UNIVERSITY *of* MARYLAND
SCHOOL *of* NURSING

CELEBRATING 125
1889-2014 YEARS

PRACTICE

EDUCATION

RESEARCH

SELF-STUDY REPORT

2011-2013 *through* **2013-2014**

Submitted to the

Commission on Collegiate Nursing Education

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Introduction

The University System of Maryland

The University System of Maryland (USM) comprises 12 institutions, two regional higher education centers, and a system office. USM creates a dynamic educational environment that supports a unique array of dual-degree programs; fosters groundbreaking research, innovation, and entrepreneurship; and fuels the engine that is helping to power Maryland forward. As a public system of higher education, USM advances the state of Maryland and benefits all of society. Worldwide, the USM enrolls 111,141 undergraduate students and 42,238 graduate and professional students (see a list of USM Schools in Appendix Intro-1).

The University of Maryland, Baltimore

The University of Maryland, Baltimore (UMB) is one of the 12 USM institutions. Founded in 1807, UMB is Maryland's only public academic health, human services, and law center. Its 61-acre educational, research, and technology complex consists of six professional schools and an interdisciplinary graduate school that educate the majority of the state's physicians, nurses, dentists, lawyers, social workers, and pharmacists (see the organizational chart for UMB in Appendix Intro-2). Adjacent to the campus are the University of Maryland Medical Center, the Baltimore Veterans Affairs Medical Center, and the University of Maryland BioPark. The BioPark, which opened in 2005, promotes collaborative research opportunities and bioscience innovation.

The campus is a national leader in health sciences research, with $479.8 million in grants and contracts in FY 2013. Its 6,368 students and 6,875 faculty and staff members help make UMB a powerful economic engine that returns more than $15 in financial activity for every dollar invested in it by the state. The UMB community contributes more than two million hours a year in service to the public.

The Commission on Higher Education of the Middle States Association of Colleges and Schools first accredited UMB in 1921. The most recent onsite evaluation was in April 2006. At its June 22, 2006 session, the Commission acted to reaffirm accreditation and to commend UMB for the quality of its self-study report and process. The next evaluation is due in 2016. As a state institution, UMB's duty to serve the public good is at the heart of its mission. UMB is committed to ensuring that the knowledge it generates provides maximum benefit to society, directly enhancing the community.

The University of Maryland School of Nursing

The University of Maryland School of Nursing (UMSON), established in 1889, is the largest nursing school in Maryland and one of the largest in the nation. UMSON enrolls 1,700 students, including more than 200 students at the Universities at Shady Grove (USG) in Rockville, Md. USG, Maryland's largest regional center, is a partnership of nine USM universities on one campus in Montgomery County. UMSON is ranked 11th among all nursing schools nationally by *U.S.News & World Report*. UMSON develops strong leaders who shape the profession of nursing and have a powerful impact on the health care environment. The concepts of leadership, partnership, and innovation are fundamental to all of UMSON's academic and clinical pursuits.

Dean Jane M. Kirschling is UMSON's chief administrative officer and reports to the President of UMB. The associate dean for research, the associate dean for development and alumni relations, the associate dean for strategic partnerships and initiatives, and the two department chairs report directly to the Dean. All faculty members belong to one of the two departments: Organizational Systems and Adult Health, and Family and Community Health (see the UMSON organizational chart in Appendix Intro-3).

Consistent with the mission of UMB, UMSON is dedicated to creating a research-intensive environment that will advance the science of nursing through research and scholarship of the highest quality. Currently, UMSON is ranked 9th among schools of nursing in receipt of funding from the National Institutes of Health (NIH)/National Institutes of Nursing Research, and attracted $4.4 million in NIH/NINR grants in 2013. UMSON received more than $11.2 million in extramural funding in FY 2013.

UMSON offers an upper division undergraduate program that leads to the Bachelor of Science in Nursing (BSN) degree. The BSN Program provides educational opportunities for people just entering the nursing profession

and for registered nurses with an associate degree or diploma in nursing who want to advance their academic qualifications. UMSON students in the BSN and RN-BSN Programs have the ability to attend courses and complete the entire program at the USG site. The BSN Program prepares nurses with a liberal arts education who are equipped with clinical knowledge, technological expertise, proficiency in scientific and clinical decision-making, critical thinking abilities, and humanistic skills. Graduates of the program are well positioned to play a significant role in shaping the future of nursing and health care by assuming direct care provider roles.

UMSON has pioneered a variety of innovative graduate programs, including the world's first nursing informatics master's specialty, Maryland's only nurse anesthesia program for civilians, the first clinical nurse leader master's option, and the first Doctor of Nursing Practice Program. The MS Program has included specialties in informatics, community/public health nursing, health services leadership and management, and six Advanced Practice Registered Nurse (APRN) options: Nursing Anesthesia, Adult and Gerontological Primary Care Nurse Practitioner, Adult and Gerontological Acute Care Nurse Practitioner/Clinical Nurse Specialist, Family Nurse Practitioner, Pediatric Acute or Primary Care Nurse Practitioner, and Psychiatric Nurse Practitioner Family Focus. The School also has a Maryland Higher Education Commission-approved Post-Master's APRN Certificate Program designed to assist RNs who have MS degrees in nursing in acquiring the knowledge and clinical experience that will prepare them to sit for the certification exam as an Adult and Gerontology Primary Care Nurse Practitioner, Acute Care Nurse Practitioner/Clinical Nurse Specialist, Family Nurse Practitioner, Pediatric Acute or Primary Care Nurse Practitioner, or Psychiatric Mental Health Nurse Practitioner Family Focus.

UMSON's Post-Master's Doctor of Nursing Practice (DNP) Program began in the fall 2006 semester and has been geared toward nurse executives, informaticians, educators, clinical nurse specialists, nurse anesthetists, and nurse practitioners with MS degrees in nursing. The DNP Program prepares graduates to lead at the highest educational, clinical, and executive ranks. DNP graduates are experts in the evaluation and application of evidence for the improvement of education, clinical practice, and systems management. In the fall 2014 semester, UMSON will be opening two additional DNP options for Advanced Practice Registered Nurse (APRN) students: a Post-BSN to DNP and a DNP with Specialties (Post-Master's). BSN-prepared APRN applicants will no longer be admitted to the MS Program, but will seek a DNP degree.

UMSON's PhD Program, launched in 1979, prepares scholars and researchers who will advance nursing science and provide innovative leadership in the profession. The program design allows students to study the theoretical and empirical bases for nursing practice in a variety of clinical settings, nursing education, administration, and/or policy. Personal research interests, career goals, and the match with faculty expertise determine the emphasis area chosen by students. Depth of knowledge in the emphasis area is developed through required coursework and related clinical laboratory experience, selection of support electives, independent study, and dissertation research.

UMSON offers a variety of flexible and combined accelerated degree options. These include a RN-BSN, a post-baccalaureate entry option into the PhD Program, and dual degree MS/MBA and PhD/MBA Programs (in conjunction with the University of Baltimore and the Robert H. Smith School of Business, University of Maryland College Park). All nursing graduate students (MS, DNP, and PhD) also have the opportunity to enroll in the MS, DNP, or PhD/MPH dual degree program to prepare them for a more diverse range of careers in nursing and public health (http://medschool.umaryland.edu/epidemiology/mph/). The MPH Program is offered through the Department of Epidemiology and Public Health in the University of Maryland School of Medicine. The MS/MPH dual degree program can usually be completed in one additional semester if the student is enrolled full time.

UMSON has an office that focuses on building strategic relationships across the tripartite mission. The Office of Strategic Partnerships and Initiatives (SPI) advances UMSON's mission by building external partnerships for education, research, and practice that achieve the School's strategic goals. SPI is comprised of the offices of professional education, clinical enterprise, and legal and contractual services.

The clinical education of students requires UMSON to maintain affiliations with hundreds of hospitals and health care agencies throughout Maryland and other states. In addition, UMSON's 154,000-square-foot building on the Baltimore campus and facilities at the USM regional higher education site at Shady Grove offer the latest in research and instructional facilities. State-of-the-art clinical simulation laboratories at both locations afford students extensive hands-on experiences that mimic hospital and home environments.

The Office of Professional Education (OPE) is an accredited provider of American Nurses Credentialing Center (ANCC) continuing professional nurse education that offers innovative and creative continuing education, conferences, and workshops for nurses, faculty members, staff, alumni, partner organizations, and students. OPE has been an accredited provider since 1991 and was reaccredited by ANCC for four years (2013 to 2017). OPE is widely recognized, in particular, for the international Summer Institute in Nursing Informatics, which just completed its 24th year; the annual Evidence-based Practice Conference from 2003 to 2012; and the Knowledge Utilization Conference in conjunction with the international association in 2013. OPE provides onsite as well as Web-based programs accessible to nurses worldwide. The office develops online professional education courses that support the advancement of professional nursing. This approach to self-study and individualized learning enables a high level of engagement with professional nurses and other interprofessional colleagues to advance contemporary nursing practice.

The Office of Clinical Enterprise administers the Governor's Wellmobile program, a public/private partnership for both education of nurses and faculty practice. The program receives core funding through an annual State of Maryland legislative allocation from the Maryland Higher Education Commission (MHEC). This funding is leveraged to obtain other funding to support the program. The Governor's Wellmobile program has two missions: 1) to serve the health needs of the underserved in the State of Maryland by providing primary care and nurse-managed care coordination and outreach, and 2) to serve as a clinical site for nursing students in community public health and advanced practice nursing students' preceptorships. Additionally, the Wellmobile program is an interprofessional practice site in collaboration with the University of Maryland School of Social Work faculty practice and students. The significance of this educational mission is underscored by new federal health care reform legislation, which emphasizes prevention, public health, and enhancement of the primary care infrastructure. The latter is particularly relevant to mitigation of health care work force shortages in the state and region.

Accreditation

UMSON attained its initial accreditation from CCNE in 2009 for the Bachelor of Science in Nursing, Master of Science, and Doctor of Nursing Practice Programs. This self-study is for reaccreditation of the BSN, MS, and DNP Programs, and for an initial accreditation of the Post-APRN Master's Certificate Program.

Standard I
Program Quality: Mission and Governance

The mission, goals, and expected program 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.

I-A. The mission, goals, and expected program 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 program outcomes are written and accessible to current and prospective students, faculty, and other constituents. Program outcomes include student outcomes, faculty outcomes, and other outcomes identified by the program. 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/certificate programs exist. Student outcomes may be expressed as competencies, objectives, benchmarks, or other terminology congruent with institutional and program norms.

The program identifies the professional nursing standards and guidelines it uses. CCNE requires, as appropriate, the following professional nursing standards and guidelines:

- *The Essentials of Baccalaureate Education for Professional Nursing Practice [American Association of Colleges of Nursing (AACN), 2008];*
- *The Essentials of Master's Education in Nursing (AACN, 2011);*
- *The Essentials of Doctoral Education for Advanced Nursing Practice (AACN, 2006); and*
- *Criteria for Evaluation of Nurse Practitioner Programs [National Task Force on Quality Nurse Practitioner Education (NTF), 2012].*

A program may select additional standards and guidelines.

A program preparing students for certification incorporates professional standards and guidelines appropriate to the role/area of education.

An APRN education program (degree or certificate) prepares students for one of the four APRN roles and in at least one population focus, in accordance with the Consensus Model for APRN Regulation: Licensure, Accreditation, Certification and Education (July 2008).

Program Response:

The mission of UMSON is to shape the profession of nursing and the health care environment by developing leaders in education, research, and practice. The mission was reviewed and re-affirmed as part of the UMSON strategic planning process in 2012 and it guides UMSON's Strategic Plan for 2012-2017. The robust baccalaureate, graduate, doctoral, and research programs strive to meet the mission and remain innovative in their approaches. The missions of the University System of Maryland (USM), the University of Maryland, Baltimore (UMB), and UMSON are provided in Appendix IA-1. UMSON's mission is congruent with the missions of UMB and USM (see Appendix IA-2).

For this school of nursing, program outcomes are equivalent to student learning outcomes. Program outcomes for the Bachelor of Science in Nursing (BSN), Master of Science (MS), and Doctor of Nursing Practice (DNP) Programs are listed below.

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 health care
- Incorporate information management and patient care technology in the delivery of quality patient-centered care
- Integrate knowledge of health care 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 health care continuum
- Accept personal accountability for lifelong learning, professional growth, and commitment to the advancement of the profession

Master's 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

These program outcomes are consistent with the missions of UMB and UMSON (see Appendix IA-3).

The program outcomes for UMSON's BSN, MS, and DNP Programs are derived from standards defined by the American Association of Colleges of Nursing (AACN) in their publications: *The Essentials of Baccalaureate Education for Professional Nursing Practice* (AACN, 2008); *The Essentials of Master's Education for Advanced Practice Nursing* (AACN, 2011); and *The Essentials of Doctoral Education for Advanced Nursing Practice* (AACN, 2006) (see grid mapping outcomes by program to the relevant essentials in Appendix IA-4).

UMSON incorporates other professional standards and guidelines appropriate to the program and the specialty area within the MS and DNP Programs. UMSON's CNL degree option is a Model C generic master's based on the Baccalaureate Essentials and supplemented by the *Competencies and Curricular Expectations for Clinical Nurse Leader Education and Practice* (AACN, 2013). The Criteria for Evaluation of Nurse Practitioner Programs (National Task Force on Quality Nurse Practitioner Education, 2012) is used to evaluate UMSON's nurse practitioner programs. (See Appendix IA-5 for examples of the congruence among these additional professional standards and student outcomes.)

Other program outcomes are described and set by UMSON as "benchmarks" in the Master Evaluation Plan (see Appendix IA-6). They include items such as: a) satisfactory completion rates, NCLEX pass rates, certification examination pass rates, and employment rates, and b) satisfactory ratings on Course and Faculty Evaluation Questionnaires (CEQ/FEQ), Program Assessment Questionnaire (PAQ), and alumni surveys.

The expected faculty outcomes for each program include achievement of satisfactory ratings on the CEQ/FEQ's and satisfactory performance on the annual faculty evaluations reviewed by the department chairs. The annual faculty evaluations are informed by the Faculty Progress and Productivity Report (FPPR) completed by each faculty member.

UMSON's Strategic Plan contains five goals that shape the direction of the School for 2012-2017. The work of the faculty members, staff, external stakeholders, and the University community was integral in the development of the plan. The five goals are to:
- Prepare leaders to shape and influence the nursing profession and the health care environment
- Optimize health through discovery and translational science
- Create a robust and enduring financial model
- Elevate UMSON's competitive position through advancing a culture that embodies the School's Core Values of accountability, civility, collaboration, diversity, excellence, knowledge, and leadership
- Leverage technology to enhance and expand education, research, and practice

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.

Program Response:

UMSON's mission and goals are reviewed regularly as part of the strategic planning process. The 2012-2017 Strategic Plan was developed in part from a comprehensive review of the goals and accomplishments of the 2007-2011 Strategic Plan. Annually, the Administrative Council meets to review status, make adjustments, align outcomes across initiatives, and evaluate progress. Additional input to track progress and make adjustments is obtained through periodic surveys of faculty and staff members that focus on key components of the Strategic Plan such as organizational climate and structure. Review of this data has led to a series of school-wide in-services on civility and a reassessment of the effectiveness of UMSON's administrative structure.

Program faculty members review expected student outcomes based on the essentials and standards that guide the curricula, analyze course and program evaluation data, and determine the need for modifications on an annual basis. Throughout the academic year, faculty members in each program meet regularly to evaluate and revise courses, review evaluation data, analyze progress toward meeting strategic plan goals, and share insights gained from attendance at national conferences. For example, faculty and student feedback on the four-credit graduate research core course that covered both design and statistics, resulted in the development of a new research core that includes a three-credit course in evidence-based design and a three-credit course

in statistics. These courses will launch in the fall 2014 semester and replace the former research core. Program advisory groups comprised of alumni, employers, and other key stakeholders meet once or twice a year to discuss expected student outcomes and current trends in the health care setting relevant to each program and make appropriate recommendations for improvement.

Since 2010, the BSN faculty members have been actively involved in revising the curriculum in accordance with *The Essentials of Baccalaureate Education for Professional Nursing Practice* (AACN, 2011) to ensure alignment with expected student outcomes. The Entry-level Curriculum Committee holds monthly meetings that incorporate input from the community of interest to ensure that expected student outcomes meet community needs.

The MS/DNP Curriculum Committee is responsible for review of the mission, goals, and expected student outcomes of the MS and DNP Programs in accordance with *The Essentials of Master's Education* (AACN, 2011) and *The Essentials of Doctoral Education for Advanced Nursing Practice* (AACN, 2011). The committee meets monthly to review course modifications and new courses, make recommendations for revisions, and ultimately approve changes. In the case of the MS Program, any changes are reviewed by the UMB Graduate School. The MS/DNP Curriculum Committee also conducts a comprehensive review of each specialty in the MS Program, and the CNL degree option, and DNP Program based on 1) content, 2) enrollment, 3) retention, 4) graduation and certification exam pass rates, 5) cost and revenue, and 6) faculty resources on a rotating three-year cycle. The outcome of these reviews and schedule for future evaluations is located in the MS/DNP Curriculum Committee minutes on the UMSON intranet at http://www.nursing.umaryland.edu/Intranet/Committees/Faculty-Organization/Masters-DNP-Curriculum-Committee/.

Consistent with UMB and UMSON's core value of diversity, the race/ethnicity and gender are monitored each semester. UMSON is recognized for having one of the most diverse student populations on the UMB campus. For example, in the spring 2014 semester, 37.8% of students in the BSN Program were minorities (http://www.umaryland.edu/institutionalresearch/enrollment/2014/201402race.pdf) and 14.2% were male (http://www.umaryland.edu/institutionalresearch/enrollment/2014/201402gender.pdf). The MS and DNP Programs shared similar results in that 33.7% and 23.7%, respectively, were minorities, while 10.8% and 6.6% respectively were males.

UMSON defines its community of interest as students, faculty members, alumni, health care delivery institutions and individuals, academic advisory boards, regulatory bodies (Maryland Board of Nursing, MHEC), and our credentialing agencies. The community of interest is engaged in dialogue or forums with academic administrators and faculty members to gain their insights, input, and feedback as part of continuous improvement process. For example, the advisory boards have contributed to program changes and development. In 2010, a DNP Transition Task Force was organized to assess the continuation of the MS specialties and determine if specialties should be transitioned to the DNP level. With input from the respective specialty advisory boards, three specialties elected to remain at the master's level—Community/Public Health, Nursing Informatics, and Health Services Leadership and Management (HSLM). The advanced practice nursing specialties—Nursing Anesthesia, Adult and Gerontological Primary Care Nurse Practitioner, Adult and Gerontological Acute Care Nurse Practitioner/Clinical Nurse Specialist, Family Nurse Practitioner, Pediatric Acute or Primary Care Nurse Practitioner, and Psychiatric Mental Health Nurse Practitioner Family Focus—elected to be offered only on the DNP level. The DNP Transition Task Force worked to develop the curriculum and coursework, guided by *The Essentials of Doctoral Education for Advanced Nursing Practice* (AACN, 2006), and to launch the new program in the fall 2014 semester.

As a result of the revision of the BSN and DNP curricula, a CNL curriculum Revision Task Force was convened to review and revise the MS CNL curriculum, taking into account BSN and DNP curricular changes. Courses are in the process of development and approval. The new CNL curriculum will provide an enhanced transition for CNL graduates wishing to pursue the DNP.

I-C. Expected faculty outcomes are clearly identified by the nursing unit, are written and communicated to the faculty, and are congruent with institutional expectations.

Elaboration: The nursing unit identifies expectations for faculty, whether in teaching, scholarship, service, practice, or other areas. Expected faculty outcomes are congruent with those of the parent institution.

Program Response:

The UMSON follows University System of Maryland (USM) and University of Maryland, Baltimore (UMB) policies and procedures. The UMSON Appointment Promotion and Tenure (APT) policies are consistent with UMB APT policies. In accordance with UMB APT policy, the detailed criteria and the relative weight of the criteria are determined by the UMSON. Faculty outcomes and progression information are clearly delineated in the UMSON's *Appointment, Promotions, and Tenure (APT) Policy*, which can be found in the UMSON *Faculty and Staff Handbook* on the UMSON intranet.

The UMSON APT Policy is congruent with our mission of shaping the profession of nursing and the health care environment by developing nursing leaders in education, research, and practice (see Appendix IC-1). The UMSON APT policy provides for faculty appointments to one of two career paths: Tenure Track, where the focus is on discovery of knowledge, or Non-Tenure Track, where the focus is on scholarship related to practice. Tenure Track faculty members, in addition to their teaching responsibilities, are expected to focus on research, secure peer-reviewed external funding for their research, and disseminate their results in peer-reviewed venues. The titles associated with such appointments are Assistant Professor, Associate Professor, and Professor. Tenure Track appointments are full-time positions.

In addition to their instructional responsibilities, Non-Tenure Track faculty members are expected to focus on their chosen area of practice and to contribute in a scholarly way to the advancement of that practice through dissemination of their practice scholarship in peer-reviewed venues. The titles associated with such appointments are Clinical Instructor (full-time), Nursing School Assistant Professor, Nursing School Associate Professor, and Nursing School Professor.

Faculty 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. Faculty members with clinical practice contracts (practice service agreements) receive release time from instructional workload to conduct their practice. The instructional workload expectation is prorated based on the percentage of contracted time. For example, a clinical practice contract for two days a week (40% of salary) would reduce the instructional workload to 60% of the expected level.

The UMSON Faculty Workload and Responsibilities Policy recognizes the importance of faculty involvement in supporting students to achieve the expected program outcomes (see Appendix IC-2). Periodic review and revision of academic programs, research, and practice goals with expected student outcomes remains within the faculty purview and is overseen by program-specific committees, and guided by the UMSON Strategic Plan 2012-2017.

Despite the chosen career track, 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 UMSON Faculty Workload and Responsibilities Policy clearly delineates the relative distribution of workload among this triad and may vary according to the type of faculty appointment and the nature of the assignment. Faculty members are expected to meet their responsibilities independently and in full accord with both institutional expectations and established tenets of academic freedom.

Each faculty member (tenured/non-tenured) has an annual evaluation with his/her department chair or immediate supervisor that reviews advancement and promotion progress relating to APT criteria, the achievement of individual goals, and the establishment of new goals for the coming year. To ensure faculty congruence with APT criteria, the APT Committee holds periodic question and answer forums for faculty members regarding promotion and tenure questions. APT committee members are also available to meet with faculty members upon request.

To facilitate academic development and socialization, new faculty members participate in two orientation programs. The Office of Professional Education conducts a group orientation and the department chair, in

collaboration with the new faculty member, customizes an individual faculty orientation. The group orientation integrates UMSON's vision, mission, goals, strategic plan, and values into a comprehensive view of its systems and operations. Until 2013, this orientation had been offered twice a year, but was recently increased to three times a year (August, January, and March) to match the major faculty recruitment times. During orientation, the UMSON APT policy; the UMSON mission, goals, and expected outcomes; and the process of advancement and promotion are reviewed. For the individualized orientation, the department chairs specifically assess the new faculty member's teaching experience and educational preparation for a teaching role. A comprehensive needs assessment is conducted by the Institute for Educators in Nursing and Health Professions, and from this assessment areas of development and growth are identified to prepare faculty members for using contemporary and effective teaching strategies essential for student-centered learning. As of July 1, 2014, new faculty members from all schools within UMB participate in a full-day onboarding process on their first day of employment. These sessions are scheduled twice a month and are designed to finalize all administrative details specifically, as well as provide a broader understanding of the UMB community and its core values. An orientation manual highlights essential information for new faculty members, and is available on the intranet at http://www.nursing.umaryland.edu/Intranet/Orientation/.

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 promote participation. Nursing faculty are involved in the development, review, and revision of academic program policies.

Program Response:

UMSON faculty, staff, and students participate in the mission and governance of UMSON and UMB as a means to maintain and improve quality of programs. UMSON provides structured activities and forums for dialogue that allow for continuous evaluation of the nursing programs and organizational policies and procedures. For example, the Faculty Organization is currently providing forums for faculty input on graduate and undergraduate curriculum revisions, organizational structure, and workload policy.

UMSON Faculty Organization and Staff Organization bylaws define the governance role of the faculty and staff. The UMSON bylaws were revised by the Faculty Council and were approved by an all-faculty vote in 2012. UMSON Faculty and Staff Bylaws are found on the UMSON intranet at http://www.nursing.umaryland.edu/intranet/media/SON/Intranet/Faculty-Council/UNIVERSITY-OF-MARYLAND---BylawsFacultyOrganizationMay2012-destinations.pdf and http://www.nursing.umaryland.edu/intranet/media/SON/Intranet/Staff-Council/StaffCouncilByLawsFINAL-1-15-2014.pdf respectively.

Faculty Participation in Governance

Faculty members participate in the governance of the UMSON as described by the Faculty Bylaws. Of the 130 full-time faculty members, 54% participated on UMSON committees in 2013-2014 (see Appendix ID-1). The UMSON Faculty Organization consists of a Faculty Assembly, Faculty Council, and various standing committees. The Faculty Organization has two tiers of membership: regular members with full voting rights who are full-time or part-time faculty; and associate members with no voting rights who are holding faculty associate, adjunct, lecturer, affiliate, and/or visiting faculty status at UMSON. Associate members are represented by the specific department chair under which they are contracted in this category of membership. Staff, students, and alumni serve as members on certain committees within UMSON. For example, students serve on the curriculum committees, Student Affairs Committee, and the Judicial Boards, and a staff member and alumnus serve as ex-officio members of the Student Affairs Committee. UMSON faculty members at the USG also have appointments in one of the two major departments and participate in all aspects of faculty governance. Representatives from USG serve on the major committees and attend all faculty and school assemblies either at the Baltimore campus or through Webcast.

The Faculty Assembly consists of all regular members of the Faculty Organization. The Faculty Assembly meets at least twice a semester to conduct business. The Chair of the Faculty Council organizes, convenes, and presides over these meetings. Any member of the Faculty Organization may attend or request to be placed on the agenda. Matters that require a full faculty vote are brought to the floor, discussed, and voted upon. The

Faculty Assembly at large nominates and elects members of Faculty Council to include the Chair of Faculty Council, Chair Elect, Faculty Secretary, an Associate or Assistant Dean who holds a faculty position, all at large members of Standing Committees, departmental representatives, and faculty members to serve on Judicial Board according to the criteria specified in the Student Code of Conduct.

All School Assemblies, which include both faculty and staff members, are held three times per year to promote open communication and the role of faculty and staff members in governance. Staff members are included in the All-School assemblies to promote cohesion, improve the flow of information, and incorporate staff perspectives on issues that impact UMSON staff, although they have no voting rights. Department meetings are held on a regular basis and ad hoc forums are conducted throughout the year as needed to keep faculty and staff members informed on prevailing issues and to obtain feedback.

The Faculty Council is the elected administrative arm of the Faculty Organization and is responsible for conducting the business of the faculty related to: 1) curriculum development, implementation, and evaluation; 2) student selection, progression, and graduation; and 3) faculty appointments, promotions, and tenure. Faculty Council also supports communication throughout the School and provides a formal mechanism for faculty input to the UMSON administration, acts as a voice for the UMSON faculty in University-related matters, and provides a venue for dialogue regarding academic issues and other concerns of the faculty for the School. Faculty representatives are elected from each department to serve on the Faculty Council and all standing committees. An Associate or Assistant Dean is elected to serve as an ex-officio member with voting privileges for a two-year term. Standing committees that report to the Faculty Council are three curriculum committees; Technology and Simulation Advisory Committee; Student Affairs Committee; and Appointment, Promotions, and Tenure. Standing committee members elect the chairs of their respective committees and each chair is a voting member of Faculty Council.

Faculty Council Standing Committees

Curriculum Committees. There are three curriculum committees that foster faculty accountability for the design, implementation, and evaluation of educational programming that include: 1) Entry-level (formerly undergraduate BSN/CNL), 2) MS/DNP, and 3) PhD. These committees are composed of elected faculty representatives who teach in the respective programs, along with the relevant Assistant Dean, and are charged with the day-to-day review and approval of courses, changes to course curricula and plans of study, and review of course evaluations.

The Entry-Level Curriculum Committee manages the BSN Program (traditional BSN and RN to BSN) and shares responsibility for the undergraduate portion of the CNL degree option. The Master's/DNP Curriculum Committee manages the MS Program (with the exception of the baccalaureate components of the CNL Program) and the DNP Program. These two programs are under the responsibility of a single curriculum committee to facilitate the Post-BSN to DNP transition and eventual elevation of the specialties in the MS Program to a doctoral level. The MS and PhD Programs are under the jurisdiction of the UMB Graduate School. Therefore, all courses in these programs must be approved by the Graduate School.

The by-laws for each curriculum committee have provisions for student and alumni representation. Some committees have more success than others at securing student and alumni participation. A major drawback is time commitment or the fact that many committee meetings occur on Mondays when students are in class or off campus and alumni are working. In the fall 2009 semester, as an attempt to facilitate undergraduate student participation in committee work and student governance, UMSON instituted a midday, one-hour block of free time in course scheduling. This proved to be successful and continues to this day.

Technology and Simulation Advisory Committee. The Technology and Simulation Advisory Committee consists of elected faculty and ex-officio members who review technological issues associated with instruction. Recommendations are brought to the Faculty Council for review and decision. Approved recommendations are presented to the Dean's Administrative Council, which considers them for implementation based on the availability of resources ad congruence with strategic initiatives.

Student Affairs Committee. The Student Affairs Committee consists of elected faculty members, ex-officio members, students, and alumni. It recommends student advisement procedures and programs for student

services. It also assists the Office of Student and Academic Services in planning and promoting activities and programs for students, along with planning and implementing convocation and commencement activities.

Appointments, Promotions, and Tenure (APT) Committee. The committee makes recommendations to the Dean of appointments, promotions, and tenure of faculty, as well as appointments of adjunct faculty at the rank of Associate Professor; final tenure decisions rest with the President of UMB. Faculty members at each level of academic rank are elected to serve two-year terms on the APT committee. A chair elected from within the committee is also a voting member of the Faculty Council.

Additional Governing Entities. There are numerous regional and campus-level governing committees on which students and faculty members serve. USG has an Academic Program Advisory Committee consisting of administrative representatives from all participating programs that provides advice on academic policy, program coordination and planning, operational needs, and represents the interests of the respective institutions. UMSON has five voting representatives on the UMB Faculty Senate who provide an independent voice for nursing faculty members in determining UMB and USM goals, recommendations, and policies. In addition to informing faculty members about Senate activities, faculty senators get input from other UMSON faculty by making reports at Faculty Council and All-Faculty meetings and requesting responses. The UMB Faculty Senate is currently chaired by a nursing faculty member. The Council of University System Faculty (CUSF) is comprised of faculty members from all USM campuses. CUSF reviews and makes recommendations to the USM Chancellor and Board of Regents on matters of professional and educational concerns.

Staff Participation in Governance

The Staff Council, established in 2003, is comprised of representatives from various departments and work units within UMSON. The Staff Council is an integral partner in achieving UMSON's vision and mission of excellence related to academic programs, research, and service by functioning in a support role to assist faculty members and students. For example, select staff and the Staff Council Chair participated on the 2013 UMSON Strategic Planning committee and continue to serve in an advisory role to the Dean and administrators to share concerns important to staff members. In addition, Staff Council Officers meet monthly with the Dean and Assistant Dean for Administrative Services to discuss issues from monthly Staff Council meetings and bring back information to the Council to keep lines of communication open between faculty members, administrators, and staff. The All-School Assembly is a shared forum for communication of staff and faculty issues and updates. The Faculty Council Chair works with the Staff Council Chair to prepare the agenda and format for All-School Assembly meetings. These meetings include the Staff of the Quarter Award that is presented to a staff member, nominated by both faculty and staff members, for going above and beyond in his or her job duties. In addition, the Staff Council recently developed a Dress Code Policy for Casual Fridays for faculty and staff members, which was approved by the Dean and implemented in May 2014.

The purpose of the Staff Council is to provide a forum to discuss issues that are important to the UMSON staff, encourage activities where teamwork and communication skills are enhanced, promote and support professional development, and focus on fostering communication and positive relationships. The Staff Council believes that a positive work environment nourishes overall success for everyone. Staff Council promotes professional development through seminars and programs to enhance the personal well-being, professional development, and advancement of staff to foster a spirit of cooperation, professionalism, and integrity with a dedication to honest and open communication. Staff Council works to enhance and sustain employee morale by planning and promoting events and activities that facilitate staff and faculty interaction. Some Staff Council-sponsored events include potluck luncheons, adopt a family, holiday door decoration contest, Halloween contest, and sports themed tailgate parties that bring both staff and faculty members together in a festive atmosphere and promote a sense of community. Staff participated in civility training workshops and worked with faculty members in a group setting, along with a facilitator, to break down any barriers between staff and faculty members. Staff members were also invited to attend a one-day team-building workshop at the Shady Grove site.

Administrators' Participation in Governance

The Dean meets individually with UMB President, Dr. Jay A. Perman, on a monthly basis and, along with other deans, meets with the President and key members of his staff monthly. The purpose of these meetings is to

advise the President on the work and strategic direction of the School and the University at large. The department chairs and associate and assistant deans also serve various roles in University Governance. For example, the Associate Dean for Strategic Partnerships and Initiatives is a member of the University of Maryland Strategic Planning Committee and Executive Implementation Committee. In addition, she co-chairs the Theme Group: Achieve pre-eminence as an innovator in our Missions of Education, Research, Clinical Care, and Public Service. The Assistant Dean for the Bachelor of Science in Nursing Program is a member of the University's Academic Affairs Advisory Committee. The Assistant Dean for the PhD Program is a member of the Graduate School Graduate Council. The Assistant Dean for Student and Academic Services is a member of the Campus Student Affairs Committee.

Key members of Dean Kirschling's administrative team are the Associate Dean for Academic Affairs (Dean is serving as interim), Associate Dean for Strategic Partnerships and Initiatives (Dr. Kathryn Montgomery), Associate Dean for Research (Dr. Susan Dorsey), Chair of Organizational Systems and Adult Health (Dr. Robin Newhouse), Chair of Family and Community Health (Dr. Karen Kauffman), Assistant Dean for UMSON Program at Shady Grove (Dr. Rebecca Wiseman), and Assistant Dean for Administrative Services (Mr. Walt Malecki). The members of the administrative team meet at least monthly. The Dean also meets monthly with the School's Chair of the Faculty Council and Past-Chair/Chair Elect and with the officers of the School's Staff Council. In addition to close working relationships in the UMSON, Dean Kirschling works with Dr. Bruce Jarrell, Chief Academic and Research Officer and Senior Vice President, and other UMB administrators.

Administrative Council. The Administrative Council is comprised of the dean, associate deans, assistant deans, department chairs, chair and past-chair/chair elect of faculty council, and various directors. The council meets at least once per month to set UMSON's strategic direction, ensure alignment and progress of initiatives with strategic goals, and allocate resources. The Faculty Council Chair is a voting member of the council and brings concerns, recommendations, and perspectives of the faculty into strategic decision-making, as well as keeping the faculty informed of matters being deliberated by the Administrative Council members.

Deans and Chairs Committee. The Deans and Chairs Committee is charged by the Administrative Council to discuss operational issues that link to the strategic decisions made by the council. Members of the Deans and Chairs Committee include the associate and assistant deans, the department chairs and vice-chairs, the chair and chair-elect of Faculty Council, and the Director of the Center for Learning Technologies. The committee meets twice monthly and is chaired by the Assistant Dean for Administrative Services.

Evaluation Advisory Committee. The Evaluation Advisory Committee (EAC) consists of Assistant Deans of the BSN, MS, DNP, and PhD Programs and department vice-chairs. The EAC was formed in 2012 to serve as the guiding body to create a master evaluation plan for UMSON. Committee members meet every two months and review the draft of the master plan and current evaluation issues. Recommendations are brought to the Deans and Chairs Committee for review and decision.

Student Participation in Governance

The UMSON Administration and Faculty Bylaws support student participation in the governance structure. The Executive Nursing Government Board supports all UMSON students and is led by the four governing councils (Graduate Nursing Association, Nursing Student Government Association, University of Maryland Association of Nursing Students, and the Doctoral Student Organization). The four councils represent graduate students and undergraduate students at the Baltimore and Shady Grove sites. Students in both undergraduate and graduate organizations elect representatives to provide formal feedback to administration and faculty through the UMSON Student Affairs Committee and Judicial Board. Student organizations provide further feedback through their faculty advisors and are encouraged to meet with them monthly. This provides a mechanism to communicate student concerns to faculty members and allows faculty members to respond through dialog and planning. A list of student organizations is found in Appendix ID-2. Distance learners are also encouraged to participate in student governance. Technology is available, such as teleconferencing, Webcasting, and Blackboard Collaborate that allows those who live in other states or at a great distance from UMSON to participate in governance activities.

I-E. Documents and publications are accurate. A process is used to notify constituents about changes in documents and publications.

Elaboration: References to the program's offerings, outcomes, accreditation/approval status, academic calendar, recruitment and admission policies, grading policies, degree/certificate completion requirements, tuition, and fees are accurate. Information regarding licensure and/or certification examinations for which graduates will be eligible is accurate. For APRN education programs, transcripts or other official documentation specify the APRN role and population focus of the graduate.[1, 2]

If a program chooses to publicly disclose its CCNE accreditation status, the program uses <u>either</u> of the following statements:

"The (baccalaureate degree in nursing/master's degree in nursing/Doctor of Nursing Practice and/or post-graduate APRN certificate) at (institution) is accredited by the Commission on Collegiate Nursing Education, One Dupont Circle, NW, Suite 530, Washington, DC 20036, 202-887-6791."

"The (baccalaureate degree in nursing/master's degree in nursing/Doctor of Nursing Practice and/or post-graduate APRN certificate) at (institution) is accredited by the Commission on Collegiate Nursing Education (http://www.aacn.nche.edu/ccne-accreditation)."

Program Response:

All promotional pieces containing content from UMSON academic offices are reviewed by the Office of Student and Academic Services (OSAS) and a representative from the particular academic program, to ensure accuracy. The Office of Communications also reviews all materials for editing purposes. Documents are reviewed when academic offerings are updated or other changes are made. Documents are available in electronic format on the UMSON website, the UMB website, UMSON internal network databases, and in print.

In 2013, a UMSON website assessment was performed by higher education marketing consultants, *idfive*. They conducted a number of qualitative and quantitative research studies to unearth the community of interest's perspectives and needs. The qualitative research included extensive interviews and focus groups with both internal and external UMSON constituents, including Current Students, Alumni, the Dean, Admissions, Communications, Faculty, Staff, and Senior Leadership. Highlights of the research findings included the need to refine UMSON's message and differentiation strategy, nurture the internal community, improve ease of use, and enhance engagement. In addition to the audience interviews, *idfive* performed a marketing communications review and a website traffic analysis. The research results and corresponding recommendations were delivered in a comprehensive 53-page report available at http://www.nursing.umaryland.edu/news-events/media-public-affairs/web/discover/. The research process yielded a number of pivotal insights that were seminal to the website redesign strategy and creative execution. The goal of the redesign was to improve functionality and accessibility of the site, including an update of the content management system, improvement in navigation, enhancement of integration with social media, inclusion of new branding initiatives, improvement of the search function, and the ability to attract more users to the site as a primary source of information about UMSON.

The Student Handbook is available on the UMSON website at http://www.nursing.umaryland.edu/student-life/handbook/. It contains information regarding registration, academics, and completion requirements with hyperlinks to UMB student recruitment, admission, and grading policies, procedures, and services. Students are responsible for monitoring their own academic progression toward the completion of degree requirements, seeking advice when necessary from their advisor(s), and maintaining good academic standing. Each program

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[1] *Consensus Model for APRN Regulation: Licensure, Accreditation, Certification and Education (July 2008).*

[2] *Criteria for Evaluation of Nurse Practitioner Programs (National Task Force on Quality Nurse Practitioner Education, 2012).*

has its own criteria for good academic standing, which are also delineated in the Student Handbook. The Student Handbook is updated annually by OSAS and released on June 1. It is reviewed by assistant deans and specialty directors of programs and then reviewed by the Deans and Chairs Committee with a final approval by the Dean. It is then vetted by University Counsel. There is also an in-person orientation for new students in the fall and spring semesters to review the Student Handbook, and any new information is sent to them in a PowerPoint presentation through email.

The policies of the UMB Graduate School that guide the MS Program can be found on the UMB website at http://www.graduate.umaryland.edu/policies/ and within the Graduate School Catalog at http://www.graduate.umaryland.edu/catalog/. All students receive a Student Answer Book that provides additional information to help students navigate the system. It can be found on the UMSON website at http://www.nursing.umaryland.edu/student-life/handbook/.

Descriptions of the BSN, MS, and DNP Programs are available on the UMSON website at http://www.nursing.umaryland.edu/academics/. Information on the post-MS APRN certificate program can also be found on the UMSON website at http://www.nursing.umaryland.edu/academics/grad/former/certificates/. Since the students who were admitted to the APRN MS specialties in fall 2013 were the final cohort in these specialties, former plans of study are also available on the UMSON website at http://www.nursing.umaryland.edu/academics/grad/former/. The descriptions include admission and completion requirements, prerequisites, program outcomes, sample plans of study, and information regarding licensure and/or certification examinations. Program offerings are found on Student User Friendly System (SURFS) website at http://umaryland.edu/surfs. This portal offers links to the Academic Calendar, Class Catalog, Class Schedule, and Textbook Information Calendar.

For APRN education programs, the APRN role and population focus is printed on the graduate's transcript.

Recruitment and admission policies for students and employees are available on the UMSON website at http://nursing.umaryland.edu/admissions. These policies include specific gender-based discrimination for students and employees. In addition to the academic qualifications that UMSON considers essential for entrance to, continuation in, and graduation from its BSN Program, as well as from certain MS and doctoral degree programs, technical standards are also required for admission and posted on the UMSON website at http://www.nursing.umaryland.edu/media/SON/Admissions/Technical-Standards-for-Admission-Progression-and-Graduation.pdf.

System policies on tuition are located on the UMS website at http://www.usmd.edu/regents/bylaws/SectionVIII/VIII250.pdf. Tuition and fees are approved by the USM Board of Regents in the spring after the General Assembly session ends. They are then posted on the Student Accounting website by individual school.

The following UMSON website includes the accreditation status for the BSN, MS, and DNP Programs, the accrediting agency, and how to contact CCNE at http://www.nursing.umaryland.edu/about/state/.

I-F. Academic policies of the parent institution and the nursing program are congruent and support achievement of the mission, goals, and expected student outcomes. These policies are:
- **fair and equitable;**
- **published and accessible; and**
- **reviewed and revised as necessary to foster program improvement.**

Elaboration: Academic policies include, but are not limited to, those related to student recruitment, admission, retention, and progression. Policies are written and communicated to relevant constituencies. Policies are implemented consistently. Differences between the nursing program policies and those of the parent institution are identified and support achievement of the program's mission, goals, and expected student outcomes. A defined process exists by which policies are regularly reviewed. Policy review occurs and revisions are made as needed.

Program Response:

UMSON policies are congruent with those of UMB and USM. Numerous policies affecting faculty members and students are required by UMB and/or USM. UMSON faculty members contribute to the development, review, and revision of campus-wide and system-wide policies through the various governance mechanisms cited above. Those policies over which UMSON has sole authority are regularly reviewed and revised as needed by the Dean's Administrative Council and other responsible entities.

An example of review and revision of UMSON policy is the Appointment, Promotion, and Tenure (APT) Policy. In 2012, UMSON revised its APT Policy to not only be congruent with the newly revised UMB and UMS policies, but also to address a list of issues the APT Committee was facing when reviewing faculty promotion materials and answering questions of faculty members preparing for promotions. For example, there seemed to be conflicts between the APT policies used for promotion and tenure and the Boyer Model (*Scholarship Revisited: Priorities of the Professoriate, 1997*) used for annual reviews as wells a need for better distinctions between tenure and non-tenure track criteria. An APT task force made up of Faculty Council and APT representatives revised the process component of the Policies and Procedures document to bring it in line with UMB policies, embedded the components of the Boyer Model into the APT criteria, and revised the criteria for tenure and non-tenure tracks after reviewing the University and campus policies, experiences of promotion/tenure, and policies of other schools. Drafts were shared and feedback was solicited throughout the entire process. Prior to the final approval in December 2012, a final draft was sent to the faculty and a final round of discussion was held at the All-School Assembly.

Differences between nursing program policies and those of the parent institution are in support of the achievement of the program's mission, goals, and expected outcomes. For example, the Technical Standards for Admission, Progression, and Graduation are available on the UMSON website for prospective students at http://www.nursing.umaryland.edu/media/SON/Admissions/Technical-Standards-for-Admission-Progression-and-Graduation.pdf. These non-academic qualifications are required for entrance, continuation, and graduation, specifically from all nursing programs because of the nature of patient and clinical work required.

Academic policies, whether internal to UMSON or established by UMB or USM, are communicated to students, faculty members, and staff through the Student Handbook, Student Answer Book, Faculty and Staff Handbook on the UMSON intranet, email announcements from the UMSON administration, and electronic document repositories on the UMSON, UMB, and USM websites and shared networks.

UMSON endorsed a Policy on Policies for Faculty, Staff, and Administration that ensures consistency of content and format for all policies enacted by UMSON; adequate procedural guidelines for the implementation of a policy; delineation of responsibilities for compliance, revision, and review; timelines that ensure regular review; and communication and documentation procedures.

Summary of Standard I

UMSON is a very large school and a complex organization that has demonstrated strength in increasing levels of faculty and staff engagement, which has advanced the alignment between the University, the School, and the individual departments and teams. Engagement was demonstrated through participation by faculty and staff in the UMSON and UMB strategic planning process in 2012, in its implementation strategies in 2013 and 2014, and in UMSON leadership in numerous campus governance bodies. The UMSON Staff Council recently developed new bylaws and is recognized for its essential contributions to the School's culture and function.

Despite the challenges of a complex organization, the School continues to build a fully mature governance structure. In spring 2014, the Dean solicited feedback on the administrative and governance structures and functioning from all faculty and staff. The feedback from the survey identified a rich opportunity for continuous improvement and further growth in the School's approach to governance. The resulting action was a presentation of findings and a proposed new organizational structure and new shared governance structure, for which the Dean requested input from all faculty and staff. The proposed structure would integrate the existing faculty and staff councils into a combined Governance Council. Once the additional input is processed, a final decision will be made. It is anticipated that this will be completed by late fall 2014.

Standard II
Program Quality: Institutional Commitment and Resources

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

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 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 outcomes. Equipment and supplies (e.g., computing, laboratory, and teaching-learning) are sufficient to achieve the program's mission, goals, and expected outcomes.

A defined process is used 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.

Program Response:

The University of Maryland, Baltimore (UMB) is a public institution that is part of the University System of Maryland (USM). The primary sources of unrestricted funds for the overall operation of UMSON are tuition, fees, and an appropriation from the state's General Fund.

The Dean, in collaboration with the Assistant Dean for Administrative Services, has overall responsibility for the preparation and administration of the UMSON budget. The Dean has authority to move monies freely among budget categories, e.g., from personnel to operating expenses. She may also make budget requests to the UMB President, who forwards them to USM for consideration. Internal department and unit budgets are developed annually with the Assistant Dean for Administrative Services, and are reviewed on a monthly or quarterly basis, depending on the size of the unit. Faculty and staff members may request additional funds through their unit heads or department chairs. All unit heads are responsible for their budgets and are permitted to shift funds between categories and among subcategories.

There are also occasions when budget analyses become a major factor in program change or update. After receiving feedback from our CNL students expressing concern over being intermingled with BSN students, despite being in a graduate level program and paying commensurate tuition, UMSON reviewed the feasibility of delivering the courses separately to CNL students. A new curriculum was designed and the additional workload for faculty members was identified and calculated. After completion, a final workload and budget analysis of the CNL Program was completed and a decision was made to allow the change to a freestanding CNL Program with the additional associated costs.

In an analysis of budgets, UMSON's budget is sufficient to cover salary, materials and equipment, faculty and curricular development, and capital needs. The state of Maryland has either frozen or allowed small increases in undergraduate tuition for the past four years in an effort to keep college education accessible in unfavorable economic times. UMSON has been effective in competing for fiscal resources from UMB and the state (see Table 2.1).

Table 2.1: Comparison of State Budget Support to UMB Schools

UMB School	FY 2011	FY 2012	FY 2013	% Increase FY11-FY13
Dentistry	23,730,909	25,145,572	32,053,912	35.1%
Law	24,531,566	22,637,814	26,841,721	9.4%
Medicine	62,610,473	63,510,002	81,581,437	30.3%
Nursing	19,846,387	20,669,449	25,039,448	26.2%
Pharmacy	18,746,134	20,656,988	24,608,641	31.3%
Social Work	10,252,832	11,087,057	11,569,832	12.8%
TOTAL	159,718,301	163,706,882	201,694,991	26.3%
* State budget support includes tuition and fees.				

Even though UMSON's state funding grew by about 26% more than the FY 2011 to FY 2013 period, UMB changed its method of allocating expenses to the schools. Beginning in FY 2013, UMSON, as well as all the other UMB schools, became responsible for paying for the cost of fringe benefits for all employees. This change required an adjustment in the allocation of state support since the fringe benefits were previously handled on a centralized basis. After accounting for the change in methods, UMSON's state funding grew by only 16% during this period.

External Funding

UMSON's extramural income ($11.2 million, FY 2013) is derived from research grants and contracts ($5.1 million), education or training grants ($4.4 million), and professional service agreements ($1.69 million) (see Table 2.2). In 2013, UMSON was ranked 9th in NIH/NINR grant funding among the nation's nursing schools. Education grants have funded such initiatives as establishing a blended (classroom and online) DNP Program, creating an Institute for Educators in Nursing and Health Professions with a teaching certificate, creating a Student Success Center, and master's preparation of hospital-based clinical instructors. Education grants may also be in the form of faculty scholarships. Income from practice comes from professional service agreements, which are contracts between health care entities and UMSON to buy a percentage of a faculty member's effort for the performance of clinical services.

Table 2.2: Extramural Funding for the Period FY 2011-2013

	FY 2011	FY 2012	FY 2013
Research	$6,712,306	$7,646,685	$5,128,483
Education	$4,213,363	$3,405,826	$4,400,223
Practice	$1,650,320	$1,711,118	$1,685,540
TOTAL	$12,575,989	$12,763,629	$11,214,246

UMSON also receives gifts from private donors, including alumni and charitable foundations. In fall 2007, UMB kicked off a five-year, $650 million capital campaign. UMB reached the goal prior to the end of the campaign on December 31, 2012. UMSON has consistently met or exceeded its annual fundraising goal (see Table 2.3). Most of the money received is spent on scholarships.

Table 2.3: Gift Income 2011-2013

FY 2011	FY 2012	FY 2013
$3,724,933	$3,786,080	$4,698,539

UMSON also benefits from endowment income, most of which is restricted—that is, may only be used for designated purposes. Spendable endowment income was $130,255 in FY 2013 (see Table 2.4).

Table 2.4: Endowment Principal and Purposes FY 2013

Purpose Category	Common Trust	UMBF*	USMF*	Total
Award	$4,613	$32,764	0	$37,377
Chair	0	$1,097,100	0	$1,097,100
Faculty Support	0	$86,433	0	$86,433
Fellowship	$83,588	0	0	$83,588
Lectureship	$82,630	$158,714	0	$241,344
Program Support	$3,446,007	$338,130	0	$3,784,137
Research	$54,564	$41,758	0	$96,322
Scholarship	$6,449,484	$4,179,043	$1,757,952	$12,386,479
Unrestricted	$25,109	0	0	$25,109
Total Endowments	**$10,145,995**	**$5,993,942**	**$1,757,952**	**$17,837,889**
* UMBF=University of Maryland, Baltimore Foundation; USMF=University System of Maryland Foundation. These entities solicit, receive, invest, and manage gifts for the benefit of their respective institutions.				

Faculty Salaries

UMSON has made faculty salaries a priority and uses AACN's annual *Salaries of Instructional and Administrative Nursing Faculty in Baccalaureate and Graduate Programs in Nursing* survey as a benchmark each fiscal year.

Average faculty salaries at UMSON are in at least the 50th percentile for AACN Academic Health Science Centers (see Table 2.5). UMSON has a Faculty Incentive Plan that allows faculty members with external funding to increase their salaries more than a range of 10-20%. UMSON also has an overload supplement pay plan that provides salary support, on a per workload unit basis, to any faculty member who exceeds his or her workload. In FY 2013, 20 faculty members received a total of $48,000 in overload pay in addition to their base salaries. Any faculty member serving in a leadership role also receives an administrative supplement for as long as the individual functions as an administrator.

To maintain equity, UMSON, through the Dean's office, is able to make salary adjustments to keep the more experienced faculty salaries competitive. In a recent period of UMB merit increases, the Dean sought the advice of the Administrative Council (4/15/2014) and was able to create a separate merit adjustment pool to handle certain specific salary equity issues. The solution provided through consultation with the Administrative Council has been used in two different merit increase cycles.

Table 2.5: Comparison of FY 2013 UMSON Full-Time Faculty Salaries with the AACN Salary Survey for Full-Time Instructional Nurse Faculty in the North Atlantic Region

Rank	Education	Salary (mean)	AACN 75th Percentile
Instructor/NP	MS	$81,233	$82,575
Instructor	MS	$91,521	$83,316
Assistant Professor/NP	MS	$96,177	$88,593
Assistant Professor	MS	$87,200	$90,485
Assistant Professor/NP	PhD/DNP	$98,258	$98,351
Assistant Professor	PhD	$97,610	$103,836
Associate Professor	PhD	$124,064	$115,000
Professor	PhD	$138,596	$145,761
Source: 2013-2014 Salaries of Instructional & Administrative Nursing Faculty in Baccalaureate and Graduate programs in Nursing (AACN, combination of Tables 93 and 77).			

Physical Resources

UMSON's Baltimore facility is comprised of two buildings totaling 255,000 square feet—the north building completed in 1970 and the west building completed in 1998—joined by an interior bridge. In 2009, the Southern Management Corporation Campus Center (student resources center) was built and attached to the UMSON building. Students and faculty members have access to meeting rooms, food vendors, bookstore, wellness initiatives, a fitness center, and study areas.

UMSON has an outreach site for its BSN Program and selected MS courses at the 50-acre USM campus at USG, a heavily populated area located approximately 47 miles from Baltimore. USG's three buildings house all classes for nine participating schools, community lectures, and academic, business, and public conferences. The space is highly versatile, expandable based on the size of the group, and most have capacity for teaching with technology. Clinical simulation lab space for the nursing program is used for teaching fundamental skills, health assessment, pediatric/obstetrics, and adult health. Students also have experiences with standardized patients in a center shared with the School of Pharmacy. The Camille Kendall Academic Center is a LEED®-gold certified building and contains a state-of-the-art library. Both locations include ample classroom space, distance/online learning technology, computer facilities, and library resources. In addition, office space and meeting space for faculty members is adequate to meet their needs.

UMB, in cooperation with UMSON, conducted a space study in 2013 to determine the adequacy and proper use of space in the Baltimore facility (see Appendix IIA-1). It was determined that there was a space deficit in the School. The Dean, Assistant Dean of Administrative Services, and Facilities Manager are in the process of completing a walk-through in the buildings to determine ways optimize existing space. Once the walk-through is completed, the administration will engage in a review and cost analysis of potential renovation projects, and submit this information to the UMB President for consideration.

Laboratory Space

UMSON has 24 state-of-the-art, simulation laboratories (SIM labs) at the Baltimore site that are more than adequate for the size of the student body and level of competency needed to meet health care needs in the 21st century. The SIM labs provide students with simulated practice through both formative and summative assessment, computer-assisted instruction, and psychomotor skills training and testing in labs that represent care across the lifespan and across levels of care. The SIM labs replicate realistic practice settings, including an operating room, critical care unit, home health care setting, and a newborn nursery. Instruction using intelligent simulation mannequins helps students improve clinical decision-making skills. The six simulation labs at the Shady Grove site are also used to accommodate interdisciplinary education in collaboration with the University of Maryland School of Pharmacy and the Salisbury University respiratory therapy program.

UMSON also has a clinical education and evaluation laboratory (CEEL) that affords students the opportunity to learn and practice clinical skills with standardized patients (professional actors) and to improve through self-critique made possible by videotaping the sessions. CEEL is a joint venture with the University of Maryland School of Medicine. A CEEL facility is also available to students at the Shady Grove site.

For both the Baltimore and Shady Grove sites, there are annual and continuous reviews of the adequacy of physical resources. Department heads meet with the Assistant Dean for Administrative Services to discuss their current and future space needs. This information is used to develop plans for expansion, redesign, or reallocation of space and equipment. Immediate equipment and supply needs are handled on an ongoing basis.

Information and Learning Technology Resources

The Network and Computer Services (NACS) supports UMSON faculty, staff, and students in the following key areas: desktop computer support, remote computer access, audio-visual support, and support for student computer laboratories.

Computer Network and Support Services

UMSON has a well-established, state-of-the-art computer network that provides a wide range of data services and is tightly integrated with the UMB campus network. Computer network and support services are quite adequate for both onsite and remote access to campus applications for faculty members and students. All areas of the UMB and USG sites are supported by wireless networks with password specific access granted to faculty members, staff, and students. UMSON also has a HIPAA dedicated file server for research that requires this secure network isolation. Software supported includes SPSS, SAS, MS FrontPage, MS Project and more than 75 research and computer based training applications. The Customer Service Center provides services to faculty and staff members, and students for media applications in the classroom and presentations for conferences, audio-visual technical support, audio-visual equipment maintenance, and teleconference operation and management. This includes staffing the audio-visual equipment in the 450-seat auditorium. Most classrooms, conference rooms, and labs in the School have some type of audio-visual equipment installed. Although not physically able to use UMSON's Baltimore site computer server capabilities, faculty and staff members at USG are connected with UMB resources through dedicated trunk lines and Internet connections.

Office of Learning Technologies

The Office of Learning Technologies (OLT) is dedicated to improving the quality of teaching, learning, research, and community service through technology. The OLT offers a variety of services through distance education classrooms, video production facilities, and technology workshops. The OLT supports UMSON faculty and students in the following key areas: research design and support, video production, distance education, online learning, faculty development in teaching with technology, and instructional design and technology.

UMSON uses distance learning through three learning experiences: teleconferencing, web conferencing, and Webcasting. Each requires using the latest technology for delivering a course or content. These three types of learning experiences allow UMSON to create, present, and access conferences and presentations from across the state and around the world.

There are two classrooms at the Baltimore site that provide interactive video network (IVN) teleconferencing. This has been used to send courses to sites at the University of Maryland, Baltimore County; Frostburg State University; Easton Memorial Hospital; Chesapeake College; College of Southern Maryland; Salisbury University and USG, as well as students who are located out-of-state.

Blackboard Collaborate is the Web conferencing software utilized by faculty, staff, and students. The technology allows for real-time collaboration between two single people connected to the Internet or an entire class of students. It is used to connect external stakeholders or those working from a distance to meetings, allow for guest speakers to easily integrate into classes, hold online office hours for courses, and encourage the building of communities even when people are not in physical proximity.

The Webcasting platform is Sonic Foundry Mediasite. Webcasting can be done in real time, to be watched live, from four classrooms. Webcasting content can be captured in any classroom or office space in UMSON and then uploaded to watch on demand using an Internet connected computer or mobile device. All undergraduate student courses have access to all captured lectures through Mediasite via the Blackboard platform. Students at USG requested that their courses also to be captured for review. The OLT worked with the IT department at USG to set up Mediasite recordings. A pilot was conducted in spring 2014 in the USG Adult Health course. Students were very positive about having the opportunity to view both the Baltimore and Shady Grove lectures. Students with English as second language stated that they appreciated the opportunity to review lecture material several times. Based on the positive outcome of the pilot, the number of courses captured and uploaded at USG will be increased in fall 2014.

The Teaching Theatre

The Computer Teaching Theater at the Baltimore site is a technology and media-rich 25-seat classroom that incorporates the best of technology applications in a face-to-face classroom. It provides faculty members with an environment in which technology can be used to improve the lecture process, transforming it from a

traditional unidirectional information flow to a more collaborative interaction. The focus is not on the technology, but rather on its use as an effective pedagogical tool.

Living History Museum

UMSON has one of the few museums of nursing history in the nation. The Living History Museum's mission is to preserve the history and heritage of UMSON; honor the critical role of nurses in health care; and chronicle the ongoing evolution of nursing education, research, and practice. The museum provides a unique interactive learning environment where faculty members and students (as well as alumni and the general public) can learn about the people, events, and forces that have shaped UMSON and the modern nursing profession over the past 125 years. The museum is one tool for inculcating students with a sense of professionalism, common history, and shared values. Tours of the museum are offered during recruitment events, and the alumni who serve as docents present information and answer questions. When the UMSON hosts conferences and professional events, the museum is open and tours are provided for participants.

Lactation Center

In 2013, UMSON opened its own Lactation Center for faculty and staff members, students, and guests to provide a private space for nursing mothers to pump breast milk and to support them in their return to work or school. The space offers a clean, secure, and user-friendly environment for women who need to express breast milk during their time on campus. The center has three stations with two hospital grade Medela pumps and a refrigerator to store milk. It is the seventh lactation center to be opened on the UMB campus.

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 program 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.

Program Response:

Health Sciences and Human Services Library

Distinguished as the first library established by a medical school in the United States, the Health Sciences and Human Services Library (HS/HSL) is the primary source of journal literature, clinical information sources, and research support for UMB students, faculty, and staff. At the HS/HSL, librarians are dedicated participants in each of the UM professional schools. Two librarians work directly with the UMSON faculty and students to provide expert searching, consultation services, and learning opportunities.

Librarians actively participate in UMSON committees; attend School meetings; and seek feedback to build collaborative relationships, respond to the information needs of the UMSON, and advocate for the unique needs of students and faculty. Librarians provide:

- Instructional programming to support students' professional and academic competency in literature searching, information management, and evidence-based practice. In the past two years, librarians taught 60 classes for 1,142 UMSON students. These included course-integrated classes, specialized classes tailored to specialties within nursing, and workshops for new students.
- Research consultation services with emphasis on expert searching in evidence-based practice. Librarians conduct an average of 150 consultations for individuals from UMSON each year. Librarians also provided on-site assistance to students at UMSON every semester.
- Research and information management workshops and tutorials, in person and online.
- Online learning opportunities for distance students, including web-based tutorials and guides.

- Collection development expertise that is used to acquire resources that reflect the information needs of students and faculty. Faculty members and students can request new resources for the library's collection by submitting a request or by contacting the UMSON librarians on the HS/HSL website at http://www.hshsl.umaryland.edu/assistance/expertise.cfm#collapse3.

In 2013, the HS/HSL began offering a formal systematic review searching service, which includes research support through consultations and expert searching services. Although this service focuses primarily on faculty research, the School of Nursing Librarians have also been teaching these skills to PhD students and assisting them in building searches for systematic review assignments.

In line with the HS/HSL's service mission, the library organized a "strategic listening tour" in 2013-2014 to gain input from students and faculty members before beginning work on a strategic plan. This effort to better understand how the library might better contribute to the success of constituents will incorporate town hall meetings and discussions with user groups throughout the UMB campus, including the UMSON.

The HS/HSL website at http://www.hshsl.umaryland.edu provides access to research support services and an extensive collection of information sources, including research databases, electronic book and journal collections, the USM library catalog that provides access to materials from 16 affiliated libraries, course materials, guides to research; Web-based reference services, the UM Digital Archive, and interlibrary loan. The HS/HSL's collection is valued at $29 million, with an annual budget of $2.3 million. This includes more than 372,439 print volumes and 16,450 e-books, 4,752 periodical subscriptions, and access to approximately 30,000 e-journals. The HS/HSL provides access to 104 Web-based databases, including essential sources for searching health sciences literature and clinical information such as MEDLINE, Embase, Scopus, CINAHL, Web of Science, the Cochrane Library, UpToDate, and Micromedex. During the past year, the HS/HSL also became involved in a significant collaborative initiative with the library at the University of Maryland, College Park to develop a suite of electronic resources in support of joint research and teaching efforts across the two campuses.

The HS/HSL building serves as a learning center on campus that provides students, faculty members, staff, and clinicians from UMB and the University of Maryland Medical Center (UMMC) with quiet study space and information technology for research, study, and writing. The building houses 45 private group study rooms, approximately 75 study carrels, and three quiet floors. The library provides 56 public access computers, many data ports, and an open wireless network. A presentation practice studio equipped with audio/video capture and editing capabilities allows students and faculty members to develop, practice, and evaluate presentations. Three computer learning labs in the building are used for course-integrated instruction and workshops led by librarians on finding, organizing, and evaluating information.

In response to student requests, the HS/HSL recently extended building hours to 1 a.m. and is open a total of 104 hours per week to meet the needs of students, post-doctoral fellows, faculty members, and clinical staff. The Reference Desk is open seven days per week (72 hours) to respond to questions and provide basic research assistance. For more complex questions, students are referred to the School of Nursing librarians. Students can easily access the HS/HSL's electronic resources from off-campus, including most subscription databases, e-journals, and e-books.

UMSON students at USG have access to the HS/HSL's databases, e-journals, and e-books. The USG site also has its own 22,500-square-foot library (Priddy Library), a LEED® certified building that opened in 2007, with a print collection of more than 10,000 books. The Priddy Library provides ample space and technology for studying, writing, and research. An on-site librarian is dedicated to working with USG students and faculty.

Evaluation of services offered occurs through student and faculty surveys. For example, students are surveyed routinely after library workshops and class instruction sessions. Users of the library's consultation service are surveyed periodically. Recently, faculty members were surveyed about their experiences with and impressions of the library's liaison services. The last two evaluations were not unique to the UMSON, but part of a campus survey. The HS/HSL also participates in LibQual which is a library assessment survey used to solicit opinions of library users' experiences and assess whether they are meeting expectations.

Student Services

The UMSON Office of Student and Academic Services (OSAS) is responsible for undergraduate and graduate admission, including on- and off-campus recruitment activities, application assessment, and support to the Admissions Committees. In addition, the office oversees registration services, including course scheduling, registration processes, advisor assignments, pre-licensure clinical placement, graduation clearance, and enrollment reports, and is responsible for enrollment planning and trend analysis. OSAS also administers nursing scholarships and traineeships, and is the liaison with student organizations and campus-based student support services, leadership and career development, student services, and general counseling.

Consistent with the AACN/IOM goal of a well-prepared nursing workforce and increasing the number of nurses with baccalaureate degrees, the recruitment plan focuses on providing a "seamless academic progression" for nurses and nursing students. UMSON continues to develop admissions pathways with two- and four-year institutions. Inter-institutional agreements facilitate the completion of lower division courses not offered by UMSON so students can transition and complete the upper-level nursing courses for the Bachelor of Science in Nursing. The inter-institutional agreements range from students transitioning to UMSON and earning a single degree from UMSON to students transitioning to UMSON and earning a dual degree from both UMSON and the student's original school. In cases where students transition to UMSON and earn a dual degree, the first year of enrollment at UMSON fulfills the last year of degree requirements at the prior institution. The inter-institutional agreements UMSON currently has with Mount St. Mary's University and Washington College result in a dual degree, whereas inter-institutional agreements with the University of Maryland, College Park and the University of Maryland, Baltimore County result in students earning a single degree.

Recruitment activities include, but are not limited to, information sessions and open houses at UMSON and USG; attendance at career and graduate school fairs; and individual visits to hospitals, community colleges, and four-year institutions throughout the Mid-Atlantic region. In response to UMSON's increased emphasis on the RN to BSN Program and the transition of its six APRN MS specialties to the DNP Program, recruitment changes for the 2013-2014 academic year included:
- More than 50% increase in hospital visits and hospital-related events compared to the prior academic year—38 events total
- Substantial increase in targeted recruitment efforts to increase the RN to BSN applicant pool
- Strategic recruitment plan to attract applicant pool for the six APRNs transitioned to the doctoral level effective in the fall 2014 semester

Doctoral recruitment activities for the 2013-2014 academic year were expanded to address the new entry options for the DNP. Such activities featured faculty visits to meet with prospective students in the following areas: Eastern Shore, Western Maryland, Southern Maryland, Rockville, and Baltimore. Event attendees learned about program specifics and admissions requirements. The Admissions Office and faculty members also delivered online information sessions about the DNP and the new entry options.

In response to feedback from prospective students who attended information sessions, the Admissions Office modified the delivery of specialty information sessions by offering two formats. The in-person format enabled prospective students to meet directly with faculty members and current students in a smaller group setting to offer a greater degree of personal interaction. The second format offered information sessions using Web-conferencing technology. The number of in-person information sessions declined by more than half, with a corresponding increase in the number of online chats and Web conferencing sessions, resulting in a more effective use of resources and the ability to reach a broader audience.

The Admissions Office has made additional strides to improve efficiency and effectiveness. Prospect and recruitment databases have been developed that have resulted in more data-driven decision-making, as well as better tracking mechanisms for reporting and assessing recruitment events, telephone inquiries, and electronic communication. The Admissions Office has also undergone restructuring with benefits that include:
- Program-specific points of contact that reduce response time and the likelihood for inconsistent information
- Improved processing efficiency that has resulted in an earlier release of admissions decisions
- Greater staff involvement in office decisions that increases accountability

The Admissions Office also oversees orientation programs that provide an opportunity for students to learn about their particular program, UMSON, and UMB. USG staff members oversee orientation programs at that site, with active participation by OSAS staff from Baltimore. Entry-into-practice students (traditional BSN and CNL) participate in a multi-day event that includes a new student welcome, an academic overview, and a student academic success program. Graduate students participate in a one-day program that covers similar content. The academic success program component of the entry-into-practice orientation event is patterned after the Robert Wood Johnson Pre-Entry Immersion Program and is coordinated by UMSON's Student Success Center. In response to student feedback concerning the length of the entry-into-practice orientation, the event was reduced to two days beginning in spring 2014. Blackboard technology will be used to communicate the additional orientation material that was conveyed during the third day of the program.

In the fall 2010 semester, OSAS opened the Student Success Center (SSC), with funding from a $987,000 *Who Will Care?* grant from the Maryland Health Education Initiative (MHEI), to provide services to improve academic performance and increase retention and graduation rates of pre-licensure students. The SSC, based on the highly successful USG Center for Academic Success (CAS), offers services that emphasize proactive academic planning and strategic learning, enhancing study and test taking skills, and developing writing competency. The SSC will offer the same services to MS and doctoral students beginning in the fall 2014 semester. Similar services are offered to USG students by CAS. These services are utilized by entry-into-practice students on a voluntary basis and include:
- Guided study sessions for essential courses in face-to-face and online format
- Individualized academic coaching and private one-on-one peer tutoring
- Writing assistance for nursing-specific papers, i.e., care plans, research critiques, and case studies
- Workshops on test taking, note taking, time management, and textbook reading

The SSC and CAS monitor student performance in entry-level courses at the middle and end of each semester. At the mid-point of the semester, faculty advisors encourage struggling students to participate in one-on-one academic coaching. At the end of each semester, student surveys and grade analysis of entry-level courses are conducted to determine additional programming needs. Some of the programs that have been established from the data analysis include:
- Student Success Immersion Program (program overview, dosage calculation introduction, anatomy and physiology review, study skills workshop, lab overviews, Blackboard and resources introduction, clinical overview)
- Pathophysiology/Fundamentals of Nursing summer review program for students who needed to repeat either course in the previous semester
- Student Mentoring Program
- Alumni speaker series to introduce students to the various positions in nursing
- Preview/Review/Synthesis workshop to teach students how to apply brain-based learning concepts to increase study skills

Utilization of SSC services has risen continuously since its inception, and in a recent survey of users of SSC services, students responded overwhelmingly that SSC services improved both their cognitive outcomes (course grades) and their overall study skills.

In spring of 2013, the SSC, in collaboration with the Office of Scholarships and Technology, was awarded a $250,000, three-year *Who Will Care?* grant from MHEI to develop a retention program for first generation college students. The PROMISE program builds on the services offered by the SSC and targets the first-generation college students with services that address challenges that are common to that student population. Participants also receive a partial scholarship to defray their educational costs.

In 2013, at the charge of the Student Affairs Committee of Faculty Council, the SSC staff collaborated with the OSAS Office of Registration Services in developing and implementing a dual advising model for the Baltimore entry-into-practice students. This model shares the advising responsibility between faculty members and OSAS staff, highlights faculty mentorship, and increases the efficiency of the pre-registration advising period and registration process.

In fall 2014, the SSC will receive a $200,000, 18-month *Who Will Care?* grant from MHEI to develop Project Hope for increasing retention, graduation, and first-time pass rates on the National Council Licensure Exam (NCLEX-RN) of nursing students for whom English is a second language (ESL) at UMSON. Published data indicates that ESL college students graduate and pass NCLEX-RN on their first attempt at lower rates than their non-ESL peers. ESL students enrolled in the traditional BSN and CNL MS option will be eligible to participate. Since involvement in services offered through the SSC is optional, and ESL students take part at a lower rate than their non-ESL peers, getting sufficient numbers of students to participate in the proposed program could be problematic. To address this issue, UMSON will provide a $500 scholarship per semester to each Project Hope participant. The scholarship will require that the students participate in all of the activities required by the program.

UMB depends primarily on the individual schools to provide student resources. In addition to academic support services, the SSC is responsible for the coordination of nursing student organizations on both campuses. Previously, the nursing student organizations lacked consistency without policies to govern their activities or regulations on expenditures. To address the inconsistencies and lack of funding regulations, OSAS restructured the student organizations. Under the new structure, nursing student organizations are regulated by the Executive Nursing Government Board (ENGB) (see Appendix IIB-1). The ENGB is responsible for allocating student activity fees; tracking compliance with University, School, and national association policies and practices; and offering recommendations on behalf of the organizations. The ENGB comprises the presidents and treasurers of the four general membership organizations: Doctoral Student Organization, Graduate Nursing Association, Nursing Student Government Association, and University of Maryland Association of Nursing Students.

The SSC and CAS also provide guidance with employment preparation. Workshops on resume writing, interview preparation, and skills marketing are offered. In addition, the SCC coordinates an annual Career Fair for UMSON students held at the Baltimore site. In December 2013, 33 employers participated in the fair, which attracted approximately 150 students.

The Office of Registration Services (ORS) within OSAS serves students from matriculation through graduation. OSAS staff members serve on several committees, such as the UMSON Student Affairs Committee, which includes student members, to address resources needed for student success. Meetings with groups of students in classrooms, orientations, and student organizations provide students with the opportunity to expresses their needs.

As part of its responsibility, ORS recently facilitated a comprehensive school-wide review and revision of the UMSON Student Handbook, resulting in clearer language, simplified processes, and new requirements, such as Technical Competencies. To further improve service to students, the office has transitioned to online registration and electronic forms, but continues to provide personal assistance as well. In addition, the office monitors the academic progress of students to ensure that academic requirements are met, and conducts graduation clearances for degree candidates. The Pinning and Convocation ceremonies are also coordinated by ORS.

To maintain the highest quality service to students and to support the University's "green" initiative, ORS continues to move toward a paperless student records management system. Working with UMB's Center for Information Technology Services, a structure for the digital collection and maintenance of student records was finalized. After an extensive review of records, OSAS staff recently began scanning former and current student records. In collaboration with the HS/HSL, ORS also completed the conversion of paper copies of course catalogs from 1920-2010 to a digital archive to better address alumni needs for course description availability to meet licensure and verification requirements.

Securing clinical placements for all students in the entry-into-practice program at both sites is another major responsibility of ORS. Each fall and spring semester, the staff confirms more than 700 clinical placements with 70 clinical locations in several jurisdictions. The clinical placement staff ensures that the 600+ students in the entry-into-practice programs meet the immunization and training requirements of state agencies, University policy, and clinical partners. In response to an increased need for documentation and reporting by clinical sites, ORS staff led a cooperative effort with the Maryland Hospital Association to address the issue. In

November 2013, regional nursing schools and clinical partners met and selected a vendor to provide verification services for compliance and documentation for sites in Maryland, Washington, D.C., and Virginia.

The Office of Scholarships and Technology (OST) within OSAS performs the dual role of offering financial assistance to students and providing data analysis to administrators, faculty members, and staff. Financial support is provided to students by UMSON and the UMB Student Financial Assistance and Education, ensuring that students receive the maximum assistance possible in obtaining aid. UMB awards more than $36 million in financial support to eligible nursing students each year through a combination of scholarships, grants, loans, and employment. OST awards aid to students from funding sources that include Nurse Traineeship and other federal grants, Robert Wood Johnson Career Scholarships, and merit scholarships funded by private donors. UMSON scholarships are awarded to students in the BSN, MS, DNP, and PhD Programs. Awards are competitive and based on academic achievement, though financial need is a consideration in some cases. Approximately 125 scholarships of varying amounts are awarded annually. Additionally, in response to federal sequestration resulting in the loss of available federal traineeships, UMSON has provided more than $200,000 in internal funds to award 77 traineeships to MS and doctoral students during the 2013-2014 academic year.

Awards are also available for students in their clinical placement assignments through the UMSON Clinical Scholars Program, an innovative partnership with several area hospitals. Qualified BSN and CNL students complete their senior practicum under the guidance of a clinical preceptor and receive tuition support for their final semester in exchange for a commitment to work as an RN in the supporting hospital for one to three years after graduation. There were 73 clinical scholars in the 2011-2012 academic year and 75 clinical scholars in the 2012-2013 academic year.

OST is also responsible for the collection and analysis of enrollment and external data used throughout UMSON and reported to outside agencies. Information developed by the office is used to regularly assess OSAS processes to ensure that they are efficient and effective and adequately meet the needs of students. In addition, OST staff work very closely with the UMSON's Office of Evaluation to share information and collaborate on data analysis of student course evaluations and alumni employment tracking.

In addition to the data-driven process to continually improve OSAS procedures, the Assistant Dean for OSAS regularly meets with the program directors and assistant deans of the programs to understand faculty concerns and to gain their input for improving the services of the office. OSAS is also developing a survey to evaluate students' experiences with the office. The survey results will guide future improvements to ensure that the ever-changing needs of students are met.

UMB

The UMB Office of Student Services (OSS), housed in the Southern Management Corporation Campus Center (SMCCC), coordinates campus-wide activities, programs, and services that foster students' academic, personal, and professional development. OSS also advises the Undergraduate Student Government Association (USGA) and USGA-affiliated organizations, and helps students organize educational, cultural, and social activities. In addition, OSS provides academic and non-academic support services for students with disabilities. Staff members work with students to obtain interpreters, note takers, parking, and other support related to classroom activities. Services depend on individual needs and support required for successful learning.

The SMCCC is the interprofessional hub that supports the University's academic programs, enhances student wellness and life balance, and supports interdisciplinary learning. SMCCC features the Wellness Hub, the University Recreation and Fitness facility, event/meeting/lounge spaces, the Go Green Room, and student organizations' office and meeting spaces. SMCCC is also the home of the Writing Center where students are able to obtain writing assistance at daily and early evening appointments.

The UMB Writing Center offers free writing assistance for students, from planning a paper to polishing a dissertation. Students receive individual help with brainstorming ideas, organizing structure, writing a draft, and revising and polishing prose. The UMB Office of International Services provides information, processes documents, and facilitates visa services for students, scholars, exchange visitors, and other University-sponsored non-immigrants. This supports a non-immigrant's effort to enter and remain in the U.S. legally to

participate in an Exchange Visitor program at UMB. The UMB Counseling Center offers individual and couples counseling, medication management, referrals, education, and consultation.

UMB offers additional services to students in the areas of Student Health and Interprofessional Student Learning and Service Initiatives. Student Health coordinates and verifies the medical documentation for admission to the schools on campus and for registration of classes. It also provides primary adult medical care to all students. The Office of Interprofessional Student Learning and Service Initiatives (ISLSI) emphasizes student involvement through community engagement and social responsibility while supporting a student's personal and professional development. Programs sponsored by ISLSI include diversity celebrations, inter-professional service-learning, the President's Student Leadership Institute, the President's Symposium and White Paper Project, and safe space training.

The UMB Student Counseling Center provides professional counseling and psychiatric services for currently enrolled full- and part-time UMB Students. The goal of the Student Counseling Center is to help promote and maintain the emotional well-being of UMB students and serve as a resource to the entire University community.

The University requires every student to possess the University of Maryland One Card, which is the official form of identification for the campus, which also functions as a debit card for purchases at the bookstore and certain eateries on campus. Students have access to view their grades and information about their registration, account, and financial aid online through the Student UseR Friendly System (SURFS). The Center for Information Technology Services (CITS), the central information technology organization for the University, provides support for students for Google Apps for Education, Mediasite, Blackboard, SURFS, Accellion, and other student-related systems.

Universities at Shady Grove (USG)

All academic programs at USG are supported by centralized on-site student, academic, and administrative services. This integrated approach provides a campus environment that supports high-quality teaching and student academic achievement.

The Center for Academic Success, which served as the prototype for the UMSON Student Success Center, was developed in 2006. UMSON students at USG have been instrumental in developing the peer tutoring and guided study sessions. Other services include writing assistance and academic coaching. Many of the UMSON students at USG are first-generation college students, who come from very diverse cultures and ethnic groups, have English as a second language, and transferred from the local community college. These students use the services of the CAS on a frequent basis. The leadership of the CAS meets regularly with nursing faculty members to discuss opportunities to improve services.

The Center for Counseling and Consultation provides comprehensive counseling, psychological, and consultative services to USG students, faculty members, and staff (see Appendix IIB-2). Services are free and confidential. The mission of the Center is to foster growth, wellness, and success at USG. In addition, the Center helps promote a "culture of care" on the campus. "Culture of care" refers to creating an environment where each person looks out for the other, regardless of whether they are a student, faculty member, or part of the USG staff.

Research

UMSON is dedicated to conducting research that optimizes health through discovery and translational science. UMSON has risen in its proportion of NIH/NINR funding to nursing schools nationally from 58th in 2005 to 9th in 2013. Currently, active NIH funding is more than $4.4 million. Other significant non-NIH funding includes grants from the National Council of State Boards of Nursing, the Hartford Foundation, and the Robert Wood Johnson Foundation. An area of strength for UMSON is the substantial portfolio of funding in pain research, with two externally funded Organized Research Centers (P-30s)--the UMB Center for Cancer Pain Studies, and the Center for the Study of the Genomics of Pain. Recently, two UMSON investigators, a PhD student and a post-doctoral fellow have been awarded Ruth L Kirschstein National Research Sciene Award predoctoral and postdoctoral funding to study pain conditions.

The growth in research funding was a result of several changes implemented by UMSON from 2005 to the present. These changes included: 1) increased pre- and post-award support services to facilitate submission of grants and post-award financial support to reduce the paperwork burden for funded investigators; 2) reduced number of research centers within UMSON from five to two, which enabled UMSON to focus resources in two focal areas of strength; 3) implementation of an NIH-style mock review that increased the funding "hit" rate in 2011-2012; 4) paid honorariums for external scientific review of grants so researchers could obtain critical feedback from internationally renowned experts in their area of science; and 5) implementation of two new pilot grant programs to provide significant financial support to promising junior investigators and to more senior, NIH-funded researchers through the support of the Dean's research scholar in residence program.

Facilities for conducting pre-clinical and biobehavioral clinical research include a suite of basic science research laboratories encompassing 11,000 square feet of UMSON's 7th floor. Included in this space is a campus core facility for phenotyping rodents and human subjects. These core facilities have now garnered external funding, as well, from domestic and international for-profit pharmaceutical companies.

In 2013, the Associate Dean for Research and the research faculty began to examine UMSON's research mission, including processes for grant submission, with the assistance of an external facilitator. Meetings were convened with subgroups of investigators to ascertain themes, and a full-day retreat was held with all available investigators and research faculty members. During this retreat, the group developed a series of desired goals around three themes: research mentoring, shared decision-making, and increasing research funding. These work groups are continuing to function, with the guidance of the external facilitator, to develop consensus among members about processes that will lead to the success of the research mission.

UMSON houses two Organized Research Centers approved by the President of UMB—*Biology and Behavior Across the Lifespan* and *Health Outcomes Research* (see Appendix IIB-3). Members of these Centers of Excellence meet regularly and have awarded pilot funds to investigators to develop preliminary data for submission of major grant applications. The *Center for Health Outcomes Research* members meet with a campus-wide group of investigators from the Schools of Pharmacy, Medicine, and Social Work to plan collaborative grant submissions. This larger group, the *Comparative Effectiveness/Patient Centered Outcomes* (CER/PCOR) is planning interdisciplinary course offerings, and two of its members were awarded one of the first PCORI (Patient Centered Outcomes Research Institute) grants focusing on community engagement for research. The *Center for Biology and Behavior Across the Lifespan* actively works with doctoral students to develop research ideas and skills, including a spring 2013 course on grant writing that was highly successful. Center members also enjoy significant external collaboration with other schools on campus. Recently, a proposal was submitted in response to a call by the *Roybal Center for Translation Research on Aging* by the Meeting Professionals International (MPI) leadership from the *Center for Biology and Behavior Across the Lifespan* and the School of Medicine.

Information and Learning Technology

UMSON's state-of-the-art network offers a wide range of network services and is tightly integrated with the UMB campus network. UMSON operates two offices focused on technology: Network and Computer Services and Learning Technologies. Each office is led by a director and a combined staff of 15 members. The offices support faculty members, staff, and student use of the computer network, desktop support, distance education classrooms, audiovisual needs, computer laboratories, a Computer Teaching Theater, research design and support, video production, distance education, online learning, faculty development in teaching with technology, and instructional technology.

The technology resources are reviewed and discussed in a variety of mediums. Students have the opportunity to provide feedback each semester, through a section of the course evaluation form, on the technology used at the School and specifically for the completed course. As shown in Table 2.6, student ratings of the technology on the course evaluation have been exceeding the UMSON benchmark (≥ 3.5 on a 5-point scale).

Table 2.6: Student Evaluation of Technology Resources

For this technology enhanced course:	Graduation Year		
	2011	2012	2013
	Mean	Mean	Mean
My level of technical expertise with computers and the Internet at the start of the course was sufficient.	4.54	4.48	4.47
Hardware and software requirements were adequate to complete the course.	4.48	4.42	4.43
Course navigation was easily executed.	4.34	4.30	4.33
Readings, multimedia, and discussion questions worked together to promote efficient and effective learning.	4.28	4.23	4.27
I knew whom to contact when I had technical questions.	4.31	4.24	4.25
I received prompt response to my technical questions.	4.31	4.24	4.26
I was adequately prepared to use the instructional technology required in this course.	4.48	4.42	4.42
The examination process was easily executed.	4.38	4.34	4.36
Submission of materials to instructor was easy.	4.48	4.43	4.44
BENCHMARK: ≥ 3.5 on a 5-point scale Note: data are presented by calendar year, and each year includes the spring, summer, and fall semesters with a rating scale: 1 = strongly disagree to 5 = strongly agree.			

Students' satisfaction with the library, computer laboratory, and other physical facilities is also measured through a set of questions on the program assessment questionnaires (PAQs). Table 2.7 shows that in the past three years the means of these evaluative questions are all above the UMSON benchmark (≥ 2.5 on a 4-point scale).

Table 2.7: Student Satisfaction with the Learning Resources as Measured by PAQs

To what degree were the following satisfactory:	Graduation Year		
	2011	2012	2013
	Mean	Mean	Mean
Depth of clinical (or laboratory) experiences.	3.22	3.22	3.32
Variety of clinical experiences.	3.28	3.25	3.32
Variety of courses available to you.	3.07	3.11	3.08
Depth of courses available to you.	3.22	3.21	3.23
BENCHMARK: ≥ 2.5 on a 4-point scale Note: data are presented by calendar year, and each year includes the spring, summer and fall semesters with a rating scale: 1 = strongly disagree to 4 = strongly agree.			

Although students were satisfied with technology resources, they have expressed concerns regarding some instructors' computer ability as measured by open-ended questions on the PAQ. This issue was identified in the PAQ annual report as an action item. Partly in response to these concerns, the Office of Learning and Technology began offering faculty training sessions in fall 2013. They have also developed a list of basic computer competency skills for faculty members.

UMSON as a whole values the understanding of the current use of technology and plan for the future use, as shown in the 2012-2017 Strategic Plan (see Appendix IIB-4), by the inclusion of Goal 5: Leverage technology to enhance and expand education, research, and practice. To quickly meet the different needs of the many users at UMSON, the Directors of LT and NACS are regularly invited members of the Deans and Chairs Committee, Faculty Council, and other school-wide committees. UMSON has a standing committee, the Technology and Simulation Advisory Committee, comprised of faculty members and staff. The committee is tasked with reviewing/recommending existing processes for technology use and infrastructure, and recommends priorities

for technology initiatives. For example, the committee recently surveyed faculty members and staff and made recommendations concerning the basic hardware requirements for each workstation and office.

Web-based Instruction

Web-based instruction is using the power of the Internet to provide course materials (lectures, notes, and visual and audio resources) with the capabilities of two-way communication (chat and email) between instructor and students. UMSON courses are now available on the Web. UMB uses Web-based instructions with Blackboard Learning Management Software. This system provides a uniform and ergonomic platform for students and instructors to access, maintain, and complete coursework. UMSON offers courses using a completely online and blended course format. UMSON is known as a leader on the UMB campus in introducing Web-based instruction and piloting and adopting Blackboard as the online platform.

Support Services

NACS and LT offices both house customer service centers in the UMSON. Staff members are available through email and telephone to support faculty members, staff, and students. It should be noted that distance education students are welcome to the Baltimore and Shady Grove sites any time and enjoy full access to these facilities and services. Because many administrative, instructional, academic, and research materials are delivered electronically rather than in person, and clinical sites are selected for logistical appropriateness, online students have very similar access to academic support services as students attending our brick and mortar locations.

II-C. The chief nurse administrator:

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

Elaboration: The administrative authority of the chief nurse administrator 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 programs 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 and a plan to come into compliance if the chief nurse administrator does not hold a graduate degree in nursing and a doctoral degree (if applicable).

Program Response:

Jane M. Kirschling, PhD, RN, FAAN, was appointed dean of UMSON and director of interprofessional education at the University of Maryland, Baltimore, on January 1, 2013 (see CV Appendix IIC-1). She previously held the position of Dean at the University of Kentucky College of Nursing and Dean at the University of Southern Maine College of Nursing and Health Professions. In addition, Dean Kirschling has served in faculty and administrative positions at the University of Rochester and the Oregon Health and Science University.

Dean Kirschling is a registered nurse. She received her Bachelor of Science in Nursing degree from Viterbo College in LaCrosse, Wis., and her Master of Science in Nursing and PhD degrees from the Indiana University School of Nursing.

As Chief Administrative Officer of UMSON, Dean Kirschling has overall responsibility and budgetary authority for the School. Her responsibilities are similar to those of other university administrators and include strategic and fiscal planning, resource acquisition and management, budget preparation, supervision and utilization of space and facilities including capital projects, personnel administration of faculty members and staff salary determination, and fundraising. Dean Kirschling consults with faculty members, administrators, and other communities in making decisions that further UMSON's mission, goals, and expected student and faculty outcomes. Such consultations include regularly scheduled meetings with students, Administrative Council, Faculty Council, and the UMSON Board of Visitors.

Dean Kirschling's clinical expertise is in mental health nursing with a focus on end-of-life care. Early in her career, Dean Kirschling's research centered on assisting families through the process of providing care for a terminally-ill loved one and the grieving process after death. For more than a decade, she has focused on workforce development with an emphasis on rural states.

Since the beginning of Dean Kirschling's tenure at UMSON, she has engaged in many activities to improve the climate and efficiency in the administrative functions. To build staff cohesiveness, she offered a full-day immersive program in summer 2013 where staff members worked in teams to plan and provide a meal for all participants. During this workshop, staff members also learned about mind maps, and each participant learned about how they interact with others. In late summer 2013, a survey was developed and distributed to faculty members and staff for input on the current organizational structure. Suggestions for what needed to be changed to move the organization forward were also solicited. Responses from this survey will be used to determine the future organizational structure of UMSON. To continue the work begun on civility during 2007-2012, Dean Kirschling brought in a consultant with expertise in diversity in the workplace to work with supervisors, specifically, and with faculty members and staff more generally in fall 2013. A follow up to the work started with the consultant in 2013 was carried out in spring 2014.

At the national level, Dean Kirschling served on the American Association of Colleges of Nursing Board of Directors from 2004 to 2014. She is the immediate Past-President (2012-2014) and is the grassroots liaison for Maryland. Dean Kirschling co-chairs the Maryland Action Coalition, which is working to implement the Institute of Medicine's 2010 recommendations on the Future of Nursing.

Throughout her career, Dean Kirschling has received numerous awards for her accomplishments, including the Beth Wessinger Award from the Oregon Hospice Association in 1995, the Organization of Maine Nurse Executives Leadership Achievement Award in 2003, and the Agnes E. Flaherty Leadership Award from the American Nurses Association-Maine in 2006. She was co-recipient of the Kentucky Nurses Association's Nurse of the Year Award in 2010 and received the Kentucky Nurse Practitioner Advocate of the Year in 2011. She is an alumna of the Robert Wood Johnson Foundation Executive Nurse Fellows Program (2000-2003) and was inducted as a Fellow in the American Academy of Nursing in 2009. In November 2013, she was awarded the Lucie S. Kelly Mentor Award at the 42nd Sigma Theta Tau International Biennial.

II-D. Faculty are:

- sufficient in number to accomplish the mission, goals, and expected program 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 overall faculty (whether full-time or part-time) is sufficient in number and qualifications to achieve the mission, goals, and expected program 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 teaching nursing content in courses 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 are directly overseen by faculty who are nationally certified in that same population-focused area of practice in roles for which national certification is available.

Program Response:

Sufficient in Number

UMSON has 143 faculty members --124 full-time and 19 part-time. Ninety-six (67%) faculty members hold doctoral degrees and 47 (33%) hold a MS degrees (see Appendix IID-1). *In addition to these faculty members, UMSON also has a varying number of paid and volunteer adjunct faculty members who may or may not receive compensation. I*n spring 2014, UMSON had 79 adjunct faculty members, who were appointed to teach specific didactic or clinical courses and were compensated on a course-by-course basis. *I*n 2014, UMSON also had 27 volunteer adjunct faculty members. The volunteer adjunct faculty members conform to the qualifications and scope of appointment set by UMB and must meet Appointment, Promotions, and Tenure (APT) criteria. They are appointed at a professorial rank, as evaluated by the APT Committee in consideration of education, professional experiences, and scholarly contributions.

Faculty Associates is another faculty category. They are volunteers, who must have served or made a commitment to serve as consultant, preceptor, or facilitator for UMSON. They are nominated for the appointment by faculty members, and their application is reviewed and approved by the department chair and a Faculty Associate Subcommittee. The appointments must be renewed every two years. As of spring 2014, there were 259 faculty associates.

All doctoral-prepared faculty members who teach in a graduate program hold appointments as graduate faculty in the UMB Graduate School. Faculty members are assigned to one of two departments: the Department of Organizational Systems and Adult Health (OSAH) or the Department of Family and Community Health (FCH). The undergraduate faculty-student ratio for lab components is typically 1:10, but these labs are supplemented by the support of graduate teaching assistants. For the clinical component of the baccalaureate and entry-level CNL Programs, the faculty-student ratio is 1:8 or less, depending upon the clinical site and the agency's restrictions for number of students. For the other graduate and APRN-DNP specialties, there is a 1:1 preceptor-student ratio for the clinical component. However, faculty members are responsible for site visits, and the faculty-student ratio is 1:6-8 for indirect supervision. The mix of full- and part-time faculty and maintenance of faculty-student ratios provides adequate course and clinical coverage to ensure supervision, evaluation, and achievement of students' learning outcomes. The use and distribution of UMSON's faculty members exceeds the requirements of regulatory agencies and professional nursing standards and guidelines.

Online course enrollment is limited, as much as possible, to a maximum of 25 students. If needed, additional faculty members are assigned to the course or additional sections of a course are added to meet enrollment demands. The number of students is considered when determining the number of faculty members assigned to online courses.

The full-time equivalency (FTE) of faculty is clearly delineated in the *UMSON Faculty Workload and Responsibilities* policy (see Appendix IC-2). The number of credits and level of courses and clinical sections taught and the number of students enrolled in the various courses, are considered in the instructional workload. Some faculty members teach and advise across programs. Standard workload expectations include instruction, research/scholarship, and service/practice. These workload components directly correlate with the missions of UMSON and UMB. The percentage of time dedicated to each of the three components varies for tenured and tenure track faculty members and non-tenure track faculty members and is identified in the workload policy.

At the end of each academic year, faculty members meet with their respective department chair and vice-chair to review the past year's workload and plan for the upcoming academic year. Faculty members have the opportunity to discuss successes and challenges regarding the past year's goals for research/scholarship, service/practice, and instruction, as well as professional development for the coming year. Faculty members can request changes in their instructional portfolio, and significant efforts are made to facilitate such requests in light of the required courses that must be taught and the background of the faculty member. If faculty members receive grant funding or engage in clinical practice through UMSON at any time during the academic year, they meet again with the department chair and vice-chair to adjust their percentage of effort dedicated to instruction. At any point, if faculty members have any questions or concerns regarding their workload, they can meet with the chair and vice-chair to discuss their situation.

Faculty members have voiced some dissatisfaction with the workload policy related to 1) the distribution of workload units when they engage in team teaching, 2) the fact that percentage of time and not workload units are assigned to the areas of research/scholarship and service/practice, and 3) the amount of workload units assigned for doctoral dissertations. With the transition to the APRN-DNP specialties, faculty members expressed concern as to how scholarly project guidance and committee time will be allocated. A workload task force has been convened by the Dean to address workload issues and propose changes to the policy to reflect how work is accomplished in UMSON. The Faculty Council will review the proposed changes, offer recommendations for inclusion/exclusion of items, and take the final document to the full faculty for a vote.

UMSON has been successful in garnering funds from the Maryland Higher Education Commission (MHEC) to support the development and retention of new faculty. Dr. Mary Etta Mills directs a program to assist staff nurses in transitioning to the role of clinical instructor and to earn an MS degree. In addition, UMSON faculty members have received a number of Nursing Faculty Fellowships from MHEC, which is crucial to retaining nurses in faculty roles and preparing to fill a gap created by current faculty members who are nearing retirement (see Table 2.8).

Table 2.8: UMSON Nursing Faculty Fellowships

Year	2011	2012	2013
Number of nursing faculty fellowships	10	7	8
Total amount of awards per year	$200,000	$140,000	$160,000

Academically Prepared

Didactic and clinical teaching assignments are based on the academic preparation of faculty members. All faculty members hold graduate degrees, with most in nursing. However, several faculty members hold degrees in related fields (epidemiology, public health, sociology, statistics, computer science, physiology), which add to the richness of educational opportunities for UMSON students. Thirty-seven (26%) of the faculty members are APRN certified. Graduate faculty members are prepared and credentialed in their area of specialization by the appropriate certifying body, as required by the Commission on Collegiate Nursing Education, the Maryland Board of Nursing, and the National Organization of Nurse Practitioner Faculties. All nurse practitioner courses and practica are taught by certified nurse practitioners in the related specialty area. All clinical nurse specialist courses and practicum are taught by certified clinical nurse specialists, and all nurse anesthesia courses and practica are taught by certified registered nurse anesthetists. All specialty directors are leaders in their fields and have the appropriate educational preparation, credentialing, and experience to provide oversight of the program, ensure the academic integrity of the program, and assume accountability for the quality of graduate education.

In accordance with the *Preferred Vision of the Professoriate in Baccalaureate and Graduate Nursing Programs* (AACN, 2008, http://www.aacn.nche.edu/publications/position/preferred-vision), the Administrative Council (3/13/12) made the recommendation that beginning in Academic Year 2013, all new faculty hires at 50% time or greater would hold a doctoral degree (unless there was a special circumstance). It was further recommended that any new faculty members hired under special circumstances would need to complete the doctorate within seven years of hire. This plan did not apply to contractual adjunct faculty or faculty members

hired at less than 50% time. Over the past decade, UMSON has increased the number of faculty members with doctoral degrees from 62% in FY 2002 to 69% in FY 2012, to 71% in FY2013 (see Table 2.9).

Table 2.9: Analysis of Educational Preparation of UMSON Faculty

	Doctorate		No Doctorate		No Doctorate Not Enrolled		No Doctorate Applied		No Doctorate Enrolled		No Doctorate Retiring	
	2012	2013	2012	2013	2012	2013	2012	2013	2012	2013	2012	2013
OSAH	42	51	13	13	5	4	1	0	7	8	0	1
FCH	37	39	14	18	2	5	2	0	8	12	2	1
USG*	4	5	10	10	6	6	2	1	2	3	0	0
Total	85	96	37	41	13	15	5	1	17	23	2	2
Percent	69%	71%	31%	29%								
*The doctoral-prepared faculty at USG are all also members of OSAH, but broken out separately for USG.												

Experientially Prepared

UMSON promotes the continued professional development of its faculty, including attendance at professional conferences; participation in local, regional, national, and international initiatives relative to a faculty member's area of specialization; and annual professional development events hosted by UMSON that may be specialty-specific or relevant to all faculty members. UMSON also encourages faculty members to continue clinical practice in their areas of expertise through professional service agreements (PSAs). (See copy of Professional Service Agreement in supporting documents.) In 2014, 41 faculty members had PSA agreements, representing a variety of practice settings. In addition, formal partnerships were formed with the Rwandan Ministries of Health to support the growth of professional nursing, as well as locally at the SEED School, a residential boarding school for underprivileged children. In addition, a significant percentage of faculty members work on a per diem basis in practice settings to maintain their clinical expertise and skills while continuing to teach as their primary occupation. This strong clinical service component provides broad clinical expertise for faculty members who mentor entry-into-practice, MS, and DNP students. In addition, leadership training has been supported, with up to two faculty members per year attending the Leadership for Academic Nursing program sponsored by the American Association of Colleges of Nursing. Many of our current administrators are alumni of this program.

II-E. Preceptors, when used by the program 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 outcomes. Preceptor performance expectations are clearly communicated to preceptors and are reviewed periodically. The program ensures preceptor performance meets expectations.

Program Response:

Preceptors are selected on their qualifications, experience, and interest in student education. Faculty members work closely with preceptors to plan student clinical experiences by communicating learning objectives to both preceptor and student. Preceptors supervise and evaluate students in clinical practice, however, the faculty member remains responsible for guiding the overall clinical experience and determining the extent to which each student meets expected learning objectives.

Preceptors may be appointed as "faculty associates," a category that is unique to UMSON; faculty associates are contractual but non-compensated employees.

Faculty associate qualifications are:
- Skill and competence in professional area of expertise
- Leadership in innovative approaches to improving health care
- Promotion of an interdisciplinary approach to the delivery of health care
- Ability to foster a climate conducive to learning, from a practical or theoretical perspective

Faculty associates who precept advanced practice graduate students must possess at least an MS degree in nursing. While there is a preference for BSN preceptors for undergraduate students, and a preference for master's prepared preceptors for CNL students, in some instances experienced Associate Degree nurses are selected based on their clinical expertise and experience.

Clinical faculty members evaluate preceptors through site visits and document the evaluation on a site visit form; students also complete written preceptor evaluations at the end of the course. Preceptor evaluations identify strengths and weaknesses and are used to determine whether a preceptor needs additional support, is not appropriate for certain levels of students, or is not appropriate for future placements. Evaluation documents are reviewed at specialty faculty meetings.

With the competition increasing for qualified preceptors, preceptors in the state of Maryland were invited for the first time in 2012, to complete an online preceptor training program (free of charge) to help develop and maintain skills as preceptors for all entry-level students in clinical agencies. The program was developed and supported by a Maryland NSP II grant secured by Dr. Jane Kapustin and Dr. Janice Hoffman. UMMC, a clinical partner, continues to use the preceptor online course, and is compensated by the organization for the time taken to complete it. In addition, a work group was created by the Deans and Chairs Committee in January 2014 to examine other ways to orient and recognize UMSON's volunteer preceptors.

BSN Program

Preceptors are used in the final senior practicum course in the BSN Program. During this course, the students work one-on-one with a clinical preceptor to complete 180 hours. The focus of this course is to provide opportunities for students to gain more independence and competency in the assigned clinical setting. The Clinical Placement Coordinator in OSAS works with clinical agencies to select sites for students to complete the clinical experience. The unit nurse manager or clinical educator selects the student's preceptor and communicates this to the course faculty member. Before the student begins their clinical experience, the preceptor is provided with a copy of the course syllabus and a preceptor packet that provides an overview of expectations. The course faculty member serves as a direct resource for the preceptors, and at least one site visit is made per semester. While preceptors have formal input into the student's performance, the course faculty members are responsible for the student's final clinical evaluation.

MS Programs

Students in the MS specialties (Nursing Informatics, Community/Public Health, CNL, HSLM) have a precepted experience in their practicum courses. Clinical faculty members orient all preceptors to their role and ensure that they are aware of the course objectives and level of the student in the program. The students are supervised by clinical faculty members to ensure satisfactory progression. CNL students complete a 1:1 300-hour clinical practicum in their last semester, as described above for the BSN Program.

DNP Program

APRN student preceptors are carefully selected to enhance the clinical education experience. All preceptors must be academically prepared and appropriately certified as NPs, CRNAs, CNSs, or MDs to precept APRN students. Every attempt is made to select doctoral-level preceptors for the DNP Program and all must have a minimum of one year experience. (Most preceptors are highly experienced in their specialty.) All APRN preceptors receive a thank-you letter from the specialty director that documents the number of hours spent in

their sites, and the preceptors are able to use this document for the purposes of verification for their specialty recertification.

Clinical faculty members orient all preceptors to their role and ensure they are aware of the course objectives and level of the students in the program. Written evaluation tools, syllabi, and other relevant documents are provided as part of the orientation, and preceptors have multiple opportunities to interact with clinical faculty members throughout the rotation. Students are required to document their clinical hours on a documentation tool (students are encouraged to use Medatrax) that is reviewed regularly by clinical faculty members.

Faculty members make regular site visits/contacts to ensure that students are progressing successfully. Every effort is made to ensure the faculty to student ratio of 1:6 during clinical rotation courses for NP students. Additionally, many faculty members serve as clinical preceptors in their faculty practices; the ratio for this type of preceptor experience is 1:1.

Post-MS DNP students usually do not work with preceptors in a specialty unless they are completing an APRN specialty area. Instead, they work with clinical faculty members in their practicum courses, who supervise their rotations in a variety of settings (legislative, policy, leadership, clinical/direct patient care, informatics, etc.). The student and his/her advisor jointly develop objectives and deliverables for the rotation, and the faculty member for the course ensures that they are completed. The student attends seminars with the supervising faculty member of the practicum course throughout the program; all practicum hours are recorded and reviewed by the faculty member and the advisor.

Post-Master's APRN Certificate Program

The same process for selection and orientation of preceptors, as described for the APRN students in the degree-seeking DNP specialties, is followed for post-MS APRN certificate program students.

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 faculty outcomes. For example:*
> - *Faculty have opportunities for ongoing development in the scholarship of teaching.*
> - *If scholarship is an expected faculty outcome, the institution provides resources to support faculty scholarship.*
> - *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 that require it.*
> - *If service is an expected faculty outcome, expected service is clearly defined and supported.*

Program Response:

There are myriad opportunities for faculty members to be engaged in research/scholarship, practice, and service, all of which are expected faculty outcomes, in addition to teaching. Alongside UMSON-specific support to the achievement of faculty outcomes, faculty members have access to all the institutional facilities and support services of UMB.

Teaching

The UMB Center for Information Technology Services (CITS) provides faculty support and services in the areas of teaching and learning, research, and service. The services are offered through the campus website, by phone, and in person at the campus help desk. CITS also provides a number of services to students that support instructional efforts, such as Google Apps for Education. Faculty members are encouraged to voice their technology requirements to UMSON representatives and CITS, and are given the opportunity to complete a

needs survey each year. An Academic Learning Systems Committee, comprised of faculty and staff members from all UMB schools, CITS administrators, and courseware engineers, provides general oversight of all campus technology learning tools. A member of the CITS organization meets with UMSON academic personnel regularly to keep abreast of the direction UMSON is taking and how CITS might support that direction. The UMB Information Technology Steering Committee, which determines the information technologies priorities for the campus, provides for faculty representation. As a result of this input, CITS provides many eLearning and social networking applications to ensure that everyone is equipped to use the most current practices to engage students in effective learning.

Blackboard, Mediasite, Question*mark,* Blackboard Collaborate, and SafeAssign are available to provide enhanced classroom and facile distance/online education capabilities with necessary security and integrity. The campus iTunes U site allows students to download general campus information, course content, or other learning materials to their desktops or iPads. Faculty members take advantage of the Blackboard Learning Management System to upload assignments and download assessments to their students. Classrooms are supported by on-site technical experts working with campus resources to provide state-of-the-art capabilities and real time support for any problems.

A reliable learning infrastructure is necessary for effective and predictable results. CITS upgraded the network infrastructure of the HS/HSL to increase wireless bandwidth and security, while improving access to library resources for faculty members and students. CITS also configured new network equipment to provide Web-based Virtual Private Network (VPN) capability for securely accessing university systems and data from off-campus. The administrative systems of the campus are being reworked for added reliability. Each system will be able to "fail over" to alternative hardware and databases, should the primary system components fail. All systems used by students already meet this criterion.

Faculty members must be able to keep up with new thinking in pedagogy for their discipline and basic computer skills. In recognition of this, UMB offers a Skill Soft eLearning system that includes self-paced courses covering more than 2,000 topics. Additionally, UMB has launched its own mobile app, as well as a Facebook homepage, Flickr, Twitter, and a You Tube "channel" to share important campus information with students in places where they are used to being "connected." The faculty training and development project assists in describing how to use these social networking tools to interact with students.

All faculty members are provided with free e-mail, secure file transfer of very large documents, and access to an online directory of faculty members, staff, and students. Self-service capabilities to update personal information in the directory or to access payroll information two days prior to payday are available. The reporting of duty days and leave is now an electronic online system. Access to colleagues for collaboration is available through the Internet 2 high-speed network, as well as through the high-speed National Lambda Rail network.

In 2004-2005, the UMSON launched the Institute for Educators in Nursing and Health Professions, with support from HRSA and MHEC. The goal of the Institute is to address the faculty shortages in nursing and the health professions by preparing nurses and other health professionals with the essential knowledge and skills to assume teaching roles in Maryland and elsewhere. The Institute conducts annual needs assessment of the faculty and develops program offerings based on these assessments.

For example, in the 2013-2014 academic year, two workshops were presented. The first, "Teaching Communication Skills in Classroom, Laboratory, and Clinical Environments," presented theoretical perspectives on teaching these skills and the evidence base for use of selected skills. The workshop concluded with participants applying what they learned with opportunities to participate in standardized student encounters. The second workshop was a "Test Construction Workshop" with discussion of relevant measurement theory concepts and all aspects of test construction. A large portion of the day was spent in a computer lab where participants applied the knowledge gained in writing and critiquing sample items of various types.

The Institute identifies and coordinates existing resources, and seeks new resources to provide courses and programming that will prepare nurses as educators in academic or clinical settings. In addition, the Institute supports UMSON faculty needs by providing counseling and training to improve instructional technique and efficacy. The Institute offers:

- Classroom and online courses for post-graduate students, including students currently enrolled in MS or doctoral programs in nursing or other health professions
- A variety of single courses/modules for the ongoing professional development of current faculty members, clinical nurse educators, and educators from other health professions
- Expertise as a resource for related initiatives

Scholarship

As described in II-B, UMSON has invested significant institutional resources in creating an environment that encourages and supports faculty research. In addition, UMSON launched a Faculty Scholarship Initiative in early 2009 to devise and implement strategies that would promote faculty scholarship even further. The Dean's Administrative Council convened an APT Task Force for this purpose, which gathered and analyzed pertinent material such as the previously mentioned faculty development survey. The APT Task Force worked with the Faculty Council and department chairs to revise and update the APT scholarship criteria and ensure that it reflects the Boyer Model (1997). The revised criteria for APT show a move from the traditional academic model to a model that acknowledges more diversity in academic training and areas of preparation for nursing practice. The APT Task Force developed a new framework that included levels (assistant, associate, professor) of practice scholarship that are congruent with the Boyer Model (1997). The new APT policy reflecting these changes received a favorable vote by the Faculty Council in December 2012 and was approved by the UMB Office of Academic Affairs in May 2013.

The Office of Research instituted several programs to improve faculty research development and success. In 2012, three Dean's Research Scholar Awards were given to faculty members who were selected on the basis that they had demonstrated success in garnering R-level funding. These funds will accelerate their collection of pilot data for additional R01 submissions. Awards were made to faculty members conducting research in end-of-life care, pain, and sleep science. Two current junior faculty members were also given additional release time from teaching and start-up funds to develop their own research. The current Research Intensive Faculty program is transitioning into a Center-focused program in 2015, so that the focus of research mentorship can be consolidated under the Center's collective expertise. In 2013 the Office of Research distributed a portion of the Designated Research Initiative Funds (DRIF) to the two Organized Research Centers so Center leadership could determine the best use of funds to support investigator-initiated research. Competitive applications were received and judged using internal Center processes, and DRIF funds were awarded for pilot studies that are currently in progress. Faculty members also participated in research courses in the UMB faculty development program, such as grant-writing, developing a K-award application, research team-building, and others.

In addition to UMSON's administrative and infrastructural supports to scholarship, faculty members have the benefit of resources available through UMB and collaborations with associated institutions. UMB was the first campus in the nation to implement a campus-wide research system, known as Kuali Coeus. Kuali Coeus is an online grant proposal preparation, submission, award, and post-award management system. Campus-wide use of this system enables an efficient routing and approval process, as well as the compilation of invaluable statistics on sponsors and research activities. Faculty members have easy and secure access to a high-speed campus network. UMB's participating membership in the national Internet2 Consortium, regional Mid-Atlantic Crossroads, local Baltimore Education and Research Network, and the University of Maryland Academic Technology Network Service ensures that faculty members have multiple pathways to education and research resources and connections to colleagues locally, regionally, nationally, and worldwide. CITS will host research equipment for researchers who have neither the place nor time to manage needed hardware. Researchers also receive assistance through a Research Data Storage Program. Mature Enterprise Resource Planning systems support research accounts to enable *ad hoc* and standard inquiries for reporting, state-of-the-art account management, online procurement, and credit card capabilities.

Practice

Faculty practice activities are a priority and a long-standing tradition at UMSON. Practice activities are foundational to our mission of preparing nurse leaders for excellence today and in the future. They allow faculty members to maintain their clinical competence and certification, and ensure that they stay abreast of evolving trends and best practices. Faculty members serve as role models for students in areas of practice development, delivery, and evaluation. Professional service agreements give faculty members an opportunity

to participate in the faculty incentive plan, which provides salary augmentation. In spring 2014, 41 (29%) of faculty members had PSAs with health care institutions throughout Maryland. The terms of these agreements specify the time and effort of the faculty member that is supported by the clinical facility. Faculty members who have practice agreements are more likely to bring real world examples into their classroom discussions, and students have remarked that they appreciate the insights and relevancy of those examples.

Service

The majority of UMSON faculty members perform some type of nursing-related public service on the local, state, or national level. UMSON supports faculty members in these activities by recommending their participation or promoting their selection on national and state task forces, expert advisory committees, boards, and other consultative bodies whenever possible. UMSON also acknowledges such activities and considers them in the evaluation process. Faculty members are influential in professional nursing and health care organizations, with more than 31% of the faculty holding office in one or more professional associations in 2012-2013. They serve on county boards of health; collaborate on myriad public health, community, and environmental health initiatives; and participate in local health fairs. During that same period, 23% served in an editorial capacity or on the editorial board of a professional journal. Another 30% of the faculty served on at least one peer review panel or accreditation/certification team. They contribute to the UMB community by serving on academic and administrative committees. A brief summary of the highlights of each faculty member's career is posted on the UMSON website (http://www.nursing.umaryland.edu/directory).

Summary of Standard II

UMSON is a well-resourced school. The Dean is a nationally recognized leader and faculty members are productive scholars and contributing members to the profession at the local, regional, national, and international levels. UMSON is fiscally sound and receives appropriate and proportionate funding and support from the University. Curricular transitions are examined for financial implications and funds are identified prior to implementation. Academic support services, including the Health Sciences and Human Services Library, Office of Student and Academic Services, Student Success Center in Baltimore and Center for Academic Success at Shady Grove, and state-of-the-art information and learning technologies, offer students and faculty members opportunities to engage in a strong and supportive learning environment. The simulation laboratories at Baltimore and Shady Grove provide multiple avenues for students at all levels to learn, practice, and evaluate critical thinking and mastery of advanced clinical skills. The research initiatives are consistent with the mission of a research intensive university. The bench research program is one of only a few in the nation housed in a school of nursing. The rapid increase in NIH rankings for research funding is a reflection of the work and impact of the UMSON faculty and student commitment to the generation and dissemination of new knowledge. Faculty members are well-prepared to teach in their areas of expertise. Faculty practice agreements provide opportunities for developing and honing clinical expertise.

Despite the numerous resources available, UMSON has areas that need improvement. Faculty salaries are still compressed, although they have recently adjusted with the goal of meeting the AACN 75th percentile for full-time faculty within the North Atlantic Region. Compensation is being addressed through merit, COLA, and equity adjustments. Space within the UMSON buildings needs to be better utilized. Faculty workload issues are an area of concern, and a task force chaired by the Dean is addressing the current workload and will propose changes to better reflect faculty effort in instruction, research/scholarship, and service/practice. Finally, student input is inconsistently sought on important UMSON initiatives.

Plans for improvement are to:
- Continue to adjust faculty salaries to the 90th percentile of the AACN Full-time Faculty ranks within the North Atlantic Region
- Develop and prioritize potential renovation projects to optimize existing space within UMSON
- Develop and secure funding through grants, gifts, and partnerships to provide more comprehensive Student Success Center instructional support services
- Actively recruit students to participate in key UMSON committees and task forces
- Develop surveys to solicit feedback on technology needs and utilization of resources

Standard III
Program Quality: Curriculum and Teaching-Learning Practices

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

III-A. The curriculum is developed, implemented, and revised to reflect clear statements of expected student outcomes that are congruent with the program's mission and goals, and with the roles for which the program is preparing its graduates.

Elaboration: Curricular objectives (e.g., course, unit, and/or level objectives or competencies as identified by the program) provide clear statements of expected learning that relate to student outcomes. Expected outcomes relate to the roles for which students are being prepared.

Program Response:

UMSON's mission is to shape the profession of nursing and the health care environment by developing leaders in education, research, and practice. UMSON accomplishes this through outstanding bachelor's, master's, doctoral, and continuing education programs; cutting-edge science and research; and innovative clinical enterprises. UMSON offers two entry-level nursing degrees: the Bachelor of Science in Nursing (BSN) Program and the Master of Science (MS) degree for the Clinical Nurse Leader (CNL). The BSN degree is offered at the Baltimore and USG sites. MS degrees have been offered in nine specialties (6 APRN and 3 non-APRN). UMSON also offered a post-MS non-degree certificate option for nurses seeking to become APRNs in five tracks: Adult/Gerontology Acute Care NP and CNS, Adult/Gerontology Primary Care NP, Family NP, Psychiatric/Mental Health NP with Family Focus, and Pediatric NP (both acute and primary care). A post-MS DNP degree is also available for nurses with MS degrees in all nursing specialties.

Beginning in the fall 2014 semester, the BSN, RN-BSN, and CNL curricula will reflect revised plans of study. At the same time, APRN students will no longer be admitted to the MS Program, but will seek a Doctor of Nursing Practice (DNP) degree. Reflective of the mission to prepare future nurse leaders, UMSON will be opening two additional DNP options in fall 2014: a Post-BSN to DNP and a DNP with Specialties (Post-Master's) option for APRN students. The plan of study for the Post-BSN to DNP option was approved by MHEC in 2010. The non-APRN MS specialties (Community Public Health, Health Systems Leadership and Management, and Nursing Informatics) and the CNL option will continue at the MS level. During the transition, the traditional APRN MS specialty curricula will continue until all students in the previous cohorts graduate. The last APRN students in the masters' programs were admitted in the fall 2013 semester and are allowed up to five years to complete their plan of study. In 2014, UMSON sought and received approval from MHEC for post-MS APRN "certificate" program status for students who enrolled on or before the fall 2013 semester. Given the conversion to the Post-BSN to DNP Program, additional students are no longer being admitted to the certificate program.

BSN Program

The BSN Program consists of two options: a 61-credit traditional BSN and a 31-credit RN-BSN. The Entry-Level Curriculum Committee is responsible for the development, implementation, evaluation, and revision of BSN courses. The major charge of the Committee is to ensure that curricular outcomes for individual student learning are congruent with UMSON's mission, strategic plan goals, and BSN Program outcomes. The Committee also shares responsibility for the grant-supported RN-MS track for the HSLM specialty, in which students complete coursework, receive a BSN, and then progress to the MS portion. Expectations for student outcomes for each course are clearly articulated in the course syllabi. Program outcomes are delineated in the Student Handbook at http://www.nursing.umaryland.edu/student-life/handbook/, and are consistent with the mission of UMSON.

The BSN curriculum was revised for students being admitted in the fall 2014 semester. (See Appendix IIIA-1 for an overview of the new curriculum with a crosswalk to the current curriculum.) Several curricular changes were made to better prepare students for their professional roles, and include the following:

- In the first semester, NURS 310 Professional Role of the Registered Nurse, was developed as a new course to provide students with an introduction to the role of the registered nurse, and provide an overview of the health care delivery system and practice settings.
- Informatics has been integrated across the curriculum, as there is increasing focus on the use of health care informatics to support nurses in practice. NURS 410 Healthcare Delivery System and Informatics builds upon content presented in earlier courses, with a focus on how nurses work in a variety of health care settings.
- Another new course, NURS 414 Complex Nursing Care of Patients with Co-Morbid Conditions, provides students with the opportunity to learn about the special needs of more complex patients with multi-system problems. This course provides case studies across the lifespan.
- In the fourth semester, the major change was integrating the previous NURS 425 Nursing Leadership course with the previous NURS 487 Senior Practicum course. The new course, NURS 429 Leadership and Clinical Practicum, includes a three-credit theory/seminar component and a four-credit (180 clinical hours) component. The content for the theory aspect of the course focuses on leadership and management competencies of the registered nurse.

RN-BSN

Because of the BSN (Traditional) Curriculum Revision, changes to the current RN to BSN plan of study were also required. Beginning in the fall 2014 semester, the revised RN to BSN option will be a totally separate plan of study from that of the traditional BSN students. (See Appendix IIIA-2 for an overview of the new RN to BSN curriculum with a crosswalk to the current curriculum.) One of the strengths of the current RN to BSN plan of study is that it allows the RN to choose nine credits of electives, and that is also incorporated into the revised RN to BSN option. With approximately 60% of registered nurses in Maryland currently being prepared as Associate Degree, there is a continued demand for this RN to BSN plan of study.

Master of Science (MS) Program

MS Specialties

The MS Program prepares graduates with expertise in three specialized areas with role preparation as a nurse informatician, community/public health nurse, or HSLM expert. The program also prepares nurses for doctoral study and leadership roles in professional organizations, health care institutions and corporations, and policy-making entities.

The Master's/DNP Curriculum Committee is responsible for the development, implementation, evaluation, and revision of the program and its specialty options, including those available in online format (see Standard ID). The curriculum for each specialty includes scientific underpinnings, core courses, and specialty courses in the relevant practice area. The number and type of specialties offered are a function of health care trends, needs expressed by the community of interest, and student demand, all of which are considered within the context of UMSON's mission, goals, and the overall goals of the MS Program. Expectations for student outcomes in each specialty are clearly articulated at the specialty and course levels, in all course syllabi. Program outcomes are delineated on the UMSON website and in the Student Handbook.

MS-Clinical Nurse Leader (CNL)

The CNL, a second degree option, is unique among the MS options in that it is an entry into practice master's degree (Model C) rather than an advanced practice specialty. The Entry-Level Curriculum Committee shares responsibility with the Master's/DNP Curriculum Committee for the development, implementation, evaluation, and revision of all CNL courses because CNL students need exposure to knowledge and skills covered at the baccalaureate level. Expectations for student outcomes are incorporated in all course syllabi, and are defined to advance the achievement of overall program outcomes, including the completion of a comprehensive examination in the form of a scholarly paper.

The CNL curriculum was also revised for students being admitted in the fall 2014 semester. (See Appendix IIIA-3 for an overview of the new curriculum with a crosswalk to the current curriculum.) Several curricular changes were made to better prepare students for their professional roles and include the following:

- Inclusion of revised research (NURS 790/795) and non-research (NURS 780/782) core courses
- Transfer of advanced skills learning from NURS 505 Introduction to Professional Nursing Practice to NURS 514 Adult Health Nursing where students use skills in clinical setting
- Separation of BSN and CNL students in all courses to enhance learning of CNL competencies
- Longer program of study (four semesters plus one or two summers) and revised class schedule to reduce student stress and enhance learning, e.g., NURS 511 Psychiatric Mental Health Nursing and NURS 514 Adult Health Nursing courses will be taught in different semesters

RN-MS Track

UMSON has one RN-MS Program in the HSLM education track. Because of the BSN (Traditional) curriculum revision, changes to the current RN-MS plan of study were also required. (See Appendix IIIA-4 for an overview of the new RN-MS curriculum with a crosswalk to the current curriculum.)

DNP Program

The DNP is a practice-focused doctorate for nurses who hold a BSN and/or an MS degree. DNP students in the post-MS DNP option hold positions in their specialty, such as nurse executives, nurse informaticians, nurse educators, nurse practitioners, nurse anesthetists, and clinical nurse specialists. The Master's/DNP Curriculum Committee is responsible for the ongoing development, implementation, evaluation, and revision of the curriculum, and ensures that individual student learning outcomes are reflective of UMSON's mission and overall DNP Program outcomes. Expectations for student outcomes in courses are incorporated in the syllabi. Program outcomes are delineated on the UMSON website and in the Student Handbook.

Post-Master's APRN Certificate Program

Individual student learning outcomes for the MHEC-approved post-MS APRN certificate are congruent with the roles as defined in the APRN Consensus Model (APRN Consensus Workgroup, 2008). The Master's/DNP Curriculum Committee is responsible for all aspects of the curriculum, which includes the same underpinnings, core courses, and specialty courses for the relevant NP/CNS specialty.

Professional Certificates

There are four MHEC-approved professional certificates available for students who are working on their MS or doctoral degrees concurrently or are at the post-MS level: Environmental Health, Global Health, Nursing Informatics, or Teaching in Nursing and Health Professions. Each certificate program is between 12 and 19 credits, and the last three credits include a practicum course for application of the didactic content. The Global Health Certificate is available for students enrolled in all UMB graduate/professional schools.

III-B. Curricula are developed, implemented, and revised to reflect relevant professional nursing standards and guidelines, which are clearly evident within the curriculum and within the expected student outcomes (individual and aggregate).
- Baccalaureate program curricula incorporate *The Essentials of Baccalaureate Education for Professional Nursing Practice* (AACN, 2008).
- Master's program curricula incorporate professional standards and guidelines as appropriate.
  - All master's degree programs incorporate *The Essentials of Master's Education in Nursing* (AACN, 2011) and additional relevant professional standards and guidelines as identified by the program.
  - All master's degree programs that prepare nurse practitioners incorporate *Criteria for Evaluation of Nurse Practitioner Programs* (NTF, 2012).

- Graduate-entry program curricula incorporate *The Essentials of Baccalaureate Education for Professional Nursing Practice* (AACN, 2008) 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 additional relevant professional standards and guidelines if identified by the program.
  b. All DNP programs that prepare nurse practitioners incorporate *Criteria for Evaluation of Nurse Practitioner Programs* (NTF, 2012).
- Post-graduate APRN certificate programs that prepare nurse practitioners incorporate *Criteria for Evaluation of Nurse Practitioner Programs* (NTF, 2012).

Elaboration: Each degree/certificate program incorporates professional nursing standards and guidelines relevant to that program, area, role, population focus, or specialty. The program clearly demonstrates where and how content, knowledge, and skills required by identified sets of standards are incorporated into the curriculum.

APRN education programs (degree and certificate) (i.e., Clinical Nurse Specialist, Nurse Anesthesia, Nurse Midwife, and Nurse Practitioner) incorporate separate comprehensive graduate level courses to address the APRN core, defined as follows:
- *Advanced physiology/pathophysiology, including general principles that apply across the lifespan;*
- *Advanced health assessment, which includes assessment of all human systems, advanced assessment techniques, concepts and approaches; and*
- *Advanced pharmacology, which includes pharmacodynamics, pharmacokinetics, and pharmacotherapeutics of all broad categories of agents.*

Additional APRN core content specific to the role and population is integrated throughout the other role and population-focused didactic and clinical courses.

Separate courses in advanced physiology/pathophysiology, advanced health assessment, and advanced pharmacology are not required for students enrolled in post-master's DNP programs who hold current national certification as advanced practice nurses, unless the program has deemed this necessary.

Master's programs that have a direct care focus but are not APRN education programs (e.g., nursing education and Clinical Nurse Leader), incorporate graduate level content addressing the APRN core. They are not required to offer this content as three separate courses.

Program Response:

UMSON curriculum committees, specialty and course directors, faculty, and community of interest members ensure that the student learning outcomes are consistent with the appropriate program standards and guidelines. These committees ensure the integration of common curricular threads, e.g., research and evidence-based practice, informatics, and cultural competence.

BSN Program

The BSN curriculum is continually examined and revised to ensure that it facilitates achievement of student outcomes, reflects *The Essentials of Baccalaureate Education for Nursing Practice* (AACN, 2008), prepares graduates for entry into practice positions, and is congruent with UMSON's mission. Consistent with the Baccalaureate Essentials, and as an aspect of curriculum evaluation, the Entry Level Curriculum Committee and Entry-Level Course Directors review, evaluate, and revise (as needed) all BSN courses. Final approvals for all course changes are made by the Entry-Level Curriculum Committee.

In 2014, as part of the revision of the BSN curriculum, the program outcomes were refined to be more reflective of the Baccalaureate Essentials (see Appendix IIIB-1). The curricula for the BSN courses were also

developed based on the Baccalaureate Essentials. (See mapping of BSN and RN-BSN core courses to the relevant Baccalaureate Essentials in Appendix IIIB-2.)

MS Program

Documents and resources used to develop the MS curriculum include *The Essentials of Master's in Nursing Education* (AACN, 2011) and *Criteria for Evaluation of Nurse Practitioner Programs* (NTF, 2012). See mapping of MS core courses to relevant MS essentials in Appendix IIIB-3. In 2014, the MS Program outcomes were refined by leadership to be more reflective of the MS essentials (see Appendix IIIB-4). They were reviewed and approved by specialty directors and the MS/DNP Curriculum Committee. Adherence to the NTF criteria for nurse practitioner programs is demonstrated throughout this report in the descriptions of curriculum structure, implementation, and evaluation. (See additional evidence of adherence in the *CCNE Worksheet on Compliance with the Criteria for Evaluation of Nurse Practitioner Programs* in supporting documents.)

<u>MS Specialties</u>

Graduates of UMSON's MS Program with a specialty in Community/Public Health or Informatics are eligible for basic ANCC certification. Graduates of UMSON's HSLM specialty are eligible for ANCC certification after holding executive nursing positions for two years.

<u>MS-CNL</u>

The CNL curriculum incorporates *The Essentials of Baccalaureate Education for Professional Nursing Practice* (AACN, 2008) and graduate core curriculum of *The Essentials of Master's Education in Nursing* (AACN, 2011). In addition, the CNL curriculum and student learning outcomes are based on the *Competencies and Curricular Expectations for Clinical Nurse Leader Education and Practice* (AACN, 2013). As part of curriculum evaluation, the Entry-Level Curriculum Committee and the Master's/DNP Curriculum Committee evaluate and revise (as needed) all CNL courses. This process ensures that course content and student learning outcomes address the baccalaureate and master's essentials. CNL coursework is grouped into three specific curricular domains: clinical management, patient care environment management, and patient care leadership. The CNL curriculum includes master's-level coursework in pharmacology, physical assessment, and pathophysiology. CNL course objectives subsume the undergraduate level objectives and permit CNL students to meet the baccalaureate and master's essentials. (See mapping of entry-level CNL courses to the relevant baccalaureate and master's essentials in Appendix IIIB-5.) The master's entry-level CNL degree option prepares and enables graduates to take the NCLEX-RN and the CNL certification exam.

<u>RN-MS Track</u>

UMSON has one RN-MS Program in the HSLM education track, and that curriculum meets *The Essentials of Baccalaureate Education for Professional Nursing Practice* (AACN, 2008) and *The Essentials of Master's in Nursing Education* (AACN, 2011). See mapping of RN-MS courses to the relevant baccalaureate and master's essentials in Appendix IIIB-6. In addition, the MS portion of the RN-MS Program is based on *The American Organization of Nurse Executives (AONE)'s Nurse Executive Competencies* (AONE, 2011). As part of curriculum evaluation, the Entry-Level Curriculum Committee and the Master's/DNP Curriculum Committee evaluate and revise (as needed) all RN-MS courses. This process ensures that course content and student learning outcomes address both the baccalaureate and master's essentials.

DNP Program

The curricula for the all of the DNP entry options were developed based on the *The Essentials of the Doctoral Education for Advanced Nursing Practice* (AACN, 2006). See mapping of DNP core courses to the relevant Doctoral Essentials in Appendix IIIB-7.

Individual student learning outcomes for advanced practice nursing students are congruent with the roles as defined in the *APRN Consensus Model* (APRN Consensus Workgroup, 2008), and for the roles defined within their scope and standards of the respective specialties and certifying bodies. Advanced physical assessment,

pathophysiology, and pharmacology are required for each NP, CNS, and Nurse Anesthesia (CRNA) specialty and are offered at the graduate level in three separate comprehensive courses. The basic standards reflected in each specialty are as follows:

1) Nurse practitioner specialties are consistent with the domains and core competencies defined by the National Organization of Nurse Practitioner Faculties (NONPF, 2011) and for the *Criteria for Evaluation of Nurse Practitioner Programs* (NTF, 2012). All NP graduates are eligible for national board certification.

2) CNS specialty is consistent with the core competencies as delineated by the National Association of Clinical Nurse Specialties (*Clinical Nurse Specialists Core Competencies*, 2010). CNS graduates are eligible for national board certification.

3) CRNA specialty curriculum is consistent with the educational standards set by the Council on Accreditation of Nurse Anesthesia Educational Programs (*Standards for Accreditation of Nurse Anesthesia Educational Programs*, 2014), and its graduates are eligible for board certification.

All additional APRN core content, specific to the role and population, is fully integrated in the other role and population didactic and clinical courses.

Post-Master's APRN Certificate Program

Similar to the degree-seeking NP/CNS specialties, the post-MS APRN certificate program curricula has been reviewed and modified: 1) to be aligned and consistent with the *APRN Consensus Model* (APRN Consensus Workgroup, 2008), 2) to be aligned and consistent with the NONPF *Nurse Practitioner Core Competencies* (2011), and 3) to reflect revisions made in the newest edition of *Criteria for Evaluation of Nurse Practitioner Programs* (NTF, 2012). The Post-Master's APRN Certificate Program has been approved by MHEC.

Advanced physical assessment, pathophysiology, and pharmacology are required for each NP/CNS student, and are offered at the graduate level in three separate comprehensive courses. Post-MS APRN students' follow the plan of study based on their gap analysis. The basic standards reflected in each specialty are as follows: 1) Nurse practitioner specialties are consistent with the domains and core competencies defined by the National Organization of Nurse Practitioner Faculties (NONPF), and all NP graduates are eligible for national board certification; and 2) CNS specialty is consistent with the core competencies as delineated by the National Association of Clinical Nurse Specialties, and graduates are eligible for national board certification.

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

- Baccalaureate curricula build 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.
- Post-graduate APRN certificate programs build on graduate level nursing competencies and knowledge base.

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, 2008) 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, 2008), even if they do not award a baccalaureate degree in nursing in addition to the graduate degree.

DNP programs, whether post-baccalaureate or post-master's, demonstrate how students acquire doctoral-level competencies delineated in The Essentials of Doctoral Education for Advanced Nursing Practice (AACN, 2006). The program provides a rationale for the sequence of the curriculum for each program.

Program Response:

The Entry-Level and Master's/DNP Curriculum Committees are responsible for ensuring that the structure and content at every level of educational programming—from the overarching degree program through the various academic subsets of options, specialties, and course offerings—is evaluated and revised to achieve internal and inter-relational consistency, incorporation of the requisite professional standards and educational criteria, responsiveness to the needs of the community of interest, and support UMSON's mission.

BSN Program

The BSN Program is upper division, meaning that students complete all their nursing prerequisites either in four-year colleges/universities or community colleges. The program builds on a foundation of the arts, sciences, and humanities taken during their first two years of undergraduate study. Students are required to enter with a specified number of credits in the arts, sciences, and humanities, in addition to specific prerequisite science courses, for a total of 59 credits. The BSN curriculum consists of 61 credits, and graduates complete 120 total credits to receive the BSN degree. BSN applicants, including those seeking entry into the RN-BSN and RN-MS degree options, have matriculation requirements of a 3.0 overall GPA in prerequisite coursework and a 3.0 science GPA. Starting in the fall 2010 semester, the Test of Essential Academic Skills (TEAS) was added to the admission requirements. Reading and mathematics scores, in comparison with grades in English, math, and science courses, are also part of the admission screening process. International students are required to have their U.S.-equivalent credits established by an evaluation service. RN-BSN students are awarded 30 credits upon entry, based on their RN licensure, and must complete an additional 31 credits to receive the BSN degree. For the RN-BSN and RN-MS options, the same non-nursing prerequisites apply.

The BSN Program requires students to build on the knowledge, analytical ability, and application skills gained in their lower division undergraduate coursework. For instance, both pathopharmacology courses (NURS 314 Physiologic and Pharmacologic Considerations for Health Promotion and NURS 324 Pathopharmacology in Adults) depend heavily on content from the anatomy and physiology, chemistry, and microbiology prerequisites. The research course (NURS 316 Research and Evidenced-Based Practice) assumes a background in statistics at a level expected of students who have completed the undergraduate statistics prerequisite. Content from the required Growth and Development course is integrated throughout the clinical courses in planning care for clients across the life span.

Humanities courses that are required for matriculation provide BSN students with the necessary foundation and conceptual framework for courses that include content on cultural competency, ethics, vulnerable populations, and race- and gender-based differences in the use of health care resources. Additionally, writing and research skills acquired in lower division English and humanities courses are necessary for preparation of scholarly projects and papers. In NURS 310 Professional Role of the Registered Nurse, for example, students apply knowledge gained in human development, psychology, sociology, and other humanities to develop therapeutic communication and advocacy skills. Students learn how to cultivate relationships with clients by building on existing knowledge, such as the stages of moral development, self-concept, adaptive coping mechanisms, and the impact of socioeconomic realities on health behaviors. A communication module incorporated into this course provides students with opportunities to interact with standardized patients to complete interviews, histories, etc., and to receive feedback from the standardized patients and the faculty about their communication skills.

RN-BSN

RN-BSN students have successfully completed an accredited Registered Nurse program. This option builds on the RN competencies as well as the pre-requisite sciences and humanities. The science and humanities pre-requisite courses for the RN-BSN option are the same as the traditional BSN option. UMSON offers one BSN Program with two options--the traditional BSN and the RN-BSN. Both options have the same program outcomes and meet *The Essentials of Baccalaureate Education for Professional Nursing Practice* (AACN, 2008).

MS Program

The MS Program builds on foundations in the arts, sciences, and humanities acquired during baccalaureate education, which prepares students with the academic knowledge and skills needed to advance to the graduate level. With the exception of the CNL degree option, matriculation in the MS Program requires a baccalaureate degree in nursing. Current MS students are required to take three core graduate courses that serve as a foundation for progression to the graduate level: NURS 701 Science and Research for Advanced Nursing Practice, NURS 622 Systems and Populations in Health Care, and NURS 659 Organizational and Professional Dimensions of Advanced Nursing Practice. Current CNL students take only the first two core courses. The concepts in NURS 659 Organizational and Professional Dimensions of Advanced Nursing Practice are incorporated within the other CNL courses. Beginning in the fall 2014 semester, all MS students, including CNL students, will take four core graduate courses. The courses serve as the foundation for progression and include: NRSG 790 Application of Science for Evidence-Based Practice, NRSG 795 Biostatistics for Evidence-Based Practice, NRSG 780 Population Health and Promotion, and NRSG 782 Organization and Systems Leadership. These foundational course are taken early in the plan of study to ensure logical sequencing of the curriculum.

MS Specialties

The MS specialties are based on foundational-level courses that support the progression to higher level courses. For example, the HSLM specialty requires that students take basic core courses, such as NRSG 780 Population Health and Promotion and NRSG 782 Organizational Systems and Leadership before their specialty courses, such as NURS 690 Managerial Health Finance and NURS 691 Organizational Theories.

MS-CNL

As noted, the CNL course of study is the only MS degree option for students with a non-nursing baccalaureate degree. It assumes a background in the arts, sciences, and/or humanities and a level of academic maturity that surpasses that of BSN students and is consistent with the leadership expectation of CNL graduates. For matriculation, CNL students meet the same statistics, nutrition, growth and development, and science prerequisites as BSN students. Because CNL students have no prior nursing background, they learn basic nursing content and meet the competencies for baccalaureate education at the same time they develop master's competencies.

DNP Program

DNP core course plans are logically structured and sequenced with the appropriate prerequisites to build knowledge, skills, and abilities at the doctoral level. For example, students take basic core courses, such as NRSG 790 Application of Science for Evidence-based Practice and NRSG 795 Biostatistics for Evidence-based Practice before they take NDNP 807 Information Systems and Technology Improvement/Transformation Health Care and NRSG 782 Organizational and Systems Leadership.

Post-BSN to DNP and DNP with Specialties

The Post-BSN to DNP and DNP with Specialties options build on foundations in the arts, sciences, and humanities acquired during baccalaureate education, which prepares students with the academic knowledge and skills needed to advance to the graduate level. Matriculation into both options requires a baccalaureate and/or MS degree. Students will take four core graduate courses. The courses serve as the foundation for progression and include: NRSG 790 Application of Science for Evidence-Based Practice, NRSG 795 Biostatistics for Evidence-Based Practice, NRSG 780 Population Health and Promotion, and NRSG 782 Organization and Systems Leadership. The courses for APRN students are sequenced in a logical order so foundational and core

courses prepare students for acquisition of more advanced, applied knowledge and skills in diagnosis and management. For example, all APRN students are required to take the "three Ps"—advanced pathophysiology, advanced physical assessment, and pharmacology—before progressing to diagnosis and management/role courses. These courses are required early in the plan of study to ensure logical sequencing of the curriculum, and it is preferred that they are taken together because the content has been planned to be sequenced across the three courses. For example, the same week the students study cardiac assessment, they will also be covering cardiac pharmacology and pathophysiology. The curriculum was designed to take advantage of common topics in three complex courses to facilitate learning. Proper sequencing with application of pre- and co-requisites is strictly observed.

<u>Post-Master's DNP</u>

The post-MS DNP curriculum builds on the foundation of entry-level graduate level nursing knowledge, abilities, and skills provided in the master's core. Previously described foundational courses and sequencing are applicable for the post-MS DNP as well. Most students entering this program have a MS degree in nursing. In the fall 2013 semester, a cohort of students without a MS degree in nursing, but a master's in a related field, e.g., MBA, MPH, MSIS, were admitted to the post-MS DNP Program. To ensure that these students met *The Essentials of Master's Education in Nursing* (AACN, 2011), their academic history and transcripts were reviewed and a gap analysis was completed. If gaps were noted, students had to take the missing nurse core courses. For example, the students' transcripts were reviewed for courses with content similar to the graduate core courses (NURS 622 Systems and Populations in Health Care, NURS 659 Organizational and Professional Dimensions of Advanced Nursing Practice, and NURS 701 Science and Research for Advanced Nursing Practice). If the students had not taken courses with the graduate core content, they were asked to take those courses prior to starting the DNP curriculum.

Post-Master's APRN Certificate Program

The post-MS APRN certificates are organized around the NONPF *Nurse Practitioner Core Competencies* (2011) and the *Criteria for Evaluation of Nurse Practitioner Programs* (NTF, 2012). The competencies for each are reflected in the learner outcomes, course outcomes, and evaluation strategies. NP specialties are sequenced in logical order so that foundational and core courses prepare students for acquisition of more advanced, applied knowledge and skills in diagnosis and management. Since all APRN students are required to take advanced pathophysiology, advanced physical assessment, and pharmacology before progressing to diagnosis and management/role courses, a gap analysis is performed for the post-MS APRN certificate students to ensure this process. Proper sequencing with application of pre- and co-requisites are strictly observed, and each NP specialty exceeds the 500 hour minimum clinical rotation.

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

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

Program Response:

UMSON is structured and equipped for optimum flexibility in the use of varied pedagogical approaches that accommodate different learning styles and thereby foster the achievement of student learning outcomes, whether instruction is didactic or clinical, face-to-face, or through distance technology. UMSON's technological capabilities provide access to the full range of academic support services and educational tools for both classroom and distance learning students. The achievement of student learning outcomes is also supported by unparalleled clinical resources available by virtue of UMSON's location (as noted in Standard I) and its close collaborative relationships.

The Clinical Simulation Laboratories (CSL), or SIM labs, are designed to provide students with an opportunity to learn in a safe environment and to acquire critical thinking, skills, decision-making, and psychomotor skills prior to real-life clinical experiences. Formative and summative evaluation processes are used in the CSL for

undergraduate and graduate levels of education. Use of the CSL is integrated throughout the undergraduate and graduate curricula for research, teaching, evaluation, and remediation. The Clinical Education and Evaluation Laboratory (CEEL) is a state-of-the-art facility dedicated to teaching, assessment, and evaluation of clinical skills utilizing the talents of standardized patients. The integration of these encounters into the curriculum promotes the acquisition of universal competencies that are the foundation of skills needed for effective clinician-patient interactions.

BSN Program

Faculty members continue to incorporate new pedagogies into the BSN courses, including simulation, case studies, seminars, and small group discussions. Communication competencies are integrated throughout the curriculum and begin in the first semester when students have the opportunity to practice therapeutic communication skills with standardized patients.

Assessments of clinical competencies for clinical courses are conducted in the CSL under standardized conditions. Students who are initially unable to demonstrate the necessary skill level have an opportunity to improve their skills in a CSL through practice under graduate assistant supervision in a CSL. Students demonstrating specific difficulty in mastering the requisite level of clinical performance may be assigned remedial laboratory work as a prerequisite to resuming their clinical experience. In NURS 487 Leadership and Clinical Practicum, a multi-patient simulation has been developed and implemented to provide students with opportunities to practice, plan, and organize care for a group of patients to better prepare them for their first registered nurse position.

A program of standardized testing is in place in the traditional BSN and CNL options to assist faculty members and students in identifying deficiencies that require attention. The purpose of standardized testing is to help students complete the program successfully and do well on the NCLEX-RN. The required standardized tests include comprehensive exams following selected courses and during the final semester of study to determine overall readiness for the NCLEX. Students who do not perform satisfactorily may be assigned mandatory remediation. Resources available with the standardized testing program include case studies and additional practice tests that students can complete to support their achievement. Students are required to complete a specific NCLEX-RN review course to be certified to take the NCLEX-RN.

Students have many opportunities to augment course content through the Student Success Center. Available resources include guided study sessions and individual tutoring for students enrolled in NURS 304 Introduction to Professional Nursing Practice, NURS 315 Pathopharmacology, and NURS 330 Adult Health Nursing.

In the past, RN-BSN students were in the same classes as traditional BSN students. There were limitations as to whether classes could be taken face-to-face or online, based on their enrollment option as RN-BSN or Online RN-BSN. Beginning in the fall 2014 semester, RN-BSN students will have the option of selecting course-by-course an online or face-to-face option. This allows the students, as adult learners, to select delivery methods based on the content of each course and their preferred learning style.

MS Program

The MS Program is designed to foster achievement of individual learner outcomes. Expected student learning outcomes are identified in course syllabi and are reviewed by the faculty to clarify expectations. Learning outcomes are linked to student competencies in each course. For example, the NONPF domains are reflected specifically in the APRN course objectives, and students are expected to demonstrate NONPF core competencies by completion of the course. The MS Program uses a variety of teaching-learning techniques that suit students' individual learning styles, and courses are paced to ensure student success.

Core courses help build foundational knowledge and skills before students enter MS specialty courses. Some sections of all graduate core courses are offered online, and some sections are conducted in a traditional classroom format. The NP/CNS/CRNA core NPHY 612 Advanced Physiology and Pathophysiology and NURS 723 Clinical Pharmacology and Therapeutics are offered face-to-face with lecture capturing to facilitate students' ability to review all taped courses as often as desired. All courses use an online courseware management system, Blackboard, to complement face-to-face instruction. The MS faculty has adopted a variety of

technology-assisted teaching methodologies, including PowerPoint-supported lectures, audio/video conferencing, podcasts, and other Internet-based tools for case study presentations. Web conferencing is available to MS students, making it possible for them to interact with course faculty members despite geographic separation. Informatics and HSLM specialties are available entirely online. Technology is not used as a substitute for personal interaction with students, but rather as a means of facilitating communication.

DNP Program

The DNP faculty uses a variety of teaching strategies based on adult learning principles and a determination of the optimal modalities for achieving student learning outcomes. Classroom and distance learning methods are used with teaching strategies such as exercises, debates, presentations, case reports, discussions, wikis, stretch experiences in organizations (systems and departments), and practica. Each course has defined requirements and evaluation criteria to assess if expected individual student learning outcomes are met, and strategies have been developed that support achievement of those outcomes in areas where student weaknesses have been identified. Prior to 2012, students in the post-MS DNP Program had the option of taking 15 credits of electives. After doing a crosswalk with the DNP Essentials, the faculty determined that the curriculum was lacking in content on policy and translation of evidence into practice. In the fall 2012 semester, the program was revised and students were required to take directed electives that covered this content. In the fall 2014 semester, to ensure that the students were meeting the master's essentials, blended courses specifically designed for the DNP student — NURS 810 Evidence-Based Policy Development and NURS 834 Translation and Outcomes of Evidence-Based Practice — will be required as DNP core courses.

Post-Master's APRN Certificate Program

The same process described for the degree-seeking DNP specialties is followed for post-MS APRN certificate program students. Student outcomes are included in all course syllabi and they reflect national standards as disseminated by NONPF. These students take the same courses as full degree-seeking DNP students.

III-E. The curriculum includes planned clinical practice experiences that:
- enable students to integrate new knowledge and demonstrate attainment of program outcomes; and
- are evaluated by faculty.

Elaboration: To prepare students for a practice profession, each track in each degree program and post-graduate APRN certificate program affords students the opportunity to develop professional competencies in practice settings aligned to the educational preparation. Clinical practice experiences are provided for students in all programs, including those with distance education offerings. Clinical practice experiences involve activities that are designed to ensure students are competent to enter nursing practice at the level indicated by the degree/certificate program. The design, implementation, and evaluation of clinical practice experiences are aligned to student and program outcomes.

Program Response:

UMSON offers a wide variety of learning environments where students can develop competencies as part of their clinical education process. Students experience very diverse clinical teaching sites, and faculty members and students are immersed in populations that represent numerous cultures, ethnicities, and socioeconomic and educational backgrounds. Some of the diverse clinical teaching sites include the world renowned R Adams Cowley Shock Trauma Center, Johns Hopkins Hospital (JHH), the National Institutes of Health, and the Walter Reed Military Medical Center. All four magnet hospitals in Baltimore (UMMC, JHH, Sinai Hospital, and Franklin Square Medical Center) are used for clinical placements. Community/Public Health clinical placements include federal agencies (HUD, EPA, HRSA), state and local health departments, and community work with major hospitals, schools, and national and local non-profit agencies. (See comprehensive list of clinical sites by program in supporting documents.)

Through clinical rotations on the Wellmobile in rural communities, students identify health priorities and challenges impacting those communities and propose evidenced-based interventions. These region-specific assessments and approaches were incorporated into the CareFirst Eastern Shore grant implementation and are

available as guidance for future Wellmobile Program grant submissions in Maryland's three respective rural regions. For example, during the 2013-2014 academic year, two MS-level nursing students fulfilled community health nursing clinical practicum requirements on the Wellmobile. Under the direction of the nurse care manager, they completed patient, community, and service wide assessments; patient education based on incorporating culturally and linguistically appropriate health promotion materials; and basic care coordination, outreach, and follow-up of client contacts. FNP faculty members precepted 20 FNP and Adult/Gerontology NP students, who completed rotations on the Wellmobile to fulfill practicum requirements. NP students worked individually with their preceptors to perform patient exams, diagnose, prescribe treatments and medications, and refer appropriate patients to specialists for consultation. The Wellmobile Program director taught a rural nursing health course in the undergraduate program using an ecological framework to expose students to social, behavioral, environmental, and physical health issues impacting rural communities' health status.

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The wide range of clinical options available to UMSON students results in a wide range of experiences in a diversity of settings, with geographically diverse populations. Clinical learning sites are selected and evaluated based on the following criteria:
- Quality experiences are available to meet the learning needs and course outcomes
- Agency policies, personnel interest, and flexibility facilitate student learning
- Professional education of agency personnel is consistent with academic requirements of UMSON
- Sufficient numbers of patients/clients, variety, and diversity of learning experiences are available to students
- Accreditation by an appropriate agency is in place, if indicated
- Student and clinical instructor or preceptor feedback
- For distance education and online courses: commitment of the preceptor to frequent and regular contact with UMSON course faculty members to ensure meaningful supervision, the continued appropriateness of the site, early intervention problem solving, and an optimal learning experience for the student

UMSON's clinical databases are carefully monitored by faculty members and all sites are vetted by our legal department and lead attorney, Ann Mech, JD, RN. Her office ensures that all sites are covered contractually and all students are properly insured for malpractice coverage.

BSN Program

BSN students participate in a variety of clinical learning environments that are aligned with the focus of each course and provide learning opportunities in long-term, assisted living, acute, chronic, outpatient, and community/public care settings with individuals, families, and populations across the lifespan. Practice learning environments used for BSN students are selected to foster the students' mastery of competencies necessary for contemporary nursing practice, which are congruent with student learning outcomes. Many sites for BSN clinical courses, such as NURS 411 Infant, Child, and Adolescent Nursing, NURS 417 Maternity, Newborn and Women's Health Nursing, NURS 327 Medical-Surgical Nursing in the Adult Population, and NURS 329 Psychiatric Mental Health Nursing, are used regularly, based on their support in providing meaningful learning

experiences for the students. The RN-BSN option uses community clinical sites selected by course faculty members and individual students based on student preferences, previous experience, and site availability. The community clinical sites include health departments, schools, Paul's Place, and Health Care for the Homeless.

Prior to providing direct care in clinical settings, students have opportunities to practice basic skills and procedures that may be encountered in the clinical settings in the CSLs. Most clinical courses also provide learning opportunities at the beginning of each course to allow students to practice skills and competencies required for that particular clinical setting. Students unable to demonstrate basic competencies may be referred to the CSL for additional practice, and their clinical instructor attempts to provide similar learning opportunities in the clinical practice setting.

Each BSN clinical course has a Clinical Evaluation Tool that includes competencies specific to the course content and population, and are based upon program outcomes. The evaluation forms are included in the course packets to ensure that students are informed of the evaluation criteria. Student evaluations are completed by the clinical instructor/faculty. In the final Leadership and Clinical Practicum, where students work one on one with a registered nurse preceptor, the final clinical evaluations are the responsibility of the clinical faculty members, with input from the preceptor.

The RN-BSN student is required to take one clinical course, NURS 467 Public Health Nursing Essentials for the Registered Nurse. Students in the RN-BSN and RN-MS options use community clinical sites selected by course faculty members and individual students based on student preferences, previous experience, and site availability.

MS Program

The MS specialties (Nursing Informatics, Community/Public Health Nursing, and HSLM) rotate to the same facilities where they are engaged in achieving competencies in their practice areas. For example, the Community/Public Health students spend time in a variety of agencies, including federal, state, and local, and national non-profits, developing population health strategies. The strategies include assessing needs, planning, and evaluating programs, and observing and developing skills necessary for leadership including grant writing, social media marketing, and organizational analysis. The HSLM and Nursing Informatics students complete their practice hours in agencies that are aligned with their course objectives, and faculty members assist with finding and evaluating each student's placement whether they are online or local traditional students. They are all closely supervised as they achieve their specialty competencies in leadership and informatics in their practica courses.

Entry-level MS-CNL students develop professional competencies in practice sites as described under the BSN section. As in the BSN program, each CNL clinical course packet includes a Clinical Evaluation Tool that is based upon program outcomes and includes course-specific competencies. The forms are completed by clinical faculty members. In the final precepted clinical practicum, final evaluations are the responsibility of the clinical faculty, with input from the preceptor.

DNP Program

The Post-BSN to DNP and Post-Masters DNP with Specialties options take full advantage of the wide diversity in our clinical sites in the Baltimore and Washington, D.C. area. For the NP, CNS, and CRNA specialties, students are placed in acute care agencies, as well as out-patient sites. Many of the sites offer excellent opportunities to be immersed in culturally diverse populations. In addition, most of the patients served in some of the inner city and extreme rural clinical sites are considered underserved and disenfranchised (see Appendix IIIE-1). Students in the primary care NP tracks rotate to Federally Qualified Health Clinics (FQHCs), private practice offices, nurse practitioner-owned sites, health care centers, and other out-patient sites in the area. Many of them are able to enjoy the benefits of working with our highly skilled faculty members who have their faculty practice sites in these areas. All NP, CNS, and CRNA students are assigned to clinical sites that are approved and vetted by our faculty; students are not expected to find their own clinical sites. As the Post-BSN to DNP Program opens in the fall 2014 semester, all students will complete at least 650-700 hours in the APRN

specialty (many more are completed for CRNA), along with the associated practica for their DNP courses, for a total of 1,000 clinical hours. All NTF (2012) criteria is strictly enforced for each APRN specialty.

All Post-Master's DNP students complete at least 500 hours of clinical/practica (or more if they completed less than 500 hours in their master's program) in a variety of settings. All complete a pre-established number of hours that are aligned with individual courses. For example, each nursing informatics course has 45 hours associated with it that all students complete. The required number of hours associated with each relevant course is clearly indicated in the plan of study. Students are required to track their practice hours and review their progression with assigned advisors.

Faculty members are responsible for ensuring the adequacy of the clinical site and the preceptors for the clinical education of our DNP students. The process for our NP programs is well described in the NTF document, and examples of the tools used for evaluation are available as well. The evaluation process for all APRN students is bidirectional in that faculty members evaluate the student and preceptor's performance. Faculty members also evaluate the site. Students evaluate the site and their preceptors. Each faculty group for the specialties reviews the evaluation results on a regular basis to determine what modifications (if any) are needed.

Post-Master's APRN Certificate Program

Post-MS APRN certificate students rotate to the same clinical sites as the other DNP who are students under the direct supervision of clinical preceptors and faculty members. They complete a pre-determined number of clinical hours (per the gap analysis) to achieve competency and to be eligible for national board certification. The same process described above is followed for this group of students, and the evaluation process is ensured.

Professional Certificates

Each of the four certificate programs includes a practica rotation in the content area, and the faculty arranges the appropriate experience for each student.

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

Elaboration: The curriculum and teaching-learning practices (e.g., use of distance technology, didactic activities, and simulation) are appropriate to the student population (e.g., adult learners, second language students, students in a post-graduate APRN certificate program) and consider the needs of the program-identified community of interest.

Program Response:

The community of interest for teaching-learning practices encompasses students, faculty, alumni, health care delivery institutions and individuals, academic advisory boards, regulatory bodies (Maryland Board of Nursing, MHEC), and our credentialing agencies. The BSN Program, the CNL option, and the MS/DNP specialties recruited an advisory board composed of local/national community and educational leaders, employers, students, and alumni. They meet at least annually, either face-to-face or by teleconference, to address issues, with particular emphasis on the preparation of graduates to fulfill needed roles in the health care arena. The community of interest also includes partnerships with local health care agencies. For example, a successful partnership with our community of interest is the formation of *UMNursing*. Initiated by senior leadership at UMSON and UMMC, the group meets quarterly to review goals and deliverables in the four categories of undergraduate education and practice, APRN education and practice, research and evidence-based practice, and infrastructure. One of the outcomes of this partnership was the facilitation of student clinical sites at the BSN, CNL, and APRN levels.

BSN Program

The community of interest is consistently consulted, or considered in the form of survey and outcome data, throughout the curriculum evaluation and revision process to ensure that course content, sequencing, and

overall program design is responsive to their needs. Additionally, faculty members who teach in the BSN Program serve on agency committees that address educational and transitional needs of new graduate nurses. Feedback from these committees is important in maintaining the currency and relevancy of the BSN curriculum.

Periodic review at the program and course levels is ongoing, based on faculty assessments, student evaluation feedback, employer concerns, and emerging developments in scholarship. As noted above, the BSN Program has an Advisory Panel composed of alumni and representatives from health care entities that employ our graduates. Meetings are held annually, once in Baltimore and once in Shady Grove. These meetings provide a more formal and intentional forum for input into our curriculum from outside stakeholders. Additionally, the presence on our faculty of individuals from partner institutions (University of Maryland Medical Center, Sinai/LifeBridge Health, and Franklin Square) facilitates curricular improvements that address industry needs and expectations. Feedback from our community of interest contributes to curricular updates in the BSN Program (see Table 3.1).

Table 3.1: Examples of BSN Curricular Changes in Response to Feedback from our Community of Interest

	Issue	Solution	Outcome
BSN Program	• In July-August 2013, UMMC, a partner institution, administered the Casey–Fink Readiness for Practice Survey© to all new graduates measuring clinical problem solving, learning techniques, professional identity, and trials and tribulations.	• The UMMC Professional Development Coordinator will present survey findings to the Entry Level Course Directors and ELCC in spring/summer 2014. Survey data may be used to refine clinical and practicum experiences and didactic instructional strategies to address readiness to practice elements as are appropriate for our nursing students and our plan of study.	• The impact of this change should be evident after the findings are presented to the ELCC in fall 2014.
	• In 2012, the Baccalaureate Nursing Advisory Panel advised that new nursing graduates needed greater emphasis on understanding the importance of quality, safety, and performance measures and their role in meeting organizational goals/targets.	• Quality, safety, and performance improvement were currently threaded throughout BSN courses. In the revised BSN and RN-BSN curriculum, these themes will be laterally and vertically integrated into each course with safety and quality as central themes in the leadership courses.	• The revised RN-BSN courses are currently under development and quality, safety, and performance improvement content has been integrated into NURS 450 RN to BSN Transition: Implications for Practice, Policy and the Profession, a first semester course.
	• In 2013, the Baccalaureate Nursing Advisory Panel identified specific content and skills need more attention including the use the electronic medical record (EMR), critical thinking, delegation, care coordination, customer service, and communications skills.	• In 2013, the Simulation Lab began phasing in the use of an academic EMR, DocuCare with each entering class. In NURS 304 Introduction to Professional Nursing Practice, students write SOAP notes using the EMR and use data to care for patients during simulations. In NURS 333 Health Assessment, students	• Electronic Health Records and Documentation in NURS 304 and NURS 333 were successfully integrated in 2013. With the implementation of the revised traditional BSN curriculum in fall 2014, this content has been integrated into new

	Issue	Solution	Outcome
		begin to use direct data entry during simulated experiences. Use of EMRs also continues to remain a priority in clinical settings. In 2013 the communication modules were revised in NURS 304 Introduction to Professional Nursing to allow more opportunities for students to practice their communication skills through interactions with standardized patients. With the BSN curricular revision, the concepts of delegation, care coordination and customer service have been integrated into the final clinical practicum by having students manage three to four more complex patients by the final semester.	courses, including NURS 317 Fundamentals of Nursing Care in the Context of Older Adults and NURS 314 Physiologic and Pharmacologic Considerations for Health Promotion. The effectiveness of this content will be evaluated at the end of the academic year in ELCC. Both student and faculty evaluation of these revised modules was positive based upon course evaluation presented at ELCC. These modules were moved into the revised BSN courses, including NURS 314 and NURS 317. This revised course will not be offered until spring 2016, and student outcomes will be evaluated at that time. Students currently are managing more than two patients, dependent upon the complexity and intensity of the patients on assigned units, in NURS 487 Clinical Emphasis Practicum and Seminar, the BSN senior practicum.

MS Program

Teaching-learning practices used in the MS Program are appropriate to adult learners who typify our students, and incorporate a variety of techniques to accommodate a range of learning styles. The curricula are designed in consideration of the needs of other members of the community of interest, in addition to students, notably leaders in nursing education and employers. MS Program specialty directors interact at least annually with a unique set of advisory board members who offer direction, advisement, and trend analysis at the state and national levels. One example of responsiveness to the Advisory Committee recommendations is demonstrated by our Psychiatric Mental Health Nurse Practitioner Program. Based on the recommendations of national leaders to be aligned with the APRN Consensus Model, the adult track was abolished in 2012, and only the Psychiatric Mental Health Family Nurse Practitioner track remains.

While planning for the Post-BSN to DNP Program, consideration was given to moving all MS specialties to the DNP. A market evaluation was completed to determine the market for a DNP graduate in the non-APRN specialties, and there did not appear to be an interest for the HSLM, Community/Public Health Nursing

and Nursing Informatics options in the MS Program to be transitioned to the doctoral level at this time. Therefore, those specialties remained at the MS level. Feedback from our community of interest contributes to curricular updates in the MS Program (see Table 3.2).

Table 3.2: Examples of MS Curricular Changes in Response to Evaluation

Program	Issue	Solution	Outcome
Adult/Gero Acute Care NP/CNS	• In 2012, the curriculum did not meet the requirements for gerontology requirements per the newly released Adult Gerontology Acute Care Nurse Practitioner (AGACNP) and Adult Gerontology Clinical Nurse Specialist (AGCNS) competencies as part of the APRN consensus model.	• Faculty reviewed the AGACNP and AGCNS competencies, content mapped the curriculum, and integrated gerontology-specific content in 2013. The name of the specialty was also changed to include the gerontology focus.	• The outcome of these changes will continue to be monitored through course evaluations, certification exam rates, and the number of qualified applicants to the program.
	• In spring 2012, faculty incorporated a high-fidelity simulation for cardiopulmonary disorders in NURS 647. In course evaluations students requested more opportunities for simulation conducted in the simulation lab.	• In fall 2012, additional high fidelity simulations on trauma and abdominal disorders were added to the curriculum; this is a continuing process.	• Students have expressed satisfaction with the higher acuity high fidelity simulations, and the simulations will continue to be provided throughout the program.
Adult/Gero Primary Care	• In 2011, through course evaluations, students expressed concerns about the low faculty to student ratio in the program.	• Two additional faculty members were recruited in summer/fall 2012.	• There have been no further concerns about student/faculty ratios. Students have expressed appreciation for the multiple faculty teaching, all of who have active clinical practices that they can tapped into to augment their clinical time as needed.
	• In course evaluations students requested more opportunities for formative standardized patient experiences.	• In spring 2011, a formative standardized patient scenario was added to NURS 768 Clinical Practicum for Adults Across the Lifespan to improve student' skills in diagnostic reasoning. In spring 2011-2012, an additional formative standardized patient scenario was added to improve interprofessional communication and collaboration.	• Students report that although they find the standardized patient situations stressful, they appreciate the opportunity and particularly appreciate the interdisciplinary experiences.
	• The 2012 cohort of students requested additional small seminar time to work with case studies.	• In 2013-2014, two additional clinical seminar sessions were included to facilitate more faculty mentored review of cases. Faculty members provided a more student centered teaching approach with less lectures and more case study reviews.	• Students have responded positively, and continue to request more case based learning, which is provided heavily throughout the program.

Program	Issue	Solution	Outcome
	• For the past three years, faculty members have encountered challenges regarding establishing clinical placements and preceptors across primary care settings and at all levels of long term care.	• Faculty members continue to work toward developing relationships with settings, such as long term care facilities, to establish more preceptors and clinical sites. In 2013, faculty members met with the leadership of large long term care organizations (e.g., Evercare, Bravo) to facilitate partnerships in creating more clinical preceptors and sites. Faculty members have also worked with interdisciplinary groups and programs (e.g., Geriatrics and Gerontology Education and Research Program (GGEAR), Maryland American Geriatrics Chapter) to establish exemplary interdisciplinary experiences in clinical sites. The program will be enhanced with interprofessional education opportunities starting in the fall 2014 semester.	• Finding clinical placements is a continual challenge, although the specialty has been fortunate to have a large base of alumni who are willing to precept. Faculty members also continue to try innovative approaches in giving back to our preceptors. A CE Program with pharmacy hours is currently being developed for our preceptors as a thank you for their help in teaching our students.
	• The advisory board called for curriculum that would ensure skills in interdisciplinary work and understanding reimbursement in an ever changing health care arena.	• In 2012, faculty members began the process of establishing ongoing relationships with experts in practice and policy (e.g., health care lawyers) to ensure up to date information and included a speaker during a clinical seminar. In 2013, content on policy issues and reimbursement was enhanced to provide a better understanding of the NP beyond individual patient care. A strong interdisciplinary based geriatric interest group (i.e., an American Geriatrics Society chapter) is present at the University, which offers multiple educational experiences and case based learning among all members of our professional schools on campus (law, dentistry, medicine, physical therapy, social work and pharmacy). In addition, the students also have the ability to attend programs from an	• Students have expressed satisfaction with the multiple opportunities to engage in interdisciplinary activities in real world clinical settings as well as in simulated experiences and in completing case studies.

Program	Issue	Solution	Outcome
		interdisciplinary Gerontology and Geriatrics Education and Research program such as a skills learning day.	
Clinical Nurse Leader	• CNL students consistently report being dissatisfied with classes combined with BSN students in course evaluations.	• A CNL curriculum task force was convened to address these concerns.	• The majority of classes are currently separate for BSNs and CNL students. The remainder will be separated in the fall 2014 semester with the implementation of revised CNL curriculum.
	• CNL students report dissatisfaction with large class sizes in course evaluations. They prefer the opportunity for discussion in smaller groups.	• A CNL curriculum task force was convened to address these concerns.	• As stated above, all classes will be separate from BSN students with the new curriculum in the fall 2014 semester with smaller classes (50 vs. 130 students). More faculty members are using small group interaction in face-to-face classes to enhance learning.
	• CNL certifying body reported that few graduates are sitting for the CNL certification exam.	• CNL Program staff increased outreach encouraging graduates to take the exam after one year.	• The number of students taking the exam increased from 8 in 2011 to 20 in 2013.
Community/ Public Health	• Based on a 2013 survey of current students and graduates, students reported wanting additional course content in policy development, financial management and biostatistics.	• In 2013, guest speakers, who were well-seasoned community/public health nurses with policy expertise, and a Maryland nurse legislator were invited to participate in a class for NURS 733 Leadership in Community/Public Health Nursing.	• As a result of contacts made with a policy expert, one of the students was able to serve as an expert witness for a Maryland Senate bill protecting victims of abuse, which was subsequently passed unanimously by both houses and signed by governor. Beginning in fall 2014 semester, biostatistics will be a required core course for the program. At the same time, faculty members plan to upgrade financial management content, focusing on grant management and writing.

Program	Issue	Solution	Outcome
	• In 2011, students requested through course evaluations more input into practicum assignments.	• Beginning in 2012, the process was changed to hold meetings with the students before beginning their practicum experiences to identify their interests and to share options for practicum placements.	• Students have more input into the process. Some have provided contacts to help make placements meeting their interests.
	• In 2012, students indicated through course evaluations that critical topics in NURS 761 Populations at Risk in Community Health were being taught too late in the curriculum.	• In 2013, NURS 761 was moved to the fall semester and faculty members advised students to take this course in the first or second semester of the program. This change was also incorporated in the orientation sessions for new students.	• New students report being more enthusiastic about CPH specialty. Nearly all students completing program in December 2014 took NURS 761 in 2013.
Family NP	• The 2013 competencies addressed students being prepared to care for diverse populations related to sexual identity, ethnicity, and to assess risk factors for sexual and infectious disease. Students also reported in NURS 660 Advanced Health Assessment Across the Lifespan course evaluations concerns about having the tools to accurately and confidently work with diverse populations, especially related to LGBT populations. One (first semester) student discussed with the Specialty Director and Dean his concern that LGBT content was not highlighted in the FNP curriculum.	• In summer 2013, students participated in the Jacques Initiative, which provides holistic care to urban patients with HIV. They also interacted with Standardized Patients to improve their skills in communicating with patients from diverse backgrounds. Additional content in the form of case studies, readings, clinical placement, and standardized patient encounters were added to the curriculum to address diverse patient health concerns including sexuality and sexual health. The first semester student, who met with the Specialty Director and Dean was shown content and curricular examples of how FNP students are instructed to use inclusive language, motivational interviewing and a non-judgmental approach to patients from all backgrounds. The student was encouraged to become an advocate at the campus level for LGBT and met with campus level coordinator.	• Student course evaluations for NURS 660 in the fall and spring 2013-2014 semesters have averaged 4-4.5 on a 5 point scale. In June 2014 the specialty director attended the "LGBT Patient Centered Care: Executive Briefing" from the Human Rights Campaign as a train the trainer, and shared resources with faculty members to incorporate into health assessment and health promotion courses. The student met with the campus level coordinator, and afterwards with the specialty director, and stated his energy was best utilized as an advocate for patients in his future practice. He reflected that his initial reaction may have been premature as he did see evidence of inclusion in the remainder of the program, and observed changes in his class cohort as a result of this exposure. Overall the student expressed

Program	Issue	Solution	Outcome
			satisfaction and gratitude with how his concerns were addressed and appreciated the effort from all who were involved.
Health Services and Leadership Management (HSLM)	• Students addressed concerns in course evaluations about outdated material in courses. The challenge was defined as maintaining a current and updated curriculum that meets market needs.	• Faculty met with strategic partners in quarterly meetings to review and update the curriculum. For example, revisions of NURS 692 Nursing and Health Services Administration were guided by a taskforce of stakeholders in spring 2012. In summer 2013, faculty cross-walked curriculum with AONE's competencies to ensure the content captured market expectations.	• Improvement was noted in subsequent course evaluations through student comments.
	• Students voiced concern about limited time with advisors and response of advisors to their individual needs; problem may have been exacerbated given the large student enrollment.	• In fall 2012, process initiated in which students were linked to faculty advisors based on advisors' specific interest and expertise.	• Since the change, students have reported no additional issues or concerns regarding advisement or advisors.
	• A community leader and alumni member identified a need to better match students with practicum sites.	• Faculty initiated the use of an information sheet for students to complete, which is cross-walked with the HSLM database of practicum sites.	• The change has allowed students to participate in the decision-making process regarding their practicum site.
Nurse Anesthesia	• In 2011-2012, third year students expressed concerns in course evaluations regarding the size of the classes (~30 students/class) and the loss of an obstetrical anesthesia clinical rotation site.	• Enrollments were reduced to 25 students per class. In 2013 MedStar Franklin Square Medical Center was added as a specialty rotation for obstetrical anesthesia experiences. Council on Accreditation for Nurse Anesthesia (COA) requires a minimum of 25 obstetrical anesthesia experiences. Student in the program received a median of 55 cases on their graduation transcripts.	• The specialty director and department chair met with students, who were satisfied with the changes, and reported this back to the COA in follow-up.
	• Clinical partners require that ACLS/BLS/PALS training be completed by all students prior to starting clinical rotation. Students were having problems meeting the training requirements in a timely manner.	• In 2014, a contract was obtained with CPR consultants to provide necessary training for students.	• There have been no recent problems with students completing the training.

Program	Issue	Solution	Outcome
Nursing Informatics	• From 2011-2013, the Nursing Informatics (NI) advisory board, faculty members, and practicum preceptors recommended various ways to improve and update courses. An evidence-based practice (EBP) model was identified as a core concept that needed to be incorporated into the curriculum.	• The program's mission and vision statements were revised. In the spring 2011 semester, NRSG 724 Changing World of Informatics in Health Care was added to the curriculum. In fall 2011, NURS 736 Technology Solutions for Generating Knowledge in Health Care, an entry level class, was revised to ensure the course content incorporated the EBP model and current HIT concepts and theories. In spring 2013 the official Nursing Informatics certificate program approved by MHEC and included 18 credits; it was increased to 19 credits in the spring 2014 semester. At the same time, NURS 770 Human Factors of Human and Computer Interaction was revised and became a core course.	• Students' deliverables and practicum experiences demonstrate their understanding and application of EBP knowledge and skills. Students are acquiring the knowledge and skills to meet fast changing market demands. The certificate program allows the school to award students an official nursing informatics certificate from a degree program.
	• In 2013, practicum preceptors and NI advisory board members consistently addressed the benefits of increasing practicum hours, e.g., prolonged exposure helps students to understand the entire system/project life cycle.	• In spring 2014, the practicum hours were increased from 96 to 125 hours.	• The impact of this change should be evident in 2016.
	• An increased number of out-of-state and in-state students required a more robust pool of nation-wide practicum sites.	• The coverage of NI specialty practicum sites was expanded to 21 states.	• Enrollment has been steadily increasing.
Pediatric NP Program	• The PNP Program needed restructuring to meet the most current NONPF competencies and to address caring for children with complex health care needs in primary care. This issue is also a national concern.	• Between fall 2011 and spring 2013, courses were redesigned to add a chronic care component to the primary care curriculum with the addition of specialty clinical rotations.	• Students have continued to maintain a 100% pass rate on national exams, but are better prepared to work in primary care, where patients can be more complex. They can be competently hired to work in specialty outpatient clinics, where there are many job opportunities.
	• Since 2012, the program has experienced an increased number of applicants for the	• Additional clinical sites were obtained in children's hospitals in Pennsylvania and Delaware	• Our clinical associates in these hospitals have expressed interest in

Program	Issue	Solution	Outcome
	both Acute and Primary Care options. Our clinical partners report an increased number in employment opportunities in acute care, while the program was challenged by a lack of clinical sites.	to strengthen acute care clinical rotation opportunities.	hiring our graduates. Students have applied for positions following graduation at Hershey Medical Center and Al Dupont, which are new clinical sites. Student responses on the recent course evaluations state that rotations in the PICU at Hershey and in Solid organ transplant at Al Dupont were identified as positive, although some students felt this was too far to travel.
	• There was a lack of consistency in advisory board membership that reflected experts from local children's hospitals and the pediatric nursing community.	• Advisory board members were recruited to include local and national representatives.	• Advisory board members were secured to include local and national representatives, including three nurse executives who manage NP roles within children's hospitals. Recommendations for student transition into new roles and the use of preceptors at these facilities is being explored.
	• In May 2014, the Pediatric Nursing Certification Board (PNCB) updated their content outline for the Acute Care PNP graduate to include a more specific focus on system based physiologic monitoring and less emphasis on primary assessment. Overall changes to the exam template included taking out some aspects of primary care practice (i.e., assessing school status, sexual behavior, socioeconomic status, complementary and alternative therapies), adding separate assessment and diagnosis sections, which previously had been together, and adding a list of expected physiologic monitoring.	• Faculty built these changes into the new BS to DNP syllabi as the programs will each have one additional semester for diagnosis and management focus. The current content will incorporate more emphasis on system based monitoring in the acute care setting within the second and third semester and currently includes physiologic monitoring in the first acute care course. The students will continue to learn physical assessment within their first two semesters, which does involve physical exam and history of socioeconomic, social, and psychosocial information.	• The outcome of these changes will be monitored through course evaluations, certification exam rates, and the number of qualified applicants to the program.

Program	Issue	Solution	Outcome
Psych/ Mental Health	• The curriculum did not meet the ANCC and NONPF national requirements for a lifespan approach.	• In fall 2013, the curriculum was updated to meet the national requirements. The program now offers a lifespan approach and has a Psychiatric Nurse Practitioner Family Certification Focus	• A lifespan approach has broadened the expected competency of Psychiatric NPs. Feedback on student evaluations related to course content was high. In 2013 students achieved 100% pass rate on the national board certification exams.
	• There is an absence of a national Psychiatric Nurse Practitioner expert at the national level on the advisory board.	• Advisory board members were recruited to include a national representative.	• The specialty director has contacted and dialogued with several national experts and is in the process of trying to secure a commitment.
	• There was lack of representation of faculty practices that included a full lifespan approach.	• Beginning in 2012, faculty practices were recruited with expertise in child, substance use disorders, autism spectrum, homelessness, cultural competency, and high-risk populations.	• There continues to be a need for faculty practices with a geriatric focus; however, experts in geriatrics have been recruited as guest lectures and preceptors.
	• There are few experienced advanced practice Psychiatric NP's with doctorates to recruit for faculty positions. The salaries as a faculty member are not competitive with those in the community. This situation has contributed to a lack of faculty at the doctoral level teaching in the program.	• In an effort to increase the number of doctoral-prepared faculty teaching in the program, faculty members without doctoral degrees were encouraged to enter a doctoral program. All new faculty hires were expected to complete the doctorate within seven years of hire.	• All of the Psychiatric NP faculty in 2014 are in a PhD (2 faculty members) or DNP (3 faculty members) program. An anticipated date of graduation for three faculty members is 2015. Graduates are very sought-after and program is highly regarded in the field; US News & World Report ranked the MS Psychiatric Mental Health specialty #7 in 2011. It is the only Advanced Practice Program currently offered in Maryland.

DNP Program

There are a variety of mechanisms in place to consider the needs and expectations of the community of interest for the DNP Program. The DNP leadership interacts regularly with a DNP Advisory Committee that offers direction, advisement, and trend analysis at the state and national levels. Student input is solicited

through several mechanisms, such as course midterm and final evaluations, faculty evaluations, program evaluations, and informal feedback. DNP student representation on the Master's/DNP Curriculum Committee assists with directing the curriculum. Input from employers has been solicited to inform the program. Employers have expressed some concern about retaining nurses in the practice setting after they earn their DNP. To accommodate this concern, UMSON has succeeded in forging faculty joint appointments of DNP graduates with clinical employers. In addition to the institution-based means for obtaining input from the community of interest, multiple linkages to external stakeholders are established though faculty involvement in professional organizations, e.g., Nurse Practitioner Association of Maryland, Maryland Organization of Nurse Executives, and American Association of Colleges of Nursing. (See Table 3.3 for examples of post-MS DNP curricular changes based on feedback from our community of interest.)

Table 3.3: Examples of Post-Master's DNP Curricular Changes in Response to Evaluation

Program	Issue	Solution	Outcome
Post-Master's DNP	• In 2012 meetings with DNP students, students expressed desire for increased faculty contact. • During the 2012-2013 *UMNursing* partnership meetings with our campus academic medical center leaders, the leaders identified the need to have students working on projects that were mutually beneficial to the student and the medical center.	• Faculty reviewed the syllabi and decided the addition of web conference office hours would satisfy this need. • The Director of the DNP Program and leaders from the medical center meet quarterly to discuss clinical problems and scholarly project ideas.	• All courses now offer office hours in addition to the web conference class sessions. • Clinical problems are shared with students as opportunities for practicum, independent study work, and scholarly projects.

Post-Master's APRN Certificate Program

The same teaching-learning practices are applied to this group since the students take the same courses as DNP-level students. The NP/CNS specialties benefit from the same advisory board interaction, and changes made to the curriculum would apply to this group as well. The certificate program will be evaluated in conjunction with the regular MS and/or DNP degree program evaluation cycle.

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

Elaboration: Evaluation of student performance is consistent with expected student outcomes. Grading criteria are clearly defined for each course, communicated to students, and applied consistently. Processes exist by which the evaluation of individual student performance is communicated to students. In instances where preceptors facilitate students' clinical learning experiences, faculty may seek input from preceptors regarding student performance, but ultimately faculty are responsible for evaluation of individual student outcomes. The requirement for evaluation of student clinical performance by qualified faculty applies to all students in all programs. Faculty evaluation of student clinical performance may be accomplished through a variety of mechanisms.

Program Response:

Course syllabi describe prerequisites, course content, expected student outcomes, grading policy, and evaluation methods. Each syllabus explicitly lists student evaluation in the course, with the weight given to each assignment/assessment in computing the final grade. The plan for evaluation of student performance is

linked to expected individual student learning outcomes in each course. Evaluation methods are incorporated into the syllabus that is approved by the relevant curriculum committee; any modification of evaluation methodology must be resubmitted to the committee and approved before implementation. Course faculty members develop grading rubrics for each assignment. In online courses, students are given timely feedback on their postings so that they can use the instructor's comments to improve their performance on future postings. Grading criteria are applied consistently to all students. The course faculty member assigns grades that are communicated to students through multiple channels, e.g., Blackboard, email.

Students who require additional assistance to achieve expected outcomes in the performance of essential competencies are referred to the faculty member, advisor, or course coordinator for a review of the material or for assistance with specific skill mastery. Individualized plans of remediation are developed, and students with documented disabilities are given appropriate accommodations.

BSN Program

Faculty members conduct evaluations of student performance in the BSN Program at regular intervals throughout the semester. Performance in didactic courses is evaluated using multiple choice tests, short quizzes, scholarly papers, case studies, discussion board postings, simulation activities, and class participation. Multiple choice tests throughout the program are structured to include a proportion of higher level application and analysis questions to acclimate students to this type of test question in preparation for the NCLEX-RN. Evaluation methods are documented in the syllabi for each course and communicated in advance through Blackboard and during the first class. Program outcomes for BSN students are clearly communicated on the UMSON website. BSN Program policies are disseminated to all incoming students during orientation; students are held accountable for all polices in the Student Handbook.

In BSN courses with clinical components, clinical performance is evaluated on a pass/fail basis. Clinical evaluation tools that establish standards and promote consistency in student evaluation are provided to clinical instructors and preceptors and are included in student course packets. The clinical evaluations vary for each course, based on the population focus of the course and the course objectives. If a student demonstrates unsatisfactory clinical performance, the clinical instructor contacts the course director immediately, and the student is provided with opportunities to improve performance. Student clinical remediation frequently involves simulation experiences, culminating in a demonstration by the student that satisfactory performance is assured when the student returns to the clinical setting. Students evaluate the clinical instructor and clinical site at the end of each semester. The Clinical Course Director or their designee makes site visits to all clinical sites at least once per semester and remains in contact with clinical instructors.

Students have precepted experiences in their final semester, and the student's preceptor provides input into the student's final clinical evaluation; however, the assigned faculty member is ultimately responsible for students' clinical evaluations. At the end of the experience, students complete an evaluation of the preceptor and the site that is submitted to the course faculty member (see Appendix IIIG-1). The clinical faculty member makes site visits at least once per semester to interact with the student and preceptor in the practice setting. The clinical faculty member completes a Site Visit form that gathers information used to evaluate the student, the preceptor, and the clinical site (see Appendix IIIG-2). These forms are used to identify problems with a site or preceptor that need to be addressed and to determine the appropriateness of continued use of a site or preceptor.

MS Program

Faculty members conduct evaluations of student performance in MS specialties and degree options at regular intervals throughout the semester. Classroom performance in didactic courses is evaluated using standard examinations, quizzes, written papers, case study analysis, and group projects. Course outcomes are included in all syllabi and are also available on Blackboard. In 2014, MS Program outcomes were revised to be more reflective of the master's essentials, to include updates in the curriculum, and to make them more measurable. The revisions are clearly communicated on the UMSON website. MS Program policies are disseminated to all incoming students during orientation; students are held accountable for all polices in the Student Handbook. CNL didactic and clinical courses are evaluated in the same manner as BSN courses, but based on graduate-level objectives.

Grading policies are consistent for all MS students and are compliant with UMB Graduate School policies. The criteria for good academic standing are communicated to students in the Student Handbook and the Graduate Catalog. Progression within the program is monitored in consultation with the Graduate School, and remedial plans are developed jointly for students who fall below the 3.0 GPA level. A student may be dismissed by the Graduate School for failing to progress.

DNP Program

Faculty members conduct evaluations of student performance in DNP degree options at regular intervals throughout the semester. Classroom performance in didactic courses is evaluated using standard examinations, quizzes, written papers, case study analysis, and group projects. Course outcomes are included in all syllabi and are also available on Blackboard for all courses. Program outcomes for individual DNP specialties and degree options are clearly communicated on the UMSON website. DNP Program policies are disseminated to all incoming students during orientation; students are held accountable for all polices in the Student Handbook.

DNP course requirements are aligned with evaluation criteria and grading rubrics so that the grading criteria is applied consistently. All DNP students are made aware of the criteria on which their performance will be judged and the rubrics used to determine course grades. For independent studies and practica, students negotiate objectives, requirements, and evaluation criteria with the relevant faculty member, and student performance is evaluated based on the mutually agreed upon criteria. In addition, an evaluation tool was approved at a Master's/DNP Curriculum Committee meeting (7/8/2013) for the purpose of standardizing student evaluations of the practicum experience and preceptor, and preceptor evaluations of student performance (see Appendix IIIG-3).

Grading policies are consistent for all DNP students. The criteria for good academic standing are communicated to students in the Student Handbook. Grades of "D" or "F" are not acceptable. Students must repeat any course in which they receive a grade below "C," and must maintain an overall GPA of 3.0 to remain in the program. In addition, there are several courses in which students must earn a "B." Those course are outlined in the Student Handbook, and students must repeat them if they earn a "C" or below. A course (other than independent study or scholarly project advisement) may only be attempted twice. Progression within the program is monitored and remedial plans are jointly developed for students who fall below the 3.0 level. A student may be dismissed for failing to progress.

APRN student performance in the clinical component of the DNP specialties is evaluated directly by faculty members through site visits. Standardized patient or objective standardized clinical examination experiences are also used for formative and summative evaluation purposes. Clinical experiences take place under the supervision of UMSON faculty members and preceptors based at clinical sites. APRN faculty members supervise students who are precepted in the clinical area by an NP, CNS, CRNA, or MD, with faculty-student ratios that are consistent with the NTF criteria. Clinical faculty members conduct site visits to ensure appropriate learning, and clinical faculty members evaluate agency preceptors and sites. Those evaluations factor into decisions about future placement of students with specific preceptors. On-site clinical preceptors are consulted for evaluation of student performance, but the faculty member is responsible for determining the final grade.

Post-Master's APRN Certificate Program

The same process for evaluation as described above for the APRN students seeking a DNP degree is applied to this group since the students take the same courses as DNP-level students.

III-H. 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 student 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.

Program Response:

To foster continual improvements, curriculum and teaching-learning practices for traditional and online courses are evaluated through program-level curriculum committees that meet monthly to review and approve new courses, revise courses, and conduct a program evaluation. Course evaluations are used along with the evaluation of student learning outcomes, to adjust course content and structure. Course evaluations are summarized by the UMSON Office of Evaluation and distributed to appropriate individuals such as assistant deans, department chairs, program directors, course directors, and the faculty member teaching the course. Department chairs are responsible for meeting with their faculty members to discuss the course and faculty evaluations and ensure that they make the appropriate course modifications to address weaknesses or limitations. In 2013, all student evaluations of courses and faculty members were transitioned to an online format to promote better return rates. Currently, annual review of the practice learning environment is undertaken by the faculty.

BSN Program

BSN course and faculty evaluations are monitored each semester by the chair of the department responsible for the particular course. Course evaluations, but not faculty evaluations, are shared with the Assistant Dean of the BSN Program. Communication between the respective department chairs and the Assistant Dean of the BSN Program regarding course and teaching quality assure timely detection and correction of course or teaching problems. To evaluate courses, the course directors complete annual reports and submit to the Entry-Level Curriculum Committee for review. Courses are also reviewed whenever the course director proposes changes to course objectives or evaluation criteria. Student course evaluations are also reviewed regularly by faculty members to enhance courses and refine curricula. For example, student course evaluations in 2011 reported redundant materials and content overload in some courses. Students were also concerned about the difficulty in managing three clinical courses in the third semester. These concerns were also expressed by students at a town hall meeting with the Dean. A BSN curriculum revision task force was convened in 2011 to address these concerns. Student focus groups and interviews with key faculty members were carried out for additional feedback. As a result, a new plan of study was developed and courses were mapped for content to assure alignment with clinical experiences. The plan of study included no more than two clinical courses per semester.

MS Program

MS Program faculty members collect evaluation information from students on both course and faculty performance, for the most part, through formal written evaluations completed at the conclusion of each semester. Regular specialty director and specialty faculty meetings are used to facilitate programmatic and course revisions. Faculty members attempt to maintain consistency across the MS specialties when possible. For example, a clinical site evaluation form used by both students and faculty members to evaluate the site and preceptor was approved at a MS/DNP Curriculum Committee meeting (7/8/13). The form was designed to meet the needs of all MS specialties, except CRNA, which has its own required forms for COA.

Informal feedback through discussions among faculty members and students is also considered. This information, along with other data collected as part of the UMSON evaluation process, is used to make curricular changes at the degree and specialty levels. For example, informal feedback from a student stated that the programs did not include enough information on the care of lesbian, gay, bisexual, and transgender patients. The content was reviewed in each of the specialties and recommendations were made and disseminated to the faculty. The vetting process for approval was presented at the specialty director's meeting to close the loop on the final determination.

DNP Program

Through the DNP curriculum, teaching-learning practices support the achievement of expected individual student learning outcomes and faculty members use data from faculty and student evaluation of teaching-

learning practices to inform decisions. Data is used to foster program improvement. Recommendations are incorporated into subsequent course planning. Course revisions are completed based on student evaluation, achievement of student goals, and congruence with standards. Regular DNP faculty and advisor meetings are used to facilitate programmatic and course revisions. For example, students reported excessive course requirements in NDNP 802 Methods for Evidence Based Practice. Course requirements were reviewed and modified to decrease the number of graded assignments while still meeting objectives. In addition, a directed elective in health policy was added to the curriculum, based on student and faculty feedback and to better support the DNP Essentials.

Post-Master's APRN Certificate Program

Post-MS APRN certificate students submit course and faculty evaluations each semester, and faculty members use their data to facilitate programmatic changes. These students are able to offer formal and informal feedback throughout their matriculation at UMSON.

Summary of Standard III

Overall, the curriculum for all UMSON programs has many strengths, including major revisions and updates in the plans of study for a number of programs, a variety of clinical sites, and a strong partnership with the University of Maryland Medical Center (UMMC). Clinical sites include large academic state and national medical centers, e.g., UMMC, Johns Hopkins Hospital, and Children's National Medical Center; community settings such as health departments and schools; and the Governor's Wellmobile, meeting the health needs of underserved populations. These clinical sites provide learning opportunities across the lifespan and care continuum. Faculty members have contributed significant efforts toward curriculum revisions, in addition to developing a new Post-BSN to DNP option in the DNP Program beginning in fall 2014. Another strength is the robust partnership with UMMC, which includes sharing personnel (faculty, clinical nurses) and facilities (simulation centers). Despite the numerous strengths in the curriculum, UMSON continues to struggle with the increasing competition for clinical sites and the difficulties in finding sufficient one-on-one preceptor opportunities for many of the programs. To address these challenges in the undergraduate program, clinical site coordinators in the Office of Student and Academic Services work closely with the Maryland Hospital Associations' Clinical Assignment for Healthcare Students, a statewide system to facilitate clinical sites that are congruent with course and program outcomes. Faculty members also continue to seek and identify potential clinical sites, particularly in the community setting.

Standard IV
Program Effectiveness: Assessment and Achievement of Program Outcomes

The program is effective in fulfilling its mission and goals as evidenced by achieving expected program outcomes. Program outcomes include student outcomes, faculty outcomes, and other outcomes identified by the program. Data on program effectiveness are used to foster ongoing program improvement.

IV-A. A systematic process is used to determine program effectiveness.

> *Elaboration: The program uses a systematic process to obtain relevant data to determine program effectiveness. The process:*
> - *is written, ongoing, and exists to determine achievement of program outcomes;*
> - *is comprehensive (i.e., includes completion, licensure, certification, and employment rates, as required by the U.S. Department of Education; and other program outcomes);*
> - *identifies which quantitative and/or qualitative data are collected to assess achievement of the program outcomes;*
> - *includes timelines for collection, review of expected and actual outcomes, and analysis; and*
> - *is periodically reviewed and revised as appropriate.*

Program Response:

UMSON regularly collects data on student, graduate, and alumni satisfaction, as well as graduate achievements to evaluate program effectiveness. The following key indicators for assessing overall performance and achievement of program outcomes in the BSN, MS, DNP, and post-MS APRN certificate programs include: a) completion rates, b) NCLEX-RN® first-time pass rates by BSN and MS-CNL graduates, c) certification examination pass rates by MS-CNL graduates, advanced practice nursing graduates, and students who completed the post-MS APRN certificate program, c) employment rates, and d) course and program satisfaction data collected from students, graduates, and alumni. Aggregate data is compared to prior year and trend data, selected established benchmarks, and, when available, state and national standards or norms.

All students complete a course evaluation questionnaire (CEQ) and faculty evaluation questionnaire (FEQ) at the end of each course. (See the CEQ/FEQ evaluation form in Appendix IVA-1.) UMSON has invested in software designed for the online course evaluation. This new software, Campus Labs, is a platform and service provider for higher education assessment, combining data collection and reporting, and allowing the delivery of all evaluations using a single online modality. It was launched in the fall 2013 semester for all programs.

Upon program completion, all graduating students are asked to complete a 56-item Program Assessment Questionnaire (PAQ), which assesses five aspects of program satisfaction: 1) program utility and efficacy, 2) curricular options and individualization, 3) time efficiency and student demands, 4) faculty-student relationships, and 5) learning resources. (See the PAQ evaluation form in Appendix IVA-2.) Two global questions assess overall satisfaction with the program and willingness to recommend it to other potential students. An employment survey was added to the PAQ in December 2013. The PAQ is administered twice a year, in May and December.

Alumni are surveyed every three years by the University of Maryland, Baltimore Office of Institutional Research and Planning, targeting BSN and MS-CNL graduates. Beginning in 2013, a survey of alumni from the MS and DNP Programs were surveyed, and the survey will be conducted every four years by the UMSON Office of Evaluation. The latest BSN and MS-CNL alumni survey was conducted in 2011, and the last MS and DNP alumni surveys were conducted in 2013.

Longitudinal summary data are compiled and incorporated into a dashboard report for the Dean's Administrative Council, enabling the Council to track key trends and take necessary steps to keep program content, structure, and activities aligned with the goals articulated in UMSON's strategic plan. A new dashboard report to capture data for initiatives consistent with the strategic plan for 2012-2017 is under development (see Appendix IVA-3).

Program-specific data is also compiled to closely inspect the program's effectiveness. For example, each academic year, student evaluation data is compiled for courses with multiple sections in the course director's annual report, which is reviewed at the Entry-Level Curriculum Committee. For the MS specialties and DNP Program, specific student course evaluation data, such as core courses of a specialty, are also included in the specialty evaluation report. This aggregate data provides program-level information in determining whether a specialty program has been effective.

Office of Evaluation

The UMSON Office of Evaluation has primary responsibility for collecting and analyzing aggregate data on student outcomes, satisfaction, and faculty performance (see Master Evaluation Plan in Appendix IA-6.)

The Office of Evaluation provides the CEQs and FEQs for all course sections during the fall, spring, and summer terms. At the completion of the semester, quantitative results (individual item means and summative scale means) of the course evaluations are provided to the department chairs, assistant deans, program directors, courses coordinators, and faculty members teaching the course. Open-ended student comments on the faculty evaluations are provided to individual faculty members teaching the courses and the department chairs. If student comments warrant further action, the department chair, the respective assistant dean, and the faculty member work together to design a plan to address concerns. Results are delivered to faculty members within two weeks of receipt. At the end of each academic year, a report is prepared on the number of courses evaluated during each term and the summative results for the various degree programs. Three summative scales (course, faculty, and online components of the course, if applicable) are calculated. This report is reviewed by the Deans and Chairs Committee and each curriculum committee, and action is taken when necessary. The latest report was reviewed at the Deans and Chairs meeting (12/10/13). Since student ratings of the course evaluation and faculty evaluation were above the UMSON benchmarks, no action items were identified. The report is available to all faculty and is posted on the UMSON intranet at http://www.nursing.umaryland.edu/Intranet/Evaluation/Reports/.

There are a variety of other reports generated by the Office of Evaluation. They prepare the Program Assessment Questionnaire for the Deans and Chairs Committee, and it is reviewed annually and made available to the Curriculum Committee and department chairs to take action, when necessary. For example, the 2012-2013 PAQ report was reviewed at the Deans and Chairs meeting (10/15/2013); some issues/concerns appeared in the student comments to the open-ended questions. Action items were identified and responded to by the responsible parties. The responses were documented and reviewed in a later Deans and Chairs meeting (7/22/2014) to ensure that the loop was closed. The Office conducts MS and DNP alumni surveys and assists the UMB Graduate School with its BSN alumni report. The office also prepares an annual report on faculty productivity, collected by the department chairs through the Faculty Progress and Productivity Report (FPPR). The Office conducts and analyzes survey results as requested by departments, faculty committees, specialty areas, and school administrators. The Office assists department chairs in preparing annual USM reports on teaching workloads for each academic year. The Office also prepares evaluation reports for the Office of Strategic Partnerships and Initiatives, including the Summer Institute for Nursing Informatics and Evidence-Based Practice conferences.

To ensure that the evaluation data is captured and analyzed, an Evaluation Advisory Committee was formed in 2012 to help the Office of Evaluation develop a comprehensive Master Evaluation Plan for UMSON to assist in the creation of major plans related to the evaluation. The committee ensured that the evaluative elements were listed with a time frame for data collection and responsible parties for collecting that data in the master plan. The committee has made great strides in setting benchmarks for the relevant evaluative elements. However, since our comprehensive Master Evaluation Plan is newly developed, it is still under review and revision. For instance, as UMSON is preparing for the self-study, the committee noted that information and evaluation data regarding academic support services were not being consistently collected by the program and administrative units. Hence, more effort will be made to modify the data collection plan for academic support services.

The Office of Evaluation also seeks suggestions/recommendations from faculty members to ensure that the collected evaluation data is being distributed to the appropriate responsible parties. For example, the student evaluations of clinical instructors were not being consistently reviewed by both the course director and the

clinical coordinators for each course. There was some variance in who had access to these evaluations. The director of the Office of Evaluation presented the issue at the Faculty Council meeting (5/5/14) to seek their recommendation. The Faculty Council decided that both the course director and clinical coordinator, who are responsible for ensuring course quality, should have access to the evaluations regardless of the clinical instructor's role as a faculty member.

IV-B. Program completion rates demonstrate program effectiveness.

Elaboration: The program demonstrates achievement of required program outcomes regarding completion. For each degree program (baccalaureate, master's, and DNP) and post-graduate APRN certificate program:
- *The completion rate for each of the three most recent calendar years is provided.*
- *The program specifies the entry point and defines the time period to completion.*
- *The program describes the formula it uses to calculate the completion rate.*
- *The completion rate for the most recent calendar year is 70% or higher. However, if the completion rate for the most recent calendar year is less than 70%, (1) the completion rate is 70% or higher when the annual completion rates for the three most recent calendar years are averaged or (2) the completion rate is 70% or higher when excluding students who have identified factors such as family obligations, relocation, financial barriers, and decisions to change major or to transfer to another institution of higher education.*

A program with a completion rate less than 70% for the most recent calendar year provides a written explanation/analysis with documentation for the variance.

This key element is not applicable to a new degree or certificate program that does not yet have individuals who have completed the program.

Program Response:

Program Completion Rates

Students in the BSN, MS, DNP, and post-master's APRN certificate programs have a maximum of five years from first matriculation to graduation. Students in the RN-MS degree option have six years to graduate, and students in the Post-BSN to DNP Program have seven years to graduate.

The data presented in Table 4.1 are for the fall 2006 semester through the spring 2009 semester entering cohorts of BSN (traditional BSN and RN-BSN), MS (RN-MS, MS-CNL, other MS), DNP, and post-master's APRN Certificate Program students. Cohorts are defined by semester/year of entry (first-time enrollment). The completion rate was calculated by dividing the total number of students who entered in a particular semester i.e., spring 2005, and graduated within five years, i.e., before spring 2010, by the total number of students who entered in that particular semester, i.e., spring 2005, with the exception of the RN-MS Program that was calculated based on a six-year completion rate. Only data for cohorts from 2006 to 2009 have been included in the table because the UMSON benchmark for the majority of programs was a five-year completion rate.

UMSON established benchmarks of 70% for completion rates for all programs, which is consistent with the CCNE benchmark. As shown in Table 4.1, 84% or more of each BSN cohort since the fall 2006 semester graduated within five years, exceeding the UMSON and CCNE benchmarks (≥ 70%). RN-BSN students' five-year graduation rate also met or exceeded the benchmark (≥ 70%). Students in the RN-MS Program have graduated within the six-year time limit, except for spring 2007.

Table 4.1: Completion Rates for BSN, MS, Post-Master's DNP, and Post-Master's APRN Certificate Program Students

Admission Cohort		Completion Rate						
		BSN		MS			Post-Master's DNP[c]	Post-Master's APRN Certificate Program[d]
		Traditional BSN	RN-BSN[a]	RN-MS	MS-CNL	Other MS[b]		
2006	Fall	91%	83%	79%	93%	84%	84%	**64%**
2007	Spring	84%	76%	**33%**	94%	79%	NA	**0%**
2007	Fall	91%	81%	75%	89%	76%	85%	89%
2008	Spring	85%	81%	82%	90%	71%	NA	**50%**
2008	Fall	89%	80%	84%	94%	80%	**67%**	**63%**
2009	Spring	88%	79%	70%	89%	70%	NA	86%
BENCHMARK: BSN ≥ 70%, MS ≥ 70%, DNP ≥ 70% [a] Includes RN-BSN and online RN-BSN [b] Includes APRN, Nursing Informatics, Community/Public Health, and Health Systems Leadership and Management [c] Post-Master's DNP students are only enrolled in the program in fall semesters [d] Includes six advanced practice registered nurse (APRN) specialties: Adult/Gerontology Acute Care Nurse Practitioner/Clinical Nurse Specialist, Adult/Gerontology Primary Care Nurse Practitioner, Family Nurse Practitioner, Nurse Anesthesia, Pediatric Nurse Practitioner (Acute and Primary Care Options), and Psychiatric Mental Health Nurse Practitioner-Family Focus								

There were only six students in the RN-MS Program for the spring 2007 semester; two completed the program within six years, one withdrew from the program, and the other three discontinued attendance. A tracking database for RN-MS students was implemented in May 2011 to more closely monitor students' progress.

Students in the MS-CNL Program have consistently graduated within the five-year time limit with a completion rate of 89% or above, exceeding the benchmark (≥ 70%). The five-year graduation rate of other MS students fluctuated between 70 and 84%; thus, the UMSON and CCNE benchmarks (≥ 70%) were met.

The completion rate of the post-MS DNP Program exceeded the UMSON and CCNE benchmarks (≥ 70%) for the fall 2006 and 2007 semester cohorts. However, the completion rate for the fall 2008 semester cohort was 67%. Upon investigation, there were 24 students admitted to the program, but four students withdrew and one was dismissed from the program. One student transferred to the PhD Program. Thus, the completion rate was 89% when excluding students who withdrew, were dismissed from the program, or transferred to the PhD Program.

The completion rate of the post-MS APRN certificate program was less than 70% for the fall 2006 semester, spring 2007 semester, spring 2008 semester, and fall 2008 semester, therefore, the benchmark (≥ 70%) has not been consistently met. Student records were carefully reviewed, and discontinued attendance or withdrawal from the program were identified as the major reasons for students' failure to complete the program. In many cases, the post-MS APRN certificate program students were working, full-time master's-prepared nurses. Some of them were already advanced practice nurses coming back for an additional certification. Several had heavy external work obligations, such as teaching full time in MS and PhD Programs. They may have underestimated the rigor and work requirements to be successful in the program. In addition, most semesters had less than 10 students enrolled. For example, only five students enrolled in the spring 2007 semester. Two officially withdrew from the program and three stopped attending, which deflated the competition rate. The admission committee for the program has been more careful on screening and admitting applicants, and in limiting the number of post-MS APRN certificate program students. The admission rate for the past three years decreased from 35% for 2011 fall semester to 20% for 2013 fall semester.

IV-C. Licensure and certification pass rates demonstrate program effectiveness.

Elaboration: The pre-licensure program demonstrates achievement of required program outcomes regarding licensure.

- *The NCLEX-RN® pass rate for each campus/site and track is provided for each of the three most recent calendar years.*
- *The NCLEX-RN® pass rate for each campus/site and track is 80% or higher for first-time takers for the most recent calendar year. However, if the NCLEX-RN® pass rate for any campus/site and track is less than 80% for first-time takers for the most recent calendar year, (1) the pass rate for that campus/site or track is 80% or higher for all takers (first-time and repeat) for the most recent calendar year, (2) the pass rate for that campus/site or track is 80% or higher for first-time takers when the annual pass rates for the three most recent calendar years are averaged, or (3) the pass rate for that campus/site or track is 80% or higher for all takers (first-time and repeat) when the annual pass rates for the three most recent calendar years are averaged.*

A campus/site or track with an NCLEX-RN® pass rate of less than 80% for first-time takers for the most recent calendar year provides a written explanation/analysis with documentation for the variance and a plan to meet the 80% NCLEX-RN® pass rate for first-time takers. The explanation may include trend data, information about numbers of test takers, data relative to specific campuses/sites or tracks, and data on repeat takers.

The graduate program demonstrates achievement of required program outcomes regarding certification. Certification results are obtained and reported in the aggregate for those graduates taking each examination, even when national certification is not required to practice in a particular state.

- *Data are provided regarding the number of graduates and the number of graduates taking each certification examination.*
- *The certification pass rate for each examination for which the program prepares graduates is provided for each of the three most recent calendar years.*
- *The certification pass rate for each examination is 80% or higher for first-time takers for the most recent calendar year. However, if the pass rate for any certification examination is less than 80% for first-time takers for the most recent calendar year, (1) the pass rate for that certification examination is 80% or higher for all takers (first-time and repeat) for the most recent calendar year, (2) the pass rate for that certification examination is 80% or higher for first-time takers when the annual pass rates for the three most recent calendar years are averaged, or (3) the pass rate for that certification examination is 80% or higher for all takers (first-time and repeat) when the annual pass rates for the three most recent calendar years are averaged.*

A program with a pass rate of less than 80% for any certification examination for the most recent calendar year provides a written explanation/analysis for the variance and a plan to meet the 80% certification pass rate for first-time takers. The explanation may include trend data, information about numbers of test takers, and data on repeat takers.

This key element is not applicable to a new degree or certificate program that does not yet have individuals who have taken licensure or certification examinations.

Program Response:

NCLEX-RN® Exam Pass Rates

As shown in Table 4.2, the NCLEX-RN® pass rates for UMSON were 80% and higher for first-time takers for the most recent calendar years. These percentages were consistently above the UMSON and CCNE benchmark (≥ 80%).

Table 4.2: Percent of First-time and Overall NCLEX-RN® Pass Rates by Calendar Year

	Percent Passing			
	2010	2011	2012	2013
BSN	88.5	90.2	95.2	92.9
CNL	89.7	93.9	98.0	91.9
BENCHMARK: ≥ 80%				
Note: Data were calculated according to the quarterly report receiving from MBON.				

In addition, based on data supplied by the Maryland Board of Nursing (MBON), who reports according to fiscal year, Table 4.3 indicates the percentage of BSN and CNL graduates who passed the NCLEX-RN® the first time. These percentages were consistently above Maryland and U.S. averages.

Table 4.3: Percent of First-time and Overall NCLEX-RN® Pass Rates by Fiscal Year

	Percent Passing			
UMSON	FY2010	FY2011	FY2012	FY2013
BSN	89.7	88.2	93.4	96.7
CNL	91.3	90.6	95.2	93.9
State of Maryland				
All BSN programs	85.6	86.3	84.8	81.6
All RN programs	89.2	88.0	87.7	85.9
MBON standard	79.9	79.0	80.0	78.3
All U.S. RN programs	88.8	87.7	88.9	87.0
BENCHMARK: ≥ 80%				
Note: Data were only available through FY 2013 from MBON website, with the percent passing calculated from a July 1 to June 30 fiscal year.				

Certification Exam Pass Rates

MS-CNL

The MS-CNL certification examination pass rate is 80% or higher for the most recent calendar year. First-time pass rates for the CNL Certification Examination are shown in Table 4.4. Faculty members have continued to advise graduating CNL students to postpone the certification examination until they have practiced for one year. The pass rates have improved from earlier years as evidenced by the figures in the table. The national pass rate for the CNL examination ranges from 60 to 73% for the initial exam format (multiple choice and simulation) and from 69 to 75% for the revised format. Overall, the national pass rate has improved with the revision of the examination to an all multiple choice format in spring 2012. UMSON students have consistently performed higher than the national average, except for 2014 spring term. Since the introduction of the revised examination, the UMSON CNL graduate first-time pass rate has ranged from 80 to 100%. Program faculty members initially speculated that the students' low pass rates resulted from lack of clinical experience as a registered nurse, and that students returning to test after practicing would have better pass rates than new graduates. The data appear to confirm this. In addition, the publication of a CNL Certification Review Book provides students with a valuable resource, which should increase their success on the examination.

Table 4.4: First-time Pass Rates for CNL Certification Exam

Graduate Cohort Took the Exam			National Pass Rate	1st time Pass Rate
2011	Spring	(n=1)	68%	100%
2011	Summer	(n=6)	73%	100%
2011/2012	Fall/Winter	(n=1)	60%	0%
2012	Spring	(n=6)	75%	100%
2012	Summer	(n=6)	74%	100%
2012/ 2013	Fall/Winter	(n=2)	69%	100%
2013	Spring	(n=0)	75%	N/A
2013	Summer	(n=8)	71%	80%
2013/2014	Fall/Winter	(n=12)	71%	92%
2014	Spring	(n-15)	82%	80%
BENCHMARK: ≥ 80%				
---- Values not available				

<u>MS Specialties</u>

As shown in Table 4.5, first-time pass rates on certification exams for MS specialty graduates exceeded our As shown in Table 4.5, first-time pass rates on certification exams for MS specialty graduates exceeded UMSON's benchmark (≥ 80%) and the national average, with the exception of the 2010 graduates of the FNP Program and the acute care PNP, the 2011 graduates of the adult psychiatric-mental health NP, and the 2012 graduates of ANP. It should be noted that these low pass rates were based on a small number of graduates. Below are some of the strategies that the MS Program implemented to improve the aforementioned low pass rates:

- Most FNP students take the ANCC exam, a change from years before 2010 when the majority of students took the AANP exam. Course content was adjusted per the ANCC test blueprint and FNP competencies through curricular changes in 2009-2010. Pass rates improved in 2011 and 2012.
- In 2010, the PNP acute and primary care specialties experienced low pass rates. Over the past three years, new faculty members were hired, program leadership has changed, and the plan of study was revised based on national curriculum guidelines. Course syllabi were also revised to include case studies, clinical simulation experiences, and specific patient population-focused clinical rotations. The acute care PNP specialty has continued to experience 100% pass rates in 2012, 2013 and 2014.
- The Psychiatric Mental Health Nurse Practitioner specialty followed the Consensus Model recommendations and combined the specialty focus with the Psychiatric Family NP. The Adult Psychiatric NP and Clinical Nurse Specialist specialties were eliminated. Faculty members invited the ANCC to provide certification review for Psychiatric NPs at UMSON. It was well received, which resulted in higher pass rates.
- The low ANP pass rate in 2012 was an unusual occurrence, based on only three graduates. Meanwhile, faculty members continue to monitor the ANP pass rate.

The latest ANCC aggregate data report received in April 2014 indicated that our first-time pass rates on certification exams for MS specialty graduates exceeded the UMSON benchmark (≥ 80%) and the national average. This includes the Psychiatric Mental Health Nurse Practitioner (n=13, pass rate=92%, 2013), Adult Gerontology Primary Care Nurse Practitioner (n=19, pass rate=100%, 2012), and Adult Gerontology Acute Care Nurse Practitioner (n=8, pass rate=88%, 2012; n=5, pass rate=100%, 2013).

Table 4.5: First-time Pass Rates on Advanced Practice Certification by Exam Year

Advanced Practice Certification Designation	Certification Organization		2010		2011		2012		2013		2014	
			n	%	n	%	n	%	n	%	n	%
Acute Care NP	ANCC[a]	UMSON	15	100	14	100	7	86				
		National		92		93		96				
	AACN	UMSON	1	100	0	N/A	0	N/A				
		National		----		----		----				
Adult NP	ANCC[a]	UMSON	25	88	13	92	*	*				
		National		81		80		91				
	AANP	UMSON	10	100	5	100	3	33				
		National		----		----		----				
CRNA	NBCRNA	UMSON	22	96	26	92	24	96	30	100	26	89
		National		89		89		89		88		----
Family NP	ANCC[a]	UMSON	4	50	19	90	14	93	16	81		
		National		83		89		88		85		
	AANP	UMSON	15	80	15	87	25	88	8	88		
		National		----		----		----				
Gerontological NP	ANCC[a]	UMSON	13	92	6	100	----	----				
		National		90		96		----				
PNP (Acute Care)	PNCB	UMSON	3	67	9	78	7	100	12	100	8	100
		National		72		77		81		84		89
PNP (Primary Care)	PNCB	UMSON	8	63	10	100	10	100	13	100	17	100
		National		80		88		90		91		92
Adult Psych/MH NP	ANCC[a]	UMSON	*	*	4	75	6	83				
		National		78		82		84				
Family Psych/MH NP	ANCC[a]	UMSON	*	*	4	100	----	----				
		National		88		90		----				
Psychiatric Mental Health NP	ANCC[a]	UMSON							13	92		
		National								87		
Adult Gerontology Acute Care NP	ANCC[a]	UMSON					8	88	5	100		
		National						80		87		
Adult Gerontology Primary Care NP	ANCC[a]	UMSON					19	100				
		National						82				

BENCHMARK: ≥ 80%
ANCC = American Nurses Credentialing Center; AACN = American Association of Critical Care Nurses; AANP = American Academy of Nurse Practitioners; NBCRNA = National Board on Certification and Recertification of Nurse Anesthetists; PNCB = Pediatric Nursing Certification Board.
[a]Results from ANCC are by graduation year.
*The Nursing Certification Board does not report when the number of candidates is too small.
---- Values not available.

First-time pass rates on certification exams for the post-MS APRN certificate program graduates exceeded our benchmark (≥ 80%), as indicated in Table 4.6. It should be noted that the Nursing Certification Board does not provide individual data for the exam results, which prohibits us from segregating our MS APRN Program

graduates from post-MS APRN certificate program graduates. Thus, the data were collected from each specialty director, who remains in contact with the post-MS APRN certificate program graduates.

Table 4.6: Poster-Master's APRN First-Time Pass Rates on Advanced Practice Certification Exams for APRN Post Master's Students

Graduation Year	2009		2010		2011		2012		2013	
	n	Pass Rate	n	Pass Rate	n	Pass Rate	n	Pass Rate	n	Pass Rate
Family Nurse Practitioner	1	100%	3	100%	1	100%	0	----	2	100%
Adult/Gerontology NP	1	100%	2	100%	2	100%	2	100%	0	----
Adult Primary Care NP	1	100%	0	----	0	----	0	----	0	----
Advanced Practice Pediatric NP Primary Care	0	----	0	----	1	100%	0	----	1	100%
Advanced Practice Pediatric NP Acute Care	0	----	0	----	0	----	2	100%	0	----
Psychiatric CNS/NP Adult	1	100%	6	100%	1	100%	3	100%	0	----
Psychiatric CNS/NP Family	1	100%	1	100%	2	100%	1	100%	3	100%
Advanced Practice Trauma Critical Care and Emergency Nursing CNS/NP*	3	100%	4	100%	1	100%	0	----	0	----
*The Advanced Practice Trauma Critical Care and Emergency Nursing CNS/NP was changed to the Adult Gerontology Acute Care (AGAC) CNS/NP beginning in the fall 2012 semester. **BENCHMARK: ≥ 80%** ---- Values not available when there are no graduates are from the specific year.										

IV-D. Employment rates demonstrate program effectiveness.

Elaboration: The program demonstrates achievement of required outcomes regarding employment rates.

- *The employment rate is collected separately for each degree program (baccalaureate, master's, and DNP) and post-graduate APRN certificate program.*
- *Data are collected within 12 months of program completion. For example, employment data may be collected at the time of program completion or at any time within 12 months of program completion.*
- *The employment rate is 70% or higher. However, if the employment rate is less than 70%, the employment rate is 70% or higher when excluding graduates who have elected not to be employed.*

Any program with an employment rate less than 70% provides a written explanation/analysis with documentation for the variance.
This key element is not applicable to a new degree or certificate program that does not yet have individuals who have completed the program.

Program Response:

Employment Rates

Due to the retirement of the previous evaluator, the employment data were not collected within 12 months of program completion for the BSN and MS (CNL and other MS) Programs for 2010 and 2011 graduates. Thus, the Office of Evaluation conducted an employment survey of all of 2010, 2011, and 2012 graduates in spring 2013. For the graduates of 2013 and after, a mechanism was set up to collect the employment data at graduation time, as well as six months after graduation. The employment rate for each program was calculated by dividing the total number of graduates who responded to the employment survey and are currently employed, by the total number of graduates who responded for that calendar year. For the post-MS DNP Program employment data, a survey was conducted at the time of graduation. The employment data for the few students in the

post-MS APRN certificate program were obtained either by querying the program specialty directors who remain in contact with the students, or by emailing the students directly. As shown in Table 4.7, the BSN and MS post-graduation employment rates were consistently higher than the benchmark (≥ 70%) for the three academic years. The post-MS DNP graduates and post-MS APRN certificate program completers have had a 100% employment rate since 2010.

Table 4.7: Graduates Employment Rates

Degree		Graduation Year	Number of Responses	Response Rate	Employment Rate
BSN[a]		2010	113	35%	97%
		2011	66	22%	97%
		2012	62	24%	92%
		2013*	35	24%	86%
MS	MS-CNL	2010	32	42%	100%
		2011	35	37%	97%
		2012	27	37%	96%
		2013*	7	17%	86%
	Other MS[b]	2010	88	40%	98%
		2011	70	30%	100%
		2012	54	23%	94%
		2013*	21	17%	86%
Post-Master's DNP		2010	21	100%	100%
		2011	18	100%	100%
		2012	23	100%	100%
		2013	12	100%	100%
Post-Master's APRN Certificate Program		2010	16	100%	100%
		2011	8	100%	100%
		2012	8	100%	100%
		2013	6	100%	100%
BENCHMARK: ≥ 70% from the returned responses [a] Including RN-BSN [b] Including MS non-CNL specialties *Only including the spring 2013 graduates					

IV-E. Program outcomes demonstrate program effectiveness.

Elaboration: The program demonstrates achievement of outcomes <u>other than</u> those related to completion rates (Key Element IV-B), licensure and certification pass rates (Key Element IV-C), and employment rates (Key Element IV-D); and those related to faculty (Key Element IV-F).

Program outcomes are defined by the program and incorporate expected levels of achievement. Program outcomes are appropriate and relevant to the degree and certificate programs offered and may include (but are not limited to) student learning outcomes; student and alumni achievement; and student, alumni, and employer satisfaction data.

Analysis of the data demonstrates that, in the aggregate, the program is achieving its outcomes. Any program with outcomes lower than expected provides a written explanation/analysis for the variance.

Program Response:

An analysis of program outcome data relative to student, new graduate, and alumni satisfaction with their courses, teachers, and the overall program of study demonstrates program effectiveness.

Course Evaluation Results

In Table 4.8, the BSN, MS, and post-MS DNP students demonstrate high levels of satisfaction with courses, exceeding the UMSON benchmark (≥ 3.5 on a 5-point scale). Data pertaining to the RN-BSN satisfaction are included in all BSN students, and data pertaining to the RN-MS and the post-MS APRN students' satisfaction are included in Other MS students, and cannot be disaggregated.

Table 4.8: Course Evaluation Results by Students as Measured by CEQs

Student Group				
Graduation Year	BSN	MS		Post-Master's DNP
		MS-CNL	*Other MS	
2011	4.27	4.11	4.36	4.57
2012	4.17	3.98	4.24	4.49
2013	4.14	3.93	4.27	4.38
BENCHMARK: ≥ 3.5 on a 5-point scale Note: data are presented by calendar year, and each year includes the spring, summer, and fall terms with a rating scale: 1 = strongly disagree to 5 = strongly agree. *Including MS Non-CNL courses				

Program Assessment Questionnaire (PAQ) Results

In Table 4.9, students' program satisfaction ratings are in the "satisfactory" range and exceed the UMSON benchmark (≥2.5 on a 4-point scale). Data pertaining to the post-MS APRN students' satisfaction are included in Other MS students, and cannot be disaggregated.

In all evaluation criteria, the CNL Program had lower satisfaction ratings compared with other programs. The areas with lowest satisfaction include curricular options and individualization, efficiency and demands, overall satisfaction, and recommendation of program to others. The accelerated nature of the program results in a heavy credit load each semester, with no elective courses in the plan of study. All students have the opportunity to extend their program of study by one semester (or more if they choose, allowing for more flexibility). To address student concerns, the CNL Program director has met with all student cohorts each semester for the past two years. The faculty members received student feedback regarding heavy workload demands and having examinations and major assignments on the same day in multiple courses. The director provided feedback to faculty members so student concerns were addressed in a timely manner. Changes that were made include: revising assignments and examinations, changing due dates to address student workload, and avoiding the administration of examinations and major assignments on the same day in multiple courses. The new curriculum, to be implemented in the fall 2014 semester, includes an additional semester. While the plan of study does not require an elective, there would be sufficient time for students to enroll in an elective course if they chose to do so. In the revised curriculum, students will take fewer courses—reducing the likelihood of competing examinations and assignments—in the fall and spring semesters. For example, psychiatric nursing and medical surgical nursing (adult health) will no longer be taught in the same semester.

Table 4.9: New Graduate Satisfaction with Overall Program as Measured by PAQs

Evaluation Category	Graduation Year	BSN		MS			Post-Master's DNP
		Traditional BSN	RN-BSN	RN-MS	MS-CNL	*Other MS	
Program utility and efficacy	2011	3.39	3.36	3.32	3.12	3.41	3.54
	2012	3.48	3.13	3.01	3.18	3.25	3.69
	2013	3.54	3.27	3.32	3.36	3.34	3.84
Curricular options and individualization	2011	3.02	3.05	3.09	2.69	3.20	3.32
	2012	3.07	3.06	2.82	2.64	3.00	3.51
	2013	3.03	3.06	3.07	2.87	3.15	3.66
Time efficiency and student demands	2011	3.13	3.12	2.98	2.79	3.16	3.37
	2012	3.19	3.13	2.74	2.80	2.99	3.46
	2013	3.23	3.10	3.22	2.97	3.16	3.69
Learning resources	2011	3.37	3.32	3.08	3.14	3.33	3.41
	2012	3.41	3.29	3.15	3.22	3.26	3.29
	2013	3.43	3.17	3.13	3.25	3.29	3.77
Overall satisfaction	2011	3.26	3.21	3.38	2.70	3.29	3.55
	2012	3.40	3.18	2.71	2.92	3.02	3.85
	2013	3.41	3.21	3.11	3.08	3.32	4.00
Would you recommend the program?	2011	3.31	3.04	3.25	2.52	2.99	3.55
	2012	3.49	3.18	2.79	2.58	2.89	3.85
	2013	3.49	3.13	3.00	2.95	3.16	4.00

BENCHMARK: ≥ 2.5 on a 4-point scale
Note: data are presented by calendar year, and each year includes the spring, summer, and fall terms with a rating scale: 1 = completely unsatisfactory to 4 = completely satisfactory.
*Including MS non-CNL specialties

Alumni Program Outcomes Results

As shown in Tables 4.10 and 4.11, the MS and DNP alumni ratings indicate that program prepared them well for meeting the program outcomes, thus exceeding the UMSON benchmark (≥ 3.5 on a 5-point scale).

Table 4.10: MS Alumni Assessment of Program Outcomes for 2009-2012 Graduates Surveyed in 2013

Assessment Items: How well did the program prepare you:	All MS Programs		
	RN-MS (n=18)	MS-CNL (n=55)	Other MS* (n=168)
1. To initiate collaborative efforts for the improvement of care to individuals and communities though improved practices of health care delivery?	4.44	3.75	4.10
2. To advocate for interprofessional approaches to the design and delivery of comprehensive, culturally competent care to individuals/families, communities, and populations?	4.44	3.91	4.04
3. To participate in the design, implementation, and evaluation of health care systems to foster safety and excellence in health care delivery?	4.44	3.87	3.93
4. To engage in ethically sound, culturally sensitive, and evidenced-based practice?	4.31	4.29	4.28
5. To commit to lifelong learning for self and promote lifelong learning to consumers?	4.44	4.26	4.33
6. To 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?	4.33	3.58	4.15
BENCHMARK: ≥ 3.5 on a 5-point scale Note: The response rate was 20%. Data collected by UMSON Office of Evaluation with a rating scale: 1=poor and 5=excellence *Including MS non-CNL specialties			

Table 4.11: Post-Master's DNP Alumni Assessment of Program Outcomes for 2009-2012 Graduates Surveyed in 2013

Assessment Items: How well did the program prepare you	Post-Masters DNP (n=40)
1. To initiate, facilitate, and participate in collaborative efforts that influence health care outcomes with scholars, practitioners, clinicians, and policy makers from other disciplines?	4.47
2. To lead at the highest educational, clinical, and executive rank?	4.34
3. To evaluate and apply ethically sound, culturally sensitive, evidence-based practice for the improvement of education, clinical practice, systems management, and nursing leadership?	4.55
4. To analyze and apply scientific knowledge and related skills for the highest level of nursing practice?	4.39
5. To design, implement, manage, and evaluate patient care and organizational systems?	4.24
BENCHMARK: ≥ 3.5 on a 5-point scale Note: The response rate was 59%. Data collected by UMSON Office of Evaluation with a rating scale: 1=poor and 5=excellence	

Alumni Program Quality Assessment Results

As shown in Table 4.12, 89% of 2010 BSN alumni surveyed in 2011 indicated that they would attend UMSON again; the majority had a good or excellent educational experience, and they would recommend the program

to others. The students in the MS-CNL Program had lower satisfaction ratings compared with other programs. Even though only 61% reported they would recommend the program to others, 72% of 2010 CNL alumni reported they would likely return to UMSON, and 83% indicated they had a good educational experience. These data need to be considered in light of a 19% response rate. Further, the high cost of the program and the economic downturn at that time could have had an impact. The revision of the CNL curriculum will offer a more reasonable per semester credit load and courses separate from BSN students. This should increase program satisfaction and the likelihood of alumni recommending the program to others.

Table 4.12: BSN and MS-CNL Program Quality Assessed by Alumni Survey for 2010 Graduates Surveyed in 2011

	Program Type	
Assessment Item	BSN	MS-CNL
• Would attend UMSON again if they were to do it over (probably or definitely "yes")	89%	72%
• Educational experience (good or excellent)	84%	83%
• Recommend program to others (good or excellent)	91%	61%
Note: The response rate was 19% Data collected by UMB Office of Institutional Research and Accountability		

In Table 4.13, the MS and post-MS DNP students indicated satisfaction with program quality, exceeding the UMSON Benchmark (≥ 3.5 on a 5-point scale). The majority of MS students indicated that the practicum prepared them well for practice. With the exception of MS-CNL Program, both the MS and post-MS DNP alumni rated the educational experience highly and would attend the program again, if they could do it over. Students in the MS-CNL Program had lower ratings compared with other MS programs. These data need to be considered in light of a 20% response rate. Moreover, the issue has been addressed and revisions of the CNL curriculum have taken place. The new curriculum should increase program satisfaction and the likelihood of attending the program again.

Table 4.13: MS and Post-Master's DNP Alumni Assessment of Program Quality for 2009-2012 Graduates Surveyed in 2013

	Program Type			
Assessment Items	All MS Programs			Post-Master's DNP (n=40)
	RN-MS (n=18)	MS-CNL (n=55)	Other MS* (n=168)	
• How well did your practicum prepare you for practice?	4.33	3.91	3.98	N/A
• Overall, how would you rate your experience at the School of Nursing?	4.44	3.71	4.09	4.38
• If you were to do it over, would you attend this program again? (Yes, Maybe)	84%	67%	92%	90%
BENCHMARK: ≥ 3.5 on a 5-point scale; >70% for "Yes" or "Maybe" Note: The response rate was 20% for MS Programs and 59% for post-master's DNP Programs. Data collected by UMSON Office of Evaluation with a rating scale: 1=poor and 5=excellence *Including MS Non-CNL specialties				

IV-F. Faculty outcomes, individually and in the aggregate, demonstrate program effectiveness.

Elaboration: *The program demonstrates achievement of expected faculty outcomes. Expected faculty outcomes:*
- are identified for the faculty as a group;
- incorporate expected levels of achievement;
- reflect expectations of faculty in their roles and evaluation of faculty performance;
- are consistent with and contribute to achievement of the program's mission and goals; and
- are congruent with institution and program expectations.

Actual faculty outcomes are presented in the aggregate for the faculty as a group, analyzed, and compared to expected outcomes.

Program Response:

Criteria for evaluating faculty accomplishments are outlined in the USM/UMB appointment, promotion, and tenure (APT) documents, the UMB procedures, and the UMSON APT procedures, which are available to faculty members on the UMSON intranet. (See Standard I.) Faculty members document their accomplishments annually in their updated curriculum vitae, a self-evaluation based on established goals and objectives for the year, and the *Faculty Progress and Productivity Report* (FPPR). The FPPR is used to collect standardized information throughout USM regarding professional activities and accomplishments. Each department chair, with input from course coordinators, MS specialty coordinators, and academic deans as appropriate, reviews the data in the areas of teaching, research, scholarship, and service missions.

Faculty Accomplishments in Teaching, Scholarship of Research and/or Practice, and Service

Faculty accomplishments in teaching are evaluated periodically through course-level faculty evaluation questionnaires (FEQs). As shown in Table 4.14, aggregate FEQ results have been exceeding the UMSON benchmark (≥ 3.5 on a 5-point scale) in the past three years.

Table 4.14: Faculty Teaching Evaluation Results as Measured by Students in FEQs

Evaluations/Graduation Year		BSN	MS		Post-Master's DNP
			MS-CNL	*Other MS	
Faculty Teaching Evaluations	2011	4.40	4.21	4.45	4.73
	2012	4.31	4.25	4.36	4.66
	2013	4.27	4.17	4.41	4.54
BENCHMARK: ≥ 3.5 on a 5-point scale Note: data are presented by calendar year, and each year includes the spring, summer, and fall terms with a rating scale: 1 = completely unsatisfactory to 5 = completely satisfactory. *Including MS Non-CNL courses					

Student satisfaction with faculty performance was also evaluated through several questions on the PAQ, including: competence in theory presentation, clinical competence, concern for student as an individual, concern for student's overall education, availability during office hours or by appointment, and sensitivity to student's needs. The aggregate results of these questions are also above the UMSON benchmark (≥ 2.5 on a 4-point scale) in the past three years (see Table 4.15).

Table 4.15: Faculty-Student Relationship Evaluation Results as Measured by Student in PAQs

Evaluation Category	Graduation Year	Student Group					
		BSN		MS			Post-Master's DNP
		Traditional BSN	RN-BSN	RN-MS	MS-CNL	*Other MS	
Faculty-Student Relationships	2011	3.22	3.24	3.13	3.02	3.24	3.50
	2012	3.37	3.41	2.89	3.12	3.15	3.65
	2013	3.37	3.26	3.33	3.16	3.33	3.85
BENCHMARK: ≥ 2.5 on a 4-point scale Note: data are presented by calendar year, and each year includes the spring, summer, and fall terms with a rating scale: 1 = strongly disagree to 4 = strongly agree. *Including MS non-CNL specialties							

In 2013, 79 (60%) of the UMSON faculty published 303 refereed articles or chapters in books and presented 316 papers and posters at professional conferences. All faculty members must maintain expertise in their specialty area and in the courses they teach. In the past three years, five additional faculty members were inducted as Fellows in the American Academy of Nursing (FAAN), which brings the total to 15 UMSON faculty members who are FAANs.

More than 30% of the faculty members obtained external funding to support research, practice, and educational projects. Eight NIH R-01 grants were awarded during 2009-2012. In 2012-2013, 54 (41%) faculty members reported that they were a Principal Investigator or Project Director on one or more grants for a total of 99 such awards. In 2013 UMSON was ranked #9 by level of NIH funding, up from #19 in 2011. The faculty has demonstrated success in obtaining both educational/practice (51 grants, $3.6 million) and research grant funding (27 grants, $5.1 million). (See Active Awards 2011-2013 as a measure of individual faculty outcomes in supporting documents.) There are 67 (47%) faculty members certified in a specialty area, including APRN, CNS, CRNA, CRNP-Adult, Acute Care, Family, Geriatric, Neonatal, Gerontology, Psychiatric Mental Health, and Pediatrics. UMSON also has 41 ($2.5 million) faculty members with Practice Service Agreements (PSAs). Overall, faculty outcomes reflect UMSON's mission, goals, and expected outcomes.

Faculty members are involved in significant local, regional, national, and international service. In 2012-2013, 21% of the faculty members served as editors or on editorial boards of professional journals. Many received awards in recognition of their work over the last three years, including the University System of Maryland Board Regents Faculty Awards in Mentoring and Public Service, Society of Trauma Nurses' Trauma Leadership Award 2012, 2011 Outstanding Pathfinder Award, AACN Innovations in Professional Nursing Award 2011, Outstanding Researcher by Southern Nursing Research Society, American Medical Informatics Association Virginia K. Saba Informatics Award, American Academy of Nurse Practitioners Excellence Award for the state of Maryland, Maryland Nurses Association Rosalie Silber Abrams Award, Maryland Daily Record's Maryland's Top 100 Women, Maryland Daily Record's Top 100 Women Circle of Excellence, Dorland Health 2011 Silver Crown Award in the Aging in Place Category, Sigma Theta Tau International (STTI) Honor Society of Nursing's Louise S. Kelly Mentor Award and STTI's Capstone International Nursing Book Award, and induction into the STTI International Nurse Researcher Hall of Fame.

Faculty members have been highly engaged in scholarly activities, with 2013 proportions exceeding those of 2012 and overall three-year averages, with the exception of serving on editorial boards (21%) and professional association officers (35%) (see Table 4.16). Total faculty scholarly activities have increased over time. Although no benchmark was set for faculty scholarly activities, there is an expectation to improve faculty outcomes every year.

Table 4.16: Percentage of Faculty Members Engaged in Scholarly Activity 2011-2013 Fiscal Years

Indicator	2011 (n=131)	2012 (n=132)	2013 (n=132)	3-Year Average (n=395)
Grants	38%	35%	41%	38%
Books	5%	7%	8%	7%
Refereed Articles	50%	58%	60%	56%
Non-refereed Works	21%	11%	16%	16%
Papers-Posters	55%	58%	68%	60%
Peer Review Panels	24%	27%	29%	27%
Manuscript Reviews	50%	51%	56%	52%
Editor-Editorial Boards	25%	23%	21%	23%
Association Officers	40%	37%	35%	37%

In the 2012-2013 academic year, the APT policy was revised to better reflect practice and service scholarship with the intention of increasing faculty eligibility for promotion, effective May 2013 after final approval by the University. Some of the changes included: a) a new framework for tenure and non-tenure that did not specify which type of doctorate was required for promotion—critical as more DNPs join the faculty ranks, b) more time to achieve tenure, c) the ability for faculty members to switch between tenure and non-tenure tracks, d) a broader definition of practice, and e) a more clearly outlined process of what is required and the timeline for preparing a promotion dossier and the materials that are needed to rank faculty members who are being recruited as new faculty. The clearer articulation of the dossier process and scholarship criteria for non-tenure track faculty members, now focused more on practice rather than research, seems to have encouraged the recent increase in non-tenure applicants. In 2014, among the seven faculty members seeking promotion to the associate professor rank, five were on the non-tenure track. The total number of faculty members applying for promotion was double the normal two to four requests per year seen in the previous five-year period (see Table 4.17). The APT committee is also now able to make more informed decisions about ranking new faculty members by using information provided in the applicant's self-evaluations, and not rely only on CVs, which tend to demarcate quantity, but not quality, of accomplishments.

Table 4.17: Number of Faculty Members Promoted and Rank Achieved Each Fiscal Year

Rank	2010 Number Promoted	2011 Number Promoted	2012 Number Promoted	2013 Number Promoted	2014* Number Promoted
Professor	0	0	1 NT, 1 T	1 T	0
Associate Professor	1 NT	2 NT	1 NT	2 T	5 NT, 2 T
Withdrawn/Failed to be promoted	1	0	1	0	1
Total seeking promotion	2	2	4	3	8
*New APT policy in effect **NT= without tenure, T= with tenure					

IV-G. The program defines and reviews formal complaints according to established policies.

Elaboration: The program defines what constitutes a formal complaint and maintains a record of formal complaints received. The program's definition of formal complaints includes, at a minimum, student complaints. The program's definition of formal complaints and the procedures for filing a complaint are communicated to relevant constituencies.

Program Response:

Complaints can be generated by students or faculty members. A student who believes that a grade was given in an arbitrary or capricious manner—meaning that the grading standard was not properly applied—may request

that the grade be reconsidered. The process of a grade appeal and the keeping of records is outlined in the Student Handbook.

Department chairs review the Faculty Evaluation Questionnaires (FEQs) to identify complaints about instructional performance and then meet with the faculty member. The chairs develop remediation plans with the faculty member, which might include observing the faculty member in the classroom or requiring the faculty member to complete the teaching certificate curriculum. The faculty member is monitored over the successive semester and special attention is paid to the FEQs from the course(s). A faculty member who is unsuccessful in following the remediation plan will not have his/her contract renewed. A formal complaint, as defined in the Student Handbook, is an allegation of misconduct brought against a student that includes a personal description of what the complainant knows, including date, time, and place, and a description of any exchange with the accused regarding the alleged violation. The process to submit a complaint to the Judicial Board is detailed in the Student Handbook. In addition to complaints, faculty members may submit a grievance.

A faculty grievance is a petition for any action or inaction by an academic administrator that a faculty member believes is unfair, discriminatory, or improperly reached. Grievance issues include, but are not limited to, academic freedom, University salary, academic assignments, space allocations, and the nature and conditions of a faculty member's academic work. The faculty grievance policy and procedure was updated in October 2013. The grievance policy is available to faculty members on the UMSON intranet.

The Judicial Board serves as the official body for presentation of alleged misconduct in a program. Records of all Judicial Board hearings are kept in the Dean's office. Decisions for the period 2011-2013 are identified in Table 4.18.

Table 4.18: Summary of Judicial Board Hearings 2011-2014

Graduate

Charge (Date)	Prehearing/Decision (Date)	Hearing (Date)	Decision (Date)
(1) Alleged falsifying and plagiarizing portions of worksheets (3/29/11)	Student admitted to violation and waived right to a hearing Academic remediation plan recommendation including use of campus services/ANA Code of Ethics and MD Nurse Practice Act assignment (4/7/11)		4/18/11 (Dean)
(2) Alleged inappropriate use of media (electronic communication technology—Facebook) (7/25/12)	Student admitted to violation and waived right to a hearing Reprimand recommendation/ academic remediation plan including use of UMSON and campus support services (9/10/12)		10/23/12 (Dean)
(3) Alleged failure to meet the standards of the nursing profession (responding to a Facebook posting of a fellow student) (8/23/12)	Student admitted to violation and waived the right to a hearing No further action recommendation (9/10/12)		9/18/12 (Dean)

Charge (Date)	Prehearing/Decision (Date)	Hearing (Date)	Decision (Date)
(4) Alleged plagiarism (1/9/13)	Student admitted to violation and waived the right to a hearing Reprimand recommendation (1/30/13)		2/8/13 (Dean)
(5) Alleged plagiarism (1/9/13)	Student admitted to violation and waived the right to a hearing No further action recommendation (1/30/13)		2/8/13 (Dean)
(6) Alleged inappropriate use of media (6/17/13) 2nd allegation	Student admitted to violation and waived the right to a hearing Dismissal recommendation (6/25/13)		6/28/13 (Dean)

Undergraduate

Charge (Date)	Prehearing/Decision (Date)	Hearing (Date)	Decision (Date)
(1) Alleged inappropriate use of media (taking photos with phone during an exam review) (10/4/12)	Student admitted to violation and waived right to a hearing Reprimand recommendation/ academic remediation plan including use of UMSON and campus support services (10/16/12)		10/23/12 (Dean)
(2) Alleged violation of HIPAA (photographing a de-identified portion of a patient's chart) (11/19/12)	Student denies violation (12/5/12)	Further discussion of HIPAA parameters focusing on de-identified information/ hear testimony of two part-time clinical instructors (12/12/12)	Student acknowledges violation Reprimand recommendation in light of course failure resulting in probation/ANA Code of Ethics assignment (12/19/12) (Dean)
(3) Alleged cheating (4/29/13)	Student admitted to violation and waived right to a hearing Reprimand recommendation / ANA Code of Ethics assignment (5/16/13)		5/23/13 (Dean)
(4) Alleged cheating (4/29/13)	Student admitted to violation and waived right to a hearing Reprimand recommendation / academic remediation plan including use of SON and campus support services		5/23/13 (Dean)

Charge (Date)	Prehearing/Decision (Date)	Hearing (Date)	Decision (Date)
	(5/16/13)		
(5) Alleged plagiarizing (9/26/13)	Student admitted to violation and waived right to a hearing (Board informed by charging faculty members, stating that they had already assigned a failing grade and required remedial exercise. Successful completion of exercise required to pass course.) No further action recommendation (10/3/13)		10/30/13 (Dean)

IV-H. Data analysis is used to foster ongoing program improvement.

Elaboration: The program uses outcome data for improvement. Data regarding completion, licensure, certification, and employment rates; other program outcomes; and formal complaints are used as indicated to foster program improvement.

- *Data regarding actual outcomes are compared to expected outcomes.*
- *Discrepancies between actual and expected outcomes inform areas for improvement.*
- *Changes to the program to foster improvement and achievement of program outcomes are deliberate, ongoing, and analyzed for effectiveness.*
- *Faculty are engaged in the program improvement process.*

Program Response:

The responsibility of monitoring outcome data and input from students, faculty members, and others is shared with faculty members and administration, and involves these groups: curriculum committees, entry-level course coordinators, MS specialty directors, academic deans, Deans and Chairs Committee, Faculty Council, and Administrative Council.

BSN Program

Entry-Level Course Directors from UMB and USG co-prepare and submit an annual report to the Entry-Level Curriculum Committee (ELCC), describing quality review and process improvement activities for their courses. Each course director presents course related data, e.g., course evaluations, grade distribution, and student outcomes, to identify strengths and weaknesses and present a plan to address areas for improvement. For example, faculty members teaching NURS 407 *Maternal, Newborn, and Women's Health Nursing: A Family Perspective* noted in their annual course report for spring 2013 semester that the UMB section (N = 68) had a grade distribution of 43 A's and 25 B's, while the USG section (N = 32) had 10 A's, 21 B's and 1 C (see January 2014 course report and ELCC minutes, 1/27/2014). Faculty members teaching the courses met to further analyze the data for this inequality in grade distribution, and reviewed input from clinical faculty members, standardized test scores, and faculty observations of the semester's learning activities in an effort to arrive at solutions for greater equity in grading across both sections.

Clinical site evaluation aggregate data are also presented by semester, section, and campus in the annual reports to ELCC. Clinical evaluations indicating problems with preceptors, sites, and/or students are discussed and corrective actions proposed. For example, the course director reported clinical site evaluation data for

NURS 402 *Psychiatric Mental Health Nursing* for fall 2012 and spring 2013 semesters (see January 2014 course report and ELCC minutes, 1/27/2014). Students (N=18) from one hospital appeared more dissatisfied with their clinical site as compared to other clinical sites used for this course. Only 35% of the students strongly agreed or agreed that the clinical site offered a range of learning experiences, 50% that it provided a supportive learning environment, 56% that it provided effective role models and was consistent in meeting course objectives, and 39% that is provided a variety of interpersonal and/or technical opportunities for clinical growth. Follow up with the clinical instructors at this particular site by the course director identified them as being novices in their roles. In response, the orientation of clinical instructors was reviewed and enhanced, one of the clinical instructors was replaced, and a new clinical coordinator was assigned to the course with a plan to make periodic onsite visits to ensure higher quality, more meaningful and effective student experiences.

Standardized testing data are also presented by semester to the ELCC, by campus and by course. NCLEX pass rates are compared to the UMSON benchmark (≥ 80%) and trends over time. Pass rates are reviewed by course directors to address further process improvement initiatives. No action has been required since the NCLEX pass rates consistently exceed the UMSON benchmark.

RN-BSN

Changes to the RN-BSN option were partially based on anecdotal feedback from current students, recent graduates, and potential applicants at recruiting events and Open Houses. They have included comments such as dissatisfaction with being in classes with traditional BSN students, a preference for coursework that would minimize duplication from their prior registered nurse preparation, and requests for courses specifically designed for RN students. In the past, RN-BSN students were in the same classes as traditional BSN students, so course evaluations have been co-mingled. Beginning in the fall 2014 semester, the RN-BSN option will be a totally separate plan of study from the BSN traditional students, and student course evaluations will guide the evaluation of this new option. Changes to the current RN-BSN plan of study were required due to revision of curriculum for the traditional BSN Program. This revised RN to BSN option is based on the Baccalaureate Essentials and broadens registered nurses' knowledge base.

MS Program

The MS and DNP Specialty Directors produce a comprehensive evaluation of each specialty every three years, and present their findings for review to the Master's/DNP Curriculum Committee. The continued quality, relevance, and congruence with professional standards and guidelines of the curricula in each MS specialty are ensured by application of an evaluation tool that examines three key categories: program quality, market trends, and fiscal data (see Program Assessment Tool in Appendix IVH-1). The evaluations include programmatic data and comments related to continual course content updates, sequencing and quality of courses, and alignment with national standards. Student data, faculty performance, and engagement are tracked. Each specialty reports on interdisciplinary activities that incorporate the teaching, research, and practice missions of UMSON. Market trends are analyzed, including inquiries, enrollment, future employment opportunities for students, and faculty recruitment. Finally, each specialty conducts a Strengths, Weaknesses, Opportunities, and Threats (SWOT) analysis to identify direction and priorities (see Reports under Master's/DNP Curriculum Committee on intranet at http://www.nursing.umaryland.edu/Intranet/Committees/Faculty-Organization/Masters-DNP-Curriculum-Committee/.

MS Specialties

Curriculum changes for individual MS specialties have been implemented in response to evaluations from students and faculty members, as well as from the evaluation of each specialty by the Master's/DNP Curriculum Committee. Each specialty director reviews core course evaluations regularly so they can use student input to enhance courses and refine curricula. They also look carefully at student retention issues and the availability of resources such as scholarships and mentoring opportunities.

For example, the Health Systems Leadership and Management (HSLM) tri-annual specialty report revealed a 23% attrition rate, which alerted them to examine the contributing factors and develop a plan to increase needed financial support for students through a MHEC Nurse Support Program II grant. Low enrollment numbers led the specialty to de-activate its MS/JD option, while increasing the MS/MBA track with the University of Maryland

College Park and University of Baltimore in response to demand. The HSLM specialty evaluation also highlighted the importance of using many local, state, and regional organizations for practicum experiences. Many of these opportunities evolved into mentoring relationships, with the positive outcome of students being well-prepared for leadership roles and employers recognizing their abilities.

Another example exists in the Adult Gerontological Primary NP specialty, which increased the instructional review of their diagnostic reasoning simulation and added content on interprofessional collaboration. They also added an assignment to incorporate policy issues into the curriculum and produced a focused plan to help students with the development of their Comprehensive Exam Papers. Genetics and HIV content have also been added to the coursework.

The Nursing Informatics specialty faculty members examined data on market trends and found that numerous online and face-to-face health care informatics programs nationwide demonstrated the importance of branding. The faculty then defined their unique strengths in preparing informatics nurse specialists who can support clinicians in practice settings, and patients and their caregivers in community centers. The success of this branding has been evidenced by the continuously increasing number of the applications despite full scholarships offered by other health care informatics programs in other university settings.

Nurse Anesthesia made a change in their pharmacology course a few years ago, and continues to see marked improvement in SEE and NCE exam scores; feedback from students and preceptors is positive. The 2012 cohort had a 100% first-time pass rate, possibly due to increased simulation time (hands-on experience and practice). Previously, simulation was integrated in only the last year of study, and now it is included in all three years. Nurse anesthesia students are required to take a self-evaluation exam, which mimics certification questions, at the beginning of their second and third years. The nurse anesthesia specialty implemented MediaSite capture of all core curriculum lectures, coupled with use of oral board exams in the first and third years of the program.

MS-CNL

The CNL option director meets regularly with cohorts of CNL students to identify program and course issues. While the majority of CNL students are satisfied with most aspects of the CNL option, the causes of CNL student and graduate dissatisfaction are related to a variety of factors. Some of these are external to the UMSON environment. Some graduates have expressed dissatisfaction with the lack of integration of the CNL role into the health care system. Faculty members continue to communicate with health care system administrators about roles that CNLs can assume in health care reform. While most health care institutions do not have a specific CNL titled role, some local hospitals have actively recruited UMSON graduates and shared their positive experiences with hiring them in an AACN faculty webinar, *Transitioning Second Degree CNL Graduates into Practice: Innovative Models and Successes,* in June 2011.

The overall program evaluations have reflected student dissatisfaction with courses taught jointly with BSN and CNL students. For the last several semesters, the only courses in which the two groups have been combined were three first semester courses, i.e., NURS 501 Pathopharmacology, NURS 503 Health Assessment, and NURS 505 Introduction to Professional Nursing Practice, and a second semester course, NURS 514 Adult Health Nursing. All laboratory and clinical sections have been separate since the implementation of the option and CNL students have different objectives and a number of different assignments. Students have also stated that there is insufficient CNL role-specific content taught in the curriculum. With the revised CNL curriculum being implemented in the fall 2014 semester, all CNL classes will be distinct and separate from BSN Program classes. In the revised curriculum, role-specific content has been enhanced, and a CNL-related text will be required. The length of the program has been adjusted to eliminate the accelerated option, to further improve the quality of the educational process. Course content is continually updated based on evidence in nursing and related literature. Course revisions will assure that the CNL curriculum meets the baccalaureate essentials, master's essentials, and the revised CNL competencies, and that the role of the CNL is emphasized as appropriate.

Most CNL students maintain satisfactory academic standing. However, a small proportion fall below the required 3.0 GPA. Student progress is regularly monitored. Individual academic support (remedial) plans are required by the Graduate School for students with academic difficulties. They are encouraged to work with their advisors and course faculty members and take advantage of the Student Success Center (SSC). The SSC

runs a CNL Mentoring Program, which is based on the RWJF Mentoring Plan for Scholars. In spring 2013, this program grew to 14 mentors and 28 mentees. The Mentoring Program is evaluated on an ongoing basis and revisions are made as needed, with the goal of high retention, academic achievement, and successful transition into practice. To further bolster their success, standardized tests are administered to CNL students to assess their knowledge. Remediation is encouraged, if necessary, using available testing materials, faculty suggestions, and participation in the SSC. A structured review course is required at the completion of the plan of study to assure that students receive a required content review and are familiar with NCLEX-style testing.

Post-Master's DNP Program

Faculty and student input and analysis of student outcome data resulted in several modifications to the DNP Program. For example, data on student attrition was reviewed in conjunction with course evaluations to make course and progression rule modifications. Students were previously required to maintain continuous registration of at least four credits during the fall and spring semesters, and one credit during the summer term for the entire length of the program. However, students reported that at times they were unable to manage this load, and therefore dropped courses. In fall 2012, the rule for a minimum number of credits was removed, with only continuous enrollment being required. In 2013, students reported in course evaluation questionnaires that they were overburdened with assignments in NDNP 802 Methods for Evidence-Based Practice and NDNP 804 Theoretical and Philosophical Foundations of Nursing Practice. The courses were redesigned with a reduction in the number of assignments, and the changes were reviewed at a Master's/DNP Curriculum Committee meeting (8/12/2013).

Summary of Standard IV

UMSON has developed a comprehensive evaluation plan to monitor program outcomes. Each program is evaluated by several components, including the course evaluation, end-of-semester program assessment, student licensure pass rates or certification pass rates, completion rates, and employment rates. The data and results of the evaluative components were shown to be above UMSON and CCNE benchmarks. The only area of concern was the completion rate of the post-MS APRN certificate program, which has not consistently met the benchmark. Given that it is a small group, strategies to improve the completion rate have been undertaken. On the other hand, although graduates' three-year employment rates for all programs were above the benchmark, the response rates for the surveys were low (between 22% and 42%). In an effort to receive more responses from new graduates, the Office of Evaluation initiated a change in 2013 to collect employment data twice in the first year after graduation. In addition, alumni surveys were conducted to evaluate the program outcomes. Despite the low response rates, the majority of our alumni were satisfied with their program of study. The exception was the MS-CNL program, however, the curriculum has been totally revised based on student evaluations, and revisions will be implemented in fall 2014. In the area of the faculty outcomes, the data provided in the report indicated that faculty members' teaching achievements are above the UMSON benchmarks. Even though no benchmark has been set for faculty scholarly activities, faculty engagement in scholarly activities and national and international recognition for outstanding professional contributions have continued to increase.