, indicating, for each, what evidence supports the finding. The Committee shall recommend whether the decision appealed should be upheld, reversed, or reconsidered. In the last of these cases, the Committee shall recommend at what level – Department Chair, APT Committee, or Dean – reconsideration should be initiated. Committee decisions shall be taken by majority vote.
11. The Special Review Committee shall make a report to the Dean. Any Committee member who dissents from a majority decision may prepare a statement of dissent, addressing the allegations to the same extent that they must be addressed by the Committee, and this written dissent shall be appended to the Committee's report. Both the Committee report and any dissent are confidential and shall not be disclosed to the appealing faculty member. The Dean will consider the report.
12. If the report of the special review committee does not uphold the Dean's recommendation, the decision and all records kept by the Special Review Committee, together with all notes or other documentation of communications will be forwarded to the Chief Academic and Research Officer with a recommendation for action under the appropriate campus policy.
13. If the Special Review Committee's report upholds the Dean's recommendation, the records kept by the Special Review Committee, together with all notes or other documentation of communications, shall be transferred to the Dean's Office at the conclusion of the review by the Special Review Committee.

VIII. Faculty Search Procedures

A. General

1. All searches will be conducted in accordance with UMB's Faculty Search and Selection procedures.
2. After justifying a need for a new faculty position or the filing of a vacancy, the Department Chairs should obtain approval from the Dean to initiate a search.
3. The SON will make its faculty opportunities broadly known through advertising in order to identify highly qualified prospective faculty.
4. The appointment of a new faculty member at .5 FTE or greater, in any professional rank (Assistant Professor, Associate Professor, or Professor), Tenure Track or Non-Tenure Track, must follow a search to identify the new faculty appointee.
5. Regional or national searches are required for the appointment of faculty of .8 FTE and above in professorial ranks (Assistant Professor, Associate Professor, or Professor).
6. The search committee will seek to build and maintain diversity among the faculty as it relates to race, ethnicity, age, gender, professional attributes, and areas of specialization.
7. Current SON faculty members may apply for a new faculty position or to file a vacancy following a credentials review appropriate to the position being sought.
8. For promotions to the ranks of Assistant Professor, Associate Professor or Professor, the review of credentials must be consistent with the evaluation that would be undertaken in the case of a search for a new faculty member.
9. A full-time Non-Tenure Track faculty member who became Non-Tenure Track through a change in track may not apply for a Tenure Track position.
10. The Senior Vice President of Academic Affairs may make an exception to current UMB policy when a School recommends an exception and Human Resource Services (HRS) concurs that the action is consistent with affirmative action obligations of UMB.

B. Search Committees

1. Each search will be carried out in compliance with the SON Search Procedures.
2. The Dean will appoint a representative who will manage the search process for the School and serve as a liaison with the Affirmative Action Office.
3. The final candidate will be selected by the Dean in consultation with the Department Chair.

4. If the candidate is to be appointed at the rank of Associate Professor or Professor, the Dean will forward the credentials of the candidate to the School's Committee on Appointment, Promotion and Tenure for a recommendation concerning rank and tenure. The APT Committee will review the candidate's credentials and make a recommendation on the basis of the criteria stated in the APT Policies and Procedures.
5. When all University-level approvals have been secured, the Dean will extend an offer of employment.

Appendix IC-2

Congruence of University of Maryland School of Nursing Mission and the Appointment, Promotion and Tenure Policy and Procedures

UMSON Mission	UMSON Appointment, Promotion and Tenure Policy and Procedures (2013)
We shape the profession of nursing and the health care environment by developing leaders in education , research and practice.	Excellence in teaching is basic to fulfilling the School's mission. Therefore, demonstrated excellence in teaching should accompany the appointment at or promotion to any rank and tenure. In the case of initial appointment, reasonable promise of excellent teaching is expected.
We shape the profession of nursing and the health care environment by developing leaders in education, research and practice.	Excellence in research is fundamental to the School's mission of advancing the science of nursing and maintaining excellence in its educational programs. Research productivity is defined as conducting research, participating in collaborative or interdisciplinary studies, being the principal investigator on a peer-reviewed externally funded study, presenting research results at scholarly forums, publishing research methods and results and activities that result in the generation and application of intellectual property through technology transfer, and service. Therefore, consideration of research productivity should accompany the award of tenure or promotion at any rank in the Tenure Track. In the case of initial appointment without tenure, reasonable promise of excellence and productivity in research is expected.
We shape the profession of nursing and the health care environment by developing leaders in education, research and practice .	<p>Excellence in practice is fundamental to the School's mission of achieving excellence in educational programs and providing leadership in interdisciplinary, collaborative, and innovative nursing practice. Therefore, consideration of practice productivity should accompany appointment or promotion at any rank. Practice is broadly defined to include clinical, educational, research, theory, technological, leadership, administrative, historical, policy, or other activities that are related to the discipline of nursing.</p> <p>The SON is committed to serving the University, the nursing profession, and the community. A significant contribution in the area of service is expected of all faculty members. For appointment at or promotion to any rank and tenure, a continuing and relevant record of service should be demonstrated.</p>

Appendix IC-3



UMSON Faculty Workload and Responsibilities

Responsible Administrators: Academic Department Chairs

Sponsoring Unit: Academic Departments

Effective Date: June 23, 2009

Last Reviewed: December 12, 2012

Next Scheduled Review: December 12, 2015

Inactivated Date: N/A

POLICY STATEMENT

All full-time UMSON faculty members are expected to participate in teaching, scholarly activity, and service to the community, the University, and the School. The relative distribution of workload among this triad may vary according to the type of appointment and the nature of the assignment. In addition, this distribution may change as an outcome of discussions between a faculty member and the department chair during a faculty member's annual evaluation/assessment meeting. Faculty members are expected to meet their responsibilities independently and in full accord with both institutional expectations and established tenets of academic freedom. A substantial difference between actual and standard workload expectations for any basic workload element (instruction, research/scholarship, service) will be balanced by compensatory changes in the other basic workload elements. Reductions in faculty effort in research/scholarship and/or service/practice will be balanced by a corresponding increase in instruction. Exceptions to UMSON's standard workload expectations may be granted by the department chair.

Standard workload expectations for tenured and tenure track faculty members are as follows:

<i>Instruction</i>	<i>Research/Scholarship</i>	<i>Service/Practice</i>
45-55 percent	35-45 percent	10-20 percent
10 month appt.: 4.2 - 5.0 Course Units/WLUs		
12 month appt.: 5.0 - 6.0 Course Units/WLUs		

Standard workload expectations for non-tenure track faculty members (UMSON faculty ranks and research faculty ranks) are as follows:

<i>Instruction</i>	<i>Research/Scholarship</i>	<i>Service/Practice</i>
65-75 percent	5-20 percent	5-30 percent
10 month appt.: 5.8 - 6.6 Course Units/WLUs		
12 month appt.: 7.0 - 8.0 Course Units/WLUs		

RATIONALE

The purpose of this workload policy is to promote optimal performance by UMSON faculty members in meeting the needs and expectations of students and other clientele, and to provide mechanisms that will ensure accountability for that performance. Because faculty members are the primary providers of the University System of Maryland's instruction, research/scholarship, and service, the policy must encourage and support faculty in applying their creativity, ingenuity, initiative, knowledge, experience, and professional skills in performing many diverse functions.

SCOPE

This policy applies to the following:

1. All persons holding tenure and tenure-track positions who are classified as faculty members (instructional, research, and clinical/public service) and are reported to the Maryland Higher Education Commission (MHEC) through the employee data system.
2. All persons who, regardless of occupational classification, hold faculty rank and perform administrative duties at the level of the academic department or equivalent academic unit, including chairs, vice chairs, directors, etc.
3. All persons who, while neither tenured nor on the tenure track, are employed full-time, i.e., 50 percent or more, by UMSON; are classified as instructional faculty and are reported to MHEC through the employee data system.
4. All persons who, while neither tenured nor on the tenure track, are employed full-time, i.e., 50 percent or more, by UMSON; are classified as research faculty and are reported to MHEC through the employee data system; and whose salaries are supported, in whole or in part, by state funds.

This policy does not apply to the following:

1. All persons who hold faculty rank but who are assigned to administrative duties outside UMSON.
2. All persons who are classified as research faculty but whose salaries are fully supported by non-state funds, e.g., federal research grants or other grants and contracts.

WEB SITE/SERVER ADDRESS FOR THIS POLICY

R:/All Users/SON Policies and Resources/Faculty Policies and Resources

RELATED POLICIES, PROCEDURES, STATUTES, AND REGULATIONS

School of Nursing Policies and Procedures	USM, UMB, or Other External Policies, Statutes, and Regulations
Policy on Compensation for Instructional Overload (R:/ALL USERS/SON Policies and Resources/Faculty Policies & Resources/Policy – UMSON Compensation for Instructional Overload)	University of Maryland, Baltimore (UMB) II-1.25 (A) Policy on Faculty Workload and Responsibilities http://cf.umaryland.edu/hrpolicies/section2/t20125Asa.html University System of Maryland (USM) II-1.25 Policy on Faculty Workload and Responsibilities http://www.usmd.edu/regents/bylaws/SectionII/II125.html
	UMB II-3.10 (A) - Policy on Professional Consulting and Other External Activities http://cf.umaryland.edu/hrpolicies/section2/t20310Asa.html
	USM II-3.10 - Policy on Professional Commitment of Faculty http://www.usmd.edu/regents/bylaws/SectionII/II310.html

CONTACTS

Questions regarding the general policy, applicability, procedures, and guidelines should be directed to the chair of the relevant academic department.

DEFINITIONS

Course Unit: For the purposes of defining standard instructional workload expectations, a course unit (i.e., a Work Load Unit (WLU)) is defined as follows:

1. One course unit/WLU is equivalent to a three-credit didactic course (45 contact hours).
2. One course unit/WLU is equivalent to a two-credit clinical practicum (90 contact hours).
3. One course unit/WLU is equivalent to a two-credit laboratory experience (90 contact hours).
4. Faculty members whose instructional load includes other than three-credit courses will have their standard instructional load expectations defined accordingly.

Instructional Effort: Instructional effort includes, in addition to classroom or clinical instruction time, all concomitant activities necessary for the preparation, delivery, and evaluation of instruction and learning, including student advisement and additional assignments such as specialty and course coordination.

RESPONSIBILITIES

Academic Department Chair

- In collaboration with each faculty member, annually reviews workload distribution requirements based on their rank and type of appointment and identifies the resources needed to promote success
- Develops and implements procedures for monitoring faculty compliance with workload policy requirements and the need for changes in a faculty member's workload distribution
- Determines each faculty member's teaching assignments consistent with instructional workload guidelines
- Maintains records of faculty instructional workload
- In the event of instructional overload, submits compensation recommendations to the dean, per the Policy on Compensation for Instructional Overload
- Submits annual report of instructional workload to the dean or the dean's designee

Faculty

- In collaboration with the department chair, annually reviews workload distribution requirements based on their rank and type of appointment and identifies the resources needed to promote success
- Notifies department chair of changes in one or more areas of responsibility that may impact other areas of workload responsibilities
- Provides input regarding desired teaching assignments to course or specialty directors and department chair

PROCEDURES

Academic Department Chair

- Meets with each faculty member annually to review current and proposed workload and determines what modifications, if any, need to be made to the faculty member's workload distribution for the upcoming academic year
- Consults with individual faculty members, course directors, specialty directors, and other administrators regarding instructional needs and other factors that may have workload consequences for individual faculty members
- Applies guidelines for calculating instructional workload units when determining teaching assignments
- Modifies instructional workload based on percentage of faculty time supported by external funding, e.g., grants, contracts, professional service agreements, etc., or other assignments/responsibilities
- Monitors faculty workload throughout the academic year and makes adjustments as needed

- Maintains records of faculty workload
- Compiles annual report itemizing each faculty member's instructional workload for use in preparing UMSON's annual report to the campus president

WORKLOAD GUIDELINES

A. Determining Instructional Work Load Unit (WLU) Assignment

Instruction: 45-55% for tenured and tenure track faculty
 65-75% for non-tenure track faculty

WLUs are assigned each semester and accrued over the 12-month period spanning the summer, fall, winter, and spring semesters/sessions, unless stated otherwise. Dependent on factors such as course presentation style and/or method of testing, the WLU for class size and course coordination can/will be adjusted in consultation with the Department Chair.

1. Didactic Courses (classroom and online):

- 1 course unit/WLU = 3-credit didactic course (45 contact hours/semester)
- If more than one faculty member teaches a didactic course or a section, the WLUs will be divided proportionately. WLUs will be adjusted proportionately for courses greater or less than 3 credits, e.g., 2 credit course = 0.67 WLUs; 5 credit course = 1.66 WLUs
- Didactic courses with large enrollments:
 - 1-50 students: WLUs assigned as per course credit allocation, e.g., 3-credit course = 1 WLU; 5 credits = 1.66 WLUs
 - 51–100 students: 0.5 additional WLUs
 - 101–150 students; 0.5 additional WLUs
 - 151–200 students: 0.5 additional WLUs
 - Example: 4-credit course with 140 students: $1.33 \text{ WLU} + .5 + .5 = 2.33$ WLUs

Courses taught in a primarily didactic fashion with multiple choice assessments will not be credited with additional workload for students greater than 150.
- Online courses: Enrollment will be capped at 25 students per section with the option of increasing the number with the instructor's permission
- Courses with two levels of students: WLUs will be allocated for courses that include undergraduates and Clinical Nurse Leaders (CNL).

2. Courses With Simulation Lab Components:

- 1 course unit/WLU = 2-credit laboratory component (90 contact hours/semester)
- WLUs will be adjusted proportionately for courses greater or less than 2 credits, e.g., 1-credit lab component (45 contact hours) = 0.50 WLUs

3. Clinical Practica - Entry-level Programs:

- 1 course unit/WLU = 2-credit clinical practicum component (90 contact hours/semester)
- WLUs will be adjusted proportionately for courses greater or less than 2 credits, e.g., 3 credit clinical course = 135 hours/semester = 1.5 WLUs; 4 credit clinical course = 180 hours/semester = 2.0 WLUs

4. Precepted Clinical Emphasis Practica: NURS 487/523 (6-8 credits):

- NURS 487: 4-hour, entry-level precepted practicum (1.33 WLUs) and a 2-hour seminar (.67 WLUs) = 2.00 WLUs.
- NURS 523: 6-hour, entry-level (MS-CNL) precepted practicum (2 WLUs) and a 2-hour seminar (.67 WLUs) = 2.67 WLUs.
- Full workload credit is based on 15 students per section, which is considered the optimal section size for these courses
- Sections within departments can be combined when enrollment in one or more sections is low
- Seminar WLUs are prorated proportionally if more than one faculty member is assigned
- Practica WLUs are prorated for sections with fewer than 15 students. However, no less than 1 WLU will be assigned to faculty members teaching a section of NURS 487 or NURS 523.

5. Clinical Practica – Master’s Specialty Programs:

- 1 course unit/WLU = 2-credit clinical practicum.
- WLUs will be adjusted proportionately for courses greater or less than 2 credits, e.g., 3 credit clinical course = 1.5 WLUs; 4 credit clinical course = 2.0 WLUs; 5 credit (or greater) clinical course = 2.5 WLU.
- WLU allocation reflects faculty effort associated with establishing and overseeing graduate student-preceptor dyads, National Task Force on Quality Nurse Practitioner Education (NTF) guidelines or direct, on-site instruction by the faculty member in a clinical setting
- Workload adjustments may be made to reflect special circumstances such as those related to large numbers of students or sites, travel times to practice sites for the purpose of monitoring student–preceptor dyads, and/or number of site visits per semester.

6. Course Coordination:

WLUs for course coordination of graduate core courses, undergraduate courses with didactic and clinical components, or other multi-section courses, e.g., didactic, simulation laboratory, or clinical practicum):

- 1-100 students: 0.5 WLUs
- 101–150 students: 0.25 additional WLUs

- More than 150 students: 0.25 additional WLUs
- Example: 4-credit course with 170 students = 0.5 WLUs + 0.25 + 0.25 = 1.0WLU

7. Doctoral Programs:

- Doctoral Comprehensive Exam Chair: 0.5 WLUs in semester when exam is administered with the WLU divided at the discretion of the Doctoral Comprehensive Exam Chair
- Dissertation Committee Chairs and members, following consultation with the assistant dean for the PhD program and the department chairs, will allocate and distribute the number of credits assigned per faculty member throughout the dissertation process. WLUs will be calculated according to the Independent Study guidelines (See next section.)
- Research Rotations: The assistant dean for the PhD program will provide department chairs with the names of faculty working with students on research rotations. WLUs will be calculated according to the Independent Study guidelines (See next section.)
- Capstone III & IV projects: The Capstone Chair will receive 0.2 WLUs for Capstone III & IV, or determine and distribute WLUs to committee members if indicated.

8. Independent Study:

The following formulas will be used to convert graded instructional experiences that do not follow the traditional course format, e.g., independent study, supervision of dissertation research, etc., to WLUs:

<u>Course Level</u>	<u># of Credits = 1 Course Unit/WLU</u>
800-899 (Dissertation and doctoral level independent studies)	5 credits = 1 CU = 1 WLU
500-798 (Graduate level independent studies)	10 credits = 1 CU = 1 WLU
300-499 (Undergraduate level independent studies)	15 credits = 1 CU = 1 WLU

Independent study credits are accumulated within a semester across all of a faculty member's independent study students and then converted to WLUs which will be used to adjust the instructional workload in the next semester. NOTE: WLUs accumulated in the spring semester will be applied in the next academic year.

9. *Other Teaching Workload Considerations:*

- Major revisions to an existing web-based or face-to-face course: 1.0 WLU/3 credits. WLUs will be adjusted proportionately for courses greater or less than 3 credits.
- Major revisions encompass widespread changes to course objectives, content, and/or teaching modalities that may require approval by the appropriate curriculum committee.
- Dual numbered courses, e.g., NURS 333/NURS 505; NDNP 804/NURS 840, will be treated as one course for the purpose of calculating WLUs. If the combined courses have different credit allocations, WLUs will be based on the course with the higher credit allocation.
- WLU allocations may be adjusted per the department chair's discretion to reflect extraordinary circumstances, e.g., faculty member's WLU allocation for teaching a required course that has a low enrollment, specialty director's WLU allocation for low enrollment programs, etc.
- WLUs may be assigned per the department chair's discretion for the preparation of external funding proposals, mentoring pre- and post-doctoral fellows, preparation of accreditation reports, or other special projects.
- WLUs may be assigned per the department chair's discretion to reflect new or continuing faculty member's preparation time to teach a didactic course, for the first time, which they did not develop.

B. Administrative, Research and Scholarship, Service and Practice Adjustments to Standard Workload Expectations

Exceptions to UMSON's standard workload expectations for instruction, research/scholarship, and service are granted by the department chair and may be based on the following factors:

1. Administration:

Assumption of responsibility for the functions of associate or assistant dean, department chair, department vice chair, program director, or for special departmental projects, may require reduction of expectations for service, research/scholarship, or instruction. The reduction shall be dependent on the scope of administrative responsibilities.

Program directors for master's specialties:

- WLUs may be decreased to reflect the workload associated with directing small programs
- WLUs are prorated proportionally if two or more faculty members serve as co-program directors

2. Research and Scholarship:

Research and Scholarship: 35-45% for tenured and tenure track faculty
5-20% for non-tenure track faculty

Training Grants. Faculty members who receive salary support from externally funded training or service grants, for the purpose of teaching a course, do not qualify for release time or reduction in workload expectations for instruction, research/scholarship, and service. Instructional WLUs will be assigned according to the guidelines in Section IV.

Departmental and Sponsored Research Projects. Assignment of additional time for research can be supported by either departmental or external funds and with the approval of the department chair and dean; a reduction of expectations for instruction and/or service may be authorized. In those instances where the research is supported by externally funded grants and/or contracts, the accompanying reduction of expectations for instruction and/or service should mirror the replacement of departmental salary by externally funded salary support.

- Externally funded research grants or contracts provide release time as stated in the grant. Example: Faculty receives grant funding to support 20 percent of salary: workload expectations for instruction and service are reduced to 80 percent of the expected workload.
- Faculty members with 100 percent external funding are still expected to contribute to the teaching mission.

3. Service and Practice:

Service and Practice: 10-20% for tenured and tenure track faculty
5-30% for non-tenure track faculty

- Chairs of standing school-wide committees and curriculum subcommittees: 1.0 WLU per academic year
- Chair of Faculty Council: 2 WLUs per academic year

Public and professional service is expected of all faculty members; however, there are certain instances for which this expectation may require unusual commitments. Assignment of additional service time and the consequent reduction of expectations for instruction and/or research/scholarship should be directly related to the duration and the extent of the commitment.

Faculty with clinical practice contracts (practice service agreements) will receive release time to conduct their practice. The instructional workload expectation will be prorated based on the percentage of contracted time. Example: clinical practice contract for two days a week (40 percent of salary) would reduce the instructional workload to 60 percent of the expected level.

Approved Dean Kirschling, May 18, 2013

Appendix ID-1

UMSON Faculty Council, Committees, Faculty Senate & Judicial Board Representatives

1. Faculty Council

Charlotte Seckman (Chair)
Kathleen Buckley (Past Chair)
TBD (Chair elect)

Secretary

Kristin Rawlett

Associate or Assistant Dean Representative

Janice Hoffman

FCH Department Representatives

Janice Lazear
Jeffery Johnson
Rosemarie Satyshur
Patricia Zimberg

OSAH Department Representatives

Lyn Murphy
Marg Hammersla
Rebecca Brotemarkle
Ameera Chakravarthy

2. Entry Level Curriculum Committee

Course Directors

Nina Trocky (Chair)
Sherrie Lessans

FCH Department Representatives

Robyn Gilden
Victoria Selby

OSAH Department Representatives

Suzanne Sherwood
Kelley Wilson

Shady Grove Representative

Vivian Koroknay

3. Masters/DNP Curriculum Committee

FCH Department Representatives

Bridgitte Gourley
Carol O'Neil
Alison Davis
Patricia McLaine

OSAH Department Representatives

Kathleen Michael (Chair)
Elizabeth Galik
Margaret Hammersla
Lyn Murphy

4. PhD Curriculum Committee

FCH Department Representatives

Jane Lipscomb
Alison Trinkoff (Chair)
Carla Storr
Debra Scrandis

OSAH Department Representatives

Cynthia Renn
Erika Friedmann
Debra Wiegand
Kathleen Griffith

5. Appointments, Promotion and Tenure (APT) Committee

Non-Tenured Associate Professor

Carol O'Neil
Joseph Pellegrini

Tenured Associate Professor

Lynn Oswald
Beth Galik

Non-Tenured or Tenured Professor

Carla Storr (Chair)

Louise Jenkins
Carolyn Waltz
Eun Shin Nahm

6. Technology & Simulation Advisory Committee

Mary Fey (Chair)

FCH Department Representatives

Belinda Clifford
Kathleen Buckley

OSAH Department Representatives

Marisa Wilson
Mary Regan

7. Student Affairs Committee

FCH

Debra Scrandis (Chair)
Amy Daniels

OSAH

Susan Bindon
Vanessa Fahie

Shady Grove

Mary Pat Ulicny

8. Judicial Boards

Susan Wozenski (Chair)

BSN Judicial Board

Joan Davenport
Amy Daniels
Patricia Harris
Regina Twigg

Fran Valle

Masters Judicial Board

Marg Hammersla

Maggie Watt

Lyn Murphy

Joseph Pellegrini

Michele Michael

DNP Judicial Board

Lynn Chen

Joan Davenport

Linda Costa

Rosemarie Satyshur

Nancy Lerner

9. Faculty Senate Representatives

Joseph Proulx

Jane Lipscomb

Jeanne Geiger-Brown

Nina Trocky (President)

Karen Clark (Faculty Council Rep)

1-27-14

Appendix ID-2



Student Organizations

American Assembly for Men in Nursing (AAMN), Maryland Chapter

The Purpose of the Maryland Chapter of AAMN is to encouraging men of all ages to become nurses and join together as colleagues to strengthen and humanize health care. The Maryland Chapter accomplish this by supporting men who are nurses to grow professionally and demonstrating to each other and to society the increasing contributions made by men within the nursing profession. We also advocate for continued research, education, and dissemination of information about men's health issues, men in nursing, and nursing knowledge, at the state and national level.

Doctoral Student Organization (DSO)

The mission of the Doctoral Student Organization (DSO) at the School of Nursing is to support and enhance the learning, knowledge, and professional development of doctoral students in both the PhD and DNP programs. The organization is committed to making a difference in health care by promoting evidence-based practice, scholarship, and professional collaboration both within the School and in the community at large.

Graduate Nursing Association (GNA)

The purpose of the GNA is to advocate for all masters'-level graduate nursing students through encouraging good fellowship, creating a sense of community, and facilitating communication between faculty, staff, and students at the University of Maryland School of Nursing (UMSON). GNA inspires professional growth by providing programs representative of fundamental and emerging trends in the field of nursing and promotes a dynamic and diverse student body dedicated to the highest quality of health care.

Nurses for Global Health (NGH)

This student organization promotes global health awareness and activities at the School by building collaborations, creating networks, and being a resource for global health opportunities in nursing. There are monthly meetings, film presentations and an annual global health conference organized by the group, which provide opportunities for inter-professional collaboration among students and faculty members.

Nursing Student Government Association (NSGA) (BSN only - Baltimore)

The purpose of the Nursing Student Government Association (NSGA) is to encourage fellowship among students, faculty, and staff by creating an atmosphere of collaboration and understanding at the University of Maryland School of Nursing (UMSON). NSGA inspires professional growth by providing programs representative of fundamental and emerging trends in the field of nursing and promotes a dynamic and diverse student body dedicated to the highest quality of health care.

Students United for Policy, Education, and Research (SUPER)

SUPER, an UMSO student chapter of AcademyHealth, is a student group whose members strive to educate themselves and others on current health care research development and policy practices. SUPER's parent organization, AcademyHealth, is a premier advocate for health services research and policy advancement. With their guidance, SUPER hosts legislators and other policymakers from the local, state, and national levels; health services researchers; and those working within the health care system in non-governmental roles to share their experiences with the University of Maryland population. SUPER also participates in state health care advocacy events, such as the School of Nursing's Advocacy Day in Annapolis, allowing students to apply what they have learned about health services policy.

University of Maryland Association of Nursing Students (UMANS) (BSN only – Shady Grove)

This chapter of the National Student Nurses Association (NSNA) is based at the Shady Grove campus of the School. UMAN's mission is to organize, represent, and mentor nursing preparing for initial licensure and baccalaureate completion programs, convey professional standards, promote skill development, advocate for high-quality health care, and contribute to advancing nursing education. UMANS involves students in community volunteering, speaks to young people about nursing and health, and raises funds for various projects. UMANS participates in the annual NSNA convention.

CAMPUS-WIDE STUDENT ORGANIZATIONS

Graduate Student Association (GSA)

GSA is student-run organization serving and representing all graduate students at UMB. It acts as a liaison to the Graduate School, communications student concerns and ideas, supports graduate student research interests, and provides a platform for discussion on matters that affect graduate student life.

University Student Government Association (UGSA)

UGSA is a campus-wide student government that represents all UMB students. It is comprised of student senators elected annually to represent each school at monthly meetings (usually the second Wednesday of each month). Its main purpose is to enhance the quality of student life by promoting the free exchange of ideas, advocacy for student rights, financial co-sponsorship of events and activities, e.g. Fall fest, social nights, educational programs, etc.

UMB has three additional campus-wide student groups: the **International Student Organization** (with several ethnic and national subgroups), **Muslim Student and Scholars Association**, and the **United Students of African Descent**. Information is available at <http://umaryland.edu/student/organizations.html>

Appendix IIB-1



Nursing Student Organizational Structure



University of Maryland School of Nursing (UMSON)
Graduate Nursing Association (GNA)
Nursing Student Government Association (NSGA)
Doctoral Student Organization (DSO)
University of Maryland Association of Nursing Students (UMANS)
Students United for Policy, Education, & Research (SUPER)
Nurses for Global Health (NGH)
American Assembly for Men in Nursing (AAMN)

Appendix IIB-2

Counseling Support Services at Universities at Shady Grove

From: SG Staff List [<mailto:SG-STAFF@LISTSERV.UMD.EDU>] **On Behalf Of** Ilona Faulks
Sent: Friday, February 07, 2014 11:56 AM
To: SG-STAFF@LISTSERV.UMD.EDU
Subject: Students of Concern

On behalf of Robyn Dinicola-Wagle:

Dear Faculty and Staff at USG,

As we begin the Spring semester I am writing to inform everyone about the resources available on- and off-campus to help in dealing with students who may be distressed, disruptive, or even threatening. As the people who have the closest interactions with the students, you are likely the first line of awareness when it comes to recognizing when a student may be in distress. The sooner a student can get help, the better chance of a successful outcome for both the student and the campus community. Recent events, both national and local, should help us realize that we all are, and need to be, part of the USG community of care. It is also good to know that when there are situations beyond your expertise, there are trained colleagues able to help. Please take a few moments to review the Indicators of Concern and resources below, and keep this document handy for those situations where you may need it.

Indicators of Concern Include:

- Student remains distressed despite repeated attempts to help
- Increasing isolation, irritability, lack of personal care
- Deteriorating academic or social success
- Behavioral Concerns:
 - Disruptive, disorderly, or destructive acts
 - Verbal or physical aggression
 - Threats of, or actual instances of, violence or harm
 - Harassment or stalking of others
 - Possession of, or ready access to, a weapon

While you may not be aware of all of these factors, knowledge of any of these indicators is a good sign that the student should be referred for help and/or review. Again, the earlier the intervention, usually the less intrusive it needs to be, and the more successful the outcome.

Mental Health and Behavioral Resources for Faculty and Staff

Every situation is different, and each may require a different set of interventions. The following is a guide to where to refer when you are dealing with a student having difficulties. Don't get caught up in trying to diagnose the situation on your own and making the perfect decision. It is more important the student gets the help they need, and that further action can be taken, if needed.

- Emotionally Upset or Psychologically Overwhelmed – When a student is having trouble coping with the circumstances of their life, they often will act more emotionally than usual, or may cut themselves off from others. Feelings of helplessness or hopelessness may be exhibited. Changes in the ability to function are likely to appear.
 - Contact and/or walk the student over to the USG Center for Counseling and Consultation (CCC; 301-738-6273). The CCC is located at III-1134, on the left-most wall as you walk into the Priddy Library. Free and confidential psychological services are available for those in need. The CCC is open Monday-Thursday 10am - 7pm and Friday 10am - 2pm.
- Psychiatric Concerns – When a student’s level of distress or disruption is more significant and you feel that they may need more immediate attention, or possibly hospitalization:
 - Contact the USG Center for Counseling and Consultation (CCC; 301-738-6273) for referral for psychiatric services.
 - If the situation occurs when the CCC is closed, please contact the Montgomery County Crisis Center at 240-777-4000. The Crisis Center is open 24/7 and offers free phone and walk-in services for persons in an “immediate crisis situation.” For those in need, the Crisis Center offers translation services in more than 20 different languages. The Crisis Center also provides a “Mobile Crisis Team” (MCT) for situations that require immediate on-site clinical intervention and is available 8am – Midnight.
 - You can also contact USG Public Safety (301-738-6065) to facilitate the student’s getting the help they need.
- Disruptive, Disorderly, and/or Destructive Acts – If the student of concern is creating a nuisance by their actions, or is defacing/destroying property (campus or individual):
 - Contact USG Public Safety (301-738-6065) to report the situation if you feel immediate intervention is needed.
 - Refer the situation to the USG Behavioral Assessment Team (BAT) by contacting either of the co-chairs:
 - John Brandt, USG Public Safety Coordinator (jbrandt@umd.edu, 301-518-4907)
 - Robyn Dinicola-Wagle, USG Chief Student Affairs Officer (rdwagle@umd.edu, 301-738-6073)
- Threat of Immediate Harm – If the student is making verbal threats of violence, or acting in a way that leads you to believe that such harm is imminent:
 - Remove yourself from the harmful situation and contact 911 to report the situation and ask for help. Also call USG Public Safety (301-738-6065) to alert them to the situation.
- Unsure of How to Proceed/Behavioral Assessment Team (BAT) – Many situations are complex and do not lend themselves to easy decisions about how to proceed. Straight-forward circumstances, such as cases of immediate threat of violence or harm needing a 911 call, or a

student dealing with psychological concerns (e.g., anxiety, depression, grief, relationship issues) being referred to the CCC, are relatively easy to handle. When you are unsure of what your next step is, please contact the USG Behavioral Assessment Team (BAT). BAT is designed to deal with situations that have no easy answers and may require multiple levels of intervention.

To refer someone to BAT, or if you have any questions about the Team, please contact either of the co-chairs:

- John Brandt, USG Public Safety Coordinator (jbrandt@umd.edu, 301-518-4907)
- Robyn Dinicola-Wagle, USG Chief Student Affairs Officer (rdwagle@umd.edu, 301-738-6073)

Please don't hesitate to contact me for additional information or with any questions at rdwagle@umd.edu or 301-738-6073. Thank you for your time and continued efforts given for the safety and wellness of our campus community.

Robyn Dinicola-Wagle
Chief Student Affairs Officer
Universities at Shady Grove

Appendix IIB-3

Organized Research Centers

The Biology and Behavior Across the Lifespan Center

The Biology and Behavior Across the Lifespan (BBAL) Center was initially proposed by Drs. Susan Dorsey and Barbara Resnick in 2012 and recognized by the University of Maryland, Baltimore as a Center of Excellence during that same year. The BBAL Center, currently directed by Drs. Barbara Resnick and Eun-Shim Nahm serves as an important melting pot of research ideas with regard to clinically focused questions. Research questions are based on management of disease and optimization of health and the ways in which biological findings can influence disease prevalence and progression. Bringing together individuals with specific expertise in different areas center activities facilitate discussion around ways in which to expand the science in a particular area (e.g., exercise adherence). Such cross-fertilization and discussion allow us to increase funding options and opportunities and encourage team development beyond the limited scope of a single investigator or investigative group. Further, the center has established a wealth of resources and the structure to assure such things as the banking of blood samples for future use by center members and the sharing of supplies (e.g., gait assessment tools; actigraphy) and successful intervention and measurement tools and approaches.

In addition to pooled resources and expertise, as described above, BBAL facilitates the translation of animal based findings to humans. The center maintains a strong clinical orientation by virtue of the clinical expertise of our center members and while the research questions are driven from the clinical setting they include questions that must first be explored and answered at the bench. In an appropriate process, bench findings get translated back to real world settings. Within BBAL we have a range of clinical and research expertise and center members serve as mentors for students and faculty in bench to bedside research and understanding this full spectrum of research in all of the work that they do.

Dissemination of research is important to the development of science and ethically important with regard to the humans and animals that are involved in research related endeavors. Our bench to bedside focus and increased awareness of the combination of biology and behavior in all areas of disease development and progression allows for dissemination of findings across multiple venues. The pure science related materials are disseminated to appropriate journals and the translation and clinical significance of this work is disseminated to journals and meetings relevant to those most likely to use these findings in clinical work and research. Further, the center members have expertise in dissemination of findings into real world settings at the community level. We use a Reach, Effectiveness, Adoption, Implementation and Maintenance (RE-AIM) perspective to routinely evaluate our dissemination endeavors. This brings in our work and expertise in use of technology and other types of dissemination approaches as well as the evaluation of those approaches.

Within BBAL we will have structured activities to support our research training, service and discovery mission. Examples include:

- Research incubator which facilitates access to pilot funds and mentored proposal development.
- Seminars- Each semester we hold an interdisciplinary seminar and encourage participation among graduate students across campus to take this as an Independent study for 2 credits. Curriculum will vary and will cut across relevant issues in research related to topics of relevance to biology and behavior across the lifespan.
- Invited professorships/lectureships.
- Regular monthly meetings; Monthly Brown Bag Research presentations; A Monthly Doctoral Study Brown Bag with focused presentations to aide in research development; A grant writing seminar for development of predoctoral and postdoctoral research focused and/or training grants.

Center for Health Outcomes Research

The Center for Health Outcomes Research (CHOR) builds capacity to improve health outcomes. Our vision is to become a thriving interprofessional group of scientists for whom a complex health outcomes model inspires contextually rich research. Our Center has strengths in epidemiology, psychosocial environment assessment, participatory action research methods, survey research, multisite intervention studies, informatics, secondary data analysis, economics, outcomes studies and policy analysis. By leveraging these strengths, the Center investigators generate knowledge about the complex causal influences that affect health and safety outcomes of patients and families and patient preferences for treatments and disseminate results that can change policy and practice.

The overall aims of this Center are as follows:

Aim 1. Advance interprofessional science of health outcomes by identifying phenomena that enhance or encumber better outcomes for people (individuals, families and communities) and systems, and that are modifiable through active interventions.

Aim 2. Improve the health of populations by translating research findings into solutions that can be broadly applied in a variety of settings.

Appendix IIB-4

University of Maryland, Baltimore Campus Strategic Plan 2011-2016

Redefining Collaboration

"We need an inclusive, innovative, forward-thinking plan that will help us maximize our collective potential as a leader in higher education, patient care, research, service, and community engagement—guiding us to be greater than the sum of our parts."

—Jay A. Perman, MD
President, University of Maryland, Baltimore

Strategic Plan Themes:

Innovation

- Achieve preeminence as an innovator

Diversity

- Promote diversity and a culture of inclusion

Accountability

- Foster a culture of accountability and transparency

Community

- Create a vibrant, dynamic University community

Interprofessionalism

- Excel at interdisciplinary research and interprofessional education, clinical care and practice, and public service

Leadership

- Develop local and global initiatives that address critical issues

Entrepreneurship

- Drive economic development

Resources

- Create an enduring and responsible financial model for the University

UMSON Strategic Plan Overview

History

For the past several years, the University of Maryland School of Nursing (UMSON) has been implementing the initiatives of the 2007-2011 Strategic Plan – a Plan that created a foundation and a vision for how we work together. It provided a framework for decision making, gave us guidelines for direction, and offered a clear and objective process for prioritizing initiatives, including the allocation of resources. That Plan served us well, and in fall 2011 we began to create the 2012-2017 Strategic Plan to further advance UMSON.

The Process

The first step in developing the new Strategic Plan was the appointment of a Strategic Planning Committee, comprised of faculty and staff. The committee worked with a facilitator to develop the groundwork for an all-school retreat, held in January 2012, where faculty, staff, administration, partners, and stakeholders worked through a series of challenging exercises and courageous conversations. The outcomes of the retreat were compiled into a working document that represented the infancy of our new Plan. The committee continued to work with a facilitator for five months to create goals and objectives based on the retreat document. During the process, a faculty and staff survey was conducted to solicit feedback on goals and objectives to assure that the committee was on the right track. Once the goals and objectives were completed, the Strategic Plan Implementation Committee was formed to create the specific tactics for each year of the five-year Plan. The final document represents the input of time and talent from every unit in the School, with virtually everyone having an opportunity to contribute at various junctures.

The Campus Strategic Plan

Simultaneous to the development of the new UMSON Strategic Plan, a new University of Maryland, Baltimore Strategic Plan was also being created. The campus plan has eight themes—innovation, diversity, accountability, community, interprofessionalism, leadership,

entrepreneurship, and resources. These themes mirror the six core values adopted by UMSON. The five goals and 16 objectives in the UMSON Plan align well with the eight campus themes. Goal 1 in the UMSON Plan incorporates campus themes of promoting a culture focused on innovation and excelling in interprofessional education. Goal 2 focuses on campus themes of interdisciplinary research and entrepreneurship. Goal 3 aligns with the campus themes of creating an enduring and responsible financial model and entrepreneurship. Goal 4 incorporates the campus themes of accountability, diversity, and cultural inclusion and creating a vibrant community. Finally, Goal 5 aligns with the campus fundamental element of better information technology organization and utilization.

The Plan

While the 2012-2017 Strategic Plan is highly ambitious and represents bold decisions and directions for UMSON, we are collectively committed to and invested in its success. Our new Plan will encourage us to take many "great leaps forward" and to consistently and methodically analyze our successes and challenges. It defines and refines our tripartite mission of education, research, and practice. The Plan holds us accountable to our stated values, student engagement in all missions, increased research funding, developing a robust financial model, technological advancement, and faculty and staff development. We recognize that creating an environment that produces satisfied students, engaged alumni, loyal faculty, and fulfilled staff is as vital to our success as our top-tier national ranking.

Our Promise

By focusing on our mission, striving to achieve our vision, and using our new Strategic Plan to provide direction, we are certain to achieve our goals. In doing so, we will contribute to nursing education, research, and practice, and the profession of nursing. More importantly, with our faculty, staff, students, and alumni acting as leaders and change agents, we will improve the health and wellness of countless individuals worldwide.

STRATEGIC PLAN 2012-2017



Appendix II-B-4

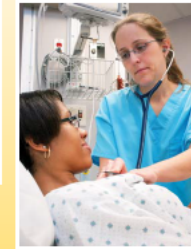
UNIVERSITY of MARYLAND
SCHOOL OF NURSING



Education



Research



Practice

Innovation in Action



655 West Lombard Street • Baltimore, MD 21201-1579
<http://nursing.umaryland.edu>

Mission, Vision, and Values

Mission

We shape the profession of nursing and the health care environment by developing leaders in education, research, and practice.

Vision

We develop preeminent leaders in nursing education, research, and practice. As a catalyst for creativity and collaboration, we engage diverse groups of professionals, organizations, and communities in addressing local, national, and global health priorities. Together, faculty, staff, and students create a rich and vibrant working and learning environment where knowledge is created and shared. A passion for discovery permeates the educational process and advances the use of evidence as the basis for nursing practice. Accordingly, we are recognized for our scientific knowledge, critical thinking, interprofessional teamwork, and profound commitment to the health of individuals and communities.

Values

Integrity • Accountability • Professionalism • Teamwork • Civility and Respect • Diversity



Strategic Goals and Objectives

Strategic Goal 1: *Prepare leaders to shape and influence the nursing profession and the health care environment*

Objectives

- Increase opportunities for faculty, staff, and students to engage in education, research, and practice
- Provide professional development and learning opportunities for faculty and staff
- Advance change through leadership in health policy and advocacy
- Emphasize the progression of students across all programs
- Develop interprofessional initiatives and collaborations with other University of Maryland, Baltimore and University System of Maryland schools, including the Universities at Shady Grove

Strategic Goal 2: *Optimize health through discovery and translational science*

Objectives

- Build programs of research through new collaborations in discovery, translation, and implementation projects
- Promote greater visibility of extramurally funded research
- Support and grow two Organized Research Centers

Strategic Goals and Objectives

Strategic Goal 3: *Create a robust and enduring financial model*

Objectives

- Increase external funding
- Communicate and demonstrate the School of Nursing's capacity and value
- Create opportunities for integration and collaboration with the University of Maryland Medical System and other organizations and partners

Strategic Goal 4: *Elevate the School of Nursing's competitive position through advancing a culture that embodies the School's Core Values*

Objectives

- Recruit and retain faculty, staff, and students who embody the School's Core Values
- Create and implement feedback systems that promote accountability and professionalism and, in turn, foster a positive work environment

Strategic Goal 5: *Leverage technology to enhance and expand education, research, and practice*

Objectives

- Implement a school-wide technology strategic plan involving faculty, staff, and students
- Employ technology to expand innovative educational delivery models
- Use technology to enhance the student experience from recruitment to graduation

Appendix IIC-1

CURRICULUM VITAE

Jane Marie Kirschling, PhD, RN, FAAN
University of Maryland School of Nursing
655 West Lombard Street, Suite 505, Baltimore, MD 21201-1512
Work phone: 410-706-6740 Fax: 410-706-4231
Email: kirschling@son.umaryland.edu
Home Address: 5 Chapel Court, Lutherville, MD 21093
Home phone: 443-519-5350 Cell phone: 443-691-5222

EDUCATIONAL PREPARATION

Completed	College/University or Program	Degree
2000-2003	Robert Wood Johnson Foundation Executive Nurse Fellows Program	-
June 2001	Harvard Institutes for Higher Education, Harvard Graduate School of Education, MLE Management and Leadership in Education	-
1984	Indiana University School of Nursing, Indianapolis, IN Specialty: Psychiatric/Mental Health Nursing Original degree DNS, IU granted PhD equivalent 2010	PhD
1982	Indiana University School of Nursing Specialty: Community Mental Health Nursing	MSN
1980	Viterbo College, LaCrosse, WI	BSN

PROFESSIONAL EXPERIENCE

Academic Appointments

Date(s)	Position/University/Health Care Agency/Location/Responsibilities
2013-present Tenured, Graduate Faculty	Professor and Dean, School of Nursing and University Director of Interprofessional Education University of Maryland, Baltimore, MD. Serve as chief academic officer of the School of Nursing, which includes undergraduate and graduate nursing programs located on two campuses – Baltimore and at the Universities at Shady Grove. In addition, serve as the Director of the Center for Interprofessional Education.
2006-2012 Tenured, Graduate Faculty	Professor and Dean University of Kentucky College of Nursing, Lexington, KY. Served as chief academic officer of the College of Nursing, which included undergraduate and graduate nursing programs.

Date(s)	Position/University/Health Care Agency/Location/Responsibilities
1999-2006 Tenured, Graduate Faculty	<p>Professor of Nursing and Dean University of Southern Maine College of Nursing and Health Professions, Portland, ME. Served as chief academic officer of the College of Nursing and Health Professions, which included undergraduate and graduate nursing programs on the Portland and Lewiston-Auburn campuses and undergraduate programs in health sciences, radiation therapy, recreation and leisure, and sports medicine.</p>
1996-1999, Tenured 1998-1999	<p>Professor and Associate Dean for Academic Affairs Ruth Miller Brody and Bernard B. Brody Professor University of Rochester School of Nursing, Rochester, NY. Provided academic oversight for baccalaureate, master's, post-master's, and doctoral nursing programs; oversight of student affairs and office of evaluation; recruitment of academic and clinical track teaching faculty; and evaluation of assigned faculty.</p>
1984-1996	<p>Professor (1995-1996), Associate Professor (1988-1995, tenured 1989) Assistant Professor (1984-1988)</p>
1994-1996	<p>Associate Dean for Graduate Studies Oregon Health Sciences University School of Nursing, Portland, OR. As Associate Dean provided academic oversight for the statewide graduate program, including master's, post-master's, and doctoral nursing programs. As a faculty member provided instruction to baccalaureate, master's, and doctoral nursing students in the area of family and gerontological nursing.</p>
1981-1984	<p>Research Assistant for Angela Barron McBride, RN, Ph.D., FAAN Indiana University School of Nursing, Chairperson, Psychiatric Mental Health Nursing Graduate Program, Indianapolis, IN. Collected and analyzed research data and evaluation materials for the graduate program, and library searches.</p>
January 1983- May 1983	<p>Clinical Faculty - Part-Time Indiana University School of Nursing, Indianapolis, IN. Provided clinical supervision of baccalaureate students on inpatient psychiatric units at the Veterans Hospital.</p>
Spring 1982	<p>Clinical Faculty - Part-Time Indiana Central College, Indianapolis, IN. Provided clinical supervision of diploma students on a general medical unit at St. Francis Hospital.</p>

l Positions

1991	<p>Psychiatric Nurse - On Call (during sabbatical). Visiting Nurse Association, Portland, OR. Provided care for clients and their families in a psychiatric home care program.</p>
1984-1987	<p>Staff Nurse - On Call. Visiting Nurse Association Hospice, Portland, OR. Provided care for the terminally ill and their families in a home care hospice program.</p>
1983-1984	<p>Staff Nurse - Part-Time. Tri-County Mental Health Inpatient Unit, Indianapolis, IN. Provided direct care as well as supervised the care provided by the psychiatric attendants and milieu therapists.</p>

Date(s)	Position/University/Health Care Agency/Location/Responsibilities
1983-1984	Staff Nurse - Part-Time. St. Vincent Stress Center, Indianapolis, IN. Provided direct care as a pool nurse for the psychiatric inpatient unit, chemical dependency unit, hospice unit, and home care program.
1982-1983	Staff Nurse II - Part-Time. St. Vincent Stress Center, Indianapolis, IN. Provided direct care for the terminally ill and their families on the inpatient unit and managing a 10-15 patient caseload in the home care program.
1980-1982	Staff Nurse - Part-Time. St. Vincent Hospital and Health Care Center, Indianapolis, IN. Provided direct care, as well as supervised the care provided by nurse aides and licensed practical nurses, on a medical oncology unit.
1980 (summer)	Staff Nurse - Full-Time. Wood County Nursing Home, Port Edwards, WI. Provided direct care, as well as supervised the care provided by nurse aides and licensed practical nurse's, to residents of the nursing home.

PUBLICATIONS

Research-Based Publications

- Kirschling, J.M., & Pierce, P.K. (1982). Nursing and the terminally ill: Beliefs, attitudes, and perceptions of practitioners. *Issues in Mental Health Nursing, 4*, 275-286
- Kirschling, J.M. (1985). Support utilized by caregivers of terminally ill family members. *The American Journal of Hospice Care, 2(2)*, 27-31
- Kirschling, J.M., & Akers, S. (1986). Group experience for the recently widowed. A bereavement follow-up study. *The American Journal of Hospice Care, 3(5)*, 24-27
- Kirschling, J.M., & Austin, J.K. (1988). Assessing support - the recently widowed. *Archives of Psychiatric Nursing, 2*, 81-86
- Kirschling, J.M., & McBride, A.B. (1989). Effects of age and sex on the experience of widowhood. *Western Journal of Nursing Research, 11*, 207-218
- Kirschling, J.M. (1989). Analysis of Bugen's model of grief. *The Hospice Journal, 5(1)*, 55-75.
- Kirschling, J.M., & Pittman, J.F. (1989). Measurement of spiritual well-being: A hospice caregiver sample. *The Hospice Journal, 5(2)*, 1-11
- Kirschling, J.M., Tilden, V.P., & Butterfield, P. (1990). Social support: The experiences of hospice family caregivers. *The Hospice Journal, 6(2)*, 75-93
- Yang, C.T., & Kirschling, J.M. (1992). Exploration of factors related to direct care and outcomes of caregiving: Caregivers of terminally ill older persons. *Cancer Nursing, 15*, 173-181
- Kirschling, J.M., & Luce, L. (1992). Oregon Hospice Association: State-wide data set. *The Hospice Journal, 8(3)*, 35-44
- Harvath, T.A., Archbold, P.G., Stewart, B.J., Gadow, S., & Kirschling, J.M. (1994). Establishing partnerships with family caregivers. Local and cosmopolitan knowledge. *Journal of Gerontological Nursing, 20(2)*, 29-35
- Kirschling, J.M., Gilliss, C.L., Krentz, L., Camburn, D.C., Clough, R.S., Duncan, M.T.,

- Hendricks, J., Howard, J.K.H., Roberts, C., Smith-Young, J., Tice, K.S., & Young, T. (1994). "Success" in family nursing: Experts describe phenomena. *Nursing and Health Care*, 15, 186-189
- Kirschling, J.M., Stewart, B.J., & Archbold, P.G. (1994). Family caregivers of post-hospitalized older persons and persons receiving hospice: Similarities and differences. *Home Health Care Services Quarterly*, 14(4), 117-140
 - Archbold, P.G., Stewart, B.J., Miller, L., Harvath, T.A., Greenlick, M.R., VanBuren, L., Kirschling, J.M., Valanis, B., Brody, K., Schook, J., & Hagan, J. (1995). The PREP system of nursing interventions: A pilot test with families caring for older members. Preparedness (PR), enrichment (E) and predictability (P). *Research in Nursing and Health*, 18, 3-16
 - Kirschling, J.M., Fields, J., Imle, M., Mowery, M., Tanner, C.A., Perrin, N., & Stewart, B. (1995). Evaluating teaching effectiveness. *Journal of Nursing Education*, 34, 401-410
 - Raudonis, B.M., & Kirschling, J.M. (1996). Family caregivers' perspectives on hospice nursing care. *Journal of Palliative Care*, 12(2), 14-19
 - Anderson, C.M., Raudonis, B.M., & Kirschling, J.M. (1999). Hospice and palliative nursing role delineation study: Implications for certification. *Journal of Hospice and Palliative Nursing*, 1(2), 45-54
 - Messecar, D.M., Archbold, P.G., Stewart, P.J., & Kirschling, J.M. (2002). Home environmental modification strategies used by caregivers of elders. *Research in Nursing and Health*, 25, 357-370
 - Kirschling, J.M., Colgan, C., & Andrews, B. (2011). Predictors of registered nurses' willingness to remain in nursing. *Nursing Economic\$,* 29(3), 111-117

Other Publications

- Kirschling, J.M. (1986). The experience of terminal illness of adult family members. *The Hospice Journal*, 2(1), 121-138
- Gabriel, R.M., & Kirschling, J.M. (1989). Assessing grief among the bereaved elderly: A review of existing measures. *The Hospice Journal*, 5(1), 29-54
- Hall, J.E., & Kirschling, J.M. (1990). A conceptual framework for caring for families of hospice patients. *The Hospice Journal*, 6(2), 1-28
- Kirschling, J.M., & Osmont, K. (1992). Bereavement network: A community based group. *Omega*, 26, 119-127
- Raudonis, B., & Kirschling, J.M. (1992). Hospice research: The importance of program participation. *The American Journal of Hospice and Palliative Care*, 9(4), 21-25
- Suzuki, S., Kirschling, J.M., & Inoue, I. (1993). Hospice care in Japan. *The American Journal of Hospice and Palliative Care*, 10(4), 35-40
- Sigma Theta Tau International (1998). *The Woodhull Study on Nursing and the Media Health Care's Invisible Partner Final Report*. Co-authored final report with Bill Watson. Indianapolis, IN: Center Nursing Press Sigma Theta Tau
- American Association of Colleges of Nursing. (November 2001). *Indicators of Quality in Research-Focused Doctoral Programs in Nursing*, AACN Position Statement. Co-authored statement as member of Task Force, chaired by Dr. Sandra Edwardson. Washington, DC: Author
- Casarett, D., Ferrell, B., Kirschling, J., Levetown, M., Merriman, M., Ramey, M., &

- Silverman, P. (2001). NHPCO Task Force statement on the ethics of hospice participation in research, *Journal of Palliative Medicine*, 4, 441-449
- Kirschling, J.M. (2002). Hospice. In D.J. Ekerdt, R.A. Applebaum, K.C. Holden, S.G. Post, K. Rockwood, R. Schultz, R.L. Sprott, & P. Uhlenberg (Eds.), *Encyclopedia of Aging*. New York, NY: Macmillan Reference USA
 - Kirschling, J.M., Conover, L., Curley, D., Ernest, P., Girard, T., Kuhrt, S., Philbrook, P., Samia, L., Sinclair, C., Smith, N., Stuchiner, K., & Whitehead, B. (2002). *Report from the Maine Nursing Summit – Maine Health Care: Colleagues in Caring Nursing Workforce Initiative*. Portland, ME: University of Southern Maine College of Nursing and Health Professions. Available at www.usm.maine.edu/conhp
 - Ponti, M.A., Whitehead, B., Bethanis, S., Broadway, M., Bosica, T., Harvey-McPherson, L., Kirschling, J.M., Maschnino, A., Ogonowski, M.H., Pelissier, B., Philbrook, P., Shipps, T., Smith, N., & Stuchiner, K. (May 2002). *Report and Recommendations of the OMNE Task Force: 2002 Overview of Maine's Nursing and Health Care Workforce*. Maine: OMNE Nursing Leaders of Maine. Available at www.usm.maine.edu/conhp
 - Kirschling, J.M. (2002). View from the Board – HPNA position statements: Speaking on behalf of our membership and Association News – Excellence in hospice and palliative care nursing. *Journal of Hospice and Palliative Nursing*, 4(2), 64-65, 68
 - Kirschling, J.M. (2002). View from the Board – America's nursing shortage: Fact or fiction? *Journal of Hospice and Palliative Nursing*, 4(3), 124-126
 - Kirschling, J.M. (2003). View from the Board – Envisioning HPNA's future: Your participation is key to our success. *Journal of Hospice and Palliative Nursing*, 5(1), 3-4
 - Kirschling, J.M. (2003). View from the Board – Expanded educational and networking opportunities for end-of-life nursing care. *Journal of Hospice and Palliative Care Nursing*, 5(3), 11
 - Kirschling, J.M. (2003). *Maine's Nursing Workforce: 2001-2002 Sample*. Portland, ME: University of Southern Maine College of Nursing and Health Professions. Available at www.usm.maine.edu/conhp
 - Kirschling, J.M., Baughman, S., Bethanis, S., Broadway, M., Devoe, J., Ernest, P., Glidden, S., Higgins, P., Ogonowski, M.A., Samia, L., Seeley, R., Sinclair, C., & Smith, N. (2003). *Report from the 2002 Maine Nursing Summit*. Portland, ME: University of Southern Maine College of Nursing and Health Professions. Available at www.usm.maine.edu/conhp
 - Kirschling, J.M. (2003). *Report Fall 2002 Maine Nursing Education Programs*. Portland, ME: University of Southern Maine College of Nursing and Health Professions. Available at www.usm.maine.edu/conhp
 - Kirschling, J.M., Amarsi, Y., Chang, E., Chernomas, W., Clapis, M.J., Daly, J., de Jong, A., Gamel, C., Kim, S., de Groot, J.M., Tsia, S., & Wong, T.K.S. (2003). Nursing education across the globe: Recent successes and future challenges. *Reflections, Fourth Quarter*, 20-24
 - Kirschling, J.M. (2004). *Fall 2003 Survey of Maine Nursing Education Programs*. Portland, ME: University of Southern Maine College of Nursing and Health Professions. Available at www.usm.maine.edu/conhp
 - Harvey-McPherson, L., Kirschling, J.M., Albert, R., Brunner, S., Cooley, N., Douglass, J., Dyer, J., Hourigan, M. Kent-Conant, B., Kuhrt, S., Parker, M., Schuettinger, A., Shipps, T., & Smith, N. (2004). *2003 Report and Recommendations of the OMNE Task Force: Overview of Maine's Nursing Graduate Capacity*. Maine: OMNE Nursing Leaders of Maine. Available at www.usm.maine.edu/conhp

- Kirschling, J.M. (2004). View from the Board – Alliance for Excellence in Hospice and Palliative Nursing. *Journal of Hospice and Palliative Nursing*, 6(1), 1
- Kirschling, J.M., & Lentz, J. (2004). Infusion nurses' role in care at the end of life. *Journal of Infusion Nursing*, 27, 112-117
- Kirschling, J.M., & Harvey-McPherson, L. (2004). 2003 overview of Maine's nursing schools graduate capacity. *ANA-Maine Journal*, Spring, 8
- Kirschling, J.M., & Harvey-McPherson, L. (2004). Survey now available on Maine's Nursing Faculty. *ANA-Maine Journal*, Summer, 4
- Kirschling, J.M. (2004). View from the Board – Positioning HPNA through 2009: Board Governance is Refined. *Journal of Hospice and Palliative Nursing*, 6, 195
- Kirschling, J.M. (2004). Building social capital: Leading and leveraging constituencies outside the college. *Journal of Nursing Education*, 43(11), 517-519
- Morin, K., & Kirschling, J.M. (2004). Invited editorial: Whither the leadership. *Journal of Nursing Education*, 43(11), 483
- Rodgers, M.W., Burson, J.Z., & Kirschling, J.M. (2004). Developing an accelerated BSN program: One college's experience. *Nursing Leadership Forum*, 9(1), 18-22
- Kirschling, J.M. (2005). View from the Board – Nurse philanthropists – “leading the way”. *Journal of Hospice and Palliative Nursing*, 7, 123-124
- Kirschling, J.M. (2005). Update on efforts in Maine to educate Clinical Nurse Leaders. *ANA-Maine Journal*, Spring, 13
- Kirschling, J.M., & Rodgers, M. (2005). Succession planning: When an academic merger occurs. *Nursing Leadership Forum*, 9, 87-91
- Kirschling, J.M., & Bednash, G. Guest Editorial – Interprofessional collaborative practice. *Journal of PeriAnesthesia Nursing*, 27, 374-375.
- Kirschling, J.M. (2005). *Fall 2004 Survey of Maine Nursing Education Programs*. Portland, ME: University of Southern Maine College of Nursing and Health Professions. Available at www.usm.maine.edu/conhp
- Harvey-McPherson, L., & Kirschling, J.M. (2006). OMNE Nursing Leaders of Maine legislative update. *ANA-Maine newsletter*, Spring, 16
- Kirschling, J.M., & Rodgers, M. (2006). National movement – practice focused doctoral programs in nursing, updated from the University of Southern Maine. *ANA-Maine newsletter*, Spring, 13
- Kirschling, J.M. (2006). *Report: Maine Minimum Data Set Maine's Nurses who Renewed their Licenses between September 1, 2002 and August 31, 2004*. Portland, ME: University of Southern Maine College of Nursing and Health Professions. Available at www.usm.maine.edu/conhp
- Kirschling, J.M., Harvey-McPherson, L., & Curley, D. (2008). Maine's nursing workforce legislation: Lessons from a rural state. *Nursing Outlook*, 56(2), 63-69
- Prevost, S., Rushton, C., Chrastek, J., & Kirschling, J. (2010). Palliative and end-of-life care: Transformational models across nursing settings. *IOM Future of Nursing Brief*.
- Kirschling, J.M. (2010). End-of Life Care: Nursing Leadership Remains Critical. Editorial, *Journal of Nursing Education*, 49(4), 179-180
- Kirschling, J.M., and Ives-Erickson, J. (2010). The STTI Practice-Academe Innovative Collaboration Award: Honoring Innovation, Partnership, and Excellence. *Journal of Nursing Scholarship*, 42(3), 286-294

- Kirschling, J. (2011). Suzanne Prevost: Passionate about family, nursing and research-based practice. *Reflections on Nursing Leadership*, 37(4). Retrieved from http://www.reflectionsonnursingleadership.org/Pages/Vol37_4_Prevost_Kirschling.aspx
- Kirschling, J.M., & Bednash, G. (2012). Invited editorial – Interprofessional collaborative practice. *Journal of PeriAnesthesia Nursing*, 27, 374-275
- Kirschling, J.M., & Bednash, G. (2013). Recognizing the value of nursing. *The Advisor The Journal of the National Association of Advisors for the Health Professions*, 33(4), 11-12
- Bednash, G., Breslin, E., Kirschling, J.M., & Rosseter, R. (in press). Building the research enterprise in the academic environment: A view from the United States. *Quality Advancement in Nursing Education*

Book Chapters

- Kirschling, J.M. (1987). Intervening with middle-aged families and terminal cancer. In M. Leahey & L. Wright (Eds.), *Families and Life Threatening Illness* (pp. 297-309). Springhouse, PA: Springhouse
- Kirschling, J.M. (1987). The interface between terminally ill elderly, their families and hospice. In T.H. Brubaker (Ed.), *Aging Health and Family Long-term Care* (pp. 216-231). Beverly Hills, CA: Sage
- Ryan, S., Kirschling, J.M., Botelho, R.J., Bennett, N.M., & Schmitt, M. (1998). Medicine, nursing, and public health: Partnering to improve the community's health (pp. 384-388). In E.C. Cohen & V. DeBack (Ed.), *Collaboration in Case Management*. St. Louis, MO: Mosby
- Kirschling, J.M. (2005). From the outside looking in: Considering whether to be an external applicant for a Dean's position. *Academic Leadership in Nursing: Making the Journey* (pp. 33-38). Washington, D.C.: American Association of Colleges of Nursing
- Kirschling, J.M. (2008). Faculty roles and expectations. In B.K. Penn (Ed.), *Mastering the Teaching role: A Guide for the Nurse Educator* (pp. 515-529). Philadelphia: F.A. Davis
- Kirschling, J.M., Connaughton, M.J. (2013) First Lessons: Know Yourself and Your Values. In C. Hall (Ed.), *Accelerate Your Career in Nursing*. Indianapolis, IN: Sigma Theta Tau International

Commentaries, Book Reviews, and Film Reviews

- Kirschling, J.M. (1990). Commentary on M.J. Bull's article, Factors influencing family caregiver burden and health. *Western Journal of Nursing Research*, 12, 772-773
- Kirschling, J.M. (1992). Book review *Counseling the Bereaved* by R.A. Dershimer. *The Hospice Journal*, 8(4), 76-78
- Kirschling, J.M. (1994). Book review *The Year Before Death* by C. Seale & A. Cartwright. *Progress in Palliative Care An International Journal*, 2, 158-159
- Kirschling, J.M. (1996). Book review *Hope for Families Caring for Loved Ones at Home* by S. Ulmer. *National Hospice Organization*
- Kirschling, J.M. (1996). Film review *The Way We Die* by J. Mednick. *National Hospice Organization*
- Kirschling, J.M. (1998). Book review *Living through Loss a Manual for those Working with Issues of Terminal Illness and Bereavement* by F.W. Jacobsen, M. Kindlen, & A. Shoemark.

Journal of Interprofessional Care, 12(1), 111

- Kirschling, J.M. (1998). Book reviews *I'm Here to Help A Guide for Caregivers, Hospice Workers, and Volunteers* and *I'm With You Now A Guide Through Incurable Illness for Patients, Families, and Friends* by M.C. Ray. *The American Journal of Hospice and Palliative Care*, 15(3), 187
- Kirschling, J.M. (1998). Book review *All Kinds of Love Experiencing Hospice* by C. Jaffe & C.H. Ehrlich. *The Hospice Journal*, 13(4), 83-86
- Kirschling, J.M. (1999). Book review *A Good Dying: Shaping Health Care for the Last Months of Life* by J.K Harrold & J. Lynn (Eds.). *The American Journal of Hospice and Palliative Care*, 16, 492-493
- Kirschling, J.M. (1999). Book review *Coping with Loss* by S. Nolen-Hoeksema & J. Larson. *The American Journal of Hospice and Palliative Care*, 16, 684
- Kirschling, J.M. (2000). Book review *Pain: Clinical Manual* (2nd Ed.) by M. McCaffery & C. Pasero. *The American Journal of Hospice and Palliative Care*, 17

PRESENTATIONS

National and International Presentations

- Kirschling, J.M., & Akers, S. (1983, October). *A group experience - the recently bereaved*. Paper, 6th Annual Conference of the Forum for Death Education and Counseling, Chicago, IL. Abstracted in conference proceedings
- Kirschling, J.M. (1985, November). *An exploratory study of support utilized by the recently widowed*. Roundtable presentation, National Council of Family Relations Meeting, Dallas, TX
- Kirschling, J.M. (1985, December). *Support and coping in the recently widowed*. Poster, American Nurses Association Council of Nurse Researchers Annual Conference, San Diego, CA. Abstracted in Summary of Presentations *Nursing Research: Integration into the Social Structure*
- Kirschling, J.M. (1986, November). *An exploratory study with active and bereaved family caregivers of terminally ill adults*. Paper, The National Hospice Organization Annual Meeting and Symposium, Denver, CO
- Kirschling, J.M. (1989, September). *Images of care within the family: A panel discussion*. Invited panelist with Patricia Archbold and Sheila Kodadek, National Conference on Family Nursing, Family Nursing Continuing Education Project, Oregon Health Sciences University Department of Family Nursing, Portland, OR
- Kirschling, J.M., Gilliss, C., & Members of the Research Proposals Special Interest Group, Family Nursing Continuing Education Project (1989, September). *Persons who describe themselves as family nurses: Who they are, where they practice and what they do*. Poster, National Conference on Family Nursing, Family Nursing Continuing Education Project, Oregon Health Sciences University Department of Family Nursing, Portland, OR. Abstracted in conference proceedings
- Kirschling, J.M., Gilliss, C., & Members of the Research Proposals Special Interest Group, Family Nursing Continuing Education Project (1989, September). *The practice of family nursing: Survey results*. Paper, National Conference on Family Nursing, Family Nursing

Continuing Education Project, Oregon Health Sciences University Department of Family Nursing, Portland, OR. Abstracted in conference proceedings

- Kirschling, J.M., Gilliss, C., & Members Research Proposals Special Interest Group, Family Nursing Continuing Education Project (1991, May). *Family nurses from throughout the world: Who they are, where they practice, and what they do*. Poster, 2nd International Family Nursing Conference, Portland, OR. Abstracted in conference proceedings
- Kirschling, J.M., Stewart, B.J., & Archbold, P.G. (1991, October). *Family caregivers of older persons and persons receiving hospice: Similarities and differences*. Paper, American Nurses Association Council of Nurse Researchers 1991 International Nursing Research Conference, Los Angeles, CA. Abstracted in conference proceedings
- Raudonis, B., & Kirschling, J.M. (1993, November). *Family caregivers' perspective of hospice care*. Poster, Annual Meeting of the Gerontological Society of America, New Orleans, LA
- Kirschling, J.M., Stewart, B.J., Archbold, P.G., Raudonis, B.M., Harvath, T.A., & Miller, L.L. (1994, April). *Bereaved family caregivers of post-hospitalized older persons*. Paper, Association for Death Education and Counseling, 16th Annual Conference, Portland, OR
- Kirschling, J.M., Stewart, B.J., Archbold, P.G., Raudonis, B.M., Harvath, T.A., & Miller, L.L. (1994, June). *Bereaved family caregivers of post-hospitalized older persons*. Poster, 4th International Conference on Grief and Bereavement in Contemporary Society, Stockholm, Sweden
- Raudonis, B., & Kirschling, J.M. (1994, June). *Individualized family based palliative care: An outcome of hospice nursing*. Paper, 5th National Conference for the Theory of Modeling and Role Modeling, Arcata, CA
- Kirschling, J.M. (1996, June). *The next decade in doctoral education*. Invited speaker, Annual Forum on Doctoral Education in Nursing "Lessons from the Past - Visions for the Future," Columbus, OH. The Ohio State University College of Nursing. Paper published in its entirety in conference proceedings
- Kirschling, J.M. (1997, November). *Analysis and perspectives on hospice nursing research and Issues in hospice caregiving: Families and nurses*. Invited keynote speaker, The Catholic University, Seoul, Korea. Conference entitled "The Development of Hospice / Palliative Care," organized by the WHO Collaborating Centre for Hospice/Palliative Care. Papers printed in entirety in English and Korean in conference proceedings
- Anderson, C., & Kirschling, J.M. (1998, November). *Results of hospice and palliative care nurses role delineation study*. Paper, National Hospice Organization, 20th Annual Symposium and Exposition, Dallas, TX
- Anderson, C., & Kirschling, J.M. (1999, February). *Results of hospice and palliative care nurses role delineation study*. Paper, Hospice and Palliative Nursing Association Educational Conference "The Future is Now", Clearwater Beach, FL
- Kirschling, J.M. (1999, November). *Grief and bereavement: How the underlying conceptualization is evolving in the west; Research on care of dying persons and for bereaved persons: A view from the United States; and Trends in bereavement care in the United States*. Invited keynote speaker, The Catholic University, Seoul, Korea. Conference entitled "Hospice Care for the Dying and the Bereaved," organized by the WHO Collaborating Centre for Hospice/Palliative Care. Papers printed in entirety in conference proceedings
- Kirschling, J.M. (2000, March). *The experience of a small school without access to a*

- development officer*. Invited speaker, AACN 2000 Executive Development Series “Development Activities: Building the Base”, Washington, D.C.
- Kirschling, J.M. (2001, August). *Higher education and the nursing profession*. Invited presentation at the Leadership Initiative for Nursing Education (LINE), Leadership Institute, Freeport, ME
 - Kirschling, J.M. (2002, February). *Observations on Master’s education* (summary comments from conference as chairperson of the planning committee). 2002 Master’s Education Conference Contrasts and Decision Points: Models for Innovation Master’s Education. American Association of Colleges of Nursing, Amelia Island, FL
 - Kirschling, J.M., & Dorrity, C. (2003, April). *Maine’s statewide initiative to recruit elementary school children into health careers*. Poster, Taking the Long View: A Gathering of State Nursing Workforce Centers, Raleigh, NC
 - Kirschling, J.M. (2003, June). *Ethical and compassionate end of life care*. Invited presentation for the 30th Anniversary Infusion Nurses Society (INS) Annual Meeting and Industrial Exhibition. Nashville, TN
 - Rodgers, M., & Kirschling, J.M. (2004, February). *Mastering the Master’s faculty role*. Invited panel presentation for 2004 Master’s Education Conference. American Association of Colleges of Nursing, Scottsdale, AZ
 - Kirschling, J.M. (2004, September). *Professional organization membership*. Invited presenter for Hospice and Palliative Nurses Association Professional Development Continuing Education Series Web Teleconference, Pittsburgh, PA
 - Kirschling, J.M. (2007, 2008 and 2009, January). *RWJ Executive Nurse Fellows Program: Advanced leadership development*. Coordinated panel presentation and presented for American Association of Colleges of Nursing 2007 and 2008 Doctoral Education Conference, Captiva Island, FL and Coronado, CA
 - Kirschling, J.M. (2006, March). *The 5 year trek: Maine’s nursing workforce legislative initiatives*. Invited presenter for the American Association of Colleges of Nursing Semi-Annual Dean’s Meeting, Washington, DC
 - Kirschling, J.M. (2007, 2008, 2009, August). *What are we, collectively able to create? (Jaworski, 1996) [2007 and 2008], Essential qualities of Professional Nursing Organizations that Lead [2009]*. Invited presenter for the National Alliance Leadership Academy, Louisville, KY
 - Kirschling, J.M., Howard, P., M. Wiggins, M., & Sepples, S. (2008, February). *Highlights and Pitfalls: Transitioning Toward the CNL and DNP (University of Southern Maine and University of Kentucky Experiences)*. American Association of Colleges of Nursing 2008 Master’s Education Conference, Newport Beach, CA
 - Kirschling, J.M. (2008, June). *Focus on the nursing workforce: Today’s issues and challenges*. Invited closing plenary, 2008 LEAD Summit Center for American Nurses, Washington, DC
 - Kirschling, J.M. (2009, February). *How important is scholarship to the faculty role?* Invited plenary, 2009 American Association of Colleges of Nursing Faculty Development Conference, Savannah, GA
 - Kirschling, J.M. (2009, April). *Leveraging our individual and collective power: Patient and family centered care*. Invited plenary, 2009 Pediatric Endocrinology Nursing Society, Newport, RI
 - Breslin, E., & Kirschling, J.M. (2009, July). *Getting started: Colleges of Nursing “Treks”*

- Towards Inclusiveness*. Invited presenters, Cultural Proficiency Institute, Los Angeles, CA
- Kirschling, J.M. & Grinspum, D. (2009, December). *Globally advancing the profession of nursing: Clinical and education partnerships*. Invited presenters, 3rd Annual Nurse Faculty Nurse Executive Summit, Scottsdale, AZ
 - Carlson, E., Hudson, S.B., Holloman, P., Kirschling, J., Montalvo, I., & Newman, C. (2010, June). *Pay for quality principles*. Invited panelist, American Nurses Association House of Delegates, Washington, DC
 - Bouvier, J.R., Diebold, C.M., & Kirschling, J.M. (2010, October). *UHC/AACN Nurse Residency Program™, presented A dean's perspective*. Invited presenters, American Association of Colleges of Nursing 2010 Fall Semiannual Meeting, Washington, DC
 - Kirschling, J.M. (2010, November). *AACN's response to the IOM Report on the Future of Nursing*. Invited speaker, Nursing Organization Alliance™, The Alliance 2010 Fall Summit, Portland, OR
 - Blue, A., Kirschling, J.M., Schmitt, M., & Viggiano, T. (2011, February). *Interprofessional Team-Based Competencies, IPEC Expert Panel Presentation*. Invited panelist, invitational meeting on “Interprofessional Team-Based Competencies: Building a Shared Foundation for Education and Clinical Practice,” sponsored by HRSA, Josiah Macy Jr. and Robert Wood Johnson Foundations, and ABIM Foundation in Partnership with Interprofessional Education Collaborative (IPEC), Washington, DC
 - Potempa, K., & Kirschling, J.M. (2011, May). *AACN Strategic Planning & the IOM Report*. American Association of Colleges of Nursing Membership Webinar
 - Kirschling, J.M., Kern, D., & Meyer, S. (2011, October). *Integrating Interprofessional Competencies into the Curriculum*. American Association of Colleges of Nursing Faculty Webinar
 - Kirschling, J.M., Edwardson, S., & Haber, J. (2011, October). *Interprofessional Education in Nursing Education*. American Association of Colleges of Nursing Semi-Annual Meeting
 - Burkhart, P.V., & Kirschling, J.M. (2011, November). *Implementing Interprofessional Education for Pre-licensure Students*. American Association of Colleges of Nursing 2011 Baccalaureate Education Conference, Transforming Nursing Education: Addressing Critical Challenges, St. Louis, MO
 - Kirschling, J.M., Hodges, A.L., & Lamb, G. (2012, January). *Interprofessional Education at the Doctoral Level*. American Association of Colleges of Nursing 2012 Doctoral Education Conference, Naples, FL
 - Kirschling, J.M. (2012, February). *Nursing Faculty Participation in Interprofessional Education: Implications for Teaching Productivity, Workload and Satisfaction*. Robert Wood Johnson Foundation “Evaluating Innovations in Nursing Education” Webinar
 - Kirschling, J.M. (2012, June). *AACN's Strategic Response to the IOM Report*. The Alliance for Excellence in Hospice and Palliative Nursing, Thought Leader Summit, Pittsburgh, PA
 - Kirschling, J.M. (2013, January). *Current State of the Nurse Faculty Shortage and Designing DNP Programs to Meet Required Competencies – Context for the Conversation*. American Association of Colleges of Nursing 2013 Doctoral Education Conference, San Diego, CA
 - Kirschling, J.M. (2014, January). *Reflections on the Future of Doctoral Programs in Nursing*. American Association of Colleges of Nursing 2014 Doctoral Education Conference, Naples, FL
 - Kirschling, J.M. (2014, April). *Diversifying the Nursing Workforce: Local and National Perspectives*. American Association of Nurse Anesthetists, Diversity and Inclusion in

State and Regional Presentations

- Kirschling, J.M., & Austin, J.K. (1982, November). *An investigation of support and the recently widowed from cancer*. Paper, Indiana State Nurses' Convention, Indianapolis, IN
- Kirschling, J.M., & Austin, J.K. (1983, April). *An investigation of support and the recently widowed from cancer*. Paper, 7th Annual Midwest Nursing Research Society Conference in Iowa City, IA Abstracted in conference proceedings *Nursing Research, Policy Impact Issues*
- Kirschling, J.M., & Adix, W.F. (1985, January). *Spiritual and cultural aspects of pain*. Paper, "Pain Relief During the Last Phases of Life", Conference for Health Professionals presented by Hospice Assistance Program, Portland, OR
- Kirschling, J.M. (1985, May). *Social and coping in the recently widowed*. Paper, 18th Annual Communicating Nursing Research Conference, Seattle, WA. Abstracted in conference proceedings *Influencing the Future of Nursing Research through Power and Politics*
- Kirschling, J.M., & Pittman, J.F. (1988, May). *Spiritual well-being and coping of family caregivers*. Paper, 21st Annual Communicating Nursing Research Conference, Western Institute of Nursing, Salt Lake City, UT. Abstracted in conference proceedings *Nursing: A Socially Responsible Profession*
- Kirschling, J.M. (1988, September). *Hospice care for aging families: An opportunity to promote family well-being*. Invited keynote speaker, Family Nursing Workshop III: Nursing and the Promotion/Protection of Family Health, Oregon Health Sciences University Department of Family Nursing, Portland, OR. Paper published in its entirety in conference proceedings
- Kirschling, J.M. (1989, May). *Hospice family caregivers: Evaluation of a measure of social support*. Paper, 22nd Annual Communicating Nursing Research Conference, Western Institute of Nursing, San Diego, CA. Abstracted in conference proceedings *Choices Within Challenges*
- Kirschling, J.M. (1989, June). *Family as the caregiver*. Invited keynote speaker, Oregon Chapter of the Oncology Nursing Society Annual Banquet, Portland, OR
- Garland, M., & Kirschling, J.M. (1994, July). Facilitators training: Oregon Health Decisions and Oregon Hospice Association -- *How will you vote? Community meetings to identify Oregonians values about end-of-life decisions*. Portland, OR
- Garland, M., & Kirschling, J.M. (1994, August). Community meeting reporting: Oregon Health Decisions and Oregon Hospice Association -- *How will you vote? Community meetings to identify Oregonians values about end-of-life decisions*. Portland, OR
- Kirschling, J.M. (1994, September). *The physician-assisted death initiative: Implications for palliative nursing care*. Facilitated panel discussion, CNE: Thursdays for Nurses, Oregon Health Sciences University School of Nursing. Portland, OR
- Kirschling, J.M. (1995, April). *Responding to Measure 16: Physician assisted suicide*. Invited panelist, "Catch the Wave of Change Striving for Excellence in Home Care and Hospice," Oregon Association for Home Care, Oregon Hospice Association, Gleneden Beach, OR
- Kirschling, J.M. (2000, September). *The nursing workforce*. Invited speaker, Annual Conference Organization of Maine Nurse Executives, Camden, ME
- Kirschling, J.M. (2000, December). *Health care workforce: Best practices in recruitment and*

- retention – a National snapshot.* Invited speaker, 5th Annual Critical Issues Conference, “Best Practices in Continuing Care,” Sponsored by Maine Hospital Association, Maine Health Care Association, Maine Chapter Healthcare Financial Management Association, Home Care Alliance of Maine, Augusta, ME
- Kirschling, J.M. (2001, May). *Expert testimony “Resolve to establish a commission to study the health care workforce shortage”*, provided on behalf of the Organization of Maine Nurse Executives, Maine Legislature – Health and Human Services Committee, public hearing
 - Kirschling, J.M. (2001, May). *Stewardship: Nursing’s commitment to our communities and our selves.* Invited speaker, 6th Primary Care Update for Nurse Practitioners, sponsored by Maine Nurse Practitioner Association, Rockland, ME
 - Kirschling, J.M. (2001, December). Member of opening plenary panel: *Maine’s changing demographics and the relationship between health care and economic community development.* Maine Rural Health Association Conference, “Building Vibrant Communities – Linking Rural Health and Economic Development, Rockland, ME
 - Kirschling, J.M. (2003, March). *Testimony “LD735 An Act to Increase Faculty in Maine Nursing Education Programs”*, provided on behalf of the Organization of Maine Nurse Executives and University of Southern Maine, Maine Legislature - Business, Research and Economic Development Committee, public hearing
 - Kirschling, J.M., & Harvey-MacPherson, L. (2004, March). Presentation of *2003 Overview of Maine’s Nursing Graduate Capacity Report*, provided on behalf of the Organization of Maine Nurse Executives, Maine Legislature – Joint Standing Committee on Education and Cultural Affairs, public hearing
 - Kirschling, J.M. (2004, April). *Maine’s Nursing Workforce.* Invited presentation, 3rd Annual Maine Nursing Summit, Augusta, ME
 - Kirschling, J.M. (2005, April). *Testimony “LD263 An Act to Support and Expand Nursing Education Opportunities at Maine’s Public Universities”*, provided on behalf of the University of Maine System and University of Southern Maine, Maine Legislature - Joint Standing Committee on Appropriations and Financial Affairs, public hearing
 - Kirschling, J.M., & Colgan, C. (2005, May). *Update on Maine’s workforce initiatives.* Invited presentation, 4th Annual Maine Nursing Summit, Augusta, ME
 - Kirschling, J.M. (2006, February). *Testimony in Support of Appropriation for Nursing Education Expansion in Maine*, provided on behalf of the University of Maine System and the University of Southern Maine, Maine Legislature – Joint Standing Committees on Appropriations and Financial Affairs and Education and Cultural Affairs, public hearing
 - Kirschling, J.M. (2006, February). *Update on Maine’s Nursing Workforce.* Invited presentation, OMNE Nursing Leaders of Maine, Augusta ME
 - Kirschling, J.M. & Harvey-MacPherson, L. (2006, March). *The 5 Year Trek: Maine’s Nursing Workforce legislative Initiatives.* Invited presentation, 5th Annual Maine Nursing Summit, Augusta, ME
 - Val Palumbo, M. & Kirschling, J.M. (2006, May). *Our Aging Nurse Workforce: A Northern New England Perspective.* Invited presentation, Northern New England Home Care and Hospice Conference, South Portland, ME
 - Kirschling, J.M. (2006, September). *What are the Challenges to Maintaining Healthy Nursing Communities.* Invited panelist, Sigma Theta Tau Omicron Delta Chapter University of Phoenix. Annual Conference, Santa Ana Pueblo, NM
 - Kirschling, J.M. & Woodring, B. (2008, February). *What an Administrator/Dean Looks for*

in a Clinical Researcher/Faculty Candidate. Doctoral Student Pre-conference, 22nd Annual SNRS Research Conference, Birmingham, AL

- Kirschling, J.M. (2008, April). *Through the Lens of Evidence: Making a Difference in the Quality of Nursing Care*. 2nd Annual Evidence Based Conference “Renewing the Spirit of Nursing by Embracing Evidence Based Practice”. Bangor, ME
- Addison, A., Gabbard, W., Kerr, E., Walker, C., Norton, J., Kirschling, J., & Perman, J. (2009, April). Panel discussant – “*Growing Our Own*” *Partnering to Develop the Next Generation of Health Practitioners*. University of Kentucky AHEC Community-based Faculty Program, Lexington, KY
- Kirschling, J.M. (2009, May). *Current and Future Nursing Trends – Highlighting AACN New Essentials of B.S.N. Education*. 5th Annual Faculty Development Workshop: Focus on Evidence, Collaboration, and Civility, University of Kentucky College of Nursing Continuing Education, Lexington, KY
- Kirschling, J.M. (2009, December). *Bridging the Gap: Easing the Transition from School to Work*. Arizona Nurses Association Chapter 6, Phoenix, AZ
- Kirschling, J.M. (2010, March). *Initiatives in Kentucky as well as the Nation that are Impacting Our Future Nursing Workforce*. Kentucky Public Health Association Conference “KPHA: The New Face of Public health 2010”, Louisville, KY
- Kirschling, J.M. (2010, May). *Current Trends and Issues in Nursing Education*. 6th Annual Faculty Development Workshop: Cutting Edge Nursing Education for the 21st Century, University of Kentucky College of Nursing Continuing Education, Lexington, KY
- Kirschling, J.M. (2010, October). *KNCC: Overview and KNCC initiatives*. Nursing Education: Moving Kentucky Into the Forefront of Tomorrow, Bowling Green, KY
- Kirschling, J.M. (2011, April). *The Evolving Picture of Nursing in the United States*. Invited keynote, 2011 Maine Nursing Summit, Augusta, ME
- Kirschling, J.M., Spector, N., & Tagliareni, E. (2011, April). Invited panelist, CCNA Webinar Northeast Education Progression, AACN: *Advancing Higher Education in Nursing*
- Kirschling, J.M., Dees, K., Sutherland, B. (2011, May). *The Future of Nursing: Kentucky’s response to the 2010 IOM Report*. Kentucky Hospital Association 82nd Annual Convention, Lexington, KY
- Kirschling, J.M. (2011, May). *The IOM Future of Nursing Report: Implications for educators*. 7th Annual Faculty Development Workshop: Using Technology to Increase Teaching Effectiveness. University of Kentucky, College of Nursing, Lexington, KY
- Kirschling, J.M. (2011, September). *Doing Care Differently – Nursing’s Role*. 2011 Howard L. Bost Memorial Health Policy Forum “Rural Innovations for a Healthy Kentucky”, Foundation for a Healthy Kentucky, Somerset, KY
- Kirschling, J.M. (2011, September). *Kentucky Nursing Capacity Consortium*. Kentucky Nurses Association HealthCare Summit 2011, Morehead, KY
- Brennan, D., Kirschling, J.M., & Tracy, T. (2011, October). *Deans Panel: Tips, Tricks and Survival Skills*. Southern Conference Academic Consortium Academic Leadership Development, Lexington, KY.
- Kirschling, J.M. (2012, May). *The Future of Nursing Education*. 8th Annual Faculty Development Workshop: Increasing Effectiveness through Innovation in Nursing Education, University of Kentucky, College of Nursing, Lexington, KY.
- Kirschling, J.M. (2013, April). *IOM Future of Nursing Report and Beyond: Interprofessional*

Education and Practice. University of Alabama Joint Doctor of Nursing Practice Intensive, “Shaping the Future: Implementing the IOM Report,” Huntsville, AL.

- Kirschling, J.M. (2013, July). *Evolution of Nursing Education: Looking at the Horizon*. Nursing Grand Rounds, UMMC, Baltimore, MD.
- Kirschling, J.M. (2013, October). *Nursing: Expanding Horizons for Better Outcomes*. Keynote Speaker, Maryland Nurses Association Awards Luncheon, Annapolis, MD.
- Kirschling, J.M. (2013, October). *Interprofessional Care and Teamwork*. Partnership Excellence in Nursing Education – Interprofessional Collaboration, UTMB, Galveston, TX.
- Kirschling, J.M. (2013, November). *Actualizing the IOM’s Call for Interprofessional Education and Practice: A Decade in the Making*. Keynote, 8th Annual Nurse Practitioner & Physician Assistant Clinical Workshop, University of Maryland Medical Center, Baltimore, MD.

Local Presentations

- McBride, A.B., Casey, M.M., Kirschling, J.M., Evans, S.A., & Gale, E.J. (1982, November). *New mothers' perceptions of labor-delivery experience*. Paper, 9th Annual Patient Care Research Colloquium, Indiana University School of Nursing, Indianapolis, IN
- Kirschling, J.M., & Austin, J.K. (1982, November). *An investigation of support and the recently widowed from cancer*. Paper, 9th Annual Patient Care Research Colloquium, Indiana University School of Nursing, Indianapolis, IN
- Kirschling, J.M., & Pierce, P. (1983, November). *Salient beliefs - providing nursing care to the terminally ill*. Paper, 10th Annual Patient Care Research Colloquium, Indiana University School of Nursing, Indianapolis, IN
- McBride, A.B., & Kirschling, J.M. (1983, November). *How psychiatric nursing students perceptions of their competencies change over the course of graduate work*. Poster, 10th Annual Patient Care Research Colloquium, Indiana University School of Nursing, Indianapolis, IN
- Kirschling, J.M. (1984, June). *Experience in bereavement and the use of support groups*. Paper, advanced hospice workshop “A Hospice Indicator: Process for Ethical Decision Making” sponsored by St. Vincent Hospice, Indianapolis, IN
- Kirschling, J.M. (1985, October). *Support utilized by caregivers of terminally ill family members*. Paper, “Nursing Research: Changing Health Care,” sponsored by the Oregon Health Sciences University School of Nursing Alumni Association, Beta Psi Chapter of Sigma Theta Tau, and Portland Veterans Administration Medical Center, Portland, OR
- Kirschling, J.M. (1989, April). *Developing a program of research: Hospice family caregivers*. Invited keynote speaker, Spring Research Conference and Induction Ceremony, Baccalaureate Nursing Honor Society of Boise State University, Boise, ID
- Raudonis, B., & Kirschling, J.M. (1993, April). *Family caregivers' perspective of hospice nursing care*. Poster, 10th Annual Student Research Forum, Oregon Health Sciences University, Portland, OR
- Raudonis B., & Kirschling, J.M. (1994, October). *Family caregivers perspectives*. Poster, Challenges of Acute Care within the Continuum of Care for Older Adults, Texas Christian University, Fort Worth, TX
- Kirschling, J.M. (1997, January). *Evaluation within the context of nursing education: Are vision and virtue essential in these rapidly changing times?* Invited keynote speaker, annual

- Self-Evaluation Day, University of Rochester School of Nursing, Rochester, NY
- Kirschling, J.M. (1997, February). *Nursing for the year 2000 and beyond - your leadership and involvement are essential*. Invited speaker, Sigma Theta Tau Epsilon Xi Chapter Induction Ceremony, Rochester, NY
 - Kirschling, J.M. (1998, February). *Being in the right place at the right time: Measurement as a common thread*. Invited speaker, University of Rochester School of Nursing, Research Exchange 1997-1998 Series, Rochester, NY
 - Kirschling, J.M. (1998, May). *Nursing educational programs: State and national trends*. Invited speaker, 3rd Annual Graduate Preceptor Workshop, University of Rochester School of Nursing, Rochester, NY
 - Kirschling, J.M. (1998, November). *Breaking bad news - the role of nurses*. Invited panelist with Sherwin Nuland, sponsored by University of Rochester Cancer Center, Rochester, NY
 - Kirschling, J.M. (2000, April). *Professional leadership: Shaping the future*. Invited speaker, Sigma Theta Tau Kappa Zeta Chapter-at-Large Induction Ceremony, Gorham, ME
 - Kirschling, J.M. (2000, August). *The nursing workforce: Is the shortage real?* Invited speaker, Brunswick Rotary, Brunswick, ME
 - Kirschling, J.M. (2001, June). Interviewed by USM School of Business faculty Joel Goal on WMPG, Financially Speaking, focus on interview nursing and the nursing shortage
 - Kirschling, J.M. (2002, April). *The worldwide nursing shortage*. Invited speaker, CHANS – Community Health and Nursing Services Annual Meeting. Brunswick, ME
 - Kirschling, J.M. (2002, October). *Strengthening research partnerships to enhance nursing practice*. Invited speaker, Maine Medical Center Research, 2002 Nursing Research Conference “Exploring Best Clinical Practice”. Portland, ME
 - Kirschling, J.M. (2003, May). *Envisioning the future of nursing in Maine: A mosaic of opportunities*. First Annual Nursing Summit, Mid Coast Hospital, Brunswick, ME
 - Kirschling, J.M. (2003, July). *Nursing labor market*. Invited speaker, MaineHealth Nursing Executive Council Meeting, Portland, ME
 - Kirschling, J.M. (2003 and 2004, August). *Professional leadership: You are our future*. Invited remarks at Sigma Theta Tau, International, Kappa Zeta Chapter Induction Ceremony, Portland, ME
 - Kirschling, J.M. (2004, January). *Infusion nurses’ role in high quality care at the end of life*. Invited presentation to Pine Tree State Chapter of the Infusion Nurses Society, Portland, ME
 - Kirschling, J.M. (2006, October). *Life long learning: Investing in your future*. Invited speaker, Nursing Grand Rounds Chandler Medical Center, University of Kentucky, Lexington, KY
 - Kirschling, J.M. (2007, May). *The future of graduate nursing education*. Invited speaker, Bluegrass Community and Technical College Associate Degree Nursing Class of 2007 Graduation Luncheon, Lexington, KY
 - Kirschling, J.M. (2007, May). *Disruptive innovation: A challenge for nursing with graduate degrees*. Invited speaker, 2006-2007 Graduates of the Master’s, Post-Master’s Clinical Scholars, Doctor of Philosophy, and Doctor of Nursing Practice Programs – University of Kentucky, Lexington, KY
 - Kirschling, J.M. (2007, October). *The nursing workforce: Is the shortage real?* Invited presentation to the Advisory Committee of Fairfield University School of Nursing, Fairfield, CT

- Kirschling, J.M. (2007, December). *Nursing leadership – the future is now*. Invited presentation at the Christmas Clinical Council Celebration. St. Joseph’s Hospitals, Lexington, KY
- Kirschling, J.M. (2008, October and December). *Improving power and influence: Nurses are essential for high quality care*. Invited presentation at University of Kentucky College of Nursing Continuing Education Workshop “Develop Inspiring and Meaningful Leadership Qualities”. Presented at Jenny Wiley State Report Park (October) and General Butler State Park (December), KY
- Kirschling, J.M. (2008, October). *Changes in nursing – they are here to stay*. Invited presentation at the Danville Study Club, Danville, KY
- Kirschling, J.M. (2008, December). *Focus on the nursing workforce: Today’s issues and challenges*. University of Kentucky Nursing Grand Rounds, Lexington, KY
- Kirschling, J.M. (2011, March). Induction speaker, *Leadership*. Kappa Theta Chapter, Western Kentucky University, Bowling Green, KY
- Adkisson, D., Kay, S., Kirschling, J., & Schuster, S. (2011, April). Panel participant, UK College of Communications & Information Studies, *What health literacy is and how to improve it – health and well-being made simple*. Lexington, KY
- Aschenbrener, C., Kirschling, J.M., Maine, L., Robinson, M.J., & Rouse, L. (2012, November). *Interprofessional education panel*. University of Missouri Kansas City Health Science Schools, Kansas City, MO
- Kirschling, J.M. (2012, November). *National issues related to nursing education and practice*. University of Missouri Kansas City School of Nursing, Kansas City, MO
- Baquet, C.R., Barth, R.P., Haddon, P.A., Kirschling, J.M., Mitchem, S.Y., Tinanoff, N., & Tucker-Mann, J. (2013, March). Panelist *Henrietta Lacks’ Legacy – The Dignity of Difference in Professional Practice*. The 2nd Biennial Henrietta Lacks Symposium, University of Maryland Baltimore, Baltimore, MD
- Kirschling, J.M. (2013, September). *Team-Based Health Care: Are Today’s Health Care Professions Students Going to be the Tipping Point?* President’s Symposium, Interprofessional Education. Baltimore, MD.
- Kirschling, J.M. (2013, December). *Address to the Graduates*. The Johns Hopkins University School of Nursing Academic Degree Completion Ceremony. Baltimore, MD.

RESEARCH ACTIVITIES

- Kirschling, J.M., Evans, S.A., & Presslor, A.R. *A milieu study of a psychiatric in-patient unit*. Indiana University School of Nursing, December 1981
- Kirschling, J.M. *An investigation of support and the recently widowed from cancer*. Master’s study, Indiana University School of Nursing, July 1982
- McBride, A.B., & Kirschling, J.M. *How psychiatric nursing students' perceptions of their competencies change over the course of graduate work*. Indiana University School of Nursing, 1980-1984
- Kirschling, J.M., & Pierce, P. *Salient beliefs - providing nursing care to the terminally ill*. Indiana University School of Nursing, 1982-1983

- Kirschling, J.M. *An investigation of support utilized by adults who are experiencing a terminal illness and/or death of a significant other and A group experience for the recently bereaved.* Doctoral Internship, St. Vincent Hospice Home Care and Bereavement Programs, Summer 1983
- Kirschling, J.M. *Social support and coping in the recently widowed.* Dissertation, May 1984
- Kirschling, J.M. *Providing care for a terminally ill relative: An inductive approach.* Biomedical Research Support Grant, Oregon Health Sciences University, funded April 1986, approximately \$3,000
- Kirschling, J.M. *Evaluation of measures of well-being for family caregivers to terminally ill relatives.* Component Study in Research Emphasis Grant, Center for Nursing Research, funded September 1986-August 1987, approximately \$12,000
- Kirschling, J.M. *Refinement of measures for family caregivers.* Oregon Health Sciences University, Foundation Award, funded October 1988-June 1989, approximately \$2,500
- Kirschling, J.M., Gilliss, C., et al. *Family nursing survey.* Research conducted as part of the Oregon Health Sciences University Department of Family Nursing Continuing Education Project, 1987-1991
- Kirschling, J.M., Fields, J., Imle, M., Mowery, M., Tanner, C., Perrin, N., & Stewart, B.J. *Evaluation of teaching effectiveness instrument.* Oregon Health Sciences University School of Nursing, 1989-1992
- Kirschling, J.M., Luce, L., et al. *State wide data set on hospice deaths: Oregon Hospice Association, 1988-1995* funded by Oregon Hospice Association, financial support for graduate assistant
- Kirschling, J.M., Luce, L., et al. *Annual hospice program data.* Oregon Hospice Association, 1991-1995 funded by Oregon Hospice Association, financial support for graduate assistant
- Raudonis, B.M., & Kirschling, J.M. *Family caregivers perspectives of hospice nursing care.* Oregon Health Sciences University School of Nursing, 1992-1993
- Dostal, M., & Kirschling, J.M. *The role of nurse practitioners in hospice care,* Oregon Health Sciences University School of Nursing, 1992-1993
- Consultant on Bereavement Issues to Archbold, P.G., Stewart, B.J., Greenlick, M.K., Valanis, B.V., & Harvath, T.A., *Evaluation of a Caregiver Support Program,* funded by National Center for Nursing Research, #RO1 NR02088, 1990-1993
- Kirschling, J.M. *Maine's active nursing workforce, 2001-2006,* funded \$60,000, RWJ Executive Nurse Fellows Project
- Kirschling, J.M. *Maine's nursing educational programs: Descriptive information, 2001-2006*
- Kirschling, J.M. *Nursing Summit: Prioritizing strategies, 2002*

FUNDED GRANT ACTIVITIES

- Archbold, P.G. (Program Director). *Research training: Nursing care of older people.* NINR 1 T32 NR07048, 1988-1994, 1995-2000. Role: Core Faculty Member (5%). Grant supported pre- and post-doctoral training program in gerontological nursing, Oregon Health Sciences University, 1992 \$136,191
- Tilden, V. (Program Director). *Families in health, illness and transition.* NINR 1 T32 NR07061, 1990-1995, 1995-2000. Role: Program Faculty (2%). Grant supported pre- and post-doctoral

training in the area of nursing health care delivery to families in health, illness and transition, Oregon Health Sciences University, 1992 \$171,68

Katz, P. (Project Director). *The expansion of home care in to academic medicine*. Funded by John A. Hartford Foundation, Nurse Liaison to Project, 1997-1998

The Woodhull study on nursing and the media. Funded by Sigma Theta Tau International. Course Faculty, Advisory Committee Member, and Co-author Final Report with Bill Watson, 1997, approximately \$6,000

Kirschling, J.M. (Project Director). *Professional nurse traineeship*, funded by Division of Nursing, University of Rochester School of Nursing, 1997-1998 \$102,695, 1998-1999 \$93,580

Botelho, R.J. (Project Director). *Community-based quality improvement education: An interdisciplinary approach to motivating behavior change*. Health Resource and Services Administration, Institute for Healthcare Improvement. Local Improvement Team Faculty Member, 1997-1999

Corless, I.B. (Project Director). *Graduate education in palliative care initiative*. Representative of University of Rochester at September 11, 1998 grant writing session (funded by the Robert Wood Johnson Foundation)

Kirschling, J.M. Rewrote Department of Health and Human Services Grant Basic Nurse Education and Practice Program, Satellite Expansion of USM's Generic BSN Program. M. Rodgers (Project Director). Approved and funded 2002-2005, \$796,389

Kirschling, J.M. Building Infectious Disease Surveillance Capacity. Cooperative Agreement with Department of Human Services, Maine Bureau of Health, 2002-2004 \$1,134,688; 2004-2005 \$849,289; 2005-2006 \$557,912

Kirschling, J.M. Maine Nursing Summit. Maine Health Access Foundation, 2004 \$2,500 and 2005 \$2,000

Kirschling, J.M. Federal Earmark for Renovation to Masterton Hall to Enhance Use of Simulation in Nursing Program. HRSA Health Care and Other Facilities Awards, 2005-2010 \$245,516

Kirschling, J.M. Federal Earmark for Nursing Building Student Space Fit-up. HRSA Health Care and Other Facilities Awards, Phase I, 2009-2012 \$1,883,970 and Phase II, 2010-2012 \$1,287,000

Kirschling, J.M., Bauman, C., Baker, C., Dees, K., Hill, K., Mainous, R., Page, C., Prevost, S., Stefaniak, K. Supporting Transition to Practice in Rural Kentucky. Robert Wood Johnson Foundation Executive Nurse Fellows Alumni Association (University of California San Francisco). 2010-2012 \$10,000

AWARDS AND HONORS

Who's Who is American Universities and Colleges, Viterbo College, 1980
 Admitted to membership in Sigma Theta Tau, Alpha Chapter, Spring 1982
 Awarded National Institute Mental Health traineeship (MH 15348-05). Indiana University School of Nursing, August 1980-June 1983
 Who's Who Among Students in American Universities and Colleges, Indiana University for work at the Master's level, 1982
 Admitted to Phi Lambda Theta, Iota Chapter, Spring 1983

Awarded Indiana University School of Nursing Alumni Association Student Research Award, 1983-1984

Awarded Nurses' Scholarship and Fellowship Award for doctoral study, 1981-1984

Awarded Lucy C. Perry Memorial Scholarship for doctoral study, 1983-1984

Who's Who Among Students in American University and Colleges, Indiana University, for work at the Doctoral level, 1983

Admitted as an Associate Member in Sigma Xi (Scientific Research Society), Indiana University Medical Center Chapter, 1984

Faculty Marshall, Oregon Health Sciences University School of Nursing, 1988, selected by Graduate Students

Outstanding Alumni Award for Education, Viterbo College, 1991

Recipient of the Beth Wessinger Award, Oregon Hospice Association, 1995

Forty under Forty, The Business Journal, Portland, OR, 1996

Indiana University School of Nursing Alumni Association, Distinguished Alumna Award, 1996

Kappa Zeta Chapter-at-Large, Sigma Theta Tau International Honor Society of Nursing, Recognition Award, for Devotion and Leadership in Nursing, 2003

OMNE Leadership Achievement Award, OMNE Nursing Leaders of Maine, 2003

Hospice and Palliative Nurses Association, 2006 HPNA Leading the Way Award, awarded to Past Presidents

The Agnes E. Flaherty Leadership Award, ANA-Maine, 2006

American Academy of Nursing, inducted 2009

Kentucky Nurses Association co-recipient, with Elizabeth Partin, 2010 Nurse of the Year Award

Inducted Phi Kappa Phi (PKP), 2011

Kentucky Nurse Practitioner Advocate of the Year, The American Academy of Nurse Practitioners State Award for Excellence, 2011

Hospice and Palliative Nurses Association 2013 Leading the Way Award

PROFESSIONAL ACTIVITIES AND PROFESSIONAL SERVICE

Consultant Activities

- Consultant, The Heritage Place Senior Companions, Indianapolis, IN, focused on the psychosocial needs of the elderly, Spring 1982
- Consultant, Neighborhood House, Portland, OR, needs assessment on day care for the frail elderly, Fall 1984
- Nurse Researcher Consultant, Veterans Medical Center Portland Division, Portland, OR, development of a program of research for the Nursing Home Care Unit in Vancouver, WA, July 1985-November 1985
- Consultant, Clackamas Health Care Consortium Hospice Program, Milwaukie, OR, development of policy and procedure manual, September 1984-January 1985
- Consultant, Senior Health Plus Program Rockwood Medical Center, Portland, OR, focused on effective communication within the agency and between the nurse practitioners; strategies for evaluation of the nurse practitioners' practice, and psychosocial aspects of aging, March 1984-March 1986
- Consultant, Friends of the Elderly Project Catholic Family Service, Portland, OR, focused on effective communication within the agency and between the nurse coordinators, and

- strategies for evaluation of the nurse coordinators' practice, December 1985-September 1986
- Consultant, Nursing Home Care Unit Veterans Administration Medical Center, Menlo Park Division, Palo Alto, CA, focused on research strategies for the hospice bereavement program. Presented in-service to hospice staff on family caregiving of terminally ill adults, September 21, 1987
 - Faculty Consultant, Oregon Health Sciences University, University Hospital and Clinics, Portland, OR, consultation on refinement of the hospital's bereavement program 1991
 - Consultant, Legacy Visiting Nurse Association, Portland, OR, 4 hours consultation per week to psychiatric home care nurses on case management and care plan development, 1992-1995
 - Consultant, Kaiser Center for Health Research, Portland, OR, interfacing with bereaved older research subjects, November 3, 1993 and December 1, 1993
 - Consultant, Adelphi University School of Nursing, Garden City, NY, programmatic approval and faculty development/mix, April 21, 1998
 - Consultant, University of Kentucky School of Nursing, Lexington, KY, nursing degree options for individuals with a bachelor's degree in another discipline, March 5, 2002
 - Consultant, Long Island University, New York, NY, Interprofessional Education with Dr. Susan Meyer and Dr. Kevin Lyons, January 10, 2012
 - Consultant, Northern Kentucky University, College of Health Sciences, Highland Heights, KY, Interprofessional Education, DNP Education, and APRN Consensus Model, March 17, 2012

Community Service Activities

- Fayette County Cancer Society Leadership Council, Lexington, KY, 2009-2010
- Lexington-Fayette Urban County Government, Work Team community visioning process Destination 2040-Choosing Lexington's Future, April 28-29, 2008
- Androscoggin Home Care & Hospice Board of Directors, Lewiston, ME, member 2005-2006; Professional Advisory Committee, member 2005-2006
- Bereavement Network, Northwest Oregon and Southwest Washington, Convener 1986-1992. Workshop Planner, "Grief: Realities and resources". Sponsored by the Bereavement Network and Hospice House, February 1991; Steering Committee Chairperson, Oregon Chapter of the Association for Death Education and Counseling 1992-1993 and Past President 1993-1995
- Catholic Family Service Portland, OR, member Board of Directors 1985-1989; Board representative to the Friends of the Elderly Project 1985-1986; Chairperson Search Committee for an Executive Director 1987; Member Personnel Committee 1987-1988; First Vice-President Board of Directors 1988-1989; Chairperson, Program Committee 1988-1989
- Clackamas Health Care Consortium Hospice Program, Milwaukie, OR, Volunteer Bereavement Coordinator 1985-1987
- Committee to Advise the Office of Public Health Emergency Preparedness, State of Maine, Department of Human Services, Bureau of Health, member 2002-2006
- Health Care Workforce Leadership Council, Maine State Legislature, member 2003-2004
- HIV Mental Health Coordinating Group, Portland, OR, member 1994
- Hope Center Board of Directors, Lexington, KY, member 2006-2012
- Maine Center for Public Health Board of Directors, Augusta, ME, member 2001-2006; Finance and Fundraising Committees, member 2003-2006; Search Committee for President,

2004-2005

- Maine Health's Women's Wellness Day Planning Committee, Portland, ME, member 2000-2004
- Maine Hospice Council Board of Directors, Augusta, ME, member 2000-2004; Nominating Committee, member 2004; Human Resources Committee, chairperson 2003-2004
- Maine Hospital Association, Maine Health Care Workforce Tracking Committee, Augusta, ME, Co-convenor with staff 2001-2002
- Maine Health Nurse Executive Council, Portland, ME, member 2003-2006
- Maine Medical Center Board of Directors, Portland, ME, member 2003-2006; Joint Conference Committee, member 2000-2003 (non-Board member); Education and Research Committee, member 2003-2006; Performance Improvement Committee, member 2003-2006
- Maine Medical Center Working Group on Palliative Care, Portland, ME, member 2000-2001
- Maine Quality Forum Advisory Council Provider Group, Augusta, ME, appointed member 2004-2006
- Maine Statewide AHEC Advisory Committee, member 2002
- Maine Turning Point Project, Augusta, ME, member Steering Committee 1999-2001
- Morehead State University, ADN/Advisory Committee, Morehead, KY, member 2007-2012
- Oregon Health Decisions and Oregon Hospice Association, Steering Committee: Request for physician-assisted death: How will you vote? Community meetings to identify Oregonians' values about end-of-life decisions, member 1993-1994
- Oregon Medical Association, End of Life Task Force, Portland, OR, member 1994
- Partnership for Healthy Aging Board of Directors, Portland, ME, member 2001-2003
- Southern Maine Community College: Respiratory Therapy Program Advisory Committee, member 2000-2006; Nursing Program Advisory Committee, member 2004-2006
- St. Vincent Home Care Hospice Program, Indianapolis, IN, home care and bereavement volunteer 1981-1982
- Women Leading Kentucky Board of Directors, Lexington, KY, member 2007-2009; Advisory Committee 2009-2012

Current Professional Service Activities

- Serve as evaluator for American Nurses Association Leadership Institute, 2013-present
- Serve as reviewer for:
 - *American Journal of Hospice and Palliative Medicine (renamed 2004)*, previously *American Journal of Hospice and Palliative Care*, 1985-present
 - *Issues in Mental Health Nursing*, 1988-present
 - *Advances in Nursing Science*, 1989-present
 - *Journal of Professional Nursing*, 1994-present
 - *Home Health Care Management & Practice*, 2011-present
 - *Research in Nursing and Health*, 2009-present
- Serve as member, Association of American Medical Colleges Advisory Panel on Medical Information, 2013-present.

Previous Professional Service Activities

- Appraiser of Research Applications Ontario Ministry of Health 1989-1995
- Peer Reviewer, Department of Health and Human Services, Division of Nursing, Advanced Nurse Education Program, February 1991
- University of Rochester School of Nursing representative, Council of Deans of Nursing Senior Colleges and Universities in New York State, 1997-1999
- Served as reviewer for:
 - *Families, Systems & Health*
 - *Home Healthcare Nurse*
 - *Journal of Hospice and Palliative Nursing*; member of Editorial Board 2000-2001
 - *Journal of Nursing Education*, 1991-2012
 - Co-editor with Karen Morin, special issue on Leadership in Nursing Education, Fall 2004
 - Co-editor with Alexia Green, special issue on Nursing Faculty Shortage, Winter 2007
 - Award Selection Committee, JNE Top Teaching Tools, 2009, 2010, and 2011
 - *Journal of Psychosocial Nursing*
 - *Journal of the American Psychiatric Nurses Association*, November 2007 invited reviewer manuscript on end-of-life care and psychiatric nurses
 - *Nursing and Health Care Perspective*
 - *Progress in Palliative Care An International Journal*
 - *The Hospice Journal*
 - Co-Editor with Marcia Lattanzi-Litch and Stephen Fleming, Special Issue on Bereavement Care: A New Look at Hospice and Community Based Services, 5(2), 1989
 - Editor, Special Issue on Family Based Palliative Care, 6(2), 1990 and 10(1), 1995
 - *Western Journal of Nursing Research*
- Invited participant, VHA New England Nurse Executive Meeting, May 2, 2001, to comment on a white paper entitled “Mitigating the trouble ahead: Assuring a qualified and sufficient workforce that can provide high quality and cost effective patient care services”, Manchester, NH
- Reviewed book proposal for F.A. Davis Company, Philadelphia, PA, *Nursing at the End-of-Life*, author J. Zerwekh, June 1, 2002; reviewed three chapters – Strategies to Stay Healthy, Grief and Mourning, and Cross Cultural Competency at the End of Life, November 9, 2003
- Invited participant, Robert Wood Johnson Promoting Excellence in End-of-Life Care, Advanced Practice Nursing, July 9-10, 2001, Philadelphia, PA; member of white paper writing group
- Member of the Advisory Committee and faculty for the Leadership Initiative for Nursing Education (LINE), University of California San Francisco Center for the Health Professions, funded by the Helene Fuld Health Trust. The Leadership Institute held August 9-13, 2001 in Freeport, ME
- Reviewed book proposal for F.A. Davis Company, Philadelphia, PA, *Quick Reference to Palliative, Terminal and Hospice Care*, author C. Ayers, May 23, 2003
- Coordinated and filmed, in collaboration with the Maine State Attorney General’s Office Healthcare Crimes Unit and the Maine State Board of Nursing, 70 minute video on Drug Diversion in Health Care for use in Maine’s 13 nursing programs, 2005
- Convener, Maine Nursing Summit, December 2001, December 2002, May 2004, and co-

convener May 2005 and April 2006; Augusta, ME

- Member Lexington-Fayette County Health Department School Health Model Work Group, 2007
- Abstract reviewer, 4th NETNAP International Nursing Education Conference (2012), October 2011
- External reviewer, State University of New York Upstate, DNP Proposal, October 2011

MEMBERSHIPS IN PROFESSIONAL ORGANIZATIONS/SOCIETIES AND SERVICE

Current

- American Association of Colleges of Nursing
 - Member, Board of Directors, 2003-2007, 2007-2010 (Secretary), 2010-2012 (President-elect), 2012-2014 (President)
 - Chairperson, Government Affairs Committee, 2003-2007
 - Chairperson, Search Committee Chief Executive Officer, 2013-2014
 - Member, RAND Project Advisory Committee
 - Member, Nominating Committee 204-present
 - Member, Planning Committee Doctoral Conference 1999 and 2000
 - Member, Task Force to Revise Quality Indicators for Doctoral Education 1999-2001
 - Member, Program Committee 2001-2003
 - Chairperson, Planning Committee Master's Conference 2001-2003
 - Reviewer, AACN and The John A. Hartford Foundation, Creating Careers in Geriatric Advanced Practice Nursing, August 2004
 - Representative to American Nurses Association Congress on Nursing Practice and Economics, 2006-2010
 - Representative to American Nurses Association Organizational Affiliates Meeting, July 2010, April 2012-March 2014
 - Nursing representative, September 27, 2006 Health Professions and Nursing Education Coalition Hill Day
 - Representative to Department of Veterans Affairs, Health Services Research and Development Service, Health Professions Education Research Advisory Committee, January 11, 2008
 - Reviewed concept papers in response to Request for Proposals: Research on Educational Interventions for Health Professionals, August 5, 2008
 - Reviewed grants focused on Research on Educational Interventions for Health Professions, November 17-18, 2008
 - Representative to the American Nurses Association House of Delegates, 2008 and 2010
 - Member, Liaison Committee for AACN with the Veteran's Health Administration of the U.S. Department of Veterans Affairs, 2009-2012; co-chairperson, 2012-2014
 - Representative to the Tri Council, 2010-2014
 - Representative to GANES Global Alliance for Leadership in Nursing Education and Science, 2010-present
 - Representative to Expert Panel which developed *Core Competencies for Interprofessional Collaborative Practice*, sponsored by the Interprofessional Education

Collaborative, released May 2011, available at:
www.aacn.nche.edu/Education/pdf/IPECReport.pdf

- Representative to the Oncology Nurses Association Leadership Forum, April 11, 2011
- Representative to the 2013 National Nursing Research Roundtable *The Science of Chronic Illness Self-Management* March 7-8, 2013
- American Association of Nurse Executives
 - Kentucky Organization of Nurse Leaders, member, 2006-2012
- American Nurses Association
 - Member, Kentucky Nurses Association, 2006-2012
- Hospice and Palliative Nurses Association
 - Board of Directors, 2000-2005; Vice-president 2001; President 2002-2003
 - Member, Planning and Resource Committee, 2005
 - Board liaison, Public Policy Association Committee, 2005
 - Member, Education and Research Subcommittee, 2000-2003
 - Member, Research Subcommittee, 2001-2003
 - Member, Professional Relations Subcommittee, 2000, 2002-2004
 - Member, Governance Committee, 2001-2003
 - Member, Finance Committee, 2002-2004
 - Member, Continuing Education Advisory Committee 1999-2002; Chairperson 2002
 - Representative to the American Academy of Hospice and Palliative Medicine's Annual Assembly Steering Committee, 2000-2002
 - HPNA Board Representative to Coalition for Hospice and Palliative Care, 2002-2003
 - HPNA Board Representative to Alliance for Excellence in Hospice and Palliative Nursing, 2002-2003
 - Co-Chairperson, Transitions Task Force 2004
- Maryland Action Coalition, Co-Convener with Dr. Patricia Travis, 2013-present
- Sigma Theta Tau International
 - Alpha Chapter 1982-1984
 - Beta Psi Chapter 1984-1997
 - Co-Chairperson Research Awards Committee 1985-1986; Chairperson, Research Awards Committee 1986-1987; Member, Membership and Eligibility Committee 1984-1985, 1985-1986; President-elect 1987-1988; Acting Chairperson, Membership and Eligibility Committee, January 1988-March 1988; President 1988-1989; Past-President and Newsletter Editor 1989-1990
 - Epsilon Xi Chapter, 1997-1999
 - Kappa Zeta Chapter-at-Large 1999-2006
 - Chairperson, Bylaws Committee 2003-2006
 - Delta Psi Chapter, 2006-2012
 - Pi Chapter, 2013-present
 - Collateral Reviewer, Sigma Theta Tau Research Grants Program 1988-1991
 - Member, Region I Dissertation Award Judging Committee 1992
 - Abstract Reviewer, International Research Congress in Madrid Spain (1993) 1992
 - Member, Nominations Committee 1998-1999
 - Listed in 1999 Media Guide to Health Care Experts
 - Member, Program Committee 2000-2003
 - Chairperson, Melanie C. Dreher Dean's Award Subcommittee 2000-2002, included

- serving on judging committee
 - Member, Distinguished Lecturer Subcommittee 2000-2002, Chairperson, 2002
 - Organizer, Dean's Panel for Biennial Convention 2000-2002
 - Abstract Reviewer for 36th Biennial Convention Clinical Sessions 2001
 - Member, Special Invited Sessions Subcommittee, 2002-2003
- Member, Planning Committee for development of "America in Grief Nurses Responding to Tragedy", post 9/11 and "Nurses on Alert" website: www.nursingsociety.org/new/grief.html, 2001-2004
- Nursing Knowledge International, member Board of Directors, 2006-2007
- International Advisory Council of Chief Nursing Officers and Deans, co-chair October 2007-2009
- Chair International Awards Judging Committee, Practice/Academe Innovative Collaboration Award, 2009 and 2011
 - Virginia Henderson Fellow and Billye Brown Fellow
- Southern Association of Colleges and Schools (SACS) Commission on Colleges
 - Off-site Reaffirmation Committee, November 2009
 - On-site Substantive Change Review Committee, August 2011 and October 2012

Previous Membership in Professional Organizations/Societies and Service

- ANA Maine, 2001-2006
- Hospice and Palliative Nurses Foundation; Member, Board of Directors, 2004-2009; Chairperson 2005-2006; Chairperson, Student Scholarship Committee, 2004; HPNF Board Representative to Alliance for Excellence in Hospice and Palliative Nursing, 2005-2009, Chairperson 2006; Hospice and Palliative Nurses Association/Hospice and Palliative Nurses Foundation Leadership Institute Planning Committee, 2010-2012
- Kentucky Association of Higher Degree Nursing Programs, Chairperson Fall 2006-Summer 2009
- Kentucky Nursing Capacity Consortium, Convener 2008-2012 (Kentucky Action Coalition)
- Maine State Nurses Association; Member, Commission on Nursing Education, 1999-2000
- National Board for Certification of Hospice and Palliative Nurses; Member, National Board for Certification of Hospice Nurses, Role Delineation Advisory Committee 1997-1998; Ex-officio member, Board of Directors, 2002-2003
- National Hospice and Palliative Care Organization, Professional Member of National Council of Hospice Professionals; Reviewer, Educational Reviews 1996-1997; Research Committee Member 1996-2002 - Research Awards Subcommittee Chairperson 1998-2002, Web Development Subcommittee Chairperson 2000-2002, and Ethics Committee Member 1997-2002
- National League for Nursing; NLN Representative to NLN and Western Institute of Nursing (WIN) Meeting to Discuss New Organization Relationships, October 1996, San Francisco, CA
- New York State Hospice Association
- New York State Nurse Association
- OMNE, Nursing Leaders of Maine; Chairperson Bylaws Committee, Member of Executive Committee, 2001-2006; Member Task Force to make recommendations to Maine Legislature

in 2002 regarding nursing shortage; Member Task Force to make recommendations to Maine Legislature in 2003 regarding nursing educational programs; Member Task Force to make recommendations to Maine Legislature in 2003 regarding nursing education program in Maine

- Oregon Nurses Association; Member, Cabinet on Nursing Research and Practice 1987-1988
- Oregon Chapter Associate for Death Education and Counseling
- Oregon Hospice Association; Member, Data Collection Committee 1987-1999; Member, Education Committee 1990-1991; Member, Ethics Task Force 1993-1994
- Sigma Theta Tau International Foundation; Member, Board of Directors, 2001-2005; Chairperson, 2003-2005
- Western Society for Research in Nursing and Western Institute for Nursing; WSRN Special Interest Group: Health Behavior Research. Developed and convened a Symposium for the 22nd Annual Communicating Nursing Research Conference, San Diego, CA (May 1989); Western Institute of Nursing, Oregon Health Sciences University School of Nursing Representative, October 1990-June 1991

TEACHING ACTIVITIES

Course Assignments

Oregon Health Sciences University School of Nursing

- Gerontological Nursing, elective baccalaureate students 1984-1994
- Nursing with Aged and Intergenerational Families, elective baccalaureate students 1984-1985, 1989-1990
- Nursing Science VII (Nursing Research), baccalaureate students 1993-1995
- Master's Research Project: Proposal Development, master's students 1995-1996
- Health Protection and Promotion Strategies, Ph.D. students 1986-1987
- Measurement in Nursing, master's students 1989-1990
- Research Design and Utilization in Nursing (Family Specialty Section), master's students 1986-1987
- Families and Health Status, master's students 1992-1993
- Impact of Chronic Illness in Elderly and their Families, master's students 1990-1991
- Family Supports of the Elderly, master's students 1984-1990, 1991-1992
- Issues in Research Related to Nursing Care of Older Persons, Ph.D. students 1989-1996
- Special Problems in the Nursing Care of Older People: Bereavement, Ph.D. students 1992-1993
- Nursing Management of Common Geriatric Problems, master's and Ph.D. students 1993-1994
- Research Critique, Ph.D. students 1995-1996

University of Rochester School of Nursing

- Nursing in the Media, elective, Fall 1997 with Junior Bridge and Bill Watson
- Hospice and Palliative Care, elective, Spring 1998 with Sheila Ryan
- Nursing 2002: Care of Individuals, Families, and Community (psychiatric nursing theory),

baccalaureate students, Fall 1998

- Nursing 2001: Nursing Care of Individuals and Families in the Community (psychiatric nursing theory), baccalaureate students, Spring 1998

University of Southern Maine College of Nursing and Health Professions

- End-of-life partnership course, Fall 2001 and Spring 2002
- NUR470 Leadership, Management, and Ethics, Fall and Spring semesters, beginning in 2003 through 2006 with Maggie Fournier

University of Kentucky College of Nursing

- HSM241 Health and Medical Care Delivery Systems, Fall 2007

STUDENT RESEARCH

Master's Research Projects

Advisor - Oregon Health Sciences University

- Yea-Ing Lotus Shyu, *An Investigation of Attribution Patterns and Self-Esteem: An Elderly Sample*, 1988
- Therese Rasch, *Role Strain and Perceived Needs: A Sample of Elderly Spouse Caregivers*, 1989
- Helen Elizabeth Harris, *Coping Strategies of Rural Widows: A Partial Replication*, 1989
- Ching-Tzu Yang, *Analysis of Secondary Data: Hospice Family Caregivers*, 1991
- John Pladel, *Use of Ritual and Ceremony in Persons with AIDS*, 1995

Reader - Oregon Health Sciences University

- Maggie Donius, *Gender Differences in Caregiving Role Strain Among Spouse Caregivers to Frail Older Persons*, 1985
- Sherry Chennell, *Beliefs of Preventability and Unpreventability regarding Circumstances of Death in a Disaster Bereaved Sample*, 1986
- Judith E. Alleman, *A Survey of Information Communicated to Adult Foster Care Providers in Relationship to Newly Admitted Residents*, 1987
- Sharon M. Beall, *Vulnerability and Risk Factors Associated with Self-Neglect of the Elderly*, 1987
- Georgene Siemsen, *Measuring Family Functioning in Older Families using the Feetham Family Functioning Survey*, 1989
- Margaret C. Hale, *The Experience of Coping with Huntington Disease: A Descriptive Study*, 1989
- Karen A. Suchowski, *Requesting for Anatomical Donation in Hospital Settings: A Descriptive Study*, 1989
- Mary L. Hazard, *Hospice Nursing Care: Persons with End-State Dementia and their Caregivers*, 1997
- Stacey Romney, *An Exploratory Study of the use of Physical and Psychosocial Techniques to Relieve Terminal Cancer Pain*, 1997

Dissertations

Chairperson - Oregon Health Sciences University

- Laura Rodgers, *The Experience of Bereavement among Older Black Widows: A Phenomenological Study*, 1995
- Mary Waldo, *Caregivers' Experience: Pain and Elders with Alzheimer's* (NINR F31, 8/1994, co-sponsor), 1996, Co-chairperson Beverly Hoeffler
- Shizue Suzuki, *Grief Experiences of Japanese Widows and Widowers*, 1997

Reader - Oregon Health Sciences University

- Peg Wagner Wros, *Behind the Curtain: Nursing Care of Dying Patients*, 1993
- Iku Inoue, *Developing the Japanese Family Caregiving Inventory*, 1995
- Rodger Galyen, *Significant Emotional Relationships between Nurses and Clients*, 1997
- Deborah Messecar, *Environmental Modification Strategies used by Caregivers* (NINR F31, 4/1994 funded, co-sponsor), 1977

Post-Doctoral and Visiting Scholar Sponsorship and Additional Student Research Committees

- Williams W. Davis, *Caregiver Characteristics, Situation Factors, Coping Style, and Personal Adjustment of Hospice Nurses*, dissertation committee member, Western Conservative Baptist Seminary, Portland, OR 1990
- Barbara Raudonis, RN, Ph.D. Post-Doctoral Fellow, August 1991-July 1993, Oregon Health Sciences University
- Sister You-Ja Ro, RN, Ph.D. Visiting Scholar from The Catholic University of Korea, August 1998-January 1999, University of Rochester School of Nursing

COMMITTEE MEMBERSHIPS: UNIVERSITY AND SCHOOL/COLLEGE

Oregon Health Sciences University

- School of Nursing (SON) representative, Senate Subcommittee - formulated recommendations on social issues considered by the Senate 1985-1986
- University Affirmative Action Committee, Member 1986-1995
 - Vice Chairperson 1990-1991
 - Chairperson 1991-1995
 - Chairperson, Budget Subcommittee 1994-1995
- Faculty Senate, SON Representative 1992-1995
 - Faculty Welfare Subcommittee, Member 1992-1993, Chairperson 1993-1994
 - Bylaws Subcommittee, Member 1992-1995
 - Elections Subcommittee, Member 1994-1995
- Facilitated development of proposal-Interdisciplinary Primary Care Education and Practice for Oregon. The Robert Wood Johnson Foundation, Partnerships for Training, April 1995. Brought together nurse practitioner, certified nurse midwifery, and physician assistant faculty to develop a proposal, received site visit, not funded
- Statewide Area Health Education Center, SON representative 1995-1996

- Facilitated development of proposal in response to W.K. Kellogg Foundation Initiative: Community Partnerships-Graduate Medical and Nursing Education, June 1995, on behalf of the primary care and nurse midwifery faculty in the Schools of Nursing and Medicine, selected for Phase I funding
- Regional Education and Services Council, Member 1995-1996
 - Subcommittee for Coordination of Primary Care Rotations, Member 1995-1996

School of Nursing

- SON/Veterans Administration Joint Venture Project, Department of Family Nursing representative 1985-1986
 - Gerontological Planning Section and Research Planning Section, Member 1985-1986
- Gerontology/Long-term Care Council, Member 1985-1993, Co-convener 1993-1994
 - Curriculum/Program Development Work Group, Convener 1987-1988
 - Principal Investigator on Geriatric Nurse Practitioner Training Grant, submitted to Division of Nursing, April 1990, approved - not funded
 - Convener, group to develop a Gerontology Clinical Specialists Master's Program 1989-1990
- SON/Division of Nursing Committee, Department of Family Nursing representative 1985-1986
- Focal Area I Health Protection and Promotion, Member 1985-1989, Convener 1987-1989 Committee to develop Institutional NRSA Grant, Patricia Archbold, Program Director, National Center for Nursing Research, October 1987
- External Affairs Committee, Member 1986-1987
- SON/VA Nursing Council, Member 1987-1988
 - System-wide Joint Task Force on Primary Care Issues, Member 1987-1988
- External Affairs Committee, Member 1988-1990
- Faculty Affairs Committee, Member 1987-1990, Chairperson 1989-1990
 - Student Evaluation of Faculty Task Force, 1990
- SON Executive Committee, Member 1988-1989, 1992-1993
- Ph.D. Student Oral Exam Committees
 - Chairperson: Marie Napolitano (March 1988), James Pittman (March 1988), Renee Hoeksel (October 1988), Alyce Schultz (October 1988), Patricia Butterfield (November 1989), and Rod Galyen (June 1992)
 - Member: Laura Rodgers (June 1993)
- Ph.D. Written Comprehensive Committee, Member Summer 1988, Fall 1992, Winter 1993; Chairperson Winter 1988, Spring 1993
- Focal Area V Gerontological Nursing, Convener 1989-1990
- Advisory Board of the Benedictine Institute for Long Term Care, Department of Family Nursing representative 1989-1993
 - CE for RNs in Oregon Long-Term Care Facilities, Funded by Division of Nursing, Member Advisory Committee 1992-1993
- Lohman's Faculty Planning Committee, Member 1990-1991
- Graduate Council Ph.D. Admissions Subcommittee, Member 1991-1994
- Ballot Measure 5 Program Reduction Task Force, Chairperson January 1993
- Statewide Nursing System: Governance Task Force, Convener 1992-1993

- Statewide Nursing System: Ballot, Convener 1992-1993
- Task Force on Cultural Diversity, Member 1993-1996, Co-convener 1993-1995
- Mid-Coastal/Willamette Valley RN/BS TQM Program Task Force, Member 1993-1994
- NLN Accreditation - Structure and Governance Work Group, Member 1994-1995
- EDNET Teaching Evaluation, Member 1994-1995
- Administrative Council, Member 1994-1996
- Transitions Task Force, Member 1994-1996
- Home Care Task Force, Member 1995-1996
- Visions II Task Force, Facilitator 1995-1996
- Small Organizing Group of the Selected Committee on Practice, Member 1995-1996

Administration Nursing Cluster

- Member 1994-1996

Gerontological Nursing Cluster

- Convener 1994-1995

Department of Family Nursing

- Academic Affairs Committee, Member 1984-1986, 1991-1993
- Philosophy and Conceptual Framework Committee, Member 1984-1985
- Special Projects Grant Committee (Family Nursing CE Grant), Member 1984-1985
- Faculty Affairs Committee, Member 1985-1987
- Family Clinician Committee, Member 1985-1987
- Promotion and Tenure Committee, Chairperson 1986-1987, Member 1990-1991
- Advisory Board, Family Nursing CE Grant, Member 1986-1990
- Ad Hoc Student Recruitment Committee, Member 1986-1987
- Governance Workshop Committee, Member Summer 1987
- Committee on Committees, Chairperson 1987-1989
- Acting Coordinator, Aging Family Area 1987-1988
- Advisory Committee, Member 1988-1990
- Recruitment Committee, Member 1989-1990
- Resource Committee, Member 1989-1990

University of Rochester and School of Nursing

- University Council on Graduate Studies, including Steering Committee, November 1996-1999
- Edward G. Miner Library, Advisory Committee, 1998-1999
- School of Nursing Leadership Council 1996-1999
- School of Nursing Curriculum Committee 1996-1999 and Undergraduate, Master's, and Doctoral Subcommittees
- School of Nursing Student Affairs Committee 1996-1999
- School of Nursing Educational Strategic Planning Task Force, Chairperson 1999

University of Southern Maine

- Academic Council, Member 1999-present
 - Chairperson Task Force, Member 1999-2000
 - Director Task Force, Chairperson 2001-2002
 - Liaison to Honors Program to develop the budget for the Honors College 2005
 - School/College Budget and Performance Outcomes Task Force 2005
 - Public Health Planning Committee 2005-2006
- Faculty Senate, ex-officio Member 1999-2006
 - Dean representative to Bylaws Revision Subcommittee 2001-2003
- Advisory Committee Center for the Study and Prevention of Hate Violence, Member 1999-2004
- Chairperson, College of Arts and Sciences Dean's Search Committee 2000-2002
- Chairperson, School of Business Dean's Search Committee 2005-present
- Management Council 2005-2006
- Member, Honorary Degree Committee 2000-2001
- Member, Research and Development Oversight Team 2001-2002
 - Member, Strategic Plan for State Funded R&D Development Committee, 2001-2002
- Chairperson, USM Search Committee for Executive Director of Division of Community and Professional Education, 2004
- Member, Capital Campaign Case Statement Committee 2004
- Member, Earmark Committee 2004-2006
- Member, Summer Session Strategic Planning Committee 2005

College of Nursing and Health Professions (CONHP)

- CONHP Faculty Meetings, Chairperson 1999-2006
- CONHP Leadership Council, Chairperson 1999-2006
- Nursing Program Evaluation Committee, Chairperson 2002-2003

University of Kentucky

- Center for Interprofessional HealthCare Education, Research & Practice, Board of Directors, 2011-2012, Convener Interprofessional HealthCare Practice Committee, 2011-2012
- Deans Council, 2006-2012
- The FUND Board of Directors, For Advancement of Education and Research in the University of Kentucky Medical Center, member 2006-2012, Secretary 2011-2012
- Institutional Effectiveness Committee, member 2008-2010
- UKHealthCare Advisory Board 2006-present, member Executive Committee 2009-2012
- UK HealthCare Medical Staff Executive Committee, member 2006-2010; Medical Staff Operating Subcommittee, A.B. Chandler Hospital, 2010-2012 and Medical Staff Operating Subcommittee, Good Samaritan Hospital, 2010-2012
- UK HealthCare Working Group, Nurse Practitioner and Physician Assistant Providers, 2008-

2010

- UK HealthCare Senior Nurse Executives, 2009-2012
- AB Chandler Hospital Nurse Executive Committee, 2008-2012
- President's Commission on Diversity, member 2007-2009
- Review Committee UKHealthCare Enterprise, Corporate Chief Nursing Officer, chair, 2008
- Search Committee for Dean of College of Social Work, co-chair 2007-2008
- United Educators, served on planning committee and co-facilitated with Steve Barker workshop entitled "Good Practice in Tenure Evaluation", February 1, 2007, University of Kentucky served as beta-testing site for workshop
- Five-year review committee Dean Steve Wyatt, 2009-2010
- University Commencement Committee, 2010-2012
- Search Committee for Dean of the College of Medicine, co-chair 2010-2111
- UK HealthCare IT Governance Committee, 2010-2012
- UK CTSA Executive Committee, 2011-2012
- Search Committee for Vice President for Administration and Finance, member 2012
- Advisory Committee, Appointment Associate Provost for Faculty Advancement 2012

University of Maryland, Baltimore and University of Maryland Medical Center

- President's Executive Cabinet, member 2013-present
- University Federal Affairs Working Group, member 2013-present
- University Strategic Plan Executive Implementation Committee, member 2013-present
- University of Maryland Medical Center Diversity Steering Committee, member 2014-present

Updated April 5, 2014

Appendix IID-1
 UNIVERSITY OF MARYLAND SCHOOL OF NURSING
 FULL-TIME/PART-TIME FACULTY ROSTER Spring 2014

Faculty Member	Rank	Tenure Status	Graduate Degrees	Major	School	Certifications	Teaching Assignment	%FTE
Akintade, Bimbola	Assistant Professor	Non-Tenure Track	MBA MS MS PhD	Business Administration Healthcare Administration Acute Care Nurse Practitioner/Clinical Nurse Specialist Nursing	University of Maryland University College University of Maryland University College University of Maryland Baltimore University of Maryland Baltimore	CRNP - Acute Care CCRN	MS - ACNP/CNS	100
Amos, Veronica	Assistant Professor	Non-Tenure Track	MS MS PhD	Nursing Nurse Anesthesia Policy Sciences	University of Maryland Baltimore University of Maryland Baltimore University of Maryland Baltimore County	CRNA PHCNS - BC	MS - Nurse Anesthesia	100
Antol, Susan M.	Assistant Professor	Non-Tenure Track	MS	Community Health Nursing	University of Maryland Baltimore		BSN elective - Rural Health	100
Bindon, Susan	Assistant Professor	Non-Tenure Track	MS DNP	Nursing Nursing	University of Maryland Baltimore University of Maryland Baltimore		Teaching Institute	100
Bode, Claire	Clinical Instructor	Non-Tenure Track	MS	Family Nurse Practitioner	University of Maryland Baltimore	CRNP - Family	BSN/CNL - OB emphasis	65
Boyce, Meika	Clinical Instructor	Non-Tenure	MS	Nursing/Nurse Anesthesia	Drexel University	CRNA	MS - Nurse Anesthesia	40

Faculty Member	Rank	Tenure Status	Graduate Degrees	Major	School	Certifications	Teaching Assignment	%FTE
		Track						
Brager, Rosemarie	Assistant Professor	Non-Tenure Track	MS PhD	Nursing Public Health	University of Maryland Baltimore Johns Hopkins University	CRNP- Gerontology	MS-ANP/GNP	100
Braid, Susan	Assistant Professor	Non-Tenure Track	MPH MSN DrPH	Public Health Neonatal Nurse Practitioner Public Health	Columbia University University of Pennsylvania Johns Hopkins University	CRNP - Neonatal	N/A	100
Brotemarkle, Rebecca	Clinical Instructor	Non-Tenure Track	MSN/ MBA PhD	Nursing Health Systems/Business Administration Nursing	Johns Hopkins University University of Maryland Baltimore	CCM, ACRN	BSN/CNL Adult Health; MS-Core	100
Brown, Blanche R.	Clinical Instructor	Non-Tenure Track	MSN	Maternal Child Health - PNP	The Catholic University of America	CRNP- Pediatrics	BSN/CNL - Pediatrics; MS - PNP	100
Buckley, Kathleen	Associate Professor	Non-Tenure Track	MA MS PhD	Medical Anthropology Pediatric/Maternal- Child Nursing Medical Anthropology	The Catholic University of America University of Maryland Baltimore The Catholic University of America	IBCLC	BSN/CNL communication; MS Core; DNP	100
Bundy, Elaine	Assistant Professor	Non-Tenure Track	MS DNP	Family Nurse Practitioner Nursing	University of Maryland Baltimore University of Maryland Baltimore	CRNP - Family	MS - FNP	100
Burda, Charon	Clinical Instructor	Non-Tenure Track	MS	Nursing	University of Maryland Baltimore	CRNP-PMH, APRN	BSN- Addictions, MS -PMHNP	100

Faculty Member	Rank	Tenure Status	Graduate Degrees	Major	School	Certifications	Teaching Assignment	%FTE
Busch, Deborah	Assistant Professor	Non-Tenure Track	MSN DNP	Pediatric Nurse Practitioner Nursing	Gwynedd Mercy College of Nursing Chatham University	CRNP - Pediatrics	MS - PNP	100
Canha, Ben	Clinical Instructor	Non-Tenure Track	MS	Addictions Nursing	University of Maryland Baltimore		BSN - Psych	100
Caridha, Arthur	Assistant Professor	Non-Tenure Track	MD PhD BSN	Medicine Medicine Nursing	University of Tirana University of Tirana University of Maryland Baltimore		BSN - Adult Health; MS - Pathopharm	100
Carroll, Mary J.	Clinical Instructor	Non-Tenure Track	MSN PhD	Psychiatric Nursing Edu., Policy, Planning and Admin.	University of Maryland Baltimore University of Maryland College Park	APRN-BC, CS-P	BSN elective - Holistic Health; CNL - Psych	50
Chakravarthy, Ameera	Assistant Professor	Non-Tenure Track	MSN	Family Nurse Practitioner	University of Pennsylvania	CRNP - Family & Acute Care	MS - ACNP/CNS	100
Chen, Ling-Yin	Assistant Professor	Non-Tenure Track	MA PhD	Educational Psychology Educational Psychology	University of Texas at Austin University of Texas at Austin		DNP	100
Clark, Karen	Assistant Professor	Non-Tenure Track	MSN PhD	Advanced Clinical Nursing Nursing	George Mason University George Mason University	CCRN	BSN; MS-Core	100
Costa, Linda	Assistant Professor	Non-Tenure Track	MSN PhD	Medical-Surgical Nursing Nursing	The Catholic University of America The Catholic University of America	NEA-BC	MS - HSLM	100
Daniels, Amy	Clinical Instructor	Non-Tenure Track	MS	Health Sciences and Leadership	University of Maryland Baltimore School of Nursing		Clinical Simulation Lab	100

Faculty Member	Rank	Tenure Status	Graduate Degrees	Major	School	Certifications	Teaching Assignment	%FTE
Davenport, Joan	Assistant Professor	Non-Tenure Track	MSN PhD	Cardiovascular Clinical Nurse Spec. Nursing	Univ. of Alabama in Birmingham University of Maryland Baltimore		BSN/CNL-Adult Health; CNL	100
Davis, Allison	Assistant Professor	Non-Tenure Track	MS PhD	Community & Public Health/Environmental Health Nursing	University of Maryland Baltimore University of Maryland Baltimore	APRN-BC	CNL -CPH; DNP - theory	100
Davis-Adjami, Mary Lynn	Assistant Professor	Non-Tenure Track	MS MBA PhD	Family Nurse Practitioner Business Pharmacy Administration	University of Southern Indiana Wake Forest University The Ohio State University	CRNP-Family	MS - HSLM	100
Diaconis, Linda	Assistant Professor	Non-Tenure Track	MS PhD	Nursing Service Administration Education Policy, Planning & Admin.	University of Maryland Baltimore University of Maryland College Park		MS - HSLM	100
Dobish, Barbara A.	Assistant Professor	Non-Tenure Track	MS	Cardiovascular Nursing	The Catholic University of America		BSN-Adult Health	100
Dorsey, Susan G.	Associate Professor	Tenured	MS PhD	Nursing Nursing	University of Maryland Baltimore University of Maryland Baltimore		DNP; PhD	100
Duarte, Ana	Clinical Instructor	Non-Tenure Track	MS	Nursing-Psychiatric CNS/NP Family	University of Maryland Baltimore	CRNP - PMH	MS - PMHNP	50
Fahie, Vanessa	Assistant Professor	Non-Tenure Track	MS PhD	Nursing Nursing	University of Maryland Baltimore University of Maryland Baltimore		BSN - Gerontology	100

Faculty Member	Rank	Tenure Status	Graduate Degrees	Major	School	Certifications	Teaching Assignment	%FTE
Felauer, Ann	Clinical Instructor	Non-Tenure Track	MSN	Pediatric Nurse Practitioner	University of Wisconsin - Madison	CRNP - Pediatrics - AC/PC	MS - PNP	100
Fey, Mary	Assistant Professor	Non-Tenure Track	MS PhD	Nursing	University of Maryland Baltimore		Clinical Simulation Lab	100
Flannery, Kelly	Assistant Professor	Non-Tenure Track	MS PhD	Community/Public Health Nursing	University of Maryland Baltimore University of Maryland Baltimore		CNL-CPH; DNP -EBP	100
Fornilli, Katherine	Assistant Professor	Non-Tenure Track	BS MPH	Nursing Public Health	Virginia Commonwealth University Virginia Commonwealth University	CARN	BSN elective BSN - CPH, MS Core	100
Fountain, Lily	Assistant Professor	Non-Tenure Track	MS	Nursing - Nurse Midwifery	Georgetown University	CNM	BSN; CNL - emphasis	50
Friedman, Erika	Professor	Tenured	PhD	Biology (Behavior)	University of Pennsylvania		PhD	100
Galik, Elizabeth	Associate Professor	Tenured	MSN PhD	Nursing Education and Gero. Nursing	Villanova University University of Maryland Baltimore	CRNP-Adult	MS-ANP/GNP; PhD	100
Geiger-Brown, Jeanne	Associate Professor	Tenured	MSN PhD	Psychiatric-Mental Health Nursing	Columbia University University of Maryland Baltimore	CS-PMH	PhD; DNP	100
Gilden, Robin	Assistant Professor	Non-Tenure Track	MS PhD	Community/Public Health Nursing	University of Maryland Baltimore University of Maryland Baltimore		BSN- elective MS - CPH Env Health	100
Gonzalez, Michelle	Clinical Instructor	Non-Tenure Track	MS MS	Nursing Oriental Medicine	DePaul University Midwestern College of Oriental Medicine	CRNA, MSOM	MS - Nurse Anesthesia	100

Faculty Member	Rank	Tenure Status	Graduate Degrees	Major	School	Certifications	Teaching Assignment	%FTE
Goodwin, Jana M.	Clinical Instructor	Non-Tenure Track	MSN	Adult Nurse Practitioner	Temple University	CRNP-Adult	BSN-Core/Adult Health	100
Gourley, Bridgitte	Assistant Professor	Non-Tenure Track	MSN DNP	Family Nurse Practitioner Nursing	Johns Hopkins University University of Maryland Baltimore	CRNP - Family	MS- FNP	100
Grant, Marian	Assistant Professor	Non-Tenure Track	MSN DNP	Nursing Nursing	Johns Hopkins University University of Maryland Baltimore	CRNP - Acute Care	MS - ACNP/CNL	100
Gregory, Jr., William	Assistant Professor	Non-Tenure Track	MA MA PhD	Counseling and Mental Health Health Science/Psychology Psychology	Antioch College Fielding Graduate Institute Fielding Graduate Institute		MS - PMHNP	50
Griffith, Kathleen	Assistant Professor	Non-Tenure Track	MS PhD	Family Nurse Practitioner Nursing	Georgetown University University of Maryland Baltimore	CRNP - Family	MS; PhD - theory	100
Gutchell, Veronica	Assistant Professor	Non-Tenure Track	MS DNP	Psych/Mental Health Nursing Nursing	Sage Universities University of Maryland Baltimore	CRNP -Family CNS	BSN - Adult Health	100
Hairston, Donna	Assistant Professor	Non-Tenure Track	MS PhD	Nursing Admin, Trauma & Critical Care Nursing Nursing	University of Maryland Baltimore University of Maryland Baltimore		N/A	10
Hammersla, Margaret	Assistant Professor	Non-Tenure Track	MS	Adult Nurse Practitioner	University of Maryland Baltimore	CRNP - Adult	MS - AGNP	100
Haut, Catherine	Assistant Professor	Non-Tenure Track	MS DNP	Perinatal-Neonatal Nursing/Clinical Nurse Specialist/ Pediatric Nurse Practitioner Nursing	University of Maryland Baltimore University of Maryland Baltimore	CCRN CRNP- Pediatrics Primary and Acute	MS - PNP	50

Faculty Member	Rank	Tenure Status	Graduate Degrees	Major	School	Certifications	Teaching Assignment	%FTE
Hermosura, Belinda	Assistant Professor	Non-Tenure Track	MS	Nursing Administration	Georgetown University		Clinical Simulation Lab	100
Hickman, Linda	Assistant Professor	Non-Tenure Track	MBA PhD	Business Nursing	Marymount University University of Maryland Baltimore		MS- HSLM	100
Hoffman, Ann	Clinical Instructor	Non-Tenure Track	MS	HSLM Education	University of Maryland Baltimore		BSN - Pediatrics	100
Hoffman, Janice J.	Assistant Professor	Non-Tenure Track	MS PhD	Nursing Education Nursing	California State University University of Maryland Baltimore	CCRN	BSN/CNL-Adult Health; MS-Teaching Institute	100
Idzik, Shannon	Assistant Professor	Non-Tenure Track	MS DNP	Adult Nurse Practitioner Nursing	University of Maryland Baltimore University of Maryland Baltimore	CCRN CRNP-Adult	MS-ANP/GNP	100
Jarin, Jennifer	Clinical Instructor	Non-Tenure Track	MS	Community/Public Environmental Health	University of Maryland Baltimore		Clinical Simulation Lab	50
Jenkins, Louise S.	Professor	Non-Tenure Track	MS PhD	Nursing Nursing	University of Maryland Baltimore University of Maryland Baltimore		MS-Teaching Institute; PhD	100
Johantgen, Mary E.	Associate Professor	Tenured	MS PhD	Nursing Administration Health Services. Organization and Research	SUNY at Buffalo Virginia Commonwealth University		MS-core; PhD; DNP	100

Faculty Member	Rank	Tenure Status	Graduate Degrees	Major	School	Certifications	Teaching Assignment	%FTE
Johnson, Jeffrey	Professor	Tenured	PhD	Social and Behavioral Sciences	Johns Hopkins University		PhD ; MS - C/PH, Global Health Certificate	100
Kapustin, Jane F.	Professor	Non-Tenure Track	MS PhD	Nursing Public Policy/Health Policy	University of Maryland Baltimore University of Maryland Baltimore County	ANCC-Adv. Diabetes Mgt., CRNP-Adult	MS-ANP/GNP	100
Kauffman, Karen S.	Associate Professor	Non-Tenure Track	MSN PhD	Gerontological Nurse Practitioner Nursing	University of Pennsylvania University of Pennsylvania	CRNP-Gerontology	DNP; PhD	100
Keleman, Arpad	Associate Professor	Non-Tenure Track	MS PhD	Computer Science Computer Science	University of Szeged University of Memphis		PhD; DNP; MS- Informatics	100
Kelleher, Catherine	Associate Professor	Non-Tenure Track	MS MPH ScD	Psychiatric Nursing Health Services Nursing	University of California Harvard University Johns Hopkins University		CNL-Core; MS-Core	100
Kirschling, Jane	Professor	Tenured	MS PhD	Community Mental Health Nursing Psychiatric/Mental Nursing	Indiana University Indiana University			100
Klindinst, Nicole	Assistant Professor	Non-Tenure Track	MPH MSN PhD	Social and Behavioral Sciences Comm Systems Administration Nursing	Boston University Thomas Jefferson University Emory University		MS - Gerontology	100
Koo, Laura W.	Clinical Instructor	Non-Tenure Track	MS	Community Health - Family Nurse Practitioner	Boston College	CRNP-Family	MS-ANP/GNP	80

Faculty Member	Rank	Tenure Status	Graduate Degrees	Major	School	Certifications	Teaching Assignment	%FTE
Koroknay, Vivian	Clinical Instructor	Non-Tenure Track	MS	Gerontological Nursing	University of Maryland Baltimore	CRRN	BSN	100
Kraamer, Cara	Clinical Instructor	Non-Tenure Track	MSN	Nursing	Notre Dame of Maryland University		BSN; CNL - Peds	40
Lamm, Naomi	Assistant Professor	Non-Tenure Track	MS EdD	Maternal Child Nursing Educational Leadership	University of Maryland Baltimore West Virginia University		BSN; MS-Core	100
Lazear, Janice L.	Assistant Professor	Non-Tenure Track	MN DNP	Nursing Nursing	University of California Los Angeles University of Maryland Baltimore	CRNP-Family, CDE	BSN; CNL - OB; DNP	100
Lee, Mei Ching	Assistant Professor	Non-Tenure Track	MS PhD	Health Sciences Nursing	Trident University University of Maryland Baltimore		BSN - Adult Health	100
Lemaire, Gail S.	Associate Professor	Non-Tenure Track	MSN PhD	Psychiatric Nursing Nursing	University of Texas Health Science Center University of Maryland Baltimore	CS-P	CNL; MS-PMHNP	100
Lerner, Nancy	Assistant Professor	Non-Tenure Track	MS DNP	Community Health Nursing Nursing	University of Maryland Baltimore University of Maryland Baltimore		BSN - Gerontology	100
Lessans, Sherrie	Assistant Professor	Non-Tenure Track	MSN PhD	Nursing Nursing	University of North Carolina at Chapel Hill University of Maryland Baltimore		BSN/CNL-Adult Health	100
Liang, Yulan	Associate Professor	Tenured	MS PhD	Applied Statistics Applied Statistics	University of Memphis University of Memphis		MS Core; PhD	100

Faculty Member	Rank	Tenure Status	Graduate Degrees	Major	School	Certifications	Teaching Assignment	%FTE
Lipscomb, Jane	Professor	Tenured	MS PhD	Community Health Nursing Epidemiology	Boston University University of California, Berkeley		MS - CPH; PhD	100
Lynn, Margaret	Assistant Professor	Non-Tenure Track	MS/MBA	Business/HSLM	University of Maryland Baltimore/University of Baltimore	FNE-A	BSN - Adult Health; MS - HSLM	100
McCarthy, E. Jane	Visiting Professor	Non-Tenure Track	MSN PhD	Nursing Physiology	University of Tennessee USUHS		MS	40
McLaine, Patricia	Assistant Professor	Non-Tenure Track	BSN MPH DrPH	Nursing Public Health Public Health	Case Western Reserve University Johns Hopkins University Johns Hopkins University		MS - CPH	100
McLeskey, Sandra	Professor	Tenured	BSN PhD	Nursing Pharmacology	George Mason University Georgetown University		BSN - Pathopharm	50
Mech, Ann	Assistant Professor	Non-Tenure Track	MS JD	Nursing Law	University of Maryland Baltimore George Washington University		MS	100
Michael, Kathleen	Assistant Professor	Non-Tenure Track	MS PhD	Nursing Nursing	Seattle Pacific University Johns Hopkins University	CCRN	BSN,; MS	100
Michael, Michele	Assistant Professor	Non-Tenure Track	MS PhD	Nursing Human Development Education	University of Maryland Baltimore University of Maryland College Park	CRNP - Pediatrics	BSN - Research; CNL Emphasis PNP Core	100
Miller, Sarah	Clinical Instructor	Non-Tenure Track	MS	Psychiatric CNS/NP	University of Maryland Baltimore	CRNP - Psychiatric Mental Health	BSN; CNL - Psych; MS - PMHNP	100

Faculty Member	Rank	Tenure Status	Graduate Degrees	Major	School	Certifications	Teaching Assignment	%FTE
Mills, Mary Etta	Professor	Non-Tenure Track	MS ScD	Nursing Health Care Organizations	University of Maryland Baltimore Johns Hopkins University		MS - HSLM	50
Mitchell, Jacqueline	Clinical Instructor	Non-Tenure Track	MS MS	Fitness and Health Promotion Nurse Anesthesia	George Mason University University of Maryland Baltimore	CRNA	MS - Nurse Anesthesia	100
Moen, Marik	Assistant Professor	Non-Tenure Track	MSN/ MPH	Nursing	Johns Hopkins University		BSN elective - Global Health; BSN; CNL- CPH	100
Montgomery , Kathryn	Associate Professor	Non-Tenure Track	MSN PhD	Psychiatric/Mental Health Nursing Nursing	Catholic University of America University of Maryland Baltimore		DNP	100
Mooney, Lori	Clinical Instructor	Non-Tenure Track	MS	Nursing	University of Maryland Baltimore	CRNP - PMH	BSN; CNL - Psych; MS - PMHNP	60
Mueller-Burke, Dawn M.	Assistant Professor	Non-Tenure Track	MS PhD	Advanced Practice Pediatrics Nursing/Neurophysiology	University of Maryland Baltimore University of Maryland Baltimore	CRNP- Neonatal	BSN- Research DNP - EBP	100
Murphy, Marilyn S.	Assistant Professor	Non-Tenure Track	MS/MBA PhD	Nursing/Business Administration Public Policy	University of Maryland Baltimore University of Maryland Baltimore County		MS-Core; MS-HSLM	100
Murray, Linda	Clinical Instructor	Non-Tenure Track	MS	Nursing	University of Maryland Baltimore	CRNP - Pediatrics	MS - PNP	100
Nahm, Eun-Shim	Professor	Tenured	MS PhD	Nursing Nursing Informatics	University of Hawaii University of Maryland Baltimore		MS- Informatics PhD- Research	100

Faculty Member	Rank	Tenure Status	Graduate Degrees	Major	School	Certifications	Teaching Assignment	%FTE
Newhouse, Robin	Professor	Tenured	MGA MS PhD	Health Care Administration Nursing Nursing	University of Maryland University College University of Maryland Baltimore University of Maryland Baltimore	CNA-BC, CNOR	DNP	100
Newsome-Williams, Jacqueline	Assistant Professor	Non-Tenure Track	MSN PhD	Nursing Nursing	Howard University University of Michigan	CRNP - Adult	MS - AGNP	100
Njie-Carr, Veronica	Assistant Professor	Non-Tenure Track	MSN PhD	Nursing/Adult Health - Education Nursing	The Catholic University of America The Catholic University of America	ACNS - BC	BSN - Adult Health	100
Ogbolo, Yolanda	Assistant Professor	Non-Tenure Track	MS PhD	Nursing Nursing	University of Maryland Baltimore University of Maryland Baltimore	CRNP - Neonatal	BSN; MS elective Health Care and Culture; MS - PNP	100
O'Neil, Carol A.	Associate Professor	Non-Tenure Track	MA MEd PhD	Nursing Education Community Health Nursing Measurement, Evaluation & Research	Columbia University Columbia University University of South Florida	CNE	MS - Teaching Institute	100
Onello, Rachel	Clinical Instructor	Non-Tenure Track	MS	Nursing/Clinical Nurse Leader	University of Maryland Baltimore		BSN - Adult Health	50
Oswald, Lynn M.	Associate Professor	Tenured	MSN PhD	Psychiatric/Mental Health Nursing Biomedical Sciences	University of Texas Health Science Center University of Texas Health Science Center		MS Core; MS - PMHNP - Neuro	100

Faculty Member	Rank	Tenure Status	Graduate Degrees	Major	School	Certifications	Teaching Assignment	%FTE
Owens, Denise	Clinical Instructor	Non-Tenure Track	MS	Health Services Leadership and Management	University of Maryland Baltimore	CCRN	BSN-Adult Health	100
Ozbolt, Judy	Visiting Professor	Non-Tenure Track	MS PhD	Medical-Surgical Nursing Educational Psychology	University of Michigan University of Michigan		MS- Informatics	10
Pellegrini, Joseph	Associate Professor	Non-Tenure Track	MS DNP PhD	Nurse Anesthesia Medical-Surgical Nursing Nursing	Rush University Rush University Rush University	CRNA	MS-Nurse Anesthesia	100
Picot, Sandra J.	Associate Professor	Tenured	MSN PhD	Medical-Surgical Nursing Nursing Research	University of Virginia University of Maryland Baltimore		BSN -core; MS-core	100
Proulx, Joseph R.	Professor	Tenured	MS EdD	Nursing Administration Education	University of Pennsylvania Columbia University		MS-HSLM	100
Rawlett, Kristen	Clinical Instructor	Non-Tenure Track	MSN	Family Nurse Practitioner	University of South Carolina	CRNP - Family	MS FNP	100
Regan, Mary	Assistant Professor	Tenure-Track	MS PhD	Nursing Nursing	University of Minnesota University of Minnesota		MS- Informatics	100
Renn, Cynthia L.	Associate Professor	Tenured	MS PhD	Nursing Oral Craniofacial Biology	University of Maryland Baltimore University of Maryland Baltimore		MS - Adult Health; Research	100
Resnick, Barbara	Professor	Tenured	MS PhD	Nursing Nursing	University of Maryland Baltimore University of Maryland Baltimore	CRNP - Geriatric	MS - AGNP	100

Faculty Member	Rank	Tenure Status	Graduate Degrees	Major	School	Certifications	Teaching Assignment	%FTE
Riel, Rosemary	Clinical Instructor	Non-Tenure Track	MAA	Anthropology	University of Maryland College Park			100
Rietschel, Matthew	Assistant Professor	Non-Tenure Track	MS	Instructional Design/Technology	Towson State University		N/A	100
Rogers, Valerie	Assistant Professor	Non-Tenure Track	MS PhD	Nursing Nursing	University of Maryland Baltimore University of Maryland Baltimore	CRNP - Pediatrics	MS - PNP	100
Ross, Alyson	Assistant Professor	Non-Tenure Track	MS PhD	Psychiatric Mental Health Clinical Specialist Nursing	Vanderbilt University University of Maryland Baltimore		BSN; CNL - Communications	100
Satyshur, Rosemarie D.	Assistant Professor	Non-Tenure Track	MSN DNSc	Nursing of the Developing Family Maternal Child Nursing/Maternal Infant Nursing	Catholic University of America Catholic University of America		BSN - Research; MS - Core	100
Schaivone, Kathryn A.	Clinical Instructor	Non-Tenure Track	MSN	Health Care Administration	University of Southern California		Teaching Institute	100
Scheu, Karen	Assistant Professor	Non-Tenure Track	MSN DNP	Family Nurse Practitioner Nursing	Columbia University University of Maryland Baltimore	CRNP - Family	MS - FNP	100
Scott, Katherine	Clinical Instructor	Non-Tenure Track	BSN MPH	Nursing Public Health	Johns Hopkins University Johns Hopkins University		BSN; CNL - CPH	75
Scrandis, Debra	Assistant Professor	Non-Tenure Track	MS PhD	Community Health Nursing Nursing	Boston University Barry University	CRNP - Family	MS - MHNP; FNP; PhD	100

Faculty Member	Rank	Tenure Status	Graduate Degrees	Major	School	Certifications	Teaching Assignment	%FTE
Seckman, Charlotte	Assistant Professor	Non-Tenure Track	MSN PhD	Nursing Education Nursing	University of Pittsburgh University of Maryland Baltimore		MS - Informatics	100
Seger, Celeste	Clinical Instructor	Non-Tenure Track	MS	HSLM Executive Practice	University of Maryland Baltimore		BSN - Adult Health	100
Selby, Victoria	Clinical Instructor	Non-Tenure Track	MS	Family Psychiatric APN	University of Maryland Baltimore	CRNP - Psychiatric Mental Health	BSN electives - Addictions; BSN - Psych	100
Shelley, Rebecca	Assistant Professor	Non-Tenure Track	MS PhD	Community/Public Health Nursing Environmental Health Sciences	University of Maryland Baltimore Johns Hopkins University		BSN - Research; MS - CPH	100
Sherwood, Suzanne	Assistant Professor	Non-Tenure Track	MS	Trauma/Critical Care Nurse Specialist	University of Maryland Baltimore		BSN - Adult Health	100
Shumate, Pamela	Clinical Instructor	Non-Tenure Track	MSN DNP	Adult Health	The Catholic University of America University of Maryland Baltimore		BSN - Health Assessment Critical Care	100
Solaiman, Anjana	Clinical Instructor	Non-Tenure Track	MS	Health Services Leadership and Management	University of Maryland Baltimore	RNC - OB	BSN - OB	100
Spencer, Michelle	Clinical Instructor	Non-Tenure Track	MS	Community/Public Health Nursing	University of Maryland Baltimore		BSN - CPH emphasis	65
Staggers, Nancy	Professor	Tenured	MS PhD	Nursing Administration Nursing Informatics	University of Maryland Baltimore University of Maryland Baltimore		MS - Informatics	100

Faculty Member	Rank	Tenure Status	Graduate Degrees	Major	School	Certifications	Teaching Assignment	%FTE
Storr, Carla	Professor	Tenured	MPH ScD	Public Health Mental Hygiene	University of South Florida Johns Hopkins University		MS Core; PhD	100
Trinkoff, Alison	Professor	Tenured	MPH DSc	Maternal and Child Health Mental Hygiene	University of North Carolina at Chapel Hill Johns Hopkins University		MS - CPH; PhD	100
Trocky, Nina	Assistant Professor	Non-Tenure Track	MSN DNP	Community Health DNP	The Catholic University of America Waynesburg University	CRA, NEC	MS-CRM; BSN-Core	100
Twigg, Regina	Assistant Professor	Non-Tenure Track	MS DNP	Nursing Nursing	University of Maryland Baltimore University of Maryland Baltimore		BSN/CNL- Adult Health	100
Ulicny, Mary	Clinical Instructor	Non-Tenure Track	MS	Health Care Administration and Management HSLM Education	University of Maryland University College University of Maryland Baltimore		BSN - Adult Health	100
Valle, Mary	Assistant Professor	Non-Tenure Track	MS DNP	Adult Nurse Practitioner Nursing	University of Maryland Baltimore University of Maryland Baltimore	CRNP-Adult	BSN/CNL- Adult Health	100
Von Rueden, Kathryn	Associate Professor	Non-Tenure Track	MS	Nursing	University of Minnesota	CNS - BC, FCCM	MS - ACNP/CNS	100
Walsh, Barbara	Assistant Professor	Non-Tenure Track	MPH MS DNP	Public Health Community Health Nursing Nursing	Virginia Commonwealth University Virginia Commonwealth University Old Dominion University		BSN, CNL CPH	100
Waltz, Carolyn	Professor	Tenured	MS PhD	Public Health Research and Evaluation	University of Maryland Baltimore University of Delaware		MS - Science Research ANP Core	100

Faculty Member	Rank	Tenure Status	Graduate Degrees	Major	School	Certifications	Teaching Assignment	%FTE
Ward, Christopher	Associate Professor	Tenured	MS PhD	Exercise Physiology Veterinary Biomedical Sciences	Virginia Polytechnic Institute and State University Virginia/Maryland Regional College of Veterinary Medicine		MS - Nurse Anesthesia, PhD	100
Wiegand, Debra L.	Assistant Professor	Tenure Track	MSN MBE PhD	Advanced Medical - Surgical Nursing Bioethics Nursing	Wayne State University Univ of Pennsylvania Univ of Pennsylvania	CHPN, CCRN	MS-Adult Health; PhD; Research	100
Wilson, Kelley	Clinical Instructor	Non-Tenure Track	MSN	Nursing	Marymount University		BSN/CNL-Adult Health	100
Windemuth, Brenda	Assistant Professor	Non-Tenure Track	MSN DNP	Family Nurse Practitioner Nursing	Wilmington University University of Maryland Baltimore	CRNP - Family	MS - AGNP	100
Wiseman, Rebecca	Assistant Professor	Non-Tenure Track	MSN PhD	Adult Health and Illness Education Administration	University of Pennsylvania University of Maryland Baltimore		BSN - Adult Health	100
Wozenski, Susan M.	Assistant Professor	Non-Tenure Track	MPH JD	Epidemiology Law	University of Michigan University of Connecticut		MS - C/PH; MS Core	100
Wulf, Janet	Clinical Instructor	Non-Tenure Track	MS	Clinical Nurse Leader	University of Maryland Baltimore		BSN - Adult Health	100
Zimberg, Patricia	Assistant Professor	Non-Tenure Track	JD MS	Community/Public Health Nursing Law	University of Richmond University of Maryland Baltimore		BSN - C/PH; MS - CPH	100

Appendix IID-2

GUIDELINES FOR APPOINTMENT ADJUNCT FACULTY SCHOOL OF NURSING

- I. Any faculty member may recommend individuals who support the goals of the University of Maryland School of Nursing for Adjunct Faculty.

A. Types of Appointment

1. Adjunct Faculty: The title is to be used when appointing those individuals meeting the criteria as defined in the UMS Appointment, Rank and Tenure policy approved by the Board of Regents, September 1990.

B. Procedure for Appointment of Adjunct Faculty

1. Nomination for the position of Adjunct Assistant Professor, Adjunct Associate Professor or Adjunct Professor originates via department Chair or Associate Dean to the Dean for final approval and appointment.
2. Persons appointed to the position have the academic qualifications of the position as described by the Appointment, Promotion, and Tenure Criteria.
3. All appointments for Adjunct Associate Professor or Adjunct Professor must be approved by the APT prior to submission to the Dean. Appointments for Assistant Professor go directly to the Dean for approval. (See School of Nursing Policy and Procedures for Faculty Appointment, Section I Faculty Ranks for specific criteria).
4. This title does not carry tenure.
5. The faculty member recommending a candidate for adjunct faculty submits the following through academic channels:
 - a. Biographical data
 - 1) Name
 - 2) Title/Position
 - 3) Agency and Address
 - 4) Recommended Appointment
 - b. Academic and professional vitae
 - 1) Academic preparation, dates, institutions
 - 2) Professional experience
 - c. Letter of nomination, including justification for the appointment.

6. If the appointment is approved, the Dean's Office will notify the Department of Organizational Partnerships and Outreach. The Department will prepare an appointment letter and maintain a file on the Adjunct Faculty member.
7. Adjunct Faculty appointments will be for a period of two years.
8. Since each appointee will be associated with a department or administrative unit, each department establishes expectations of the role.

C. Privileges of Appointment

1. With an adjunct faculty appointment, individual is eligible to submit grant proposals for federal or foundation funding as PI.
2. Opportunity to attend selected continuing education special events.
3. Invitation to attend the Franklin Lecture and other special events.
4. Complimentary copy of the School of Nursing News Magazine.
5. Access to computer laboratories on a space available basis. Media Center services at faculty rates and invitations to attend selected academic classes.
6. Access to the Health Sciences Library.

Revised 8/06

Appendix IID-3

GUIDELINES FOR NOMINATION OF FACULTY ASSOCIATE

I. GENERAL

The status of Faculty Associate may be conferred on those persons who cooperate in the School of Nursing's educational programs and who support the philosophy and goals of the School, the University of Maryland, and the nursing profession. Any regularly appointed faculty member may nominate individuals for Faculty Associate. The Department Chairperson must endorse nominations. The appointment to Faculty Associate is for two years and will be reviewed for continuation.

A Faculty Associate must have served or have made a commitment to serve as a consultant, teacher preceptor, or facilitator for the School of Nursing. Qualifications for Faculty Associate include:

- Demonstrates skill and competence in own professional area of expertise.
- Provides leadership and demonstrates innovative approaches to improving health care.
- Promotes an interdisciplinary approach to the delivery of health care.
- Encourages a climate conducive to learning, from a practical or theoretical perspective.
- Faculty Associates who will be serving as Preceptors to undergraduate students must possess at minimum a Bachelor's degree. Faculty Associates who serve as Preceptors to graduate students must possess at minimum a Master's degree. Nominees who do not meet these minimum requirements will be reviewed by the Faculty Associate Subcommittee and referred to the Faculty Council for full review with the recommendation of the Faculty Associate Subcommittee.

II. PROCEDURE FOR APPOINTMENT OF FACULTY ASSOCIATES

A. Nomination

1. The nomination form is completed, including:
 - demographic information;
 - an explanation of how the nominee meets the Faculty Associate criteria; and
 - the functions that the nominee is expected to perform.
2. Attach a curriculum vitae.
3. Attach a copy of professional licensure or licensure verification and certifications.

4. Secure the signature of the Department Chair on the nomination form.
5. Forward the signed Nomination Form and the attached materials to the Dept. of Organizational Partnerships and Outreach.
6. The Nomination Form will be logged in and routed to 2 reviewers from the Faculty Associate Subcommittee.
7. Faculty Associate Subcommittee members will review the forms and return to the Dept. of Organizational Partnerships and Outreach. The Faculty Associate Subcommittee reviews the candidate against the specified criteria, credentials, evaluation/feedback information as available and the Subcommittee determines if additional information, including transcripts, are indicated to complete review and recommendation.
8. The Chair of the Faculty Associate Subcommittee reviews the Nomination and Subcommittee recommendations and signs final approval or disapproval.
9. After checking licensure, the Dept. of Organizational Partnerships and Outreach prepares a letter for review and signature by the Dean. If the nomination is not approved, the Dean will notify the Department Chair, who will communicate the outcome to the candidate.
10. The signed letters are returned to the Dept. of Organizational Partnerships and Outreach, where they are copied and distributed. The nominee is entered into the database. The appointment period is for two years.

B. Faculty Associate Subcommittee Membership

The Subcommittee will consist of one Faculty member from each department. The Chairperson of the Faculty Council will appoint the Chairperson of the Faculty Associate Subcommittee. The Subcommittee will make periodic reports to the Faculty Council on its activities.

III. REAPPOINTMENT REVIEW

Faculty Associates are asked to inform the SON of address or CV changes. On a quarterly basis, the Dept. of Organizational Partnerships and Outreach generates a list of Faculty Associates, by department, who have served for two years. This list is sent to the Chair where need to renew the appointment is assessed. The Dept. of Organizational Partnerships and Outreach sends a letter indicating that the Faculty Associate's appointment has been renewed, if the Department Chair has approved the renewal.

IV. FACULTY ASSOCIATE BENEFITS

1. Vouchers to attend a day of two Conferences or Continuing Education Programs offered through the School of Nursing's Office of Professional Development/Continuing Education.
2. Invitations to special events.
3. Complimentary copy of *University of Maryland Nursing* and other School of Nursing publications.
4. Access to School of Nursing computer laboratories on a space available basis, Media Center services at faculty rates, and invitations to attend select classes.
5. Public access to the Health Sciences Library.

Appendix IID-4

PROFESSIONAL SERVICES AGREEMENT

BETWEEN

UNIVERSITY OF MARYLAND, BALTIMORE

ON BEHALF OF ITS

SCHOOL OF NURSING

AND

THIS AGREEMENT is made this __ day of _____, between the professional organization of _____ (“Health Care Service” or “HCS”) and the University of Maryland, Baltimore (“UM”), a constituent institution of the University System of Maryland, an agency of the State of Maryland. UM acts on behalf of the University of Maryland School of Nursing (“SON”), which is located at UM.

Recitals.

1. UM and SON are referred to collectively herein as “SON.” SON and HCS are referred to collectively herein as “Parties.”

2. HCS provides outreach and health care services at its clinic in _____ (“Clinic”). Incident to the SON’s Service mission to provide health care and health education services to Maryland’s citizens, SON from time to time assigns its faculty to work in the community providing health services.

3. HCS enters into this agreement with the SON for the purpose of a formal collaboration to foster expanded community, research, and educational health services in keeping with the Parties’ missions. HCS has agreed to allow the SON to assign Students to observe and participate in the provision of nursing services at the Clinic, under the supervision of a faculty employee of SON who is an Advanced Practice Nurse (“APN”). The APN will provide services at the Clinic and will be responsible for supervising Students assigned to the Clinic.

NOW THEREFORE, in consideration of the mutual promises, covenants, and agreements contained in this Agreement, the Parties agree:

1. Term

This Agreement is effective _____, to June 30, _____. This Agreement shall

renew automatically for a subsequent term of one year (July 1 to June 30) and thereafter for successive one-year terms unless either party provides the other with written notice to terminate at least ninety (90) days prior to the expiration of the term then in effect. This Agreement may be terminated otherwise pursuant to notice as provided below. The initial term or a renewal term may be referred to below as "Term".

2. SON Agreements

SON will:

- a. Employ and assign an APN to be present at the Clinic for a weekly average of _____ percent FTE. The days and hours of service will coincide with the hours of the Clinic's operations (but shall not include University holidays, evening and night shifts, and the APN's prearranged annual leave), and shall be determined by agreement of the APN and the director of the Clinic.
- b. Require the APN to fulfill the duties as specifically set forth in the attached Exhibit A.
- c. Assign Students to the Clinic for practicum experiences under the supervision of the APN.
- d. If required by law, work with HCS to develop and sign a formal written practice agreement between the APN and an appropriate local physician (to be submitted to the Maryland Board of Nursing for approval) and to arrange for physician consultation services for the APN as required by Maryland law.
- e. Protect the confidentiality of all of the Clinic's medical records information available to the APN and Students during health care services and academic activities described in this Agreement. The SON will instruct the APN and any Students assigned to the Clinic of the legal requirements and Clinic practices concerning confidentiality of patient information.
- f. Not act as the agent of HCS for any purpose.
- g. Require that the APN and the Students perform services in accordance with all applicable state and local laws and regulations governing the practice of nursing in the State of Maryland.
- h. Not represent to patients or others that the APN or the Students are employees of HCS.
- i. Replace the regularly assigned APN temporarily, in the event of absence due to illness or other cause, provided a qualified substitute APN is available from the faculty.
- j. Invoice HCS quarterly for the payments described in paragraph 3.

3. HCS Agreements

HCS will:

- a. Be responsible for all operations of the Clinic, including billing, and provide office space, equipment and supplies for the APN's use, all at no cost to the SON.
- b. In consideration of the services provided by the SON as described in Section 2 above, the amount of this contract is \$_____ for the initial term. The amount of the contract will be billed in four equal quarterly installments. Invoice dates will be September 30th, December 31st, March 31st, and June 30th.
- c. Within thirty (30) days of receipt of a signed invoice from SON, HCS will pay the invoice by check payable to "University of Maryland, Baltimore," mailed to: The University of Maryland, Baltimore, ATTN: Mary Miller, 220 Arch Street, Saratoga Garage and Offices, Office Level 2, Baltimore, Maryland 21201. Any payment due SON and not paid within sixty (60) days after the date of the invoice shall bear interest at six (6) percent annum from the date of the invoice until the date of payment.
- d. In addition to payments due under section 3b, reimburse to SON any and all expenses incurred by it or by the APN associated with the APN obtaining and maintaining federal DEA and state CDS registration in order to prescribe controlled substances in Clinic practice.
- e. Allow Students to receive Clinical instruction and supervision from the APN while she/he is practicing in the Clinic.
- f. Require the Medical Director of the Clinic, or his/her designee, to develop and sign a formal written practice agreement between the APN and a physician if required by Maryland law. The agreement will be submitted to the Maryland Board of Nursing for approval. The Director or his/her designee will be available for on site and telephone consultation with the APN as needed, as required by the written practice agreement. The physician who is a party to the written practice agreement must: (i) have current professional liability insurance; (ii) be board certified in an appropriate specialty; and (iii) have admitting privileges in one or more community hospitals in the area served by the Clinic.
- g. During the Term, and for one year after termination of this Agreement, not hire for any position any APN employed by the SON and assigned to work at the Clinic (regularly or temporarily) under this Agreement unless (i) HCS first obtains the SON's written permission, or (ii) the APN has not been employed by the SON for at least twelve (12) months prior to hire by HCS.
- h. Not act as the agent of the SON for any purpose.

4. Insurance and Claims

a. Students and SON faculty who are supervising the Students have professional liability insurance under policies purchased by the Insurance Division of the Maryland State Treasurer's Office for health professions students in the State of Maryland's public educational institutions. As of the effective date of this Agreement, coverage is written on a claims made basis with limits of \$1 Million per occurrence and \$3 Million aggregate. A certificate of insurance can be provided by the State Treasurer's Office upon request.

b. Claims relating to negligent acts or omissions of the APN, a State of Maryland employee, are subject to the Maryland State Tort Claims Act to the extent that they do not fall within the coverage or limits of professional liability insurance as described in paragraph 4.a. The State Tort Claims Act, Title 12, State Government Article, Annotated Code of Maryland, provides for claims in tort to be filed with the State Treasurer's Office when such claims relate to the actions of State employees within the scope of their state employment. Claims must be filed within one (1) year after an alleged actionable injury. (The notice period may be changed by the State of Maryland.)

c. Professional liability claims and other claims in tort against the APN or Students which are submitted to HCS will be referred promptly to the State Treasurer's Office, with a copy to University Counsel, University of Maryland Baltimore, Saratoga Building 14th Floor, Room 03-111, 22 Arch Street, Baltimore, Maryland 21201, and to the Dean of SON at the address below.

d. If professional liability claims and other claims against the APN or Students relating to services under this Agreement are submitted to SON, the University will notify HCS promptly. The Parties will cooperate fully in the investigation and management of claims against either of them and/or the APN and Students in connection with services performed pursuant to this Agreement.

e. Upon SON's request, HCS will provide to SON certificates of HCS's professional and general liability insurance, and evidence of the professional liability insurance of the physician backup to the APN.

f. HCS will endorse its general liability insurance to name the SON and its APN as additional insureds with respect to Clinic operations (excluding professional liability claims), and will provide to the SON a certificate or other documentation of this endorsement.

5. Academic Program

a. The SON is responsible for planning, supervising, and evaluating Students' activities at the Clinic.

b. The number of students to be assigned to the Clinic will be determined by agreement of the SON and HCS.

6. Additional Agreements.

a. The compensation set forth in Paragraph 3.b of this Agreement may be adjusted as of any July 1 of the Term, as follows. The party seeking adjustment shall give notice of the adjustment by June 1 preceding that July 1. An adjustment must be confirmed by an amendment of this Agreement. In the event the Parties have not agreed to the requested adjustment by July 1, the Agreement may be terminated upon sixty (60) days written notice. During the period from July 1 until termination, the compensation will not be adjusted.

b. HCS shall have the right to bill for, collect and retain all fees relating to the services provided by APN on behalf of HCS. APN shall be required to assign/reassign to HCS all rights to payment for services rendered pursuant to this Agreement. HCS shall be responsible for all coding for all medical services rendered by APN that are billed by HCS pursuant to this Agreement.

c. Each party shall comply with all federal, state and local laws, ordinances, rules and regulations that are applicable to its performance of this Agreement.

d. Each party shall submit to the other for prior written approval any advertising, publicity or promotional materials relating to the services under this Agreement. Materials submitted for approval shall be reviewed and returned in a timely manner.

e. This Agreement may be terminated at any time without cause by either party by giving notice to the other stating when, not less than ninety (90) calendar days after delivery of such notice, the termination shall become effective.

f. This Agreement may be terminated for cause at any time by either party by giving notice of default to the other party not less than thirty (30) calendar days prior to the date of termination for cause. Termination shall not occur if the default is cured by the defaulting party within the 30 day notice period.

g. Any notice required or permitted to be given under this Agreement shall be in writing. All notices and official correspondence to be sent from one party to the other shall be addressed to the individuals identified below. The addresses stated below shall be deemed to be correct unless notice of change of address is given, in writing, to the other party.

h. Neither party shall be liable for any failure to perform as required by this Agreement, to the extent such failure to perform is caused due to circumstances reasonably beyond that party's control, such as labor disturbances or disputes of any kind, accidents, failure of any governmental approval required for full performance, civil disorders or commotion, acts of aggression, acts of God, energy or other conservation measures, explosions, failure of utilities, mechanical breakdowns, material shortages, or disease.

i. The provisions of the Agreement shall be constructed and interpreted in accordance with the laws of the State of Maryland.

j. In the performance of this Agreement neither party will discriminate unlawfully in its treatment of the APN, Students, or the Clinic's patients on the basis of race, color, religion, age, ancestry or national origin, sex, physical or mental handicap, marital status, or veteran's status. There shall be no discrimination on the basis of sexual orientation against the APN or the Students by SON or HCS.

k. Amendments to this Agreement must be stated in writing and executed by the authorized officials of UM, SON, and HCS who have executed this Agreement.

l. Unless otherwise specified, this Agreement embodies the entire understanding between the Parties for work described herein, and any prior or contemporaneous representations, either oral or written, are hereby superseded. No amendments or changes to this Agreement, including without limitation, changes in the scope of work, costs, and period of performance, shall be effective unless made in writing and signed by authorized representatives of the Parties.

m. This Agreement is not intended to create and shall not be construed to create enforceable rights of a third party beneficiary in any person, including but not limited to any Student, Clinic patient, or the APN.

[SIGNATURES ON THE FOLLOWING PAGE]

UNIVERSITY OF MARYLAND, BALTIMORE

By: _____

Kathryn L. Montgomery, PhD, RN
Associate Dean for Organizational
Partnerships and Outreach
School of Nursing
University of Maryland
655 West Lombard Street
Baltimore, Maryland 21201

By: _____

Dennis Paffrath
Director
Office of Research and Development
University of Maryland, Baltimore
515 West Lombard Street
Baltimore, Maryland 21201

HEALTH CARE SITE

By: _____

Appendix IIIA-1

Comparison of Revised and Current BSN Plans of Study

	2014 Curriculum	Total	2003 Curriculum	Total
	First Semester	16		
NURS 310	Professional Role of the Registered Nurse	3	NURS 325/405	2/3*
NURS 314	Physiologic and Pharmacologic Considerations for Health Promotion	4	NURS 315	5
NURS 317	Fundamentals of Nursing Care in the Context of Older Adults	3	NURS 304/331	4/6*
NURS 316	Research and Evidenced-Based Practice	3	NURS 320	3
NURS 319	Health Assessment	3	NURS 333	3
	Second Semester	15		
NURS 324	Pathopharmacology in Adults	3	NURS 315	See above *
NURS 327	Medical-Surgical Nursing in the Adult Population	7	NURS 330	7
NURS 329	Psychiatric Mental Health Nursing	5	NURS 402	5
	Third Semester	15		
NURS 411	Infant, Child, and Adolescent Nursing	5	NURS 308	4
NURS 417	Maternity, Newborn and Women's Health Nursing	5	NURS 407	5
NURS 414	Complex Nursing Care of Patients with Co-Morbid Conditions	3	New course	
NURS 410	Healthcare Delivery System and Informatics	2	NURS 405/425	3/3
	Fourth Semester	15		
NURS 421	Public Health: Population-Focused Nursing Care	5	NURS 403	5
NURS 429	Leadership and Clinical Practicum	7	NURS 425/487	6
NURS 418	Nursing Elective	3	NURS 418	3
	Total Credits	61		
	General Education and Prerequisite Courses	59		
	Total Credits for the BSN Option	120		

BSN Curriculum for Students Enrolled Prior to 2014

First Semester	Course	Title	Credits
	NURS 304	Introduction to Professional Nursing Practice	4
	NURS 315	Pathopharmacology	5
	NURS 320	Science and Research for Nursing Practice	3
	NURS 333	Health Assessment	3
		Total	15
Second Semester	Course	Title	Credits
	NURS 325	Context of Health Care Delivery I	2
	NURS 330	Adult Health Nursing	7
	NURS 331	Gerontological Nursing	3
	NURS 405	Informatics and Technology	3
		Total	15
Third Semester	Course	Title	Credits
	NURS 407	Nursing Care of the Childbearing Family	5
	NURS 308	Nursing Care of Infants/Children: A Family Perspective	4
	NURS 402	Psychiatric/Mental Health Nursing	5
	NURS 418	Directive Elective (if not previously completed)	3
		Total	17
Fourth Semester		Title	Credits
	NURS 403	Community Health Nursing	5
	NURS 425	Organizational Leadership and Management	3
	NURS 487	Clinical Emphasis Practicum and Seminar	6
		Total	14
	Total Credits		61
	General Education & Prerequisite Courses		59
	Total Credits for BSN Option		120

Appendix IIIA-2

Comparison of Revised and Current RN to BSN Plans of Study

2014 Curriculum	Credits	2003 Curriculum	Credits
NURS 450 – RN to BSN Transition: Implications for Practice, Policy and the Profession	3	NURS 325 Context of Health Delivery I	2
NURS 454 - Pathophysiologic Implications to Patient Assessment content covered In NURS 450 and NURS 454	5	NURS 333 Health Assessment	3
		NURS 331 Gerontological Nursing	3
NURS 452 – Nursing Research and Evidence Based Care for the Registered Nurse	3	NURS 320 Science and Research for Nursing Practice	3
NURS 460 – Health Informatics for the Registered Nurse	3	NURS 405 Informatics and Technology	3
NURS 467 – Public Health Nursing Essentials for the Registered Nurse	5	NURS 403 Community Health Nursing	5
NURS 462 – Nursing Leadership and Management for the Registered Nurse	3	NURS 425 Organizational Leadership and Management	3
NURS 418 Elective (3)	9	NURS 418 Elective (3)	9
Total Program of Study Credits	31		31
General Education & Prerequisite Courses	59		
Credits Awarded for Valid Nursing License	30		
Total Credits for RN to BSN Option	120		

Appendix IIIA-3
Comparison of Revised and Current CNL Plans of Study
(Example: Fall Admission)

REVISED CNL (2014)	Credits	CURRENT CNL (2005)	Credits
First Semester (Fall)	15	First Semester (Fall)	18
NURS 501 Pathopharmacology	5	NURS 501 Pathopharmacology	5
NURS 503 Health Assessment	3	NURS 503 Health Assessment	3
NURS 505 Introduction to Professional Nursing Practice	4	NURS 505 Introd.to Professional Nursing Practice	4
NURS 507 Introduction to Clinical Nursing Leadership	3	NURS 507 Intro to Nursing and CNL Role	3
		NURS 622 Systems: Populations	3
		NURS 625 Gerontology Nursing (Winter)	3
Second Semester	14	Second Semester (Spring)	18
NURS 514 Adult Health Nursing	6	NURS 514 Adult Health Nursing	6
NURS 790 Application of Science for EBP	3	NURS 511 Psych Mental Health Nursing	5
NURS 795 Biostats for EBP	3	NURS 701 Research	4
NURS 625 Gerontology Nursing	2	NURS 736 Technical Solutions: Knowledge Generation	3
Summer	10	Summer	9
NURS 509 Pediatric Nursing	5	NURS 509 Pediatric Nursing	4
NURS 517 Maternal Child Nursing	5	NURS 517 Maternal Child Nursing	5
Third Semester	15	Third Semester (Fall)	16
NURS 736 Technical Solutions: Knowledge Generation	3	NURS 508 Community Health	5
NURS 780 Population Health & Promotion	3	NURS 523 CNL Practicum	8
NURS 508 Community/ Public Health Nursing	4	NURS 525 CNL Leadership	3
NURS 511 Psychiatric Mental Health Nursing	5		
Fourth Semester (Spring)	11		
NURS 525 CNL Practicum	8		
NURS 782 Organization and Systems Leadership	3		
Total Credits	65	Total Credits	64

Note: Plan administratively approved; Course titles subject to change.

Appendix IIIB-1

Congruence of BSN Program Outcomes with AACN Baccalaureate Essentials

1. Combine theoretical knowledge from the sciences, humanities and nursing as a foundation to professional nursing practice that focuses on health promotion and prevention of disease for individuals, families, communities, and populations. (Essentials* 1 and 7)
2. Use the nursing process to manage care for individuals, families, communities and populations integrating physical, psychological, social, cultural, spiritual, and environmental considerations. (Essential 7 and 9)
3. Integrate competencies in leadership, quality improvement and patient safety to improve health and promote interdisciplinary care. (Essential 2)
4. Use the research process through translation of evidence-based findings to advance professional nursing and the delivery of healthcare (Essential 3)
5. Incorporate information management and patient care technology in the delivery of quality patient centered care. (Essential 4)
6. Integrate knowledge of healthcare policy from social, economic, political, legislative, and professional perspectives to influence the delivery of care to individuals, families, communities, and populations. (Essential 5)
7. Employ interprofessional communication and collaboration to ensure safe, quality care across the lifespan. (Essential 6)
8. Use principles of ethics, legal responsibility and accountability to guide professional nursing practice across the lifespan and across the healthcare continuum. (Essentials 8 and 9)
9. Accept personal accountability for lifelong learning, professional growth, and commitment to the advancement of the profession. (Essential 8)

* *The Essentials of Baccalaureate Education for Professional Nursing Practice* (AACN, 2008)

Appendix IIIB-2

Congruence of Traditional BSN and RN-BSN Courses with Baccalaureate Essentials

Traditional BSN Courses (First Year)	NUR S 310	NU RS 314	NU RS 316	NU RS 317	NUR S 319	NU RS 324	NUR S 327	NU RS 329
I. Liberal Education for Baccalaureate Generalist Nursing Practice	x	x		x	x	x	x	x
II. Basic Organizational and Systems Leadership for Quality Care and Patient Safety		x	x	x			x	x
III. Scholarship for Evidence Based Practice	x		x					
IV. Information Management and Application of Patient Care Technology								
V. Healthcare Policy, Finance, and Regulatory Environments	x							
VI. Interprofessional Communication and Collaboration for Improving Patient Health Outcomes	x	x		x	x		x	x
VII. Clinical Prevention and Population Health		x				x	x	
VIII. Professionalism and Professional Values	x	x				x	x	
IX. Baccalaureate Generalist Nursing Practice	x	x		x	x	x	x	x

Traditional BSN Courses (Second Year)	NURS 410	NURS 411	NURS 414	NURS 417	NURS 421	NURS 429
I. Liberal Education for Baccalaureate Generalist Nursing Practice		x	x	x	x	x
II. Basic Organizational and Systems Leadership for Quality Care and Patient Safety	x	x	x	x	x	x
III. Scholarship for Evidence Based Practice						x
IV. Information Management and Application of Patient Care Technology	x	x	x	x	x	x
V. Healthcare Policy, Finance, and Regulatory Environments	x					x
VI. Interprofessional Communication and Collaboration for Improving Patient Health Outcomes	x	x	x	x	x	x
VII. Clinical Prevention and Population Health		x	x	x	x	x
VIII. Professionalism and Professional Values	x	x	x	x	x	x
IX. Baccalaureate Generalist Nursing Practice	x	x	x	x	x	x

RN-BSN Courses	NU RS 450	NU RS 452	NU RS 454	NU RS 460	NU RS 462	NU RS 467
I. Liberal Education for Baccalaureate Generalist Nursing Practice	x	x		x	x	x
II. Basic Organizational and Systems Leadership for Quality Care and Patient Safety	x			x	x	x
III. Scholarship for Evidence Based Practice		x				
IV. Information Management and Application of Patient Care Technology				x	x	
V. Healthcare Policy, Finance, and Regulatory Environments	x	x			x	
VI. Interprofessional Communication and Collaboration for Improving Patient Health Outcomes	x		x	x		x
VII. Clinical Prevention and Population Health			x			x
VIII. Professionalism and Professional Values	x				x	
IX. Baccalaureate Generalist Nursing Practice	x		x			

Appendix IIIB-3

Congruence of Master’s Core Courses with Master’s Essentials

Master’s Essentials	NRSG 790	NRSG 795	NRSG 780	NRSG 782
<i>Essential I: Background for Practice from Sciences and Humanities</i>				
1. Integrate nursing and related sciences into the delivery of advanced nursing care to diverse populations.				
2. Incorporate current and emerging genetic/genomic evidence in providing advanced nursing care to individuals, families, and communities while accounting for patient values and clinical judgment.				
3. Design nursing care for a clinical or community-focused population based on biopsychosocial, public health, nursing, and organizational sciences.			x	
4. Apply ethical analysis and clinical reasoning to assess, intervene, and evaluate advanced nursing care delivery.				
5. Synthesize evidence for practice to determine appropriate application of interventions across diverse populations.	x		x	
6. Use quality processes and improvement science to evaluate care and ensure patient safety for individuals and communities.	x			x
7. Integrate organizational science and informatics to make changes in the care environment to improve health outcomes.				x
8. Analyze nursing history to expand thinking and provide a sense of professional heritage and identity.				
<i>Essential II: Organizational and Systems Leadership</i>	NRSG 790	NRSG 795	NRSG 780	NRSG 782
1. Apply leadership skills and decision making in the provision of culturally responsive, high-quality nursing care, healthcare team coordination, and the oversight and accountability for care delivery and outcomes.	x			x
2. Assume a leadership role in effectively implementing patient safety and quality improvement initiatives within the context of the interprofessional team using effective communication (scholarly writing, speaking, and group interaction) skills.	x			x
3. Develop an understanding of how healthcare delivery systems are organized and financed (and how this affects patient care) and identify the economic, legal, and political factors that influence health care.	x			x
4. Demonstrate the ability to use complexity science and systems theory in the design, delivery, and evaluation of health care.				

5. Apply business and economic principles and practices, including budgeting, cost/benefit analysis, and marketing, to develop a business plan.				x
6. Design and implement systems change strategies that improve the care environment.				
7. Participate in the design and implementation of new models of care delivery and coordination.				
Essential III: Quality Improvement and Safety	NRSG 790	NRSG 795	NRSG 780	NRSG 782
1. Analyze information about quality initiatives recognizing the contributions of individuals and inter-professional healthcare teams to improve health outcomes across the continuum of care.		x		x
2. Implement evidence-based plans based on trend analysis and quantify the impact on quality and safety.		x		
3. Analyze information and design systems to sustain improvements and promote transparency using high reliability and just culture principles.				
4. Compare and contrast several appropriate quality improvement models.				x
5. Promote a professional environment that includes accountability and high-level communication skills when involved in peer review, advocacy for patients and families, reporting of errors, and professional writing.				
6. Contribute to the integration of healthcare services within systems to affect safety and quality of care to improve patient outcomes and reduce fragmentation of care.				x
7. Direct quality improvement methods to promote culturally responsive, safe, timely, effective, efficient, equitable, and patient-centered care.				
8. Lead quality improvement initiatives that integrate socio-cultural factors affecting the delivery of nursing and healthcare services.				
Essential IV: Translating and Integrating Scholarship into Practice	NRSG 790	NRSG 795	NRSG 780	NRSG 782
1. Integrate theory, evidence, clinical judgment, research, and interprofessional perspectives using translational processes to improve practice and associated health outcomes for patient aggregates.	x			
2. Advocate for the ethical conduct of research and translational scholarship (with particular attention to the protection of the patient as a research participant).	x			
3. Articulate to a variety of audiences the evidence base for practice decisions, including the credibility of sources of information and the relevance to the practice problem confronted.	x	x	x	
4. Participate, leading when appropriate, in collaborative teams to improve care outcomes and support policy changes through knowledge generation, knowledge dissemination, and planning and evaluating knowledge implementation.	x			
5. Apply practice guidelines to improve practice and the care environment.	x		x	
6. Perform rigorous critique of evidence derived from databases to generate meaningful evidence for nursing practice.	x			

Essential V: Informatics and Healthcare Technologies	NRSG 790	NRSG 795	NRSG 780	NRSG 782
1. Analyze current and emerging technologies to support safe practice environments, and to optimize patient safety, cost-effectiveness, and health outcomes.				x
2. Evaluate outcome data using current communication technologies, information systems, and statistical principles to develop strategies to reduce risks and improve health outcomes.		x		
3. Promote policies that incorporate ethical principles and standards for the use of health and information technologies.				x
4. Provide oversight and guidance in the integration of technologies to document patient care and improve patient outcomes.				
5. Use information and communication technologies, resources, and principles of learning to teach patients and others.				
6. Use current and emerging technologies in the care environment to support lifelong learning for self and others.				
Essential VI: Health Policy and Advocacy	NRSG 790	NRSG 795	NRSG 780	NRSG 782
1. Analyze how policies influence the structure and financing of health care, practice, and health outcomes.				x
2. Participate in the development and implementation of institutional, local, and state and federal policy.				x
3. Examine the effect of legal and regulatory processes on nursing practice, healthcare delivery, and outcomes.				x
4. Interpret research, bringing the nursing perspective, for policy makers and stakeholders.		x		x
5. Advocate for policies that improve the health of the public and the profession of nursing.				
Essential VII: Interprofessional Collaboration for Improving Patient and Population Health Outcomes	NRSG 790	NRSG 795	NRSG 780	NRSG 782
1. Advocate for the value and role of the professional nurse as member and leader of interprofessional healthcare teams.				
2. Understand other health professions' scopes of practice to maximize contributions within the healthcare team.		x		
3. Employ collaborative strategies in the design, coordination, and evaluation of patient-centered care.				
4. Use effective communication strategies to develop, participate, and lead interprofessional teams and partnerships.				
5. Mentor and coach new and experienced nurses and other members of the healthcare team.				
6. Functions as an effective group leader or member based on an in-depth understanding of team				

dynamics and group processes.				
Essential VIII: Clinical Prevention and Population Health for Improving Health	NRSG 790	NRSG 795	NRSG 780	NRSG 782
1. Synthesize broad ecological, global and social determinants of health; principles of genetics and genomics; and epidemiologic data to design and deliver evidence based, culturally relevant clinical prevention interventions and strategies.			x	
2. Evaluate the effectiveness of clinical prevention interventions that affect individual and population-based health outcomes using health information technology and data sources.			x	
3. Design patient-centered and culturally responsive strategies in the delivery of clinical prevention and health promotion interventions and/or services to individuals, families, communities, and aggregates/clinical populations.			x	
4. Advance equitable and efficient prevention services, and promote effective population-based health policy through the application of nursing science and other scientific concepts.			x	
5. Integrate clinical prevention and population health concepts in the development of culturally relevant and linguistically appropriate health education, communication strategies, and interventions.			x	
Essential IX: Master's-Level Nursing Practice	NRSG 790	NRSG 795	NRSG 780	NRSG 782
1. Conduct a comprehensive and systematic assessment as a foundation for decision making.				
2. Apply the best available evidence from nursing and other sciences as the foundation for practice.				
3. Advocate for patients, families, caregivers, communities and members of the healthcare team.				
4. Use information and communication technologies to advance patient education, enhance accessibility of care, analyze practice patterns, and improve health care outcomes, including nurse sensitive outcomes.				
5. Use leadership skills to teach, coach, and mentor other members of the healthcare team.				
6. Use epidemiological, social, and environmental data in drawing inferences regarding the health status of patient populations and interventions to promote and preserve health and healthy lifestyles.		x	x	
7. Use knowledge of illness and disease management to provide evidence-based care to populations, perform risk assessments, and design plans or programs of care.			x	
8. Incorporate core scientific and ethical principles in identifying potential and actual ethical issues arising from practice, including the use of technologies, and in assisting patients and other healthcare providers to address such issues.				
9. Apply advanced knowledge of the effects of global environmental, individual and population characteristics to the design, implementation, and evaluation of care.			x	
10. Employ knowledge and skills in economics, business principles, and systems in the design, delivery,				

and evaluation of care.				
11. Apply theories and evidence-based knowledge in leading, as appropriate, the healthcare team to design, coordinate, and evaluate the delivery of care.				
12. Apply learning, and teaching principles to the design, implementation, and evaluation of health education programs for individuals or groups in a variety of settings.			x	
13. Establish therapeutic relationships to negotiate patient-centered, culturally appropriate, evidence-based goals and modalities of care.				
14. Design strategies that promote lifelong learning of self and peers and that incorporate professional nursing standards and accountability for practice.				
15. Integrate an evolving personal philosophy of nursing and healthcare into one's nursing practice.				

Appendix IIIB-4

Congruence of Master's Program Outcomes with AACN Master's Essentials

1. Incorporate scientific inquiry and theoretical concepts into efforts to improve the care to individuals and communities. (Essentials*1, 3, 4, 5, 7, 9)
2. Lead evidence-based and interprofessional approaches for the design and delivery of comprehensive, culturally competent care to individuals/families, communities, and populations. (Essentials 2, 3, 4, 5, 6, 7, 9)
3. Participate in the design, implementation, and evaluation of health care systems to foster safety and excellence in health care delivery. (Essentials 1, 5, 6, 7, 8, 9)
4. Engage in ethically sound, culturally sensitive, and evidenced-based practice to promote the health of individuals and communities. (Essentials 1, 2, 3, 4, 6, 7, 8, 9)
5. Commit to lifelong learning for self and promote lifelong learning to consumers. (Essentials 2, 7, 9)
6. Practice advanced nursing roles in collaborative relationships across disciplines and in partnership with communities (i.e., nursing education, nursing administration, nursing informatics, advanced clinical practice, and clinical nursing leadership). (Essentials 2, 3, 4, 7, 8, 9)

* *The Essentials of Master's Education in Nursing* (AACN, 2011)

Appendix IIIB-5

Congruence of Clinical Nurse Leader Courses with AACN Baccalaureate and Master's Essentials

Crosswalk of CNL Courses (2005 Curriculum) with Baccalaureate Essentials

CNL Courses	NURS 501	NURS 503	NURS 505	NURS 507	NURS 508	NURS 509	NURS 511	NURS 514	NURS 517	NURS 523	NURS 622	NURS 525	NURS 625	NURS 701	NURS 736
<i>Essential I.</i> Liberal Education for Baccalaureate Generalist Nursing Practice	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
<i>Essential II.</i> Basic Organizational and Systems Leadership for Quality Care and Patient Safety				X						X	X	X			
<i>Essential III.</i> Scholarship for Evidence Based Practice	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
<i>Essential IV.</i> Information Management and Application of Patient Care Technology		X	X		X	X	X	X	X	X		X		X	X
<i>Essential V.</i> Healthcare Policy, Finance, and Regulatory Environments				X	X	X	X	X	X	X	X		X		
<i>Essential VI.</i> Interprofessional Communication and Collaboration for Improving Patient Health Outcomes		X	X	X	X	X	X	X	X	X		X	X		X
<i>Essential VII.</i> Clinical Prevention and Population Health					X	X	X	X	X	X	X				
<i>Essential VIII.</i> Professionalism and Professional Values				X	X	X	X	X	X	X		X			
<i>Essential IX.</i> Baccalaureate Generalist Nursing Practice		X	X		X	X	X	X	X	X					

Crosswalk of CNL Courses (2014 Curriculum) with Baccalaureate Essentials

CNL Courses	NURS 501	NURS 503	NURS 505	NURS 507	NURS 508	NURS 509	NURS 511	NURS 514	NURS 517	NURS 523	NURS 625	NURS 736
Essential I. Liberal Education for Baccalaureate Generalist Nursing Practice	X	X	X	X	X	X	X	X	X	X	X	X
Essential II. Basic Organizational and Systems Leadership for Quality Care and Patient Safety				X								
Essential III. Scholarship for Evidence Based Practice	X	X	X	X	X	X	X	X	X	X	X	X
Essential IV. Information Management and Application of Patient Care Technology			X		X	X	X	X	X	X		X
Essential V. Healthcare Policy, Finance, and Regulatory Environments				X			X			X		X
Essential VI. Interprofessional Communication and Collaboration for Improving Patient Health Outcomes			X	X	X	X	X	X	X	X	X	X
Essential VII. Clinical Prevention and Population Health					X	X	X	X	X	X		
Essential VIII. Professionalism and Professional Values			X	X	X	X	X	X	X	X		
Essential IX. Baccalaureate Generalist Nursing Practice			X		X	X	X	X	X	X		

Crosswalk of CNL Courses (2005 Curriculum) with Master's Essentials

Master's Essentials	NURS 501	NURS 503	NURS 505	NURS 507	NURS 508	NURS 509	NURS 511	NURS 514	NURS 517	NURS 523	NURS 625	NURS 736
Essential I: Background for Practice from Sciences and Humanities	X	X	X	X	X	X	X	X	X	X	X	X
Essential II: Organizational and Systems Leadership			X	X	X	X	X	X	X	X	X	
Essential III: Quality Improvement and Safety	X	X	X	X	X	X	X	X	X	X	X	X
Essential IV: Translating and Integrating Scholarship into Practice	X	X	X	X	X	X	X	X	X	X	X	X
Essential V: Informatics and Healthcare Technologies	X	X	X	X	X	X	X	X	X	X	X	X
Essential VI: Health Policy and Advocacy			X	X	X	X	X	X	X	X	X	
Essential VII: Interprofessional Collaboration for Improving Patient and Population Health Outcomes		X	X	X	X	X	X	X	X	X	X	X
Essential VIII: Clinical Prevention and Population Health for Improving Health			X	X	X	X	X	X	X	X	X	
Essential IX: Master's-Level Nursing Practice	X	X	X	X	X	X	X	X	X	X	X	X

Crosswalk of CNL Courses (2005 Curriculum) with Master's Essentials

Master's Essentials	NURS 501	NURS 503	NURS 505	NURS 507	NURS 508	NURS 509	NURS 511	NURS 514	NURS 517	NURS 523	NURS 625	NURS 736
Essential I: Background for Practice from Sciences and Humanities	X	X	X	X	X	X	X	X	X	X	X	X
Essential II: Organizational and Systems Leadership			X	X	X	X	X	X	X	X	X	
Essential III: Quality Improvement and Safety	X	X	X	X	X	X	X	X	X	X	X	X
Essential IV: Translating and Integrating Scholarship into Practice	X	X	X	X	X	X	X	X	X	X	X	X
Essential V: Informatics and Healthcare Technologies	X	X	X	X	X	X	X	X	X	X	X	X
Essential VI: Health Policy and Advocacy			X	X	X	X	X	X	X	X	X	
Essential VII: Interprofessional Collaboration for Improving Patient and Population Health Outcomes		X	X	X	X	X	X	X	X	X	X	X
Essential VIII: Clinical Prevention and Population Health for Improving Health			X	X	X	X	X	X	X	X	X	
Essential IX: Master's-Level Nursing Practice	X	X	X	X	X	X	X	X	X	X	X	X

Appendix IIIB-6

Congruence of DNP Courses and AACN Essentials of Doctoral Education for Advanced Nursing Practice

AACN Doctoral Essentials	NRSG 780	NRSG 782	NRSG 790	NRSG 795	NDNP 804	NDNP 807- 808	NDNP 814- 817	NDNP 811- 813
<i>Essential I: Scientific Underpinnings for Practice</i>								
1. Integrate nursing science with knowledge from ethics, the biophysical, psychosocial, analytical, and organizational sciences as the basis for the highest level of nursing practice.			X		X		X	X
2. Use science-based theories and concepts to: <ul style="list-style-type: none"> • determine the nature and significance of health and health care delivery phenomena; • describe the actions and advanced strategies to enhance, alleviate, and ameliorate health and health care delivery phenomena as appropriate; and evaluate outcomes. 	X		X		X		X	X
3. Develop and evaluate new practice approaches based on nursing theories and theories from other disciplines.	X		X		X			X
<i>Essential II: Organizational and Systems Leadership for Quality Improvement and Systems Thinking</i>								
1. Develop and evaluate care delivery approaches that meet current and future needs of patient populations based on scientific findings in nursing and other clinical sciences, as well as organizational, political, and economic sciences.		X	X				X	X
2. Ensure accountability for quality of health care and patient safety for populations with whom they work. <ul style="list-style-type: none"> a. Use advanced communication skills/processes to lead quality improvement and patient safety initiatives in health care systems. b. Employ principles of business, finance, economics, and health policy to develop and implement effective plans for 		X					X	X

AACN Doctoral Essentials	NRS 780	NRS 782	NRS 790	NRS 795	NDNP 804	NDNP 807- 808	NDNP 814- 817	NDNP 811- 813
<p>practice-level and/or system-wide practice initiatives that will improve the quality of care delivery.</p> <p>c. Develop and/or monitor budgets for practice initiatives.</p> <p>d. Analyze the cost-effectiveness of practice initiatives accounting for risk and improvement of health care outcomes.</p> <p>e. Demonstrate sensitivity to diverse organizational cultures and populations, including patients and providers.</p>								
3. Develop and/or evaluate effective strategies for managing the ethical dilemmas inherent in patient care, the health care organization, and research.		X					X	
<i>Essential III: Clinical Scholarship and Analytical Methods for Evidence-Based Practice</i>								
1. Use analytic methods to critically appraise existing literature and other evidence to determine and implement the best evidence for practice.	X		X	X	X			X
2. Design and implement processes to evaluate outcomes of practice, practice patterns, and systems of care within a practice setting, health care organization, or community against national benchmarks to determine variances in practice outcomes and population trends.	X		X	X			X	X
3. Design, direct, and evaluate quality improvement methodologies to promote safe, timely, effective, efficient, equitable, and patient-centered care.			X	X			X	X
4. Apply relevant findings to develop practice guidelines and improve practice and the practice environment.			X	X			X	X
5. Use information technology and research methods appropriately to: <ul style="list-style-type: none"> • collect appropriate and accurate data to generate evidence for nursing practice • inform and guide the design of databases that generate 			X	X				X

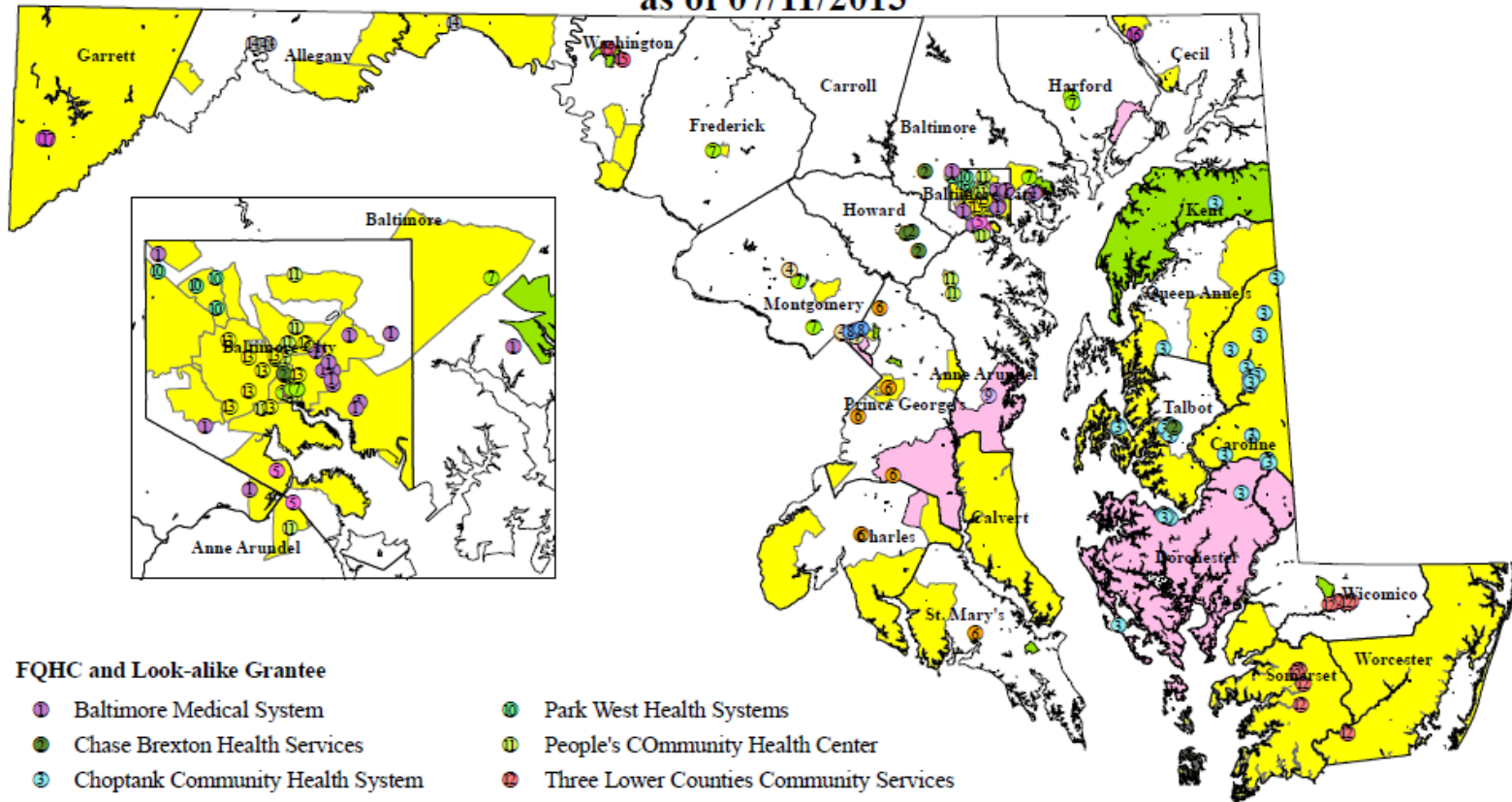
AACN Doctoral Essentials	NRSG 780	NRSG 782	NRSG 790	NRSG 795	NDNP 804	NDNP 807- 808	NDNP 814- 817	NDNP 811- 813
<ul style="list-style-type: none"> • meaningful evidence for nursing practice • analyze data from practice • design evidence-based interventions • predict and analyze outcomes • examine patterns of behavior and outcomes • identify gaps in evidence for practice 								
6. Function as a practice specialist/consultant in collaborative knowledge-generating research.			X					X
7. Disseminate findings from evidence-based practice and research to improve healthcare outcomes			X					X
<i>Essential #4: Information Systems/Technology and Patient Care Technology for the Improvement and Transformation of Health Care</i>								
1. Design, select, use, and evaluate programs that evaluate and monitor outcomes of care, care systems, and quality improvement including consumer use of health care information systems.		X			X	X		X
2. Analyze and communicate critical elements necessary to the selection, use and evaluation of health care information systems and patient care technology.		X				X		X
3. Demonstrate the conceptual ability and technical skills to develop and execute an evaluation plan involving data extraction from practice information systems and databases.						X		X
4. Provide leadership in the evaluation and resolution of ethical and legal issues within healthcare systems relating to the use of information, information technology, communication networks, and patient care technology.		X				X		X
5. Evaluate consumer health information sources for accuracy, timeliness, and appropriateness.						X		
<i>Essential V: Health Care Policy for Advocacy in Health Care</i>								
1. Critically analyze health policy proposals, health policies, and	X	X	X				X	X

AACN Doctoral Essentials	NRS G 780	NRS G 782	NRS G 790	NRS G 795	NDNP 804	NDNP 807- 808	NDNP 814- 817	NDNP 811- 813
related issues from the perspective of consumers, nursing, other health professions, and other stakeholders in policy and public forums.								
2. Demonstrate leadership in the development and implementation of institutional, local, state, federal, and/or international health policy.		X					X	X
3. Influence policy makers through active participation on committees, boards, or task forces at the institutional, local, state, regional, national, and/or international levels to improve health care delivery and outcomes.		X					X	X
4. Educate others, including policy makers at all levels, regarding nursing, health policy, and patient care outcomes.		X					X	X
5. Advocate for the nursing profession within the policy and healthcare communities.		X					X	X
6. Develop, evaluate, and provide leadership for health care policy that shapes health care financing, regulation, and delivery.		X					X	X
7. Advocate for social justice, equity, and ethical policies within all healthcare arenas.	X						X	X
<i>Essential VI: Interprofessional Collaboration for Improving Patient and Population Health Outcomes</i>								
1. Employ effective communication and collaborative skills in the development and implementation of practice models, peer review, practice guidelines, health policy, standards of care, and/or other scholarly products.							X	X
2. Lead interprofessional teams in the analysis of complex practice and organizational issues.							X	X
3. Employ consultative and leadership skills with intraprofessional and interprofessional teams to create change in health care and complex healthcare delivery systems.							X	X

AACN Doctoral Essentials	NRSG 780	NRSG 782	NRSG 790	NRSG 795	NDNP 804	NDNP 807- 808	NDNP 814- 817	NDNP 811- 813
<i>Essential VII: Clinical Prevention and Population Health for Improving the Nation's Health</i>								
1. Analyze epidemiological, biostatistical, environmental, and other appropriate scientific data related to individual, aggregate, and population health.	X		X	X	X			X
2. Synthesize concepts, including psychosocial dimensions and cultural diversity, related to clinical prevention and population health in developing, implementing, and evaluating interventions to address health promotion/disease prevention efforts, improve health status/access patterns, and/or address gaps in care of individuals, aggregates, or populations.	X		X					
3. Evaluate care delivery models and/or strategies using concepts related to community, environmental and occupational health, and cultural and socioeconomic dimensions of health.	X							X
<i>Essential VIII: Advanced Nursing Practice</i>								
1. Conduct a comprehensive and systematic assessment of health and illness parameters in complex situations, incorporating diverse and culturally sensitive approaches.				Practicum				
2. Design, implement, and evaluate therapeutic interventions based on nursing science and other sciences.								
3. Develop and sustain therapeutic relationships and partnerships with patients (individual, family or group) and other professionals to facilitate optimal care and patient outcomes.								
4. Demonstrate advanced levels of clinical judgment, systems thinking, and accountability in designing, delivering, and evaluating evidence-based care to improve patient outcomes.			X				X	X
5. Guide, mentor, and support other nurses to achieve excellence in nursing practice.				Practicum				
6. Educate and guide individuals and groups through complex health and situational transitions.								

AACN Doctoral Essentials	NRSG 780	NRSG 782	NRSG 790	NRSG 795	NDNP 804	NDNP 807- 808	NDNP 814- 817	NDNP 811- 813
7. Use conceptual and analytical skills in evaluating the links among practice, organizational, population, fiscal, and policy issues.			X		X		X	X
8. All DNP graduates, prepared as APNs, must be prepared to sit for national specialty APN certification.								

Appendix III-E-1
**Maryland Medically Underserved Area and Population Designations (MUA/Ps),
 Federally Qualified Health Centers (FQHCs) and Look-alike Sites
 as of 07/11/2013**



FQHC and Look-alike Grantee

- | | |
|---|---|
| ① Baltimore Medical System | ⑩ Park West Health Systems |
| ② Chase Brexton Health Services | ⑪ People's Community Health Center |
| ③ Choptank Community Health System | ⑫ Three Lower Counties Community Services |
| ④ Community Clinic | ⑬ Total Health Care |
| ⑤ Family Health Centers of Baltimore | ⑭ Tri-State Community Health Center |
| ⑥ Greater Baden Medical Service | ⑮ Walnut Street Community Health Center |
| ⑦ Health Care for the Homeless | ⑯ West Cecil Health Center |
| ⑧ Mary's Center for Maternal and Child Care | ⑰ Western Maryland Health Care Cororation |
| ⑨ Owensville Primary Care, Inc | |

- Medically Underserved Area (MUA)
- Medically Underserved Population (MUP)
- Governor Exceptional MUP

Created by Office of Primary Care Access, HSIA, Maryland DHMH /Source: HRSA Data Warehouse

Appendix III G-1



NURS 487 Student Evaluation of Preceptor and Site

- Clinical/Practicum site: _____
- Preceptor: _____
- Year: _____
- Semester: ____ Fall ____ Spring ____ Summer

Directions: The assessment of the practicum site experience is a critical element in efforts to improve the curriculum. Please indicate the extent to which you agree or disagree with the following statements (**1=Strongly Disagree and 5=Strongly Agree**). Please feel free to add comments and suggestions in the space provided at the bottom of the page.

The clinical/practicum site.....

1. Offered a range of learning opportunities.	1	2	3	4	5
2. Provided a supportive learning environment	1	2	3	4	5
3. Provided effective role models.	1	2	3	4	5
4. Was consistent in meeting the course objectives	1	2	3	4	5
5. Provided a variety of interpersonal and/or technical opportunities for professional growth.	1	2	3	4	5

The preceptor....

6. Provided clear and concise communication.	1	2	3	4	5
7. Created a positive learning environment.	1	2	3	4	5
8. Demonstrated knowledge of course/specialty content.	1	2	3	4	5
9. Gave constructive feedback on performance.	1	2	3	4	5
10. Used clinical/ practice environment for planned and unplanned learning experiences.	1	2	3	4	5

11. What other learning experiences were available? (check all that apply)

- 1. In-service education programs
- 2. Special testing, procedures, or laboratory experiences
- 3. Team meetings, conferences, or rounds
- 4. Administrative or management meetings
- 5. Other: _____

12. Overall, how would you rate the experience at this site? (check only one)

- 1. Excellent. Would not hesitate to recommend this site for another student.
- 2. Good. Would recommend for another student.
- 3. Fair. Site and experiences need further development.
- 4. Poor. Site and experiences are not adequately developed.

13. What suggestions would you give to help students be better prepared for this experience?

14. Additional comments:

Appendix III G-2



UNIVERSITY of MARYLAND
SCHOOL OF NURSING

NURS 487 Site Visit Form

Student: _____ Hours completed: _____

Date and time of visit: _____ Type of visit: Onsite ___ Phone _____

Faculty performing visit: _____ Site/Unit _____

Nurse Manager _____ Primary Preceptor _____

Secondary Preceptor (if applicable) _____

**Feedback
(Preceptor)** _____

Types of Clinical Experiences:

Student Progress toward learning objectives:
Surpassing ___ Acceptable ___ Needs work ___

Student's Feedback:

Instructor Feedback:

Joint Goals for remainder of practicum:

Appendix III G-3

Instruction Page

University of Maryland School of Nursing Doctor of Nursing Practice Program (DNP) Clinical Evaluations

Checklist:

UMSON Faculty

- (STEP 1) Clinical Placement Form approved prior to practicum/scholarly project experience.
- (STEP 2) Mutually agree with student and preceptor student's course objectives, requirements & evaluation.
- (STEP 3) Distribute student, preceptor, and practicum experience evaluation at the beginning of practicum/Scholarly project experience.
- (STEP 4) Collect the student, preceptor and practicum experience evaluation at the end of the practicum/Scholarly project experience.

STUDENT

- (STEP 1) Complete all objectives & requirements for practicum/Scholarly project experience.
- (STEP 2) *Complete preceptor and practicum experience evaluation.
- (STEP 3) *Complete summary report (*see below*).
- (STEP 4) Submit preceptor and practicum evaluation at the end of the practicum/Scholarly project experience to UMSON supervising faculty.

AGENCY/PRECEPTOR

- (STEP 1) Review and support student's course objectives, requirements, and evaluation of practicum experience prior to beginning of practicum experience.
- (STEP 2) Submit Preceptor's Evaluation of Student's Performance at the end of practicum experience to UMSON supervising faculty.

To Student:

Prepare a typed **Summary Report** to be submitted with the practicum evaluation form. The report should include:

1. Description of activities performed during placement, noting any deviations from the practicum learning agreement.
2. How well did the practicum experience integrate what you learned in your formal DNP course work?
3. What did you gain from the experience, identifying problems if they occurred.
4. Extent to which your educational objectives were achieved; including evidence of outcomes and/or deliverables. (These are identified in the student's Independent Study contract or course syllabus.)
5. Provide record of practicum hours completed using the DNP Practicum Hours Log
(S:\Doctoral\DNP\DNP Program Folder\DNP Course Schedules & Degree Audit tools\DNP Practicum Hours Log)

*IMPORTANT NOTICE:

Evaluation & Summary report required for course completion

**Practicum Experience
Student's Evaluation of Practicum & Preceptor**

Preceptor:	Student Name:
Semester: Year:	Evaluation Date:
Site/Agency:	Faculty:

SECTION I - Practicum Experience Evaluation

My practicum experience . . .			
Criteria	RATING		
1. Contributed to the development of my specific DNP expertise.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
2. Provided me with the opportunity to meet my learning objectives.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
3. Provided the opportunity to use skills obtained in DNP classes.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
4. Added new information and/or skills needed as a DNP.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
5. Challenged me to work at my highest level.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
6. Served as a valuable learning experience in advanced nursing practice.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
7. The organization provided an adequate orientation and safe working environment.	<input type="checkbox"/> Yes <input type="checkbox"/> No		
8. I would recommend this organization to others for a future practicum.	<input type="checkbox"/> Yes <input type="checkbox"/> No		

SECTION II - Evaluation of Preceptor

My preceptor . . .			
Criteria	RATING		
1. Provided an adequate orientation to the unit.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
2. Met with me periodically to discuss progress towards learning objectives.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
3. Provided constructive feedback.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
4. Provided sufficient number of learning experiences appropriate to course objectives.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
5. Was easily accessible.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
6. Allocated sufficient time for consultation.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
7. Role-modeled professional practice and behaviors.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
8. Encouraged discussion of clinical and operational activities, differing viewpoints and questions.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
9. Encouraged self-direction in practicum.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
10. Enabled me to achieve my learning objectives	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
11. Initiated communication relevant to my practicum that he/she considered of interest to me.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
12. Was knowledgeable in his/her area of responsibility.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
13. I would recommend my preceptor for future student practicums	<input type="checkbox"/> Yes <input type="checkbox"/> No		

Comments: _____

Student's Signature: _____ **Date:** ____/____/____

Return completed form to:

UMSON Faculty Name:		Telephone/Ext.:	
UMSON Faculty Address:		Email address:	
FACULTY EVALUATION of SITE (for UMSON faculty use only):			
I would recommend this organization for a future practicum <input type="checkbox"/> Yes <input type="checkbox"/> No			

**Practicum Experience
Preceptor's Evaluation of Student's Performance**

Semester: _____ Year: _____

Student's Name:	Preceptor's Name/Title:
Agency:	Faculty:

Please evaluate if the student met the following criteria during the practicum:

The student . . .	RATING		
1. Achieved practicum experience objectives	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
2. Completed work assignment(s) in agreed upon time.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
3. Was knowledgeable of the special projects assigned.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
4. Worked independently.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
5. Followed-through on assignments.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
6. Exercised initiative.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
7. Accepted direction and/or feedback.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
8. Worked effectively within a group.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
9. Was well prepared.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
10. Demonstrated leadership behaviors.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
11. Communicated effectively.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
12. Related to and worked well with external organizations.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
13. Brought appropriate skills to the project.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
14. Brought appropriate knowledge to the project.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
15. Brought academic perspective to our organization.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A

16. University of Maryland School of Nursing (UMSON) faculty member was easily accessible for questions or concerns. Yes No (if no, please explain)

17. Would you recommend that UMSON DNP place another student with your agency for a practicum experience? Yes No (if no, please explain)

Comments:

Evaluator's Signature: _____

Date: ___/___/___

Return completed form to:

UMSON Faculty Name:		Telephone/Fax:	
UMSON Faculty Address:			
Email address:			

Appendix IVA-1

Course Evaluation Questionnaire

University of Maryland School of Nursing Course Evaluation Questionnaire

This survey helps assess and improve the quality of our courses and faculty. Please complete the course identifying information below. We encourage written comments and suggestions at the end of this form.

Course	Section	Instructor's Last Name	Semester	Year
<input type="text"/> <input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9	<input type="text"/> <input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9	<input type="text"/> <input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9	<input type="radio"/> Winter <input type="radio"/> Spring <input type="radio"/> Summer <input type="radio"/> Fall	<input type="text"/> <input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9



Please record the number representing your response by filling in the appropriate oval at the right of each statement



In this course:

- Content flowed logically from objectives. 1 2 3 4 5 6
- The amount of work for credit earned was about right. 1 2 3 4 5 6
- Textbook, readings and other instructional materials contributed to my learning. 1 2 3 4 5 6
- Assignments were consistent with course objectives. 1 2 3 4 5 6
- Materials were accessible. 1 2 3 4 5 6
- Materials helped meet course objectives. 1 2 3 4 5 6
- Evaluation measured objectives appropriately. 1 2 3 4 5 6
- Assignments/examinations reflected course content. 1 2 3 4 5 6
- Technology used in the course enhanced my learning. 1 2 3 4 5 6
- Feedback provided on assignments was useful. 1 2 3 4 5 6
- I learned useful information. 1 2 3 4 5 6

This instructor:

- Was knowledgeable about course content. 1 2 3 4 5 6
- Used effective teaching strategies to meet objectives. 1 2 3 4 5 6
- Demonstrated ability to clearly convey complex material, using examples and illustrations. 1 2 3 4 5 6
- Was adequately prepared. 1 2 3 4 5 6

PLEASE TURN OVER

This instructor: (continued)

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Not Applicable
16. Presented information in a logical flow.	1	2	3	4	5	6
17. Provided constructive feedback throughout the course.	1	2	3	4	5	6
18. Encouraged discussion and questions.	1	2	3	4	5	6
19. Acknowledged various points of view.	1	2	3	4	5	6
20. Applied consistent standards in evaluating work.	1	2	3	4	5	6
21. Treated students with respect.	1	2	3	4	5	6

For this technology enhanced course:

All of these items may not be applicable to every course. If one or more is not applicable to this one, simply mark "6" (not applicable):

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Not Applicable
22. My level of technical expertise with computers and the internet at the start of the course was sufficient.	1	2	3	4	5	6
23. Hardware and software requirements were adequate to complete the course.	1	2	3	4	5	6
24. Course navigation was easily executed.	1	2	3	4	5	6
25. Readings, multimedia, and discussion questions worked together to promote efficient and effective learning.	1	2	3	4	5	6
26. I knew whom to contact when I had technical questions.	1	2	3	4	5	6
27. I received prompt response to my technical questions.	1	2	3	4	5	6
28. I was adequately prepared to use the instructional technology required in this course.	1	2	3	4	5	6
29. The examination process was easily executed.	1	2	3	4	5	6
30. Submission of materials to instructor was easy.	1	2	3	4	5	6

31. What did you like **most** about this course? _____

32. What did you like **least** about this course? _____

33. What could be done to improve this course? _____

34. What activity contributed most to your learning? _____

C. TIME EFFICIENCY AND STUDENT DEMANDS (continued)

To what degree were you satisfied that there was:

- 24. an overall emphasis on scientific basis for nursing practices?
- 25. a well articulated curriculum?
- 26. manageability of demands?
- 27. adequate time for learning required content?
- 28. adequate presentation and application of the conceptual framework in School of Nursing course?



1	2	3	4	5
1	2	3	4	5
1	2	3	4	5
1	2	3	4	5
1	2	3	4	5

D. FACULTY STUDENT RELATIONSHIPS

How satisfied were you with faculty:

- 29. competence in theory presentations?
- 30. clinical competence?
- 31. concern for you as an individual?
- 32. concern for your overall education?
- 33. availability (during office hours or by appointment)?
- 34. sensitivity to your needs?

1	2	3	4	5
1	2	3	4	5
1	2	3	4	5
1	2	3	4	5
1	2	3	4	5
1	2	3	4	5

E. LEARNING RESOURCES

To what degree were the following satisfactory:

- 35. depth of clinical (or laboratory) experiences?
- 36. variety of clinical experiences?
- 37. variety of courses available to you?
- 38. depth of courses available to you?
- 39. financial assistance available to you?
- 40. classrooms?
- 41. conference rooms?
- 42. support services?
- 43. library holdings (books, journals, etc.)?
- 44. library hours?
- 45. library physical facilities?
- 46. library staff?
- 47. computer laboratory instructions?
- 48. computer laboratory hours?
- 49. computer laboratory hardware?
- 50. computer laboratory software?
- 51. currency of materials in the media center?
- 52. materials produced by the media center?
- 53. working condition of media equipment?
- 54. adequacy of School of Nursing physical facilities?

1	2	3	4	5
1	2	3	4	5
1	2	3	4	5
1	2	3	4	5
1	2	3	4	5
1	2	3	4	5
1	2	3	4	5
1	2	3	4	5
1	2	3	4	5
1	2	3	4	5
1	2	3	4	5
1	2	3	4	5
1	2	3	4	5
1	2	3	4	5
1	2	3	4	5
1	2	3	4	5
1	2	3	4	5
1	2	3	4	5
1	2	3	4	5

F. OVERALL IMPRESSIONS OF THE PROGRAM

- 55. Overall, how well satisfied are you with your program?
- 56. Would you recommend the program to others?

1	2	3	4	5
1	2	3	4	5



Appendix IVA-3

University of Maryland School of Nursing

Dashboard

Area	Measure	Responsible:
Operation *Semi-Annual (July 1 & January 1)	1. Revenue	Assistant Dean, Admin. Services
	a. State Funding	
	b. Tuition & Fees	
	2. Expenses	
	a. Faculty Salary	
	b. Staff Salary	
	c. Operation Expense	
	3. Budget Variance	
	4. External Funding	
	a. Research	
	b. Practice	
	c. Education	
	5. Foundation Revenue (Cash Received by the Foundation)	
	6. Staff	
	a. Total Budgeted FTE Filled Staff Lines	
	b. Total Budgeted FTE Open Staff Vacancy	
	7. Faculty	
a. Total Budgeted FTE Filled Faculty Lines		
b. Total Budgeted FTE Open Faculty Vacancy		
8. Adjunct Faculty (Not FTE Faculty)		
a. Total Number of Adjunct Faculty		
b. Total Number of Open Adjunct Faculty		
Research *Semi-Annual (July 1 & January 1)	9. Grant Submitted	Associate Dean, Research
	a. Number of External Grants Submitted (non-NIH Grants)	
	b. Number of Training Grants Submitted	
	c. Number of NIH Grant Submitted	
Academic Performance *Per Semester (Fall & Spring)	10. Enrollment (Number and %/total)	Assistant Dean, Student and Academic Services
	a. BSN	
	b. RN-BSN	
	c. RN-MS	
	d. MS-CNL	
	e. MS-Non-CNL	
	f. Post-BSN to DNP	
	g. Post-MS to DNP with Specialty	
	h. Post-MS to DNP	
	i. PhD	
	j. Post-BSN Certificate	
	k. Post-MS Certificate	
	l. Course Work Only	
	11. Completion Rate (Number and %/total)	
	a. BSN	
	b. RN-BSN	
	c. RN-MS	
d. MS-CNL		

	e. MS-Non-CNL	
	f. Post-BSN to DNP	
	g. Post-MS to DNP with Specialty	
	h. Post-MS to DNP	
	i. PhD	
	j. Post-BSN Certificate	
	k. Post-MS Certificate	
	12. Course Evaluation (on a 5-point scale)	Director of Evaluation
	a. BSN	
	b. RN-BSN	
	c. MS-CNL	
	d. MS-Non-CNL	
	e. DNP	
	f. PhD	
	13. Faculty Evaluation (on a 5-point scale)	
	a. BSN	
	b. RN-BSN	
	c. MS-CNL	
	d. MS-Non-CNL	
	e. DNP	
	f. PhD	
	14. NCLEX Pass Rate (Annually)	
	a. 1st time pass rate: BSN	
	b. 1st time pass rate: CNL	
	15. Certification Exam Pass Rate (Annually)	
	a. CNL:	
	b. Acute Care NP/CNS ANCC: AACN:	
	c. AGNP Primary Care ANCC: AANP:	
	d. CRNA:	
	e. FNP ANCC: AANP:	
	f. PNP Acute Care	
	g. PNP Primary Care	
	h. Psych/MH NP:	

Appendix IVH-1

Program Assessment Tool

Quality Measures			
1.	Curriculum		
		Sources	Programmatic data and comments
	a. Evidence of content update and review	Curriculum committee minutes	
	b. Last time program reviewed/ approved by Curriculum Committee	Program minutes Advisory Board Minutes	
	c. Evidence that latest science included in courses		
	d. Logical sequencing of courses		
2.	Program		
	a. Alignment with National Standards	Accreditation Reports	
	b. Certifications 1) Are graduates eligible to set for exams? 2) What is the pass rate for graduates taking the exams?	ANA Scope of Practice ANA Standards of Practice CCNE Specialty National Standards	
	c. Course Evaluations (provide aggregate of past 3 years)	Certification Requirements Certification pass rates CEQ/FEQ	
3.	Students		
	a. Retention of Students		
	b. Stipends/ Scholarships Available		
	c. Mentoring Opportunities Available		

4.	Faculty		
	a. Faculty Practice Professional Service Contracts (PSA) b. Publications, Research, and Grants (please see Faculty appendices) c. Expertise in Specialty		
5.	Interdisciplinary Activities		
	a. Teaching b. Research c. Practice	Include UMB campus and Non-UMB campus activities	
6.	Admissions and Progressions		
	a. Faculty Involvement in: 1). Timely responses to inquiries r/t admissions 2). Recruitment b. Review of students to insure progression		
7.	Alignment with SON Strategic Plan		
		UMSON Strategic Plan 2012-2017	
8.	Additional Information		
	a. Professional membership and organizations b. Positions of leadership.		
Market Trends			
1.	Inquiries per Semester		
	a. Number of inquiries by website b. Number of inquiries to the program c. Number of applications applied and reviewed d. Number of applications accepted	Office of Student Affairs, Program Director, Faculty	

	e. Number of students actually enrolled		
2.	Enrollment Trends		
	a. Number of part-time students b. Number of full-time students c. Average length in the program d. Number In-State e. Number Out of State f. Graduation Rates	Office of Student Affairs, Program Director, Faculty	
3.	Workforce Projections		
	Future employment opportunities for graduates of your program	NLN, AACN, Workforce Capacity for State of Maryland	
4.	Employment Opportunities		
	a. Local b. Regional c. State	UMSON Employer Survey Alumni Survey	
5.	Societal Trends		
	a. Prospective (Anticipated workforce needs in short term and long term) b. Uniqueness (new demographic trends, opportunities for new areas of practice, filling an unique niche)	Environmental Scanning, assessment of trends in healthcare	
6.	Sustainability		
	Integration with the Strategic Plan	UMSON Strategic Plan	
7.	Special Faculty		
	a. Sufficient faculty for your specialty b. Recruitment Plan c. Retention Plan	Faculty, workload assignments	
8.	Additional information pertinent to market trends		
SWOT ANALYSIS			
1.	Strengths of the Program		
2.	Weaknesses of the Program		
3.	Opportunities		
4.	Threats to Program		