Commission on
Collegiate Nursing
Education

Serving the
Public Interest
Through Quality
Accreditation

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May 24, 2010

Janet D. Allan, PhD, RN, FAAN
Dean and Professor
School of Nursing
University of Maryland
655 West Lombard Street, Suite 102
Baltimore, MD 21201-1579

Dear Dr. Allan:

On behalf of the Commission on Collegiate Nursing Education (CCNE), I am pleased to advise you that the CCNE Board of Commissioners acted at its meeting on April 22-24, 2010, to grant accreditation of the baccalaureate degree program in nursing, master's degree program in nursing, and Doctor of Nursing Practice (DNP) program at University of Maryland for the term of 5 years, extending to June 30, 2015. These accreditation actions are effective as of November 16, 2009, which is the first day of the programs' recent CCNE on-site evaluation. You should plan for the next on-site evaluation to take place in the fall of 2014.

At its meeting, the Board determined that the programs met all four accreditation standards. The Board additionally determined that there are no compliance concerns with respect to the key elements.

As is required for all accredited programs, the Board requested that the programs submit a Continuous Improvement Progress Report (CIPR) at the mid-point of the accreditation term. The CIPR should address the nursing programs' continued compliance with all accreditation standards. The deadline for submitting the progress report to CCNE is June 1, 2013. The Report Review Committee, and then the Board of Commissioners, will review the progress report in the fall of 2013. For more information about CIPRs, please refer to the CCNE *Procedures for Accreditation of Baccalaureate and Graduate Degree Nursing Programs*, available at http://www.aacn.nche.edu/Accreditation/pdf/Procedures.pdf.

Beginning January 1, 2010, all programs are required to comply with the CCNE *Standards for Accreditation of Baccalaureate and Graduate Degree Nursing Programs*, amended April 2009. The aforementioned CIPR will need to address the standards that are in effect at the time of submission. In the reminder letter sent approximately 5 months prior to the CIPR due date, CCNE will inform the program of the specific standards to be used and will provide guidance for the preparation of the report.

A copy of the accreditation report that was sent to you earlier, along with your response to it, is being transmitted to the institution's chief executive officer as the Commission's official report to University of Maryland. We hope that both the results of your self-study process and the accreditation report will be useful to the continued growth and development of the nursing programs. Certificates of accreditation are enclosed.

As a reminder, programs are expected to continue to comply with the CCNE standards and procedures throughout the period of accreditation. This includes advising CCNE in the event of any substantive change in your nursing programs or

of any major organizational changes that may affect the programs' administration, scope, or quality. Substantive change notifications must be submitted to CCNE no earlier than 90 days prior to implementation or occurrence of the change, but no later than 90 days after implementation or occurrence of the change. These reporting requirements are discussed further in the CCNE *Procedures*.

We appreciate the many courtesies and the helpfulness extended to the CCNE evaluation team in the fall of 2009. The Commissioners join me in expressing our best wishes as you proceed with tasks important to the future of your nursing programs.

Sincerely,

Jennifer Butlin, EdD
Director

cc: President David J. Ramsay
CCNE Board of Commissioners
CCNE Accreditation Review Committee
CCNE Evaluation Team

Commission on
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Education

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January 7, 2010

Janet D. Allan, PhD, RN, CS, FAAN
Dean
School of Nursing
University of Maryland
655 West Lombard Street, Suite 102
Baltimore, MD 21201-1579

Dear Dr. Allan:

Enclosed is the report of the evaluation team from the Commission on Collegiate Nursing Education (CCNE) that recently reviewed the baccalaureate degree program in nursing, master's degree program in nursing, and Doctor of Nursing Practice (DNP) program at University of Maryland. I hope you find it to be an accurate representation of your programs.

You now have an opportunity to review the team report and respond in several ways. First, if there are errors of fact or misinterpretations of data, we would appreciate it if you would identify these. Second, we invite you to respond in writing to the team report. If you would like to offer comments that agree or disagree with the team's findings, as opposed to factual differences, this would be the appropriate place to state these. If there is any additional information you believe important for the CCNE Board of Commissioners to have in order to make a well informed decision about accreditation of your programs, you should include it in this letter. In the event that you choose not to respond to the report, please let us know that in writing.

While changes will not be made to the team report, a copy of your response will be appended to the report when it is distributed to the Accreditation Review Committee and, then, to the Board of Commissioners. Please note that your response also will be shared with the evaluation team. By January 22, 2010, please submit an original plus 18 paper copies (double-sided) of your written response. Please also submit your complete response (including any cover letter, attachments, etc.) on an electronic storage device (e.g. a cd or thumb drive) in a **single file**, labeled with institution name, city, and state. We ask that you submit the information in a Microsoft Word or Adobe PDF format.

The team report and your response to it will be considered at the meeting of the Accreditation Review Committee (ARC) on February 11-13, 2010. While it is not necessary for you to attend the ARC meeting, the CCNE *Procedures for Accreditation of Baccalaureate and Graduate Degree Nursing Programs* provides you the option to do so. This committee will formulate a recommendation about accreditation, which will be considered by the CCNE Board at its meeting on April 22-24, 2010. The Board will make an accreditation decision about your programs at that meeting. Within 30 days of the Board meeting, CCNE will notify you and the chief executive officer of your institution of the accreditation decision. A copy of the team report that you are receiving now, along with your response to it, will be sent to your institution's chief executive officer, as well.

Again, I would like to thank you and your colleagues for inviting CCNE to evaluate your nursing programs as part of the accreditation review process. If you have any questions at this point, please let us know.

Sincerely,

Margaret Jayhan for

Jennifer Butlin, EdD
Director

EVALUATION TEAM REPORT ON THE ACCREDITATION REVIEW OF THE BACCALAUREATE AND MASTER'S DEGREE PROGRAMS IN NURSING AND THE DOCTOR OF NURSING PRACTICE PROGRAM AT UNIVERSITY OF MARYLAND

COMMISSION ON COLLEGIATE NURSING EDUCATION
ON-SITE EVALUATION: November 16-18, 2009
EVALUATION TEAM:

Margaret Heitkemper, PhD, RN, FAAN, Team Leader
Lori Escallier, PhD, RN, CPNP
John Flaitz, MSN, APRN, FNP-BC
Thomas Mackey, PhD, FNAP-BC, FAAN, FAANP
Tommie Norris, DNS, RN

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Introduction

This report presents the findings of the evaluation team from the Commission on Collegiate Nursing Education (CCNE), the accrediting body devoted exclusively to the evaluation of baccalaureate and graduate degree programs in nursing, regarding the Bachelor of Science in Nursing (BSN), Master of Science in Nursing (MS) and the Doctor of Nursing Practice (DNP) programs at University of Maryland, Baltimore (UMB) and their compliance with CCNE's standards for accreditation. The BSN, MS, and DNP programs are being reviewed for initial accreditation.

The UMB is part of University System of Maryland (USM), which is made up of eleven universities, and was founded in 1807. Worldwide, USM enrolls 114,829 undergraduate students and 41,034 graduate and professional students. UMB is Maryland's only public academic health, human services, and law center. There are 6,156 students, 130 faculty, and 100 staff. UMB is governed by a board of regents and is authorized by the Maryland General Assembly to offer baccalaureate and graduate degrees in the arts and sciences and in various professional fields. USM was last accredited by the Commission on Higher Education of the Middle States Association of Colleges and Schools in 2006.

UMB is a 61-acre educational, research, and technology complex consisting of six professional schools and an interdisciplinary graduate school located in Baltimore, Maryland. UMB educates the state's physicians, nurses, dentists, social workers, and pharmacists. Adjacent to the UMB campus are the University of Maryland Medical Center (UMMC), the Baltimore Veterans Affairs Medical Center (BVAMC), and the University of Maryland BioPark (UMBP). As noted in the self-study document, USM's duty to "serve the public good" is at the heart of its mission. UMB is committed to ensuring that knowledge generation provides maximum benefit to society directly enhancing the community.

The University of Maryland School of Nursing (UMSON) opened in 1889, offering a generic BSN program; the registered nurse (RN) to BSN track was added in 1987. The Doctor of Philosophy (PhD) program began in 1979, and the DNP program began in 2006. There is a variety of flexible and accelerated programs. These include an on-line RN-BSN, RN-MS, a post-baccalaureate entry option into the PhD program, a dual degree MS/Juris Doctor program, MS CNL, MS/Master of Public Health (MS/MPH), dual degree MS/Master of Business Administration (MS/MBA), and PhD/MBA. The DNP program is geared toward nurse executives, informaticians, educators,

clinical nurse specialists, nurse anesthetists, and nurse practitioners with master's degrees in nursing.

At present, there are 695 students enrolled in the baccalaureate program, 910 students in the master's program, and 74 students in the DNP program. There are 120 full-time and 10 part-time faculty members in the UMSON. The generic BSN program is approved by the Maryland Board of Nursing. The Maryland Board of Nursing conducted an on-site evaluation at the same time as the CCNE on-site evaluation.

As part of the evaluation, the team verified that the program afforded the opportunity for constituents to submit third-party comments directly to CCNE. Two letters were received and they were considered in the evaluation of the program.

The team was afforded full cooperation in its efforts to assess the programs and to confirm the self-study document. The team would like to take this opportunity to thank the program for its hospitality and consideration during the on-site evaluation.

Meeting of CCNE Standards

While visiting the campus in Baltimore, the evaluation team had an opportunity to interview school and university officials; program faculty, students, and alumni; and community representatives. The team reviewed information in the self-study document and in the resource room, as well as other materials provided at its request. In addition, the team also observed classroom and clinical activities. The following assessments were made regarding compliance with the CCNE *Standards for Accreditation of Baccalaureate and Graduate Degree Nursing Programs* by the baccalaureate and master's degree programs in nursing, and the DNP program at the institution.

STANDARD I
PROGRAM QUALITY: MISSION AND GOVERNANCE

The mission, goals, and expected aggregate student and faculty outcomes are congruent with those of the parent institution, reflect professional nursing standards and guidelines, and consider the needs and expectations of the community of interest. Policies of the parent institution and nursing program clearly support the program's mission, goals, and expected outcomes. The faculty and students of the program are involved in the governance of the program and in the ongoing efforts to improve program quality.

This standard is **met** for the baccalaureate program.
This standard is **met** for the master's program.
This standard is **met** for the DNP program.

I-A. The mission, goals, and expected student outcomes are congruent with those of the parent institution and consistent with relevant professional nursing standards and guidelines for the preparation of nursing professionals.

Elaboration: The program's mission statement, goals, and expected student outcomes are written and accessible to current and prospective students. A mission statement may relate to all nursing programs offered by the nursing unit or specific programs may have separate mission statements. Program goals are clearly differentiated by level when multiple degree programs exist. Expected student outcomes are clear and may be expressed as competencies, objectives, benchmarks, or other language congruent with institutional and program norms.

The program identifies the professional nursing standards and guidelines it uses, including those required by CCNE and any additional program-selected guidelines. A program preparing students for specialty certification incorporates professional standards and guidelines appropriate to the specialty area. A program may select additional standards and guidelines (e.g., state regulatory requirements), as appropriate. Compliance with required and program-selected professional nursing standards and guidelines is clearly evident in the program.

Compliance Concerns?		
	Baccalaureate:	No
	Master's:	No
	DNP:	No

Rationale: The mission of the UMSON is consistent with USM and UMB, which includes education, research, public service, and patient care. The mission of the UMSON is to provide local, state, and international leadership in the education of professional nurses to function as generalists, advanced practitioners, educators, scholars, administrators, and researchers who shape the delivery of nursing practice and education. The self-study document identifies the congruence of the UMSON mission and program outcomes with professional nursing standards and guidelines for the preparation of nursing professionals. The congruence of the UMSON mission, goals, and expected outcomes with the UMB and USM were also verified through meetings with the dean of the graduate school and UMSON faculty.

The UMSON mission, goals, and expected student outcomes are consistent with relevant professional nursing standards and guidelines including the American Association of Colleges of Nursing's (AACN) *The Essentials of Baccalaureate Nursing Education for Professional Nursing Practice* [*Baccalaureate Essentials* (2008)], *The Essentials of Master's Education for the Advanced Practice Nursing* [*Master's Essentials* (1996)], *and The Essentials of Doctoral Education for Advanced Nursing Practice* [*DNP Essentials* (2006)]. The standards and guidelines including *The Criteria for Evaluation of Nurse Practitioner Programs* (National Task Force on Quality Nurse Practitioner Education, 2009) were used to evaluate the UMSON's nurse practitioner programs. The Model C generic master's program was based on the *Baccalaureate Essentials* and supplemented by the American Association of Colleges of Nursing's (AACN), *The Education and Role of the Clinical Nurse Leader.* The UMSON developed a strategic plan to guide the school for 2007-2011. The goals of the strategic plan were articulated by the dean as well as discussed with UMSON faculty members.

I-B. The mission, goals, and expected student outcomes are reviewed periodically and revised, as appropriate, to reflect:

- **professional nursing standards and guidelines; and**
- **the needs and expectations of the community of interest.**

Elaboration: There is a defined process for periodic review and revision of program mission, goals, and expected student outcomes. The review process has been implemented and resultant action reflects professional nursing standards and guidelines. The community of interest is defined by the nursing unit. The needs and expectations of

the community of interest are reflected in the mission, goals, and expected student outcomes. Input from the community of interest is used to foster program improvement.

Compliance Concerns?		
	Baccalaureate:	No
	Master's:	No
	DNP:	No

Rationale: The mission, goals, and expected student outcomes are reviewed regularly as part of the strategic planning process. For example, the 2007-2011 strategic plan was developed in part from the comprehensive review of the goals and accomplishments of the 2003-2006 strategic plan. The strategic plan implementation committee meets quarterly to review status, make adjustments, align outcomes across initiatives, and evaluate progress. Program advisory groups comprise alumni, employers, and other key stakeholders. The organizational climate survey of both faculty and staff was conducted by an external firm. There was evidence provided in discussions with the administrative council indicating that the survey results were used in program and environment planning.

The on-site evaluation team met with faculty, students, alumni, and members of the community of interest. All sources indicated that they have opportunities to provide input related to the mission, goals, and expected student outcomes. This was also validated through review of written materials, and discussions with faculty and administrators. For example, in interviews, BSN and MS alumni verified that the curriculum prepared them to meet the program outcomes and current professional roles. In addition, the team also verified through meeting minutes and discussion with curriculum committee members that the curriculum committee meets monthly to review courses, evaluate student progress, and assess the need for programmatic changes. This was verified in the MS CNL program meeting minutes as well.

I-C. Expected faculty outcomes in teaching, scholarship, service, and practice are congruent with the mission, goals, and expected student outcomes.

Elaboration: Expected faculty outcomes are clearly identified by the nursing unit, are written, and are communicated to the faculty. Expected faculty outcomes are congruent with those of the parent institution.

Compliance Concerns?		
	Baccalaureate:	No
	Master's:	No
	DNP:	No

Rationale: In the self-study document, it is noted that the expected outcomes of faculty teaching, scholarship, practice, and service are congruent with the UMSON mission, program purposes, and expected student outcomes as well as with USM expectations. The UMSON mission of providing nursing leaders in practice, education, and research is consistent with the USM mission of providing education to prepare students for careers as health professionals. There is a faculty workload formula that was recently implemented. Faculty indicated that this formula considers student mentorship and committee work as part of their work load effort. This was verified through interviews with faculty and administrators. Expected faculty outcomes are clearly identified and published in the UMB faculty handbook and the UMSON faculty handbook and are communicated to faculty. In meetings, faculty articulated their roles in teaching, scholarship, practice, and research.

Appointment, promotion, and tenure (APT) policies are congruent with shaping the profession of nursing. Expected faculty outcomes are well outlined in the UMSON APT policy, which was available in the resource room. Faculty and department chairs collaborated together to develop a merit evaluation plan based on APT criteria and the Boyer Model of Scholarship. This document was made available to the onsite evaluation team. Minutes of the APT committee meetings were reviewed and verified for congruency with the mission of the UMSON.

I-D. Faculty and students participate in program governance.

Elaboration: Roles of the faculty and students in the governance of the program, including those involved in distance education, are clearly defined and enable meaningful participation.

Compliance Concerns?		
	Baccalaureate:	No
	Master's:	No
	DNP:	No

Rationale: Review of the self-study document and UMSON bylaws verified that UMSON faculty and students participate in the governance of the school. This was validated in meetings with UMSON administration and faculty. Faculty are elected to UMSON committees including curriculum, APT, and faculty council. In 2008, the bylaws of the UMSON were reviewed by the faculty council and suspended so they could be reviewed and revised. This process was verified during a meeting with the faculty council.

Dialogue with entry level program faculty indicated that undergraduate student participation in meetings has not occurred due to scheduling difficulties. However, students participate in town hall meetings held by the dean.

Students participate in school governance as reflected in their service on the faculty council and the MS/DNP curriculum committee. Students also serve on the ad hoc committees to address grievances within the UMSON judicial board, where they participated in the review of student initiated grievances.

I-E. Documents and publications are accurate. References to the program's offerings, outcomes, accreditation/approval status, academic calendar, recruitment and admission policies, grading policies, degree completion requirements, tuition, and fees are accurate.

Elaboration: A process is used to notify constituents about changes in documents and publications. Information regarding licensure and/or certification examinations for which graduates will be eligible is accurate.

Compliance Concerns?		
	Baccalaureate:	No
	Master's:	No
	DNP:	No

Rationale: Promotional and informational materials such as the student handbook were accurate. Published materials informing students about licensure and/or certification examinations for which graduates will be eligible are accurate. A review of materials on the Web and the published materials revealed two web links that did not work. The UMSON web pages underwent a major revision three weeks prior to the on-site evaluation, and the links identified in the self-study document were not operational. The new web links were shared with the evaluation team during the on-site evaluation. In interviews, undergraduate students revealed that many students based their decision to attend UMB on published NCLEX results. Posters advertising upcoming UMSON events and the UMSON's 2007-2011 strategic plan are displayed throughout the UMSON. A meeting with the office of student and academic services verified that students receive orientation to learn how to access documents.

I-F. Academic policies of the parent institution and the nursing program are congruent. These policies support achievement of the mission, goals, and expected student outcomes. These policies are fair, equitable, and published and are reviewed and revised as necessary to foster program improvement. These policies include, but are not limited to, those related to student recruitment, admission, retention, and progression.

Elaboration: Nursing faculty are involved in the development, review, and revision of academic program policies. Differences between the nursing program policies and those of the parent institution are identified and are in support of achievement of the program's mission, goals, and expected student outcomes. Policies are written and communicated to relevant constituencies. Policies are implemented consistently. There is a defined process by which policies are regularly reviewed. Policy review occurs and revisions are made as needed.

Compliance Concerns?

Baccalaureate:	No
Master's:	No
DNP:	No

Rationale: Policies related to student recruitment, admission, retention, and progression for UMSON are congruent with the parent institution. The USM and UMSON policies are easily accessible to undergraduate and graduate students. When the on-site evaluation team met with students, the currency and accuracy of information was confirmed by both graduate and undergraduate students. The policies are consistently applied to all students. According to both undergraduate and graduate students the faculty are approachable and responsive with regard to issues of fairness. The policies are published in the student handbook and graduate school catalog. Policies are reviewed on a regular basis as specified in the self-study document, and the dates of review are published. UMSON councils and standing committees can initiate review and revision whenever there is an identified need. Faculty have input into academic policies through committees and the faculty council.

I-G. There are established policies by which the nursing unit defines and reviews formal complaints.

Elaboration: The program's definition of a formal complaint and the procedure for filing a complaint are communicated to relevant constituencies. The program follows its established policies/procedures for formal complaints.

Compliance Concerns?

Baccalaureate:	No
Master's:	No
DNP:	No

Rationale: A formal complaint policy includes a procedure for appeals and resolution and is published in the student handbook, UMB graduate catalog, UMB human resources policy manual, and various electronic document repositories that include the faculty grievance policy.

Several student complaint files were reviewed by the evaluation team. The majority of the student complaints were addressed at the UMSON level, while a few were reviewed at the graduate school level. Disposition appeared appropriate to the specific complaint.

STANDARD II
PROGRAM QUALITY: INSTITUTIONAL COMMITMENT AND RESOURCES

The parent institution demonstrates ongoing commitment and support for the nursing program. The institution makes available resources to enable the program to achieve its mission, goals, and expected aggregate student and faculty outcomes. The faculty, as a resource of the program, enables the achievement of the mission, goals, and expected aggregate student outcomes.

This standard is **met** for the baccalaureate program.
This standard is **met** for the master's program.
This standard is **met** for the DNP program.

II-A. Fiscal and physical resources are sufficient to enable the program to fulfill its mission, goals, and expected outcomes. Adequacy of resources is reviewed periodically and resources are modified as needed.

Elaboration: The budget enables achievement of the program's mission, goals, and expected student and faculty outcomes. The budget also supports the development, implementation, and evaluation of the program. Compensation of nursing unit personnel supports recruitment and retention of qualified faculty and staff. Physical space is sufficient and configured in ways that enable the program to achieve its mission, goals, and expected student and faculty outcomes. Equipment and supplies (e.g., computing, laboratory, and teaching-learning) are sufficient to achieve the mission, goals, and expected student and faculty outcomes. There is a defined process for regular review of the adequacy of the program's fiscal and physical resources. Review of fiscal and physical resources occurs and improvements are made as appropriate.

Compliance Concerns?

Baccalaureate:	No
Master's:	No
DNP:	No

Rationale: In meetings, the dean of the graduate school and the dean of the UMSON verified that the school has sufficient resources to fulfill its mission, program purposes, and expected outcomes, as reflected in the USMB strategic plan 2007-2011.

The dean and faculty identified the need to support efforts to strengthen faculty scholarship initiatives. The dean noted that she has developed creative partnerships that enabled the UMSON to increase and sustain enrollments. The university provides sufficient resources to sustain the undergraduate and graduate programs at the current level of enrollment and is consistent with the mission, goals, and expected outcomes. A discussion with the graduate program faculty indicated that the UMSON supports the preparation of program faculty by releasing faculty one day per week for clinical practice.

Education and training grants have funded the DNP program since 2006. Most recently, UMSON obtained a five year grant for continued support for the DNP program through 2014. Faculty salaries are commensurate with those of other faculty in the northeastern United States. All UMSON faculty salaries are at least at the 50% percentile as reported by AACN. In 2009, the dean, upon the recommendation of department chairs, requested a salary adjustment for UMSON faculty members. The request was denied due to fiscal constraints.

The dean has financial authority to move funds within programs. The dean reports directly to the president of the university. The dean, in collaboration with the associate dean for administration services, has overall responsibility for the preparation and administration of the UMSON budget. In addition, the dean may also make budgetary requests to the president. Departmental budgets within the UMSON are developed annually in collaboration with the associate dean for administration services, who reviews the budget regularly. Faculty and staff may request additional funds through the department chairs and/or unit department head.

The dean reported that in 2009, a marked decrease in state revenues necessitated a carefully structured furlough. Faculty input was sought in an effort to minimize the impact of reduced funding.

The UMSON's extramural funding is derived from research grants and contracts, education grants, and professional service agreements. In 2009, the UMSON ranked 22nd in grant funding by the National Institute of Health (NIH)/National Institute of Nursing Research (NINR) among the nation's nursing schools. Extramural funding in 2009 exceeded $8,066,780. Gift income also has increased over the previous two years.

The UMSON, located on the campus of the University of Maryland, is housed in two buildings totaling over 255,000 square feet. The north building was completed in 1970 and the west building completed in 1998. UMSON has an additional campus at the Shady Grove location.

The UMSON site contains 209 furnished offices; nine conference rooms; a 470 seat auditorium and faculty, staff, and student lounges. A newly built UMB campus center, connected to the UMSON, has open areas, banquet rooms, student support services, food service, exercise rooms, and a swimming pool. The UMSON campus located at Shady Grove is an outreach site for BSN and selected master's courses. The campus is located 47 miles from the UMB campus. The location expands the accessibility of nursing education for students living in Montgomery County. Three buildings house the classes for students at this campus.

Classroom space is adequate for current enrollment. State-of the-art technology, including audiovisual capabilities, is readily available for faculty, staff, and students. UMSON has 24 pre-clinical simulation laboratories. These teaching laboratories facilitate faculty-directed and self-directed learning for students. A simulation lab also is available to students at the Shady Grove campus.

The UMSON office of information technology (IT) comprises nine staff members that support faculty, staff, and student computers; distance education classrooms; audiovisual needs; and computer laboratories. Allocations are planned to increase enrollment by 18% in the BSN program at the Shady Grove campus. In a meeting, baccalaureate students at both campuses confirmed that resources are both accessible and valuable to success. Students at the distance site reported no difficulty utilizing resources.

II-B. Academic support services are sufficient to ensure quality and are evaluated on a regular basis to meet program and student needs.

Elaboration: Academic support services (e.g., library, technology, distance education support, research support, admission, and advising services) are adequate for students and faculty to meet program requirements and to achieve the mission, goals, and expected student and faculty outcomes. There is a defined process for regular review of the adequacy of the program's academic support services. Review of academic support services occurs and improvements are made as appropriate.

Compliance Concerns?

Baccalaureate:	No
Master's:	No
DNP:	No

Rationale: Both on-site and distance learning undergraduate and graduate programs receive exceptional IT support within the UMSON as evidenced by interviews with students, faculty, and administration. Students are assigned an academic advisor. Undergraduate and graduate students reported that they meet with faculty advisors at least once each semester to review academic pathways and progression within the program. BSN students on both campuses reported that academic support, especially IT, was readily available to students. In addition, students stated that they have ready access to resource materials through the UMB library, which is the second largest health sciences library on the east coast. Library assistance is available seven days a week. The availability of these resources was verified in meetings with university support administrators. In discussions, alumni confirmed satisfaction with university support services.

The office of student and academic services (OSAS) organizes student orientations both on-site and on-line. On-line students have an on-line orientation program that was developed by faculty and the OSAS. The OSAS is responsible for providing academic and social information to students and provides other support services such as peer tutoring to students at no additional cost.

II-C. The chief nurse administrator:

- **is a registered nurse (RN);**
- **holds a graduate degree in nursing;**
- **is academically and experientially qualified to accomplish the mission, goals, and expected student and faculty outcomes;**
- **is vested with the administrative authority to accomplish the mission, goals, and expected student and faculty outcomes; and**
- **provides effective leadership to the nursing unit in achieving its mission, goals, and expected student and faculty outcomes.**

Elaboration: The chief nurse administrator has budgetary, decision-making, and evaluation authority that is comparable to that of chief administrators of similar units in the institution. He or she consults, as appropriate, with faculty and other communities of interest, to make decisions to accomplish the mission, goals, and expected student and faculty outcomes. The chief nurse administrator is perceived by the communities of interest to be an effective leader of the nursing unit. The program provides a rationale if the chief nurse administrator does not hold a graduate degree in nursing.

Compliance Concerns?

Baccalaureate:	No
Master's:	No
DNP:	No

Rationale: The dean of the UMSON has served in her current position since 2002. She received her BS in nursing, MS in nursing, and PhD in medical anthropology. She has held a previous academic position as dean and professor. She is a nationally respected nursing leader, treasurer of the board of directors of AACN, and was a member of the task force that developed *The Essentials of Doctoral Education for Advanced Nursing Practice*. In addition, she has held leadership positions in many national organizations and is the recipient of numerous awards including the National Organization of Nurse Practitioner Faculties lifetime achievement award, and the Nurseweek nursing excellence award.

II-D. Faculty members are:

- **sufficient in number to accomplish the mission, goals, and expected student and faculty outcomes;**
- **academically prepared for the areas in which they teach; and**
- **experientially prepared for the areas in which they teach.**

Elaboration: The full-time equivalency (FTE) of faculty involved in each program is clearly delineated, and the program provides to CCNE its formula for calculating FTEs. The mix of full-time and part-time faculty is appropriate to achieve the mission, goals, and expected student and faculty outcomes. Faculty-to-student ratios ensure adequate supervision and evaluation and meet or exceed the requirements of regulatory agencies and professional nursing standards and guidelines.

Faculty are academically prepared for the areas in which they teach. Academic preparation of faculty includes degree specialization, specialty coursework, or other preparation sufficient to address the major concepts included in courses they teach. Faculty teaching in the nursing program have a graduate degree. The program provides a rationale for the use of any faculty who do not have a graduate degree.

Faculty who are nurses hold current RN licensure. Faculty teaching in clinical/practicum courses are experienced in the clinical area of the course and maintain clinical expertise. Clinical expertise may be maintained through clinical practice or other avenues. Faculty teaching in advanced practice clinical courses meet certification and practice requirements as specified by the relevant regulatory and specialty bodies. Advanced practice nursing tracks have lead faculty who are nationally certified in that specialty.

Compliance Concerns?

Baccalaureate:	No
Master's:	No
DNP:	No

Rationale: The self-study document indicated that there are 130 permanent full-time and part-time faculty members; and 72 part-time clinical instructors. Most full-time faculty (n=110) have 12-month appointments. Based on interviews with faculty, the workload calculator policy has been well received.

Many faculty teach across the BSN, MS, and MS CNL programs. There are 60 full and part-time faculty who provide didactic and clinical instruction. Currently, there is one certified CNL faculty member teaching in the program. Clinical partners provide "if and when" and "contract" instructors for clinical supervision of BSN and MS CNL students. Faculty who are nurses hold current RN licensure. Faculty teaching in the clinical/practicum courses are experienced in the clinical area in which they teach. Faculty are academically and experientially qualified to teach in assigned courses. This was verified in a review of the 2009 faculty profile document.

Clinical expertise across the DNP faculty allows DNP students to readily identify advisors. These advisors serve as mentors in the development and implementation of student capstone projects. While the self-study document states that there are 15 full-time and three part-time faculty teaching courses in the DNP program, a review of the faculty roster indicated that twelve

are associated with the DNP program. Additional documentation in the resource room during the on-site evaluation indicates that 19 part and full-time faculty teach in the DNP program. In discussions, the program director verified that 19 full and part-time faculty teach, and an additional 21 faculty act as advisors to student with capstone projects. In interviews, DNP students verified that the faculty are clinical experts.

II-E. When used by the program, preceptors, as an extension of faculty, are academically and experientially qualified for their role in assisting in the achievement of the mission, goals, and expected student outcomes.

Elaboration: The roles of preceptors with respect to teaching, supervision, and student evaluation are clearly defined; congruent with the mission, goals, and expected student outcomes; and congruent with relevant professional nursing standards and guidelines. Preceptors have the expertise to support student achievement of expected learning outcomes. Preceptor performance expectations are clearly communicated to preceptors.

Compliance Concerns?

Baccalaureate:	No
Master's:	No
DNP:	No

Rationale: In the BSN, MS, and MS CNL program, preceptors are selected by the course coordinators and facilitated by the clinical agency to meet the clinical needs of the students and to achieve course and program outcomes. Nurse practitioner (NP) faculty reported that each preceptor must have at least one year of clinical experience prior to precepting students. DNP preceptors are selected by both students and faculty. Based on evaluation of experience and academic qualifications, faculty make the final decision regarding students' clinical placement.

In a discussion, the associate dean indicated that there are over 300 clinical agencies and a large applicant pool of clinical preceptors. In the MS NP programs, students may self-select or be assigned preceptors by course faculty. A review of preceptors included verification of active licensure and appropriate credentials, including certifications. NP faculty evaluate preceptors at least once during the semester through a clinical site visit. NP faculty utilize a detailed evaluation tool that assesses the effectiveness of the clinical preceptor and clinical site. All preceptors are encouraged to become faculty associates in the UMSON; the appointments are evaluated and renewed every two years by the program director and program faculty. Preceptors reported that they are in close contact with faculty, and that they are very receptive to feedback.

II-F. The parent institution and program provide and support an environment that encourages faculty teaching, scholarship, service, and practice in keeping with the mission, goals, and expected faculty outcomes.

Elaboration: Institutional support is available to promote faculty outcomes congruent with defined expectations of the faculty role and in support of the mission, goals, and expected student outcomes. For example:

- *Faculty have opportunities for ongoing development in pedagogy.*
- *If research is an expected faculty outcome, the institution provides resources to support faculty research.*
- *If practice is an expected faculty outcome, opportunities are provided for faculty to maintain practice competence, and institutional support ensures that currency in clinical practice is maintained for faculty in roles which require it.*
- *If service is an expected faculty outcome, expected service is clearly defined and supported.*

Compliance Concerns?

Baccalaureate:	No
Master's:	No
DNP:	No

Rationale: In June 2009, the dean approved the faculty assembly's recommendation to use Boyer's Model of Scholarship as the faculty annual program review criteria. Faculty verified use of the Boyer Model for teaching, service, and practice activities within the UMSON. Faculty also verified ample resources encouraging teaching, scholarship, service, and practice. The evaluation team verified that contracts are in place for the 23 faculty members with public service agreements, as indicated in the self-study document. Opportunities for faculty development related to teaching are available. New faculty are required to enroll in a twelve credit teaching institute offered by the UMSON. The office of nursing research and development provides support for faculty research through the centers of excellence.

STANDARD III
PROGRAM QUALITY: CURRICULUM, TEACHING-LEARNING PRACTICES, AND INDIVIDUAL STUDENT LEARNING OUTCOMES

The curriculum is developed in accordance with the mission, goals, and expected aggregate student outcomes and reflects professional nursing standards and guidelines and the needs and expectations of the community of interest. Teaching-learning practices are congruent with expected individual student learning outcomes and expected aggregate student outcomes. The environment for teaching-learning fosters achievement of individual student learning outcomes.

This standard is **met** for the baccalaureate program.
This standard is **met** for the master's program.
This standard is **met** for the DNP program.

III-A. The curriculum is developed, implemented, and revised to reflect clear statements of expected individual student learning outcomes that are congruent with the program's mission, goals, and expected student outcomes.

Elaboration: Curricular objectives (course, unit, and/or level objectives or competencies as identified by the program) provide clear statements of expected individual student learning outcomes. Expected individual student learning outcomes contribute to achievement of the mission, goals, and expected student outcomes.

Compliance Concerns?

Baccalaureate:	No
Master's:	No
DNP:	No

Rationale: The BSN and MS CNL curricula objectives are clearly stated in each course syllabus and reflect the mission, goals, and expected student outcomes. The course objectives are sequenced appropriately. The BSN and MS CNL outcome expectations contribute to the development of nurse leaders in education, research, and practice. Curriculum minutes made available to the evaluation team clearly showed how curriculum is developed using appropriate standards. In interviews, graduate students and faculty confirmed the process. The entry level curriculum committee is responsible for the development, implementation, evaluation, and revisions of the BSN courses. They are largely responsible for the MS CNL option, as students in this option also complete requirements for initial licensure. Since its inception, the MS CNL curriculum and several courses have undergone revisions. For example, revisions to NURS 523 and 537 were made to include missing content. The conduct of ongoing evaluation and curriculum revisions were verified by review of the curriculum meeting minutes of January 2007 and May 2008.

The master's NP program outcomes specified in the self-study document are congruent with professional nursing standards. The analyses completed during the on-site evaluation confirmed congruency. Minutes from meetings confirmed that these outcomes were reviewed by program faculty, the curriculum committee, and the master's steering and evaluation committee (MSEC). Faculty confirmed that a comprehensive review of the master's program took place in 2007. A master's NP student stated that although the master's program outcomes were not clearly apparent to her, the program enabled her to embrace lifelong learning, and that she had grown professionally as a nursing leader.

The MS program objectives are congruent with the mission statements of the UMB and UMSON. Through a review of minutes, the evaluation team confirmed that the MSEC met to review congruence with *The Master's Essentials* document. A review of MS program course documents indicated appropriate objectives and expectations of student outcomes that are consistent with professional nursing standards and specialty guidelines.

The DNP is a practice-focused doctorate for nurses who hold master's degrees in nursing. On-site evaluators verified with faculty, students, alumni and through review of file documents that the curriculum is centered on the *DNP Essentials*. The evaluation team verified that student learning outcomes are congruent with program mission, goals, and expected student outcomes by means of review of file documents.

III-B. Expected individual student learning outcomes are consistent with the roles for which the program is preparing its graduates. Curricula are developed, implemented, and revised to reflect relevant professional nursing standards and guidelines, which are clearly evident within the curriculum, expected individual student learning outcomes, and expected student outcomes.

- **Baccalaureate program curricula incorporate *The Essentials of Baccalaureate Education for Professional Nursing Practice* (AACN, 1998).**
- **Master's program curricula incorporate professional standards and guidelines as appropriate.**
  a. **All master's programs incorporate the Graduate Core Curriculum of *The Essentials of Master's Education for Advanced Practice Nursing* (AACN, 1996) and additional relevant professional standards and guidelines as identified by the program.**
  b. **All master's-level advanced practice nursing programs incorporate the Advanced Practice Nursing Core Curriculum of *The Essentials of Master's Education for Advanced Practice Nursing* (AACN, 1996). In addition, nurse practitioner programs incorporate *Criteria for Evaluation of Nurse Practitioner Programs* (NTF, 2008).**
- **Graduate-entry program curricula incorporate *The Essentials of Baccalaureate Education for Professional Nursing Practice* (AACN, 1998) and appropriate graduate program standards and guidelines.**

- **DNP program curricula incorporate professional standards and guidelines as appropriate.**
  a. **All DNP programs incorporate *The Essentials of Doctoral Education for Advanced Nursing Practice* (AACN, 2006) and incorporate additional relevant professional standards and guidelines as identified by the program.**
  b. **All DNP programs that prepare nurse practitioners also incorporate *Criteria for Evaluation of Nurse Practitioner Programs* (NTF, 2008).**

  Elaboration: Each degree program and specialty area incorporates professional nursing standards and guidelines relevant to that program/area. The program clearly demonstrates where and how content, knowledge, and skills required by identified sets of standards are incorporated into the curriculum. Advanced practice master's programs (Clinical Nurse Specialist, Nurse Anesthesia, Nurse Midwife, and Nurse Practitioner) and DNP programs with a direct care focus incorporate separate graduate level courses in health/physical assessment, physiology/pathophysiology, and pharmacology. Additional content in these areas may be integrated as needed into specialty courses.

Compliance Concerns?

Baccalaureate:	No
Master's:	Yes
DNP:	No

Rationale: The BSN curriculum is developed in a logical and sequential manner that prepares students for a beginning practice role. Evidence of the new *BSN Essentials* was found throughout course syllabi and through testament by students. The final semesters in both the BSN and MS CNL programs include a leadership practicum course where all students have the opportunity to work with a preceptor to apply knowledge gained in prior courses. The MS CNL program students complete the pre-licensure coursework as well as meet CNL competencies. MS CNL students in this program participate in an immersion experience during their last term.

The MS CNL is a model C program that admits second degree pre-licensure students. Students in the CNL program are in separate didactic courses from the BSN students, with the exception of adult health and psychiatric mental health. In a review of one didactic/clinical course required in this program, Adult Health NURS 330/514, it was noted that outcomes were consistent with BSN course competencies with one additional outcome geared to CNL competencies. The NURS 514's final clinical evaluation performance summary had the same criterion for both the BSN and MS CNL students. To validate that clinical experiences meet CNL competencies, students and MS CNL faculty stated that the clinical post-conference focused on CNL competencies, and that preceptors/clinical instructors are provided with "CNL discussion points." Standard III (p.6) in the self-study document describes the MS CNL as being "held to the same standards as other MS students." The MS CNL program is consistent with the master's program

outcomes with the exception of the two outcomes that refer to advanced practice nursing rather than generalist preparation. The master's program outcomes listed in Appendix 1.6 of the self-study document do not clearly differentiate which outcomes apply to Advanced Practice Nursing and the CNL generalist role.

Graduate program courses incorporate professional nursing standards and guidelines, including *The Master's Essentials*, NONPF guidelines, and NTF Criteria. Individual student learning outcomes in the NP programs reflect the seven domains and core competencies defined by NONPF. In the NP curriculum, all students take core courses including 701: Research, 622: Populations/Systems, and 659: APRN Role in addition to the "three Ps." The adult nurse practitioner (ANP), geriatric nurse practitioner (GNP), and family nurse practitioner (FNP) tracks require a minimum of 750 clinical supervised hours; psychiatric/mental health and pediatric NP students are required to complete a minimum of 500 clinical hours of direct patient care.

The DNP curriculum incorporates *The Doctoral Essential* with specific application of the recommendations of the position statement on the practice doctorate in nursing. Use of the two documents to develop and sustain the curriculum was evident in both writing and in interviews with faculty, alumni, and students. Reviews of course syllabi verified incorporation of *The DNP Essentials* within and across all DNP courses.

The DNP curriculum is continually being assessed and revised to be sure that it facilitates achievement of expected student outcomes, reflects *The DNP Essentials*, and is congruent with the mission of the UMSON. Curriculum committee minutes verified regular evaluations and changes to curriculum based on suggestions made by students and faculty. In meetings with alumni and students verified multiple curricula changes based on student evaluations since the program's inception.

III-C. The curriculum is logically structured to achieve expected individual and aggregate student outcomes.

- **The baccalaureate curriculum builds upon a foundation of the arts, sciences, and humanities.**
- **Master's curricula build on a foundation comparable to baccalaureate level nursing knowledge.**
- **DNP curricula build on a baccalaureate and/or master's foundation, depending on the level of entry of the student.**

Elaboration: Baccalaureate program faculty and students articulate how knowledge from courses in the arts, sciences, and humanities is incorporated into nursing practice. Post-baccalaureate entry programs in nursing incorporate the generalist knowledge common to

baccalaureate nursing education as delineated in The Essentials of Baccalaureate Education for Professional Nursing Practice (AACN, 1998) as well as advanced course work. Graduate curricula are clearly based on a foundation comparable to a baccalaureate degree in nursing. Graduate programs delineate how students who do not have a baccalaureate degree in nursing acquire the knowledge and competencies comparable to baccalaureate education in nursing as a foundation for advanced nursing education. Accelerated programs that move students from basic nursing preparation (e.g., associate degree or diploma education) to a graduate degree demonstrate how these students acquire baccalaureate level knowledge and competencies delineated in The Essentials of Baccalaureate Education for Professional Nursing Practice (AACN, 1998), even if they do not award a baccalaureate degree in nursing in addition to the graduate degree. The program provides a rationale for the sequence of the curriculum for each program.

Compliance Concerns?

Baccalaureate:	No
Master's:	No
DNP:	No

Rationale: The BSN program builds on the foundations of the arts, sciences, and humanities. The BSN curriculum follows the *Baccalaureate Essentials* as well as AACN guideline for genetics and genomics. The MS CNL option C program incorporates the *Baccalaureate Essentials*, *Master's Essentials*, and the AACN white paper on the education and role of the CNL. The RN MS and MS CNL options build on baccalaureate education. This information was verified by documentation presented on site.

Through a review of course syllabi and committee minutes on-site and an interview with a master's student, the evaluation team verified that the MS curriculum builds on the foundation in the arts, sciences, and humanities acquired during baccalaureate education. NP specialty courses are sequenced so that the foundational and core courses prepare students for the acquisition of higher levels of knowledge and skills. Students articulated progression from less complex to more complex courses within the prescribed course pathway. Master's students are required to complete a comprehensive examination. The comprehensive examination consists of a manuscript appropriate for submission for publication. Although submission of the manuscript is not a requirement of the program, some students submit the completed manuscript to peer reviewed journals, and several have been published. These published articles were reviewed on site.

The DNP program currently builds on the master's foundation and focuses on advanced leadership roles in nursing. The DNP curriculum, therefore, builds on the foundation of entry-level graduate advanced practice knowledge, abilities, and skills provided in the master's core.

Students may enroll full or part-time depending on individual expectations, desired outcomes, and personal needs. Each course requires students to develop individualized learning objectives to meet course objectives.

III-D. Teaching-learning practices and environments support the achievement of expected individual student learning outcomes.

Elaboration: Teaching-learning practices and environments (classroom, clinical, laboratory, simulation, and distance education) support achievement of expected individual student learning outcomes identified in course, unit, and/or level objectives.

Compliance Concerns?

Baccalaureate:	No
Master's:	No
DNP:	No

Rationale: The evaluation team verified through faculty and student interviews and via file review that faculty use a variety of teaching strategies based on adult learning principles and a determination of the optimal modalities for achieving student learning outcomes. Each core course has defined requirements and evaluation criteria to assess if expected individual student learning outcomes are met. Strategies have been developed that support achievement of those outcomes in areas where there are identified student weaknesses.

Both BSN and MS students were very positive in describing their clinical sites. A MS student describes the clinical placement as the "absolute best place to learn." Simulations are used in the undergraduate and graduate clinical courses, and a new simulator has been purchased.

Several undergraduate and graduate classes were observed during the on-site evaluation. Classroom instruction was interactive offering students an opportunity to engage in meaningful dialogue with the professor. Classrooms, labs, and lecture halls are equipped with state-of-the art technology. In interviews, entry level students validated that the laboratory and clinical experiences helped them attain individual learning outcomes.

The programs are structured to facilitate attainment of student learning outcomes through the achievement of clearly defined individual student goals. For example, at the outset of the program in Capstone I, DNP students prepare a professional development plan tailored to a personally identified area of interest.

III-E. The curriculum and teaching-learning practices consider the needs and expectations of the identified community of interest.

Elaboration: Teaching-learning practices are appropriate to the student population and build on prior learning. Teaching-learning practices consider the needs of the program-identified community of interest (e.g., use of distance technology, simulation, adult learner needs, second language students).

Compliance Concerns?

Baccalaureate:	No
Master's:	No
DNP:	No

Rationale: The UMSON has instituted multiple accommodations for the mostly adult learners in the DNP program. Most notable is the institution and phasing-in of the blended design completed in Fall 2009 in response to the student needs assessment survey. Multiple examples of collaboration and input from community organizations such as hospitals and other health care organizations were verified by the evaluation team. In interviews, representatives from the community of interest and faculty confirmed that the teaching learning practices consider the needs of diverse populations and key stakeholders.

A review of master's course syllabi and classroom observations indicated that teaching-learning strategies are appropriate to course content and consider the needs of the community of interest. A master's student spoke at length about the flexibility and willingness of the faculty to support him during a difficult life event and stated, "Although this is a large school with thousands of students, the faculty make me feel as if I am the only one here." Other NP students spoke about the many opportunities provided by faculty such as a "nurses for global health initiative" and an opportunity for a student to review grants.

III-F. Individual student performance is evaluated by the faculty and reflects achievement of expected individual student learning outcomes. Evaluation policies and procedures for individual student performance are defined and consistently applied.

Elaboration: Evaluation of student performance is consistent with expected individual student learning outcomes. Grading criteria are clearly defined for each course, communicated to students, and applied consistently. There are processes by which the evaluation of individual student performance is communicated to students. Student performance is evaluated by faculty. In instances where preceptors facilitate students' clinical learning experiences, faculty may seek input from preceptors regarding student performance, but are ultimately responsible for evaluation of individual student learning outcomes.

Compliance Concerns?

Baccalaureate:	No
Master's:	No
DNP:	No

Rationale: Standard grading policies for the programs exist, as evidenced by a standard grading criteria document. Course syllabi distinctly outline explicit grading criteria, student outcomes, and expectations. The evaluation team reviewed preceptor evaluations of individual students. Grading policies are delineated in the student handbook. Evaluation policies, procedures, and course requirements are clearly outlined in the course syllabi.

III-G. Curriculum and teaching-learning practices are evaluated at regularly scheduled intervals to foster ongoing improvement.

Elaboration: Faculty use data from faculty and student evaluation of teaching-learning practices to inform decisions that facilitate the achievement of individual student learning outcomes. Such evaluation activities may be formal or informal, formative or summative. Curriculum is regularly evaluated by faculty and other communities of interest as appropriate. Data from the evaluation of curriculum and teaching-learning practices are used to foster program improvement.

Compliance Concerns?

Baccalaureate:	No
Master's:	No
DNP:	No

Rationale: UMSON curricula and teaching-learning practices are regularly evaluated by a program level curriculum committee and by students at the end of each semester via a course evaluation form. Course evaluations were reviewed during the on-site evaluation. Examples of all programs' curricular changes as a result of the above process were verified by the evaluation team. For example, the MS curriculum audit took place in 2008. This was verified in meeting minutes and in interviews with program faculty. The evaluation of curriculum, teaching, and learning practices was established by the MSEC process. Committee members established criteria for the ongoing program review. The MS program specialties will be evaluated every other year using a newly implemented evaluation tool.

Through review of materials provided in the resource room and in interviews with the entry level curriculum committee members, the evaluation team verified evidence that the curriculum and teaching practices are evaluated regularly to foster ongoing improvement. Course directors initiate suggestions for course revisions to the entry level curriculum committee for consideration. For example, in the MS CNL a decision was made to postpone the requirement for students to take the CNL certification exam until the graduate obtained one year of nursing experience.

STANDARD IV
PROGRAM EFFECTIVENESS: AGGREGATE STUDENT PERFORMANCE AND FACULTY ACCOMPLISHMENTS

The program is effective in fulfilling its mission, goals, and expected aggregate student and faculty outcomes. Actual aggregate student outcomes are consistent with the mission, goals and expected student outcomes. Actual alumni satisfaction data and the accomplishments of graduate of the program attest to the effectiveness of the program. Actual aggregate faculty outcomes are consistent with the mission, goals, and expected faculty outcomes. Data on program effectiveness are used to foster ongoing program improvement.

This standard is **met** for the baccalaureate program.
This standard is **met** for the master's program.
This standard is **met** for the DNP program.

IV-A. Surveys and other data sources are used to collect information about student, alumni, and employer satisfaction and demonstrated achievements of graduates. Collected data include, but are not limited to, graduation rates, NCLEX-RN® pass rates, certification examination pass rates, and employment rates, as appropriate.

Elaboration: Processes are in place for regular collection of aggregate student outcome data. For entry-level programs, the program indicates whether NCLEX-RN® pass rate data represent first-time takers and/or repeat takers. The program is expected to demonstrate how RN-to-baccalaureate program graduates as well as pre-licensure graduates achieve the expected outcomes of the baccalaureate program. Program evaluation data are collected on a regular basis. For each degree program, the program calculates graduation rates (number of students completing a program divided by number of students entering a program). Programs may define the point of entry to the program and the length of time allotted for program completion. The entry point and the time frame used in the calculation are specified by the program. Individual programs may collect additional aggregate outcome data related to other aspects of their mission, goals, and expected student outcomes (e.g., enrollment in further graduate education).

Compliance Concerns?

Baccalaureate:	No
Master's:	No
DNP:	No

Rationale: Through dialogue with faculty and students across programs and perusal of the materials in the resource room, the evaluation team determined that processes are in place for regular collection of aggregate student outcome data. All courses are evaluated through the UMSON's office of evaluation. A computerized course and faculty evaluation is completed at the end of each course. The college evaluation plan clearly describes the processes in place for data collection of aggregate student outcomes, and it was evident the program uses this plan. Data sources including graduation rates, NCLEX rates, certification rates, alumni surveys, and employer surveys were reviewed and found to be consistent with the self-study document. As

noted in the self-study document, certification data are challenging to obtain. Quality improvements were made based on evaluation of available data. For example, the CNL certification pass rate for the MS CNL graduates was lower than anticipated. Students were encouraged to sit for the CNL certification after completion of one to two years of clinical practice. Overall, faculty reported that the response rate to the alumni survey is low.

A review of the committee minutes and interviews with faculty and administrators verified that outcome data are analyzed annually and used to enhance quality improvement. For entry level graduates, the NCLEX pass rates were verified. The benchmark set by the Maryland State Board is 90% of the national rate for first time test takers. The benchmark was met in the last four testing cycles.

DNP course satisfaction surveys have been distributed and analyzed, as evidenced by documents reviewed by the evaluation team. A graduate focus group also evaluated courses and program structure in 2008, as evidenced by a document viewed in the resource room. Ninety percent of MS graduates indicated a "good" to "excellent" educational experience, and 80% would recommend the program to others.

Advanced practice specialty certification exam pass rates exceed the national averages in all areas except for the acute care NP designation. Nevertheless, the acute care specialty is still above the 90% benchmark. The MS specialty and DNP graduates have a 96.4% and a 100% respective employment rates post-graduation.

IV-B. Aggregate student outcome data are analyzed and compared with expected student outcomes.

Elaboration: Actual student outcomes data are analyzed in relation to expected student outcomes to identify areas of discrepancies. Discrepancies may indicate areas for program improvement.

Compliance Concerns?

Baccalaureate:	No
Master's:	No
DNP:	No

Rationale: Aggregate student outcomes in the form of program objectives are clearly defined for the BSN and pre-RN licensure programs, the master's programs, and the DNP program. The evaluation team verified that each of the expected aggregate student outcomes are

systematically assessed. The office of evaluation conducts trend analyses with the aggregate data. Centrally, UMB collates course evaluations for future trend analyses.

The DNP program is too new to have any meaningful aggregate data for analysis and comparisons with expected student outcomes for the graduates. However, documentation was viewed showing outcome data for expected student outcomes at the end of course and at the end of program. The self-study document reports that formative and summative data are generated to evaluate effectiveness of all programs. For example, at the master's level, data indicated that NP students who earn a grade of "C" or below in pathophysiology early in their course of study performed poorly in their clinical experiences. In an effort to address the problem, all NP students are now required to earn at least a "B" in NPHY 612.

IV-C. Aggregate student outcome data provide evidence of the program's effectiveness in achieving its mission, goals, and expected outcomes.

Elaboration: The program reports aggregate data related to its expected outcomes. Reported data include student, alumni, and employer satisfaction; graduation rates; NCLEX-RN® pass rates; certification examination pass rates; employment rates; as well as data related to other program-identified expected outcomes.

Compliance Concerns?

Baccalaureate:	No
Master's:	No
DNP:	No

Rationale: The evaluation team reviewed evidence that the aggregate student outcome data demonstrate the effectiveness of the program in achieving its mission, goals, and expected outcomes. The NCLEX-RN rates meet or sometimes exceed the national means. Master's certification pass rates are high, with all tracks (with exception of Psychiatric Mental Health NP 2006 (53%), 2007 (50%) above the national average. BSN and MS graduates reported overall satisfaction with their education and find jobs. Employers reported satisfaction with alumni job performance. As of July 2009, the post-graduate employment rates for traditional BSN and MA CNL students did not meet expected outcomes. However, benchmarks were achieved in terms of new graduate satisfaction with the overall program. Efforts are in place to enhance alumni completion of surveys.

IV-D. Aggregate student outcome data are used, as appropriate, to foster ongoing program improvement.

Elaboration: The program demonstrates use of aggregate student outcome data for program improvement when actual outcomes are not consistent with expected outcomes.

Adjustments to foster ongoing program improvement are deliberate and congruent with the mission, goals, and expected student outcomes.

Compliance Concerns?

Baccalaureate:	No
Master's:	No
DNP:	No

Rationale: The minutes of curriculum committee meetings reflected ongoing discussions regarding NCLEX and certification rates. Faculty minutes also reflected strategies planned to improve student outcomes. For example, the certification pass rates for the psychiatric/mental health NP program were less than the benchmark in 2006 and 2007. Minutes from a psychiatric/mental faculty meeting indicated that faculty discussed the problem at great length, initiated a plan, and made programmatic changes. The pass rate in 2008 achieved the established benchmark.

Use of aggregate data for the DNP program identified that the DNP program standards have evolved over time due to evaluation of these data. For example, a standard was revised in 2009 to require a minimum of a 3.0 grade average for program continuance. Another example includes the initiation of a blended program model based on student feedback over a two year period of time. Faculty are consistently making improvements on a day to day basis. In interviews, alumni verified that these improvements are being made.

IV-E. Aggregate faculty outcomes are consistent with and contribute to achievement of the program's mission, goals, and expected student outcomes.

Elaboration: Aggregate faculty outcomes reflect the program's mission, goals, and expected student outcomes. For example, if research is an identified element of the program's mission, faculty research productivity should be assessed as an expected faculty outcome. If research is not part of the identified mission, it would not be expected as a faculty outcome. Evaluation of faculty outcomes is consistent with the institution's and program's definition(s) of faculty role expectations. There is congruence between expectations of the faculty in their roles and evaluation of faculty performance.

Compliance Concerns?

Baccalaureate:	No
Master's:	No
DNP:	No

Rationale: Aggregate faculty outcome data provided evidence that the faculty are leaders in nursing education, practice, and research. UMSON faculty take great pride in their programs, students, and community of interest. The faculty moved to a model of self-governance under the leadership of the dean. In meetings, students further validated the leadership of the faculty.

Students described faculty as exemplary role models. In 2008-2009, faculty published a total number of 247 refereed articles and presented 259 papers and posters at professional conferences. The Boyer Model of Scholarship is employed and promotion and tenure documents support the philosophy and model. Review of faculty CVs indicated that the majority of faculty have published and are involved in research and or grant development. All faculty are expected to maintain expertise in the specialty area. There are 17 faculty members who hold fellowships in the American Academy of Nursing. A significant number of faculty serve as officers on the boards of professional associations. Faculty are also recipients of national recognition for education and service contributions.

IV-F. Information from formal complaints is used, as appropriate, to foster ongoing program improvement.

Elaboration: If formal complaints indicate a need for program improvement, there is evidence that action has been taken to address that need.

Compliance Concerns?

Baccalaureate:	No
Master's:	No
DNP:	No

Rationale: Policies and procedures that defined and discussed processes for formal complaints were reviewed on-site in the resource room. Undergraduate students at the Shady Grove campus were asked if they were aware of the policies, and if they knew where to locate the necessary information. Students reported that they would refer to the student handbook for a complete description of the formal complaint process. A student further noted that she received the handbook during orientation, and that it is explained to all incoming students.