



SELF-STUDY REPORT 2024

Submitted to the
Commission on Collegiate
Nursing Education

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LIST OF ACRONYMS

Acronym	Section of First Citation	Full Term
AACN	Introduction	American Association of Colleges of Nursing
ACCNS-AG	Standard I	Acute Care Clinical Nurse Specialist-Adult Gerontology
ACNPC-AG	Standard I	Acute Care Nurse Practitioner Certification-Adult Gerontology
AGACNP	Introduction	Adult-Gerontology Acute Care Nurse Practitioner
AGCNS	Introduction	Adult-Gerontology Clinical Nurse Specialist
AGNP	Standard I	Adult Gerontology Primary Care Nurse Practitioner
AGPCNP	Introduction	Adult Gerontology Primary Care Nurse Practitioner
AHEC	Standard III	Area Health Education Center
ANCC	Introduction	American Nurses Credentialing Center
APRN	Introduction	Advanced Practice Registered Nurse
APT	Standard I	Appointment, Promotion, and Tenure
ASAC	Standard I	Academic and Student Affairs Council
AVS	Standard II	Audio Visual Services
BCNL	Standard III	Baccalaureate, Clinical Nurse Leader
BMSN-E	Standard III	Baccalaureate, MSN-E
BSN	Introduction	Bachelor of Science in Nursing
CEQ	Standard I	Course Evaluation Questionnaire
CET	Standard III	Clinical Evaluation Tool
CIPE	Standard III	Center for Interprofessional Education
CITS	Standard II	Center for Information Technology Services
CNL	Introduction	Clinical Nurse Leader
CNS	Standard I	Clinical Nurse Specialist
COI	Standard I	Community of Interest
CPNP-AC	Standard I	Pediatric Acute Care Nurse Practitioner
CPNP-PC	Standard I	Pediatric Primary Care Nurse Practitioner
CUSF	Standard I	Council of University System Staff
DNP	Introduction	Doctor of Nursing Practice
EAC	Standard I	Evaluation Advisory Committee
EDI	Standard I	Equity, Diversity, and Inclusion
FEQ	Standard I	Faculty Evaluation Questionnaire
FNP	Introduction	Family Nurse Practitioner
FPPR	Standard IV	Faculty Progress and Productivity Report
FY	Introduction	Fiscal Year
HSHSL	Standard II	Health Sciences and Human Services Library
HSLM	Standard I	Health Services Leadership and Management
ICTR	Standard II	Institute for Clinical & Translational Research
ILT	Standard II	Information and Learning Technology

IOM	Standard I	Institute of Medicine
IPACE	Standard II	Interprofessional Program for Academic Community Engagement
LT	Standard II	Learning Technologies
MB	Introduction	Master of Business Administration
MBN	Standard I	Maryland Board of Nursing
MDA	Standard I	Maryland Action Coalition
MEP	Standard I	Master Evaluation Plan
M	Introduction	Maryland Higher Education Commission
MPH	Introduction	Master of Public Health
MS	Standard I	Master of Science
MSN	Introduction	Master of Science Nursing
MSN-E	Introduction	Master of Science in Nursing Entry-into-Nursing Program
NACS	Standard II	Network and Computer Services
NBCA	Standard I	National Board of Certification and Recertification for Nurse Anesthesia
NC -RN	Standard I	National Council Licensure Examination
NE-BC	Standard I	Nurse Executive
NG	Standard IV	No Report Generated, No UMSON Graduates Took Exam During Period
NIH	Introduction	National Institutes of Health
NINR	Introduction	National Institute of Nursing Research
NLI	Standard I	Nursing Leadership Institute
NNP	Introduction	Neonatal Nurse Practitioner
NO	Standard I	National Organization of Nurse Practitioner Faculties
NQ	Standard II	National Quality Forum
NSGA	Standard I	Nursing Student Government Association
NSP I	Standard I	Nurse Support Program II
NTF	Standard I	National Task Force on Quality Nurse Practitioner Education
OAC	Standard I	Office of Accountability and Compliance
OIS	Standard II	Office of International Services
OPE	Introduction	Office of Professional Education
OSAS	Standard I	Office of Student and Academic Services
PAQ	Standard I	Program Assessment Questionnaire
PGA	Introduction	Post-Graduate APRN Certificate
PhD	Introduction	Doctor of Philosophy
PMHNP	Introduction	Family Psychiatric and Mental Health Nurse Practitioner
PNP-AC	Introduction	Pediatric Acute Care Nurse Practitioner
PNP-PC	Introduction	Pediatric Primary Care Nurse Practitioner
PPEP	Standard II	Partnerships, Professional Education, and Practice
PSA	Standard II	Professional Service Agreement
RN	Introduction	Registered Nurse
RN-BC	Standard I	Nurse Informatics

RWJF	Standard II	Robert Wood Johnson Foundation
SCo	Standard I	Specialty Curriculum Program Evaluation Review
SMCC	Standard II	Southern Management Corporation Campus Center
SURFS	Standard II	Student User Friendly Systems
TAC	Standard I	Technology Advisory Council
TEAS	Standard III	Test of Essential Academic Skills
TOEF	Standard III	Test for English as a Foreign Language
UMB	Introduction	University of Maryland, Baltimore
UMBF	Standard II	University of Maryland, Baltimore Foundation
UMC	Introduction	University of Maryland, College Park
UMM	Introduction	University of Maryland Medical Center
UMM	Standard I	University of Maryland Medical System
UMSO	Introduction	University of Maryland School of Nursing
USG	Introduction	Universities at Shady Grove
USGA	Standard II	University Student Government Association
USM	Introduction	University System of Maryland
USMF	Standard II	University System of Maryland Foundation
VPN	Standard II	Virtual Private Network
VRR	Standard I	Virtual Resource Room

INTRODUCTION

The University System of Maryland

The University System of Maryland (USM) is the state's public higher education system. The system's 12 institutions, three regional higher education centers, and system office work closely together to leverage their collective expertise and resources, share best practices, increase effectiveness and efficiency, and advance USM's mission to improve the quality of life in Maryland. USM's institutions and centers enroll over 162,000 undergraduate and graduate students.

Benefiting students, as well as Maryland citizens, USM:

- Offers expansive access to affordable, high-quality educational opportunities.
- Performs groundbreaking research.
- Instills a culture of innovation and entrepreneurship.
- Promotes economic growth and workforce development.
- Provides vital service to communities and individuals.
- Partners with business, government, nonprofits, and organizations to improve quality of life.

In addition to the regional higher education centers, USM institutions include Bowie State University; Coppin State University; Frostburg State University; Salisbury University; Towson University; University of Baltimore; University of Maryland, Baltimore (UMB); University of Maryland, Baltimore County; University of Maryland, College Park (UMCP); University of Maryland Eastern Shore; and University of Maryland Global Campus.

University of Maryland, Baltimore

UMB is one of the 12 USM institutions. Founded in 1807, UMB is Maryland's public health, law, and human services university. UMB's mission is to improve the human condition and serve the public good of Maryland and society at-large through education, research, clinical care, and service. UMB's core values include respect and integrity, well-being and sustainability, equity and justice, and innovation and discovery.

In fall 2023 UMB enrolled 6,753 students in its 90 doctoral, master's, baccalaureate, and certificate programs. Six professional schools and the interdisciplinary Graduate School confer most of the health care, human services, and law professional degrees in Maryland each year (See Appendix Intro-1 for UMB's organizational chart). Adjacent to the campus are the University of Maryland Medical Center (UMMC), the Baltimore Veterans Affairs Medical Center, and the University of Maryland BioPark. The BioPark, which opened in 2005, is Baltimore's biggest biotechnology cluster and it fuels the commercialization of new drugs, treatments, and medical devices.

UMB is a national leader in health sciences research, with \$654 million in grants and contracts awarded in Fiscal Year 2023 (FY23). Its 3,218 faculty (fall 2023), 2,892 executive/professional staff members, 1,301 support staff, and students help make UMB a powerful economic engine that returns \$13 in economic activity for every dollar invested in it by the state. The UMB community contributes more than two million volunteer hours a year in service to the public providing

programming that improves health and wellness, advances justice, promotes economic development, and strengthens families and communities.

The Middle States Commission on Higher Education first accredited UMB in 1921. Every eight years, UMB undergoes a reaffirmation of its accreditation with the Middle States Commission. The process is an opportunity to strengthen the University through a comprehensive review. UMB began the reaccreditation process in 2022 for the next visit in 2025.

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 public schools of nursing in the nation. In fall 2023 UMSON enrolled a total of 2,026 students. One thousand five hundred and seventy were enrolled on its Baltimore campus, including 559 Bachelors of Science in Nursing (BSN) students (35.6%), 431 Master of Science in Nursing (MSN) students (27.5%), 529 Doctor of Nursing Practice (DNP) students (33.7%), 35 Doctor of Philosophy (PhD) students (2.2%), and 16 certificate students (1.0%). Four hundred fifty-six were enrolled at the Universities at Shady Grove (USG) in Rockville, Maryland, 392 BSN (86%) and 64 DNP (14%) students. USG, Maryland's largest regional higher education center, is a partnership of nine USM universities on one campus in Montgomery County, offering nearly 80 undergraduate and graduate degree programs.

UMSON is ranked in the top 10 across the board for public schools of nursing in the 2024 edition of *U.S. News & World Report's* "America's Best Graduate Schools." UMSON's MSN and DNP programs are tied at No. 7 among public schools of nursing. In the 2024 edition of *U.S. News & World Report's* "Best Colleges", the BSN program was ranked No. 3 among public schools of nursing, tied with two other public institutions. 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 UMSON's academic pursuits.

Dean Yolanda Ogbolu is UMSON's chief administrative officer, reporting to the president of UMB. The senior leadership of the School includes the senior associate dean for administration and finance and chief operating officer, the associate dean for administration and finance, the associate dean for development and alumni relations, the associate dean for the baccalaureate program, the associate dean for the MSN program, the associate dean for the DNP program, the associate dean for the PhD program, the associate dean for faculty development, the associate dean for student and academic services, the assistant dean for technology strategy and operations, and the assistant dean for marketing and communications. In addition, there are five chairs of the School's departments — Department of Family and Community Health; Department of Organizational Systems and Adult Health; Department of Pain and Translational Systems Science; Department of Partnerships, Professional Education, and Practice; and UMSON at USG. The elected chairs of the Faculty Council and Staff Council, and the special assistant to the dean, are also members of the leadership team. The organizational chart for UMSON is provided in Appendix Intro-2.

Consistent with the mission of the University, UMSON is dedicated to creating a research-intensive environment that will advance the science of nursing through research and scholarship of the highest quality. As of FY23, UMSON is ranked 29th among schools of nursing in receipt of funding from the National Institutes of Health (NIH)/National Institutes of Nursing Research (NINR),

attracting \$3.1 million in NIH/NINR grants in FY23. UMSON received more than \$12.2 million in extramural funding in FY23.

UMSON offers an upper division undergraduate program that leads to the BSN degree. The BSN program provides educational opportunities for students just entering the nursing profession and for registered nurses who have an associate degree or diploma in nursing who want to advance their academic qualifications. UMSON students in the entry-into-nursing BSN program can attend courses and complete the entire program on the Baltimore campus or at USG. The curriculum prepares students to provide equitable care to diverse patient populations by encouraging cultural competence and understanding the social determinants of health and the importance of addressing health care disparities. The Registered Nurse (RN)-to-BSN curriculum is offered on-line except for the community/public health practicum, completed during the final semester. Nurses enrolled in the RN-to-BSN program can complete a three-course interest area in Care Coordination with Health Information Technology or Substance Use and Addictions. The entry-into-nursing curriculum and the RN-to-BSN curriculum are aligned with the American Association of Colleges of Nursing's (AACN) 2021 *The Essentials: Core Competencies for Professional Nursing Education* which focuses on competency-based education. BSN students admitted for fall 2022 represent the first cohort of students in the new programs of study. BSN students admitted in spring 2022 or earlier have, or are, completing the curriculum that was aligned with AACN's 2008 *The Essentials of Baccalaureate Education for Professional Nursing Practice*. BSN graduates are well positioned to play a significant role in shaping the future of nursing and health care by assuming direct care provider roles.

Over the years, UMSON has pioneered a variety of innovative graduate programs, including the world's first nursing informatics master's specialty, Maryland's first nurse anesthesia program for civilians, and the first DNP program. The faculty are currently immersed in revising the MSN and DNP curricula to align with AACN's 2021 *The Essentials: Core Competencies for Professional Nursing Education*. Full implementation of the revised curricula will occur in summer 2026.

The MSN program includes the master's Clinical Nurse Leader (CNL) option (a Model C program) which is being phased out, the last cohort was admitted to the CNL option in fall 2023 with the final semester CNL courses being taught for the last time in spring 2025. The new MSN Entry-into-Nursing (MSN-E) program admitted its first cohort of students in spring 2024. The master's program includes three specialties for registered nurses — Community/Public Health Nursing (offered on the Baltimore campus), Nursing Informatics (offered online with an in-person practicum), and Health Services Leadership and Management (offered online with an in-person practicum).

The DNP program includes a Post-BSN and a Post-Master's option for nurses seeking the terminal DNP degree as well as the following advanced practice registered nurse (APRN) specialties: Adult-Gerontology Acute Care Nurse Practitioner (AGACNP)/Adult-Gerontology Clinical Nurse Specialist (AGCNS), Adult-Gerontology Primary Care Nurse Practitioner (AGPCNP), Family Nurse Practitioner (FNP), Neonatal Nurse Practitioner (NNP), Nurse Anesthesia, Pediatric Acute Care Nurse Practitioner (PNP-AC), Pediatric Primary Care Nurse Practitioner (PNP-PC), and Psychiatric Mental Health Nurse Practitioner (PMHNP). All specialties are offered on the Baltimore campus, and the FNP specialty is also offered at USG. The Post-Master's option prepares nurses with a master's degree with a terminal practice degree, the DNP. The DNP curriculum provides the student with an immersive education in evidence-based practice, quality improvement, and systems leadership.

DNP program graduates have clinical, organizational, economic, and leadership skills that directly impact health care outcomes.

The Post-Graduate APRN Certificate (PGAC) program, called the postdoctoral certificate program at UMSON, prepares nurses who already possess a graduate degree in nursing and a doctoral degree with competencies necessary for certification as an APRN. The PGAC program is offered in the following APRN specialties: Adult-Gerontology Acute Care Nurse Practitioner/Adult-Gerontology Clinical Nurse Specialist, Adult-Gerontology Primary Care Nurse Practitioner, Family Nurse Practitioner, Neonatal Nurse Practitioner, Pediatric Acute Care Nurse Practitioner, Pediatric Primary Care Nurse Practitioner, and Psychiatric Mental Health Nurse Practitioner.

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 various clinical settings, nursing education, administration, and 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, selection of support electives, practicum experiences, and dissertation research.

UMSON offers two dual degree options — (1) MSN in Health Services Leadership and Management/Master of Business Administration (MBA) in collaboration with the University of Baltimore Robert G. Merrick School of Business or the Robert H. Smith School of Business at UMCP and (2) MSN in Community/Public Health Nursing/Master of Public Health (MPH) in collaboration with UMB's Department of Epidemiology and Public Health in the School of Medicine. In addition to the degree programs, UMSON offers five post-BSN certificates: Environmental Health, Global Health, Nursing Informatics, and Substance Use and Addictions. A Teaching in Nursing and Health Professions Certificate is offered for graduate nursing students and other health care professionals.

Of the five departments in UMSON, three are traditional with a major focus on teaching and two are unique. All faculty have an academic home in one of the departments. The traditional departments include Family and Community Health, Organizational Systems and Adult Health, and UMSON at USG. The Department of Pain and Translational Systems Science is research intensive, and the Department of Partnerships, Professional Education, and Practice includes many units critical to the tripartite mission. The units include the Institute for Educators, the Debra L. Spunt Clinical Simulation Labs on the Baltimore campus (accredited by the Society for Simulation in Healthcare), the Standardized Patient Program (a joint program with UMB's School of Medicine, the Governor's Wellmobile Program, the Office of Global Health, the Office of Professional Education (OPE), 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. UMSON's 50,000-square-foot building on the Baltimore campus and the 20,000-square-foot building for UMSON at USG offer the latest in research and instructional facilities. In recent years, UMSON with support from UMB, USG, a donor, and a federal earmark, have invested \$27 million for renovation to the UMSON and UMSON at USG buildings. State-of-the-art clinical simulation laboratories at both locations afford students extensive hands-on experiences that mimic hospital, ambulatory, and home environments.

The OPE is an accredited provider of the American Nurses Credentialing Center (ANCC) nursing continuing professional development that offers innovative and creative education, conferences, and workshops for nurses, faculty, staff, alumni, partner organizations, and students. OPE has been an accredited provider since 1991 and received accreditation with distinction from ANCC in 2021 for four years.

The Governor's Wellmobile program is a public partnership for both education of nurses and faculty practice. The program receives core funding through an annual State of Maryland allocation of \$785,000 from the Maryland Higher Education Commission (MHEC). UMSON is acquiring two new mobile units with \$1 million in one-time funding from Maryland. The Governor's Wellmobile program has two missions: (1) to serve the health needs of the underserved in 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.

CCNE Accreditation

UMSON attained its initial accreditation from the Commission on Collegiate Nursing Education in 2009 for the baccalaureate, master's, and DNP programs and in 2014 for the post-graduate Advanced Practice Registered Nurse (APRN) certificate. In addition to other substantive changes since the prior accreditation, in 2021 UMSON attained CCNE approval for the entry requirement for the PGAC program to transition from the master's to doctoral level. On Aug. 23, 2022, UMSON attained CCNE approval for the revised BSN programs (entry-into-nursing and RN-to-BSN), and a substantive change for the MSN Entry-into-Nursing program was submitted on July 18, 2023. This self-study is for the reaccreditation of the BSN, MSN, DNP, and PGAC programs.

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
- reviewed periodically and revised as appropriate.

Elaboration: The program's mission, 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. The mission may relate to all nursing programs offered by the nursing unit, or specific programs may have separate missions. Program goals are clearly differentiated by level when multiple degree/certificate programs exist. Expected program outcomes may be expressed as competencies, objectives, benchmarks, or other terminology congruent with institutional and program norms.

There is a defined process for periodic review and revision of program mission, goals, and expected program outcomes that has been implemented, as appropriate.

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 reaffirmed as part of UMSON's strategic planning process in 2021. UMSON's Strategic Plan is an integral component of the overarching plan for UMB which was developed by a 30-member steering committee. UMB's 2021 - 2026 Strategic Plan has six objectives focused on accountability and integration of core values; student growth and success; University culture, engagement, and belonging; innovation and reimagination; community partnership and collaboration; and global engagement and education. The UMB and UMSON strategic plans, which include the mission and goals, are for a five-year period. (Additional information on the UMSON strategic planning process and UMB's strategic plan dashboard can be found in Virtual Resource Room (VRR) IA-1. In addition, the 2021, 2022, 2023, and 2024 [State of the School](#) documents are available in VRR IA-2.)

The robust baccalaureate, master's, doctoral, and research programs strive to meet the mission and remain innovative in their approaches. The missions of UMB and USM are listed below and UMSON's mission is congruent with the missions of UMB and USM.

- UMB Mission: To improve the human condition and serve the public good of Maryland and society at-large through education, research, clinical care, and service.
- USM Mission: To improve the quality of life for the people of Maryland by providing a comprehensive range of high quality, accessible, and affordable educational opportunities; engaging in research and scholarship that expand the boundaries of current knowledge; and providing knowledge-based programs and services that are responsive to the needs of the citizens of the state and the nation.

BSN Program Outcomes (students admitted spring 2022 or earlier) Graduates of the BSN program are prepared to:

- Combine theoretical knowledge from the sciences, humanities, and nursing as a foundation for 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.

BSN Program Outcomes (students admitted fall 2022 or later) Graduates of the BSN program are prepared to:

- Integrate knowledge from the liberal arts and sciences to enrich nursing knowledge and practice.
- Implement the nursing process to provide person-centered, holistic nursing care.
- Advance equity in all health care settings using principles of social justice, advocacy, and collaboration, both intra- and interprofessionally.
- Engage in scholarly inquiry to identify best evidence to deliver effective, innovative, and ethical nursing care.
- Incorporate quality improvement principles to promote a culture of safety.
- Coordinate care that anticipates and meets the needs of diverse populations, informed by an understanding of nursing practice, health policy, and social determinants of health.
- Integrate information management and patient care technologies to provide equitable and safe care for individuals and communities.
- Use self-reflection and feedback from others to promote personal well-being, leadership capacity, and lifelong professional development.
- Develop a nursing identity guided by principles of ethics, legal responsibility, emotional intelligence, and social justice to ensure excellence in nursing practice.
- Recognize and appreciate the unique aspects of being human within person-centered nursing practice with an emphasis on equity, cultural humility, and compassion.

MSN CNL Option (students admitted fall 2023 or earlier) The CNL option outcomes represent the master's program outcomes with integrated end-of-program CNL competencies that also include

the outcomes of baccalaureate education for professional nursing practice. Graduates of the MSN CNL option will:

- Engage in interdisciplinary team care coordination and lateral integration activities across the continuum of care.
- Practice horizontal leadership in management of point of care health care teams.
- Demonstrate a commitment and beginning skill level at patient advocacy in health care decision-making and care.
- Participate in health policy advocacy activities at the local, state, or national level.
- Demonstrate beginning skills in supporting health promotion disease prevention in patient care activities as well as at the level of communities and populations.
- Demonstrate beginning skills in supporting illness and disease management in patient care activities across the lifespan.
- Engage in risk/injury prevention, identification, monitoring, and modification at the level of individual patients, microsystems, and macrosystems.
- Demonstrate proficiency in knowledge management as it relates to the monitoring of health outcomes.
- Develop initiatives to integrate evidence into best practice at the level of the microsystem.
- Demonstrate beginning mastery of change management skills at the level of the microsystem.

MSN Entry-into-Nursing Program (students admitted spring 2024 or later) The MSN-E program outcomes represent the AACN's 2021 *Essentials* for entry-level professional nursing education outcomes and graduates are expected to also meet the MSN outcomes as described below.

Graduates of the MSN-E program will:

- Integrate prior education, experience, and personal values to enrich nursing knowledge and practice.
- Implement the nursing process to provide equitable person-, family-, and community-centered nursing care grounded in compassion, cultural humility, and respect.
- Coordinate care that anticipates and meets the needs of diverse populations, informed by an understanding of nursing practice and social determinants of health.
- Initiate quality improvement processes to promote a culture of safety and to integrate best evidence into practice to deliver and shape effective, innovative, and ethical nursing care.
- Facilitate collaboration and communication among interprofessional teams to improve health outcomes across the continuum of care.
- Incorporate an understanding of the impact of policies, systems, and economics on health equity and care outcomes.
- Integrate information management and patient care technologies to provide equitable and safe care for individuals, families, and communities.
- Assimilate previous personal and professional experience to develop a nursing identity guided by principles of ethics, legal responsibility, emotional intelligence, and social justice to ensure excellence in nursing practice and a capacity for leadership.
- Demonstrate a spirit of inquiry that fosters intellectual curiosity, flexibility, clinical reasoning, scholarship, and lifelong learning.
- Engage in self-care practices, incorporating self-reflection and feedback from others, to promote personal and professional resilience, professional maturity, and long-term well-being.

Master's Program Outcomes Graduates of the MSN program are prepared to:

- Incorporate scientific inquiry and theoretical concepts into efforts to improve the care of individuals and communities.
- Lead evidence-based and interprofessional approaches for the design and delivery of comprehensive, culturally competent care to individuals and 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 evidence-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 and Post-APRN Doctoral Certificate Program Outcomes Graduates of the DNP program and post-APRN doctoral certificates are expected 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.

The program outcomes are consistent with the mission of UMB and UMSON (See Appendix IA-1). Additional program outcomes are described and set by UMSON as “benchmarks” in the master evaluation plan (See Appendix IA-2). They include items such as: (a) satisfactory completion rates, National Council Licensure Examination (NCLEX-RN) pass rates, certification examination pass rates, and employment rates, and (b) satisfactory ratings on the Course Evaluation Questionnaire (CEQ) and Faculty Evaluation Questionnaire (FEQ), the Program Assessment Questionnaire (PAQ), and Alumni surveys.

Program outcomes for the BSN, MSN, and DNP programs are reviewed every three years before distributing the Alumni survey and again when the survey results are available. The graduate specialties also conduct regular Specialty Curriculum Program Evaluation (SCoPE) reviews. Beginning in 2023, the SCoPE review form makes explicit the review of the program outcomes. SCoPE reviews have traditionally been done on a three-year timeline but during the COVID-19 pandemic some were delayed and reinstated in 2023. (Sample scope reviews are available in VRR IA-3.)

I-B. The mission, goals, and expected program outcomes are consistent with relevant professional nursing standards and guidelines for the preparation of nursing professionals.

Elaboration: 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), 2016].

A program may select additional standards and guidelines that are current and relevant to program offerings.

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 program outcomes for UMSON’s BSN program for students admitted in spring 2022 or earlier were derived from the AACN 2008 publication *The Essentials of Baccalaureate Education for Professional Nursing Practice*. The program outcomes for the new BSN program were derived from AACN’s 2021 publication *The Essentials: Core Competencies for Professional Nursing Education* and specifically entry-level professional nursing education. The program outcomes for the MSN and DNP program are derived from standards defined in the following AACN publications: (1) *The Essentials of Baccalaureate Education for Professional Nursing Practice* (AACN, 2008) and *The Essentials of Master’s Education in Nursing* (AACN, 2011) for the master’s-level CNL program; (2) *The Essentials: Core Competencies for Professional Nursing Education* specifically for entry-level professional nursing education (AACN, 2021) for the MSN-E program; and (3) *The Essentials of Master’s Education in Nursing* (AACN, 2011) for the MSN program. The program outcomes for the DNP Program and PGAC are derived from *The Essentials of Doctoral Education for Advanced Practice* (AACN, 2006). (See Table mapping outcomes by program to the relevant *Essentials* in VRR IB-1).

UMSON incorporates other professional standards and guidelines appropriate to the program and the specialty area within the MSN, DNP, and PGAC programs. UMSON’s CNL degree option, which admitted its final cohort in fall 2023, is a Model C master’s based on AACN’s 2008 Baccalaureate Essentials and supplemented by the *Competencies and Curricular Expectations for Clinical Leader Education and Practice* (AACN, 2013) (See VRR IB-2). Graduates of the CNL program are eligible to take the Commission on Nurse Certification’s CNL Certification.

The MSN Community/Public Health Nursing faculty utilizes the American Nurses Association’s *Public Health Nursing: Scope and Standards of Practice*, third edition, as well as the Quad Council Coalition 2018 *Community/Public Health Nursing Competencies*. MSN Health Services Leadership Management faculty utilize the American Organization of Nursing Leadership *Nurse Manager Competencies*. MSN Nursing Informatics faculty utilize the American Nurses Association’s *Nursing Informatics: Scope and Standards of Practice*, third edition to guide curriculum development. The *Criteria for Evaluation of Nurse Practitioner Programs* (National Task Force on Quality Nurse Practitioner Education [NTF], 2016) are used to evaluate UMSON’s nurse practitioner programs (See VRR IB-3 for congruence of the DNP and PGAC program outcomes with the applicable criteria). The APRN programs are aligned with requirements of the *APRN Consensus Model*. In

addition, the nurse practitioner programs are guided by the National Organization of Nurse Practitioner Faculties (NONPF) *Nurse Practitioner Core Competencies Content*. Additional standards and guidelines that are used by specific DNP specialties include:

- Adult-Gerontology Acute Care Nurse Practitioner/Adult-Gerontology Clinical Nurse Specialist specialty uses the NONPF *Adult-Gerontology Acute Care Nurse Practitioner Competencies* and the National Association of Clinical Nurse Specialists (CNS) *Competencies*.
- Adult-Gerontology Primary Care Nurse Practitioner specialty uses the NONPF *Adult-Gerontology Primary Care Nurse Practitioner Competencies*.
- Neonatal Nurse Practitioner specialty uses the National Association of Neonatal Nurses *Education Standards and Curriculum Guidelines for NNP Programs*.
- Nurse Anesthesia specialty uses the Council on Accreditation of Nurse Anesthesia Educational Programs *Standards for Accreditation of Nurse Anesthesia Programs (Practice Doctorate)*.
- Family Nurse Practitioner, Neonatal Nurse Practitioner, Pediatric Acute Care Nurse Practitioner, Pediatric Primary Care Nurse Practitioner, and the Psychiatric Mental Health Nurse Practitioner specialties use the AACN/NONPF *Population-Focused Nurse Practitioner Competencies*.

All professional nursing standards and guidelines used in the BSN, MSN, and DNP programs are available in the VRR IB-4. Table 1.1 summarizes the certifications that MSN and DNP graduates are eligible to take.

Table 1.1: MSN and DNP Certifications

Specialty / Degree	Certifications
Adult-Gerontology Acute Care Nurse Practitioner/Adult-Gerontology Clinical Nurse Specialist/DNP & PGAC	American Association Critical Care Nurses (AACCN): Acute Care Nurse Practitioner Certification-Adult-Gerontology (ACNPC-AG) and Acute Care Clinical Nurse Specialist-Adult Gerontology (ACCNS-AG) ANCC: Adult-Gerontology Acute Care Nurse Practitioner (AGACNP-BC) and Adult-Gerontology Clinical Nurse Specialist (AGCNS-BC)
Adult-Gerontology Primary Care Nurse Practitioner/DNP & PGAC	American Academy of Nurse Practitioners Certification Board (AANPCB): Adult-Gerontology Primary Care Nurse Practitioner (AGNP-C) ANCC: Adult Gerontology Primary Care Nurse Practitioner (AGPCNP-BC)
Family Nurse Practitioner/DNP & PGAC	American Academy of Nurse Practitioners (AANPBC): Family Nurse Practitioner (FNP-C) ANCC: Family Nurse Practitioner (FNP-BC)
Neonatal Nurse Practitioner/DNP & PGAC	National Certification Corporation (NCC): Neonatal Nurse Practitioner (NNP-BC)

Specialty / Degree	Certifications
Nurse Anesthesia/DNP	National Board of Certification & Recertification for Nurse Anesthetists: Nurse Anesthesia (NBCRNA)
Pediatric Acute Care Nurse Practitioner/DNP & PGAC	Pediatric Nursing Certification Board (PNCB): Pediatric Nurse Practitioner Acute Care (CPNP-AC)
Pediatric Primary Care Nurse Practitioner/DNP & PGAC	Pediatric Nursing Certification Board (PNCB): Pediatric Nurse Practitioner Primary Care (CPNP-PC)
Psychiatric Mental Health Nurse Practitioner/DNP & PGAC	American Academy of Nurse Practitioners Certification Board (AANPBC): Psychiatric Mental Health Nurse Practitioner (PMHNP-C) ANCC: Family Psychiatric and Mental Health Nurse Practitioner (PMHNP-BC)
Community/Public Health Nursing/MSN	ANCC Credential is no-longer available for CPH/MSN
Nursing Informatics/MSN	ANCC: Nurse Informatics (RN-BC)
Health Services Leadership and Management/MSN	ANCC: Nurse Executive (NE-BC)
Clinical Nurse Leader/MSN	Commission on Nurse Certification (CNC) Clinical Nurse Leader Certification Exam

I-C. The mission, goals, and expected program outcomes reflect the needs and expectations of the community of interest.

Elaboration: The community of interest is defined by the nursing unit. The needs and expectations of the community of interest are considered in the periodic review of the mission, goals, and expected program outcomes.

Program Response: UMSON defines its community of interest (COI) as students, faculty, alumni, health care delivery institutions and individuals, academic advisory boards, regulatory bodies (Maryland Board of Nursing [MBON], MHEC), and our credentialing agencies. The COI is engaged in dialogue and forums with academic administrators and faculty to gain their insights, input, and feedback as part of the continuous improvement process.

UMSON’s mission and goals are reviewed regularly as part of the strategic planning process. The 2022 - 2026 Strategic Plan was developed through a comprehensive review by the Governance Council of the prior plan’s goals and accomplishments and its recommendations for future goals in keeping with the University Strategic Plan. Updates are provided regularly through the University’s Strategic Plan Implementation Management System.

The School of Nursing is responsive to the needs and expectations of the COI, particularly with respect to addressing significant issues such as the national and state nursing shortage and ongoing workforce development. For example, requests from the Maryland General Assembly, MHEC, MBON, and statewide health care delivery institutions have resulted in significant enrollment increases across programs and expanded UMSON’s ability to prepare students from across the state at USG. In 2014, UMSON enrolled 1,738 students, and in fall 2023, it enrolled 2,026 students. During this period, BSN enrollment in Baltimore has increased from 475 - 559 and at USG has increased from 226 - 392. DNP enrollment has increased dramatically during this timeframe,

from 193 - 593, due to UMSON's implementation of AACN's position on the need for doctoral preparation of nurse practitioners.

UMSON has also been responsive to many of the needs and priorities of MHEC that focus on addressing the nursing shortage. Through the Nurse Support Program II (NSP II), UMSON has received funding to increase student enrollment in the BSN program in Baltimore and at USG and develop innovative models that expand the numbers of sites and faculty for entry-level clinical education. NSP II funding has supported the expansion of the DNP-FNP specialty to USG in response to the needs of nurses in western and eastern Maryland and the greater Washington, D.C. area for advanced education. NSP II funding that prioritized academic-community partnerships to increase practicum experiences has fostered increased enrollment in the FNP and PNP specialties through an innovative practicum/practice model in Head Start and Early Head Start Centers across the state. This initiative is in alignment with MHEC's goal of increasing the doctorally prepared nursing workforce.

UMSON has also been responsive to MHEC's priorities to enhance the leadership capacity of the nursing workforce. UMSON has received NSP II funding to create the Nurse Leadership Institute, which fosters collaboration and innovation between nursing faculty and nurse clinicians across the state. NSP II funding has been instrumental in expansion of programs within [UMSON's Institute for Educators](#) that address the critical shortage of nurse faculty and clinical nurse educators through innovative models. Since 2010, UMSON has co-led the [Maryland Action Coalition](#) in response to the COI's call for enhancing nurses' involvement in transforming health care through implementation of the recommendations of the Institute of Medicine's (IOM) landmark report on *The Future of Nursing: Leading Change, Advancing Health* and the successor report, *The Future of Nursing 2020-2030: Charting A Path to Achieve Health Equity*. UMSON has also developed and led the [Maryland Nursing Workforce Center](#) dedicated to meeting the IOM's recommendation to improve collection methods of workforce data on faculty, pipeline, and practice with NSP II support since 2018.

UMSON has also worked closely with partner health care delivery institutions. For example, [UMNursing](#) is a collaborative initiative between the School and the University of Maryland Medical System (UMMS) which seeks to optimize patient outcomes by enhancing nursing education, research, and practice. Recently, this has partnered nurse faculty with nurse clinicians to conduct research focused on nurse-sensitive outcomes in both hospital and community settings. Another recent outgrowth of the UMNursing partnership is the development of an innovative [Practicum-to-Practice Program](#) that pairs students in their final-semester practicum with a hospital unit where they wish to work in the future, expediting their hiring following graduation and improving retention. UMSON's academic advisory boards are composed of health care delivery institution representatives, such as chief nursing officers/vice presidents of nursing, as well as alumni, faculty, and current students, and they play an important role in advising on curriculum. For example, when the 2021 *Essentials* were released, UMSON leadership and faculty for the MSN Health Services Leadership and Management (HSLM) specialty explored whether it should be offered as a DNP degree or maintained as an MSN degree. A market analysis was completed in 2021 by the educational consulting firm EAB, and the results were presented to the HSLM advisory board. The outcome was a decision to maintain the MSN offering, with some curricular changes, and to retitle the specialty as Nursing Leadership and Management. Students will be admitted to the new program of study in spring 2025.

Meeting the needs and expectations of faculty, alumni, and students is critical to the review of the mission, goals, and expected program outcomes. The leadership of the BSN, MSN, DNP, and PGAC programs and the faculty regularly review and make recommendations for improvements in courses and programs of study that are then vetted through the governance structure of the School's curriculum committees. Student feedback from the end-of-semester course evaluations as well as the overall program assessment and alumni surveys are carefully reviewed and inform future direction. The contributions of the faculty, alumni, and students to the review process is discussed extensively throughout the self-study.

I-D. The nursing unit's expectations for faculty are written and communicated to the faculty and are congruent with institutional expectations.

Elaboration: Expectations for faculty are congruent with those of the parent institution. The nursing unit's expectations for faculty, whether in teaching, scholarship, service, practice, or other areas, may vary for different groups of faculty (full-time, part-time, adjunct, tenured, non-tenured, or other).

Program Response: UMSON follows USM and UMB policies and procedures. The UMSON Appointment, Promotion, and Tenure (APT) policies are consistent with UMB APT policies (See Appendix ID-1). In accordance with the UMB APT policies, the detailed criteria and the relative weight of the criteria are determined within the School. Faculty outcomes and progression information are clearly delineated in UMSON's APT Committee Policies and Procedures, which were updated in 2022. The 2022 revision now provides faculty with two pathways to tenure — the research excellence track and the new teaching excellence track. There is also a non-tenure track option.

The UMSON APT Policy is congruent with our mission of shaping the profession for nursing and the health care environment by developing nursing leaders in education, research, and practice (See Appendix ID-2). Tenure-track positions are full-time with a 12-month appointment. The ranks include assistant professor, associate professor, and professor. Tenure-track faculty on the research excellence track receive a substantial research start-up package and a reduced teaching load during the first three years. In year four, the amount of time teaching depends on their external funding. Faculty on the research excellence tenure track are expected to focus on research, secure peer-reviewed external funding for their research, and disseminate their results in peer-reviewed venues. (For additional information see "Pathway to Tenure on the Research-Intensive Track at UMSON" in VRR ID-1.)

Tenure-track faculty on the teaching excellence track are expected to demonstrate excellence in research and scholarship in teaching and education that includes evidence of depth of knowledge in area of specialization and consistently showing competence and creativity in teaching activities. These faculty are expected to provide internal leadership in curriculum development, implementation, and evaluation. Scholarly accomplishments related to teaching include peer-reviewed publications, presentations, consultations, curricular products, grants or other external funding, and other evidence of significant contributions to the field. (See "Pathways to Tenure on the Teaching Excellence Track at UMSON" in VRR ID-2.)

The non-tenure track ranks are full-time and include clinical instructor, Nursing School assistant professor, Nursing School associate professor, Nursing School professor, and assistant staff scientist, research assistant professor, research associate professor, research professor. In addition to teaching responsibilities (if applicable), non-tenure track faculty, are expected to focus

on their chosen area of practice to contribute in a scholarly way to the advancement of that practice via dissemination of their scholarship in peer-reviewed venues. Practice is broadly defined to include clinical, educational, research, theoretical, technological, leadership, administrative, historical, policy, or other activities related to the discipline of nursing or health. Clinical instructors are master's prepared and are expected to apply to a doctoral program of their choice (e.g., PhD, DNP, JD, EdD) within one year of hire and enroll within one year of acceptance to the doctoral program. Upon completion of the degree, the clinical instructor is promoted to Nursing School assistant professor.

Faculty can engage in clinical practice within their workload through a practice service agreement. When a faculty member selects this option, they receive release time from instructional, scholarship, and service workload to engage in their practice. The workload is prorated based on the percentage of contracted time. For example, a clinical practice contract for two days a week (40% salary) would reduce the instructional workload to 60% of the expected level. Faculty also have the option, with their department chair's permission, to practice up to one day a week while maintaining their full workload. They receive additional compensation, separate from their UMB salary, from the practice site.

UMSON's current Policy on Faculty Responsibilities and Workload was approved by UMSON's Governance Council in March 2022 after a multi-year review process (See Appendix ID-3). The Workload Task Force was chaired by the Dean and had representatives from the faculty and from administration. The Workload Task Force surveyed faculty in spring 2019 about desired changes to the policy; they consulted with Dr. Kerry Ann O'Meara, an expert in faculty workload in December 2019 which was followed by an open forum for faculty with Dr. O'Meara in January 2020. Proposed changes were presented to the Faculty Council in December 2021 and two faculty forums were held in February 2022.

Regardless of the chosen career track, all full-time UMSON faculty are expected to participate in teaching, scholarly activity, and service to the community, the University, and the School. Part-time faculty and adjuncts typically contribute to the teaching mission. The UMSON Policy on Faculty Responsibilities and Workload clearly delineates the relative distribution of workload among this triad and varies according to the type of faculty appointment and the nature of the assignment. Faculty are expected to meet their responsibilities independently and in full accord with both institutional expectations and established tenets of academic freedom.

Each faculty member (tenure track, tenured, non-tenured, and part time) has an annual evaluation with their department chair or immediate supervisor that reviews advancement and promotion progress relating to the 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 is available to meet with faculty upon request, and faculty are encouraged to take advantage of this opportunity.

Adjunct faculty focus exclusively on the teaching mission of the UMSON and are hired on a semester-by-semester basis depending on didactic and clinical instruction needs. Adjunct faculty are considered for reappointment based on student evaluations and course directors/clinical course directors' recommendations and feedback. Student CEQs for adjunct faculty are reviewed by the appropriate course directors/clinical directors who addresses any concerns with the adjunct faculty. If there are major concerns and the adjunct has already signed a contract for the

following semester, the appropriate department chair is contacted to determine whether the contract can be terminated. Adjunct faculty CEQs and FEQs are reviewed by the department chairs to determine if an improvement plan may be needed or if the adjunct faculty should be considered for reappointment.

Consistent with UMB's policy on Professional Consulting and Other External Professional Activities, faculty complete an online form entitled "Professional Consulting, External Professional Activities, and International Financial Interest" at the start of the fall and spring semesters. At the end of each semester, the faculty member updates the form. Department chairs, and the Dean for her direct reports, review and sign off on the proposed and actual activities.

For new faculty, UMSON follows its Faculty Orientation Guideline. This guideline outlines the faculty's participation in orientation to UMB and UMSON. UMB's full-day onboarding process for new employees is offered biweekly on Monday and is designed to finalize all administrative details specifically, as well as provide a broader understanding of the UMB community and its core values. UMSON's orientation for new faculty and staff is held on Tuesday and provides a broad overview of UMSON. Faculty role development, which the department chair oversees, is customized to reflect the new faculty member's professional background and skill level. The guideline includes an extensive recommended schedule and checklist for new faculty orientation. In 2024, UMSON began offering an extensive [online orientation program](#) that new faculty complete during their initial months on the faculty.

I-E. 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 to maintain and improve quality of programs. UMSON provides structured activities and forums for dialogue that allow continuous evaluation of the nursing programs and organizational policies and procedures. For example, the Faculty Organization provides forums for faculty input on proposed undergraduate and graduate curriculum revisions and the [Bylaws of Faculty Organization](#) were extensively revised and approved in 2021; they were re-reviewed in April 2024 with minor editorial changes. UMSON's Faculty Organization and Staff Council bylaws define the governance role of the faculty and staff. The [Bylaws of Staff Council](#) were approved by the dean in June 2023. (The Faculty and Staff Bylaws are available in VRR IE-1.)

Faculty participate in the governance of UMSON as described in the Faculty Bylaws. Of the 168 full-time faculty, 68 (40%) participated on UMSON committees and UMB Faculty Senate in the 2023 - 2024 academic year (See Appendix IE-1). The UMSON Faculty Organization consists of a Faculty Assembly, Faculty Council, and various standing committees. The Faculty Organization has two types of membership: regular members include full-time and part-time faculty who have full voting rights and can hold office, and associate members include individuals appointed to the UMSON faculty who do not qualify for regular membership. Associate members cannot hold office nor are they voting members.

Staff, students, and UMMC nurses serve on certain committees within UMSON. For example, each curriculum committee has a UMMC nurse appointed by the Chief Nursing Officer. Students serve

on the curriculum committees, Student Affairs Committee, and the Judicial Boards. A staff member serves as ex-officio on the Students Affairs Committee.

All-School Assemblies, which include both faculty and staff members, are held three times per year (typically August, December, and May) to promote open communication and the role of faculty and staff members in governance. All-School Assemblies typically are followed by a lunch that promotes collegiality between the faculty, staff, and administration. Department meetings are held regularly and ad hoc forums are conducted throughout the year 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 proposed changes to the academic policies pertaining to new certificate and specialty programs; major curriculum changes; admissions, progression, and graduation; and faculty evaluations, remunerations, appointments, promotion, 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. Elected membership on the Faculty Council includes faculty representatives from each department, one senator selected from the UMSON representatives to the UMB Faculty Senate, an assistant or associate dean who holds a faculty position, and the chair, chair-elect on the alternating year of the chair, and secretary. Ex-officio members, who have voting privileges, include the Dean, immediate past chair of Faculty Council, and chairs of all standing committees. Standing committees that report to the Faculty Council are the four curriculum committees, the Student Affairs Committee, and the APT Committee.

The Faculty Assembly consists of all regular members of the Faculty Organization. The Faculty Assembly meets at least two times during the academic year 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 requiring a full faculty vote are brought to the floor, discussed, and voted on, assuming there is a quorum, defined as two-thirds of the regular faculty. If there is not a quorum, an electronic vote is taken following the Faculty Assembly. The Faculty Assembly elects at-large members of Faculty Council to include the chair, chair-elect, secretary, an associate or assistant dean who holds a faculty position, all at-large members of standing committees and departmental representatives and representatives to Governance Council, UMB Faculty Senate, Academic Standing Committee, and the Judicial Boards.

Standing Committees of the Faculty Organization

Curriculum Committees. There are four curriculum committees that foster faculty accountability for the design, implementation, and evaluation of educational programming. They include: (1) Entry-into-Practice Curriculum Committee, (2) Master's Curriculum Committee, (3) DNP Curriculum Committee, and (4) PhD Curriculum Committee. These committees are composed of elected faculty representatives who teach in the respective programs along with the relevant associate dean and are charged with the day-to-day review and approval of courses, changes to course curriculum and plans of study, and review of course evaluations.

The Entry-into-Practice Curriculum Committee manages the BSN program (entry BSN and RN-to-BSN). The Master's Curriculum Committee manages the MSN programs and post-BSN certificate programs. These two committees also share responsibility for the following programs: CNL, MSN-E, and RN-to-MSN. The DNP Curriculum Committee manages the DNP program and the PGAC. The PhD program is under the authority of the UMB Graduate School; all courses in the PhD program must be approved by the Graduate School.

The curriculum committees include students from the respective degree programs. Student participation varies given class schedules and the fact that many of the nursing students work in addition to pursuing their degree.

Student Affairs Committee. The Student Affairs Committee consists of elected faculty, ex-officio members, and elected student members. This committee recommends student advisement procedures and programs for student services. It also assists UMSON's Office of Student and Academic Services (OSAS) in planning and promoting activities and programs for students and planning and implementing convocation and commencement activities.

APT Committee. The APT Committee makes recommendations to the dean on appointments, promotions, and tenure of faculty, as well as appointments of adjunct faculty, at the rank of associate professor and above. Appointments at the rank of assistant professor require the approval of the provost and appointments at the ranks of associate professor and professor require the approval of the president. APT recommendations reside within the School since there is not a University-wide APT Committee. Faculty who hold the rank of associate professor or professor are elected to serve for two academic years. 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 serve. For example, 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 interest of the respective institutions. UMSON has five voting representatives on the UMB Faculty Senate who provide an independent voice for faculty in determining UMB and USM goals, recommendations, and policies. In addition to informing faculty 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 Council of University System Faculty (CUSF) is composed of faculty from all USM campuses. A UMSON faculty member is serving on CUSF during the 2023 - 2024 academic year. CUSF reviews and makes recommendations to the USM Chancellor on matters of professional and education concerns and reports regularly to the Board of Regents.

Staff Participation in Governance

The Staff Council, established in 2003, comprises at least 11 members, including five executive board members and six active members. Staff members from all units within UMSON are welcome to serve as members-at-large. The elected Staff Council Executive Board includes the chair, chair-elect, secretary, business coordinator, and immediate past-chair.

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 and students. The chair of the Staff Council is a member of the Governance Council, and the Executive Committee members meet monthly with the dean to discuss issues from monthly Staff Council meetings and bring back information to the Council to keep lines of communication open between faculty, 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 following three awards that staff can receive: Dean Jane M. Kirschling Excellence in Leadership Award, Outstanding Staff Team Award, and the Staff Excellence Award.

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.

The Staff Council works to enhance and sustain employee morale by planning and promoting events and activities that facilitate faculty and staff interaction. Examples of some of their activities include: (1) The Professional Development Committee offered staff and faculty the opportunity to complete the Clifton StrengthsFinder online, which measures individual talents and strengths, followed by a workshop. (2) The Community Engagement Committee coordinated knitting and crocheting over 350 hats for the neonatal intensive care, pediatric intensive care, and pediatric units at Mercy Hospital in Baltimore (over 400 hours of community service went into this project with about 20 different staff and faculty participants) and the project was featured on [local television news](#). (3) The Staff Council organizes Pi Day annually, a bake sale and contest with store-bought and home-baked pies. This year's proceeds were matched by the School's Pi at-Large Chapter of Sigma international honor society and ultimately \$600 was donated to the Southwest Baltimore Charter School.

Administrators' Participation in Governance

The dean meets individually with UMB President Dr. Bruce Jarrell monthly, and along with other deans and vice presidents, 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 of the University at large.

Department chairs and associate and assistant deans also serve various roles in University governance. For example, the chair of the Department of Organizational Systems and Adult Health currently co-chairs UMNursing, a long-standing partnership with UMMC and UMMS. The associate dean for the DNP program served on the Campus Academic Affairs Advisory Council from 2014 - 2018 and in 2020 - 2021 served on the COVID-19 Recovery Taskforce University Health Subgroup. The associate dean for research served on UMB's Future of Work Task Force between fall 2022 and fall 2023. The associate dean for student and academic services served on the Student Health and Wellness Mitigation Task Force in fall 2023. Since 2005, the chair of the Department of Family and

Community Health has served on the School of Medicine's Department of Epidemiology and Public Health MPH Executive Committee. The associate dean for equity, diversity, and inclusion (EDI) serves on the University's Diversity Advisory Council and along with the dean, is a member of UMBrella Advisory Board. The associate dean for the baccalaureate program was a member of the University's Smoking Policy Implementation Committee (2018 - 2020). The assistant dean for marketing and communications is a member of the University's Office of Sustainability's Education and Engagement Workgroup. This workgroup is focused on connecting UMB to Baltimore City via partnerships and incorporating sustainability in the campus culture and curricula. The associate dean for the MSN program serves on the President's Council for Women and the UMB Art Council. The assistant dean for technology strategy and operations is a member of the Information Security Collaborative Committee and the IT Leaders Committee. The senior associate dean for administration and finance serves on the Emergency Management Team and is also a member of the Middle States Accreditation Self-Study Standard VI Working Group.

Key members of Dean Ogbolu's administrative team include: the academic associate deans — Dr. Kathleen McElroy (BSN program), Dr. Lori Edwards (MSN program), Dr. Shannon Idzik (DNP and PGAC program), and Dr. Eun-Shim Nahm (PhD program); the department chairs — Family and Community Health (Dr. Susan Wozenski), Organizational Systems and Adult Health (Dr. Beth Galik), Partnerships, Professional Education and Practice (Dr. Veronica Gutchell), Pain and Translational Symptom Science (Dr. Cynthia Renn), and UMSON at USG (Dr. Jana Goodwin); and additional academic administrators — the associate dean for research (Dr. Barbara Resnick), the associate dean for equity, diversity, and inclusion (Dr. Yvette Conyers), the associate dean for faculty development (Dr. Susan Bindon), the associate dean for student and academic services (Dr. Jennifer Schum), the associate dean for development and alumni relations (Ms. Stacey Conrad), the senior associate dean for administration and finance (Mr. Bill Gardiner), and the special assistant to the dean (Ms. Deborah Prout). The dean meets at least monthly with individual members of the senior administrative team and convenes two working groups throughout the year — the Senior Administrative Team and the Senior Academic Team. In addition to having close working relationships in UMSON, Dean Ogbolu has a close and collaborative relationship with Dr. Roger Ward, provost and executive vice president, and other UMB administrators.

Shared Governance

Governance Council. The Governance Council advises the Dean on budget (e.g., new programs and initiatives); policies for faculty/staff/administration; administrative organizational structure; strategies for facilitating shared governance; and major renovations and space allocation within the School's buildings. Convened by the Dean, the membership includes: Faculty Council chair and immediate past chair or chair-elect; department chairs; associate and assistant deans holding faculty rank; associate dean for student and academic services; director of global health; three elected full-time faculty; director of evaluation (non-voting); senior associate dean for administration and finance; Staff Council chair and immediate past chair or chair-elect; two elected full-time staff; special assistant to the dean (non-voting); school health officer; assistant dean for technology strategy and operations; designee of the EDI Council; and, a representative for the Technology Advisory Council (TAC). The Governance Council typically meets monthly.

Academic and Student Affairs Council. The ASAC operationalizes the academic mission within a framework of the available resources (e.g., faculty, staff). Convened by the Dean, their functions include recommending new programmatic offerings and program closures to the Governance

Council; establishing enrollment targets on an annual basis; monitoring admission, progression, and graduation trends; approving student policies in relation to admission, progression, and graduation; revising and approving the academic calendar; and, monitoring the School's evaluation plan as it relates to the academic mission. Members include: the Faculty Council chair and immediate past chair or chair-elect; associate deans for academic programs; associate dean for equity, diversity, and inclusion; associate dean for student and academic services; assistant dean for technology strategy and operations; department chairs or vice-chairs of departments with primary teaching mission (Family and Community Health, Organizational Systems and Adult Health, and UMSON at USG); associate dean for faculty development; registrar for student placements; school health officer; chair of Staff Council or designee; and, directors of simulation, Baltimore and USG. ASAC typically meets monthly.

Equity, Diversity, and Inclusion Council. The EDI Council membership includes four elected faculty, with at least one from UMSON at USG and one that is an associate or regular member of the graduate faculty; four elected staff; and three elected student members. Ex-officio members of EDI Council include the associate dean for EDI; the director for EDI; the immediate past co-chair of the EDI Council; one elected staff member each from the Office of Student and Academic Services (OSAS) and Office of Communications; and one appointed alumni. Associate membership is open to any interested faculty, staff, student, or alumni. The EDI Council officers are elected by the membership and include faculty co-chair, staff co-chair, and secretary. The EDI Council mission is to promote UMSON's commitment to diversity and inclusion by ensuring that equity, cultural humility, and inclusive excellence are guiding principles in every aspect of the School's activities.

Technology Advisory Council. The TAC membership includes two faculty and two staff representatives from the Baltimore and USG locations, elected through a combined faculty and staff election process. The Faculty and Staff Councils also appoint a faculty and staff representative. Additional members include one representative each from Administrative Services and OSAS; two students, one from Baltimore campus and one from USG; either a faculty member with an active program of research or a staff member from the Office of Research and Scholarship; and the assistant dean for technology strategy and operations who is ex-officio (non-voting). The chair and vice-chair/secretary are elected by the TAC. The TAC advises on software and hardware needed across the missions, processes used to select technology purchases, and communications strategies to promote available technologies. The TAC also considers internal requests for evolving or replacement technology.

Evaluation Advisory Committee

The EAC consists of associate deans of the baccalaureate, MSN, DNP, and PhD programs; the chair or vice-chair of the departments with a primary teaching mission; and a representative of the Faculty Council. It is chaired by the director of evaluation. The EAC was formed in 2012 to serve as the guiding body to create a Master Evaluation Plan (MEP) for UMSON. Committee members meet quarterly. The EAC reviews, evaluates, and advises on issues related to the master evaluation plan for UMSON. Recommendations are brought to the appropriate governance body for review and decision.

Student Participation in Governance

The UMSON Administration and Faculty Bylaws support student participation in the governance structure. Student government supports all UMSON students and is led by 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 undergraduate and graduate students on the Baltimore campus and at USG. Students in both undergraduate and graduate organizations elect representatives to provide formal feedback to administration and faculty through their faculty advisors and are encouraged to meet with them monthly. This provides a mechanism to communicate student concerns to faculty and allows faculty to respond through dialogue and planning. A list of student organizations can be found in Appendix IE-2. Distance learners are also encouraged to participate in student governance through various mechanisms (e.g., teleconferencing, Blackboard Collaborate, Zoom).

I-F. Academic policies of the parent institution and the nursing program are congruent and support achievement of the mission, goals, and expected program 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 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 and students are required by UMB and USM. UMSON faculty and staff members contribute to the development, review, and revision of campus-wide policies through various governance mechanisms cited above. Those policies over which UMSON has sole authority are regularly reviewed and revised by ASAC and/or the Governance Council (See VRR IF-1 for UMSON's policies and procedures grid).

Differences between nursing program policies and UMB policies support 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. They are also available in the Student Handbook for returning students. These non-academic qualifications are required for entrance, continuation, and graduation, specifically from all nursing programs because of the nature of the required patient and clinical work.

Academic policies, whether internal to UMSON or established by UMB or USM, are communicated to students through the [Student Handbook](#) and the faculty and staff through the intranet site for policies and procedures, 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. The review process is managed by the dean's office, with a staff member designated to solicit revisions monthly according to the assigned time frame and to ensure that any revisions are approved and posted.

I-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: UMSON utilizes a UMB-endorsed software, EthicsPoint, to track formal complaints that involve nursing students. The associate dean for student and academic services oversees the entry of cases to the secure site. Incidents that are included on the secure site include the following:

- petitions requesting reevaluation of admission decisions
- petitions for exceptions to academic policies
- petitions for grade appeals
- petitions for reinstatement
- judicial board cases with sanctions of Probation, Suspension, and Dismissal
- allegations of discrimination or sexual harassment, which are investigated at the University level
- matters in litigation or with threat of litigation
- anonymous complaints

UMSON has a [Suggestions and Complaints webpage](#) that includes electronic forms for students. The suggestions and complaints are reviewed by the associate dean for student and academic services who follows up as needed. In 2021 - 2022 there were three complaints: 1) not enough input allowed by students into last-semester placement site, 2) quality of instruction in a course, and 3) concerns about an instructor. In 2022 - 2023 there was one complaint regarding the responsiveness and professionalism of a staff member and two suggestions — thanking the School for offering the complaint/suggestion webpage and a request for an in-person financial aid event. In 2023 - 2024 there were four complaints: one regarding a final grade, one regarding the responsiveness of a faculty member, one regarding rudeness of a faculty member, and one regarding the responsiveness of a staff member. There was also one suggestion for DNP course sequencing.

A student who believes that a final 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 [final grade reconsideration](#) 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 as indicated. The department chairs develop remediation plans with the faculty member, which might include observing the faculty member in the classroom, having the faculty member meet with the associate dean for faculty development to develop a plan, or advising the faculty member to complete UMSON's teaching certificate curriculum. The faculty member is monitored over the

successive semester and special attention is paid to the FEQs from the course. A faculty member who is unsuccessful in following the remediation plan will not have their contract renewed unless the faculty member is tenured.

The School welcomes other feedback as well. For example, in 2023 - 2024 the School received two related anonymous e-mail complaints from the Nursing Student Government Association (NSGA) alleging possible discrimination or harassment. The associate dean for student and academic services responded to the student organization via email; the dean and the associate dean for EDI reached out to the NSGA on multiple occasions asking to meet with its leadership and/or the students bringing forth the complaint. The NSGA did not respond to the requests to meet, and the complaint was referred to the UMB Office of Accountability and Compliance (OAC) for review. The OAC sent four requests to the NSGA to meet to assess the concerns. The NSGA did not respond to the requests, and the OAC closed the formal resolution process. The OAC continues to engage in informal responsive activities on reporting concerns, and the dean convened a working group to review the complaint and develop recommendations and procedures for addressing the student concerns.

Faculty and students can make allegations of misconduct against a student. Misconduct is generally categorized as academic misconduct or code of conduct violations that are actionable under the UMSON judicial review system. A formal complaint of this type, as defined in the Student Handbook, is an allegation of misconduct brought against a student that includes a first-hand 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 for submitting a complaint to the [Judicial Board](#) and additional information on preparing an allegation is detailed in the Student Handbook.

The Judicial Board serves as the official body for presentation of alleged misconduct in a program. A summary of cases is provided in Table 1.2. Between 2014 - 2015 and 2018 - 2019 the annual number of cases ranged from four to nine. Beginning in 2019 - 2020 there was an increase for two years, with 18 cases in 2019 - 2020 and 19 cases in 2020 - 2021 corresponding with the COVID-19 pandemic. There were eight cases in 2021 - 2022, four cases in 2022 - 2023, and 16 cases in 2023 - 2024.

Table 1.2: Summary of Judicial Board Cases for Matriculated Students (7/1/14 - 6/1/24)

BSN	MS/MSN	DNP	PGAC	Total Cases
2 Chares Droppd	4 No Further Action	6 Charges Dropped	No allegations	8 Charges Dropped (8.3%)
6 No Fuher Action	17 Written Reprimand	6 Written Reprimand		10 No Further Action (10.4%)
41 Writen Reprimnd	1 Probation	2 Probation		64 Written Reprimand (66.7%)
6 Probion	1 Dismissed	2 Suspension		9 Probation (9.4%)
1 Dismsed	Subtotal 23 (24%)	1 Dismissed		2 Suspension (2.1%)
Subtot56 (58.)		Subtotal 17 (17.7%)		3 Dismissed (3.1%)
				Total 96

Faculty may submit formal complaints and grievances. 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 such as academic freedom, salary, academic assignments, space allocations, and the nature and conditions of a faculty member's academic work. The grievance policy is available to faculty on the UMSON intranet; no faculty grievances have been filed during the last 10 years. Staff complaints and grievances follow the [USM and UMB policies and procedures available on the UMB website](#) for addressing any grievances.

I-H. 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.

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

"The (baccalaureate degree program in nursing/master's degree program in nursing/Doctor of Nursing Practice program and/or post-graduate APRN certificate program) at (institution) is accredited by the Commission on Collegiate Nursing Education (<http://www.ccneaccreditation.org>)."

"The (baccalaureate degree program in nursing/master's degree program in nursing/Doctor of Nursing Practice program and/or post-graduate APRN certificate program) at (institution) is accredited by the Commission on Collegiate Nursing Education, 655 K Street NW, Suite 750, Washington, DC 20001, 202-887-6791."

Program Response: Printed promotional pieces have been minimized in an increasing reliance on digital communications for purposes of efficiency and cost effectiveness. Printed copies of promotional materials are general. See examples in VRR IH-1. Any content about UMSON academic programs is developed collaboratively by OSAS, the Office of Communications, and a representative from the academic program, to ensure accuracy. Documents are reviewed when academic offerings are updated or other changes are made; reviews occur at least on an annual basis or, often, on a semester basis. All UMSON documents are available in one or more formats: the UMSON website, the UMB website, on a password-protected intranet, and/or in print.

In 2017, the [UMSON website](#) was redesigned to streamline and facilitate navigation; to enhance the School's ability to provide a content-rich experience, including integration with video, social media, and imagery; to elevate brand consistency; and to increase traffic through "call to action" buttons to the academic program pages, the application, financial aid information, and an admissions page with information about how to visit UMSON, either in person or online. Based on feedback from the admissions office regarding prospective students' lack of clarity regarding pathways to academic programs, UMSON developed an online interactive [Program Explorer](#) that, based on a user's responses to a series of prompts, provides a menu of appropriate academic programs to choose from, assisting prospective students in the decision-making process. The individual academic program pages include information about licensure and/or certification examinations for which graduates are eligible, including accreditation information for certifying bodies. Academic program pages are updated in real time, as necessary. For example, when UMSON was approved to confer MSN degrees, as opposed to the previously conferred Master of Science (MS) degrees, references to the MS program were updated immediately sitewide. As

curricula have been updated to align with the AACN's *The Essentials: Core Competencies for Professional Nursing Education*, updates have been implemented immediately, with new and previous plans of study provided contemporaneously. Call-out boxes with information about the *Essentials* are included on the academic program pages along with the updated curricula.

About a year after the website redesign, UMSON undertook a search engine optimization enhancement initiative, working closely with an external vendor to adjust meta data throughout the site based on relevant keywords, again to drive traffic to the appropriate academic program pages. Over the past several years, UMSON participated, with all other UMB schools and entities, in implementing enterprise-level software, Siteimprove, that assists in ensuring Americans with Disabilities Act-required accessibility compliance and content quality. The University has now adopted a new software, Silktide, in place of Siteimprove.

UMSON also has established marketing landing pages, to which advertising traffic is driven. The pages provide high-level, streamlined information about academic programs, outline the primary benefits and learning outcomes of the programs, and funnel prospective students into the University's enterprise-level customer relationship management tool, Ellucian Recruit. Once their contact information is captured in that system, prospective students are entered into a communication flow, through which they receive intermittent School- and program-specific information to encourage them to take the next step in the admission process. UMSON utilizes accounts on major social media platforms, including Facebook, X (formerly Twitter), Instagram, LinkedIn, and YouTube, to relay information relevant to our academic programs, professional education opportunities, and more. See examples in VRR IH-2.

The [Student Handbook](#) is available on the UMSON website. It contains information regarding registration, academics, completion requirements, grading policies, and procedures with hyperlinks to UMB student recruitment, admission, and services. Students are responsible for monitoring their own academic progression toward the completion of degree requirements, seeking advice, when necessary, from their advisors, and maintaining good academic standing. Each program has its own criteria for good academic standing, which are also delineated in the Student Handbook. The Student Handbook is updated annually by OSAS each summer and released before the start of the new academic year, typically in early to mid-August. It is reviewed by the associate deans and directors of programs and then reviewed by the Academic and Student Affairs Committee. It is then vetted by School and University counsel. There is also an in-person orientation for new students in the fall and spring semesters, during which the Student Handbook is reviewed in detail, and any new information is sent to students through email and [The Elm](#), UMB's weekly campus communication publication developed for internal UMB audiences.

[Descriptions of the BSN, MSN, and DNP programs](#) (including post-BSN and post-Master's pathways to the DNP and the PGAC for those seeking to add or change an APRN specialty) are available on the UMSON website. They are also searchable via the [Program Explorer](#) referred to above. The descriptions on each academic program webpage include admission and completion requirements, prerequisites, program outcomes, and sample plans of study. For DNP programs, certification exam pass rates are included. The website also includes a page with extensive information about preparation and resources for taking the [National Council Licensure Examination \(NCLEX-RN\)](#). Program offerings are found on the [Student User Friendly System \(SURFS\)](#) website. 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. See redacted sample transcripts in VRR IH-3.

[Application instructions and deadlines](#) are available on the UMSON website. Recruitment and admission policies that students refer to are available in the [Student Handbook](#), as indicated above. These policies include references to and relevant links for Title IX. In addition to the academic qualifications that UMSON considers essential for entrance to, continuation in, and graduation from its BSN program and from MSN and doctoral degree programs, technical standards are also required for admission and are specified in the Student Handbook.

Student-related policies for faculty and staff reference are available on an intranet, which requires a UMB ID and password to access. These policies are reviewed and updated by the responsible administrator and then reviewed and approved by the School's relevant governing bodies according to a master schedule (See VRR IH-4). Once they are available on the intranet for reference, their availability is announced to relevant audiences through The Elm. Announcements submitted to The Elm are included in UMSON's weekly e-newsletter for employees and for students.

[System policies on tuition](#) are located on the USM website. 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 UMB [Student Accounting website](#), organized by individual school and, in some cases, by program. UMSON includes a link to this [detailed information](#) on its own website.

The [accreditation status](#) for the BSN, MSN, and DNP programs and the post-doctoral APRN certificates, the accrediting agency, copies of the 2014 and 2024 self-study and appendices, as well as the 2024 self-study and appendices, and a link to CCNE's website are available on the UMSON website.

Summary of Standard I

UMSON is a large school with 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 units. UMB and UMSON are committed to shared governance that includes faculty, staff, students, and administrators. In addition, the UMB and UMSON core values and strategic plans guide how we work and learn. Since the last CCNE accreditation visit in 2014, UMSON has built out additional infrastructure to support the students, faculty, and staff more effectively. Examples of these changes include ongoing curricula revisions; moving from two to five academic departments; having the first associate dean for EDI on the campus and an office with two additional full-time staff; appointing an associate dean for faculty development; and operationalizing the Governance Council; Academic and Student Affairs Council; the EDI Council; and the TAC. The School has been recognized for six years in a row by *INSIGHT Into Diversity* magazine with the [Health Professions Higher Education Excellence in Diversity Award](#).

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 and staff, as resources of the program, enable the achievement of the mission, goals, and expected program outcomes.

II-A. Fiscal resources are sufficient to enable the program to fulfill its mission, goals, and expected outcomes. Adequacy of fiscal 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 supports the development, implementation, and evaluation of the program. Compensation of nursing unit personnel supports recruitment and retention of faculty and staff.

A defined process is used for regular review of the adequacy of the program's fiscal resources. Review of fiscal resources occurs, and modifications are made as appropriate.

Program Response: UMB is a public institution that is part of 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. UMSON's budget for FY24 and the previous two fiscal years (FY23 and FY22) are available in VRR IIA-1.

The dean, with the senior associate dean for administration and finance and the associate dean for administration and finance, is responsible for preparing and administering the UMSON budget. The dean has authority to move funds freely among budget categories, e.g., from personnel to operating experiences. She may also make budget requests to the UMB president during the annual UMSON spring budget meeting and, depending on their nature, the president may forward requests to USM for consideration. An example of this was in 2021, when there was a proposal to increase enrollment in the entry BSN program at USG. The increased tuition was insufficient to cover the personnel costs associated with the growth from 64 to 100 students. USM agreed to provide \$1.5 million in recurring funds from the Governor's Workforce Development Initiative to support enrollment growth.

Periodically UMB invites schools to put forward budget requests that further advance the University's mission. For example, in 2019 UMSON received \$200,000 in recurring transformational funding to develop the [Interprofessional Program for Academic Community Engagement](#) (IPACE). IPACE works in partnership with the UMB Office of Community Engagement and focuses on three key areas: offering a fellows program to prepare 12 to 15 faculty, staff, and community members in academic community engagement each year; organizing an information series and annual symposium on continuing conversations in community engagement; and building and managing Collaboratory, a relational database for UMB that works with the schools, programs, and units to document and further UMB's work in community engagement.

Internal department and unit budgets are developed each spring with input from the leadership on additional budget requests. These requests are collectively reviewed by the dean, senior associate dean for administration and finance, and associate dean for administration and finance, with

decisions being guided by available funding and those requests that are of the highest priority for the coming year. The senior associate dean and associate dean hold quarterly budget meetings with the departments and units with the understanding that unit heads and department chairs are responsible for their budgets and are permitted to shift funds to meet their budgetary needs.

UMSON’s budget is sufficient to cover salaries and benefits, materials and equipment, faculty and curricular development, and capital needs. The governor of the state of Maryland, in consultation with the USM chancellor, sets the undergraduate tuition increases for the coming year, typically 2%. There has been one recent exception to the undergraduate tuition increase; in 2020, UMSON negotiated with USM for an entry BSN program tuition adjustment — called the Clinical Education Cost Coverage -- that was phased in over three years for new students. This adjustment included an estimated \$1.1 million annual increase in new tuition funding when fully implemented. UMB schools propose graduate tuition increases, along with school-specific student fee increases to the president, who has final approval. Each fall, the dean meets with representatives from the student body to review proposed fee increases and to solicit feedback. This feedback is taken into consideration prior to the dean submitting the proposed fee adjustments to the president.

UMSON’s state funding grew by about 16.8% from FY22 to FY24. This growth is attributable to the increase in tuition and fees from enrollment growth and state appropriations related to the state government funding cost of living and merit increases.

External Funding

UMSON’s extramural increase (\$12.2 million, FY23) is derived from research grants and contracts (\$6.0 million), education or training grants (\$4.6 million), and professional service agreements (PSAs, \$1.6 million) (See Table 2.1). In FY23, UMSON was ranked 29th in NIH/NINR grant funding among the nation’s nursing schools. Education grants have been funded primarily through the MHEC [NSP II](#) grant mechanism. Examples of NSP II grants include the [Nurse Leadership Institute \(NLI\)](#), [Maryland Nursing Workforce Center](#), start-up funds to offer the DNP FNP specialty at USG in addition to in Baltimore, and start-up funds to expand enrollment in the entry BSN program at USG.

Table 2.1: Extramural Funding for the Period FY21 - FY24 (*as of June 3, 2024, partial year)

	FY21	FY22	FY23	FY24*
Research	\$5.4M	\$5.9M	\$6.0M	\$5.0M
Education	\$4.0M	\$3.2M	\$4.6M	\$4.2M
Practice	\$0.4M	\$0.5M	\$1.6M	\$0.4M
TOTAL	\$9.8M	\$9.6M	\$12.2M	\$9.6M

UMSON also receives gifts from private donors, including alumni and charitable foundations (See Table 2.2). UMB completed a \$750 million capital campaign in 2022 with UMSON exceeding its capital campaign goal by 157% (raising \$56.4 million). UMSON has been truly fortunate to have the philanthropic support from the Bedford Falls Foundation; to date, UMSON has secured \$36.4 million in support, with most of the funding for scholarships.

Table 2.2: Gift Income FY22 - FY24

FY22	FY23	FY24
\$5,287,	\$9,682,616	\$3,928,215

UMSON also benefits from endowment income, most of which is restricted — that is, may only be used for designated purposes. Spendable endowment income was \$1,175,302 for FY24 for UMSON’s endowment market value (See Table 2.3).

Table 2.3: Endowment Principal and Purposes FY24 Market Values (based on December 2022 Values)

Purpose Category	Common Trust	UMBF*	USMF*	TOTAL
Award	\$7,135	\$55,953	-	\$63,088
Chair	-	\$1,296,364	-	\$1,296,364
Faculty Support	-	\$168,018	-	\$168,018
Fellowship	\$99,287	-	-	\$99,287
Lectureship	\$98,306	\$395,744	-	\$494,050
Program Support	\$4,121,784	\$550,836	-	\$4,672,620
Research	\$64,889	-	-	\$64,889
Scholarships	\$7,853,087	\$13,985,006	\$1,803,003	\$23,641,096
Total Endowments	\$12,244,500	\$16,451,924	\$1,803,003	\$30,499,427

*UMBF = University Maryland, Baltimore Foundation
 USMF = University Sytem of Maryland Foundation
 These entities solicit, ceive, invest, and manage gifts for the benefit of their respective schools or 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 (Table 77. North Atlantic Region Public). In spring 2022, the Governance Council approved changing the faculty salary benchmark from 90% of the 75th mean salary to the 75th mean salary effective in FY24. The one exception was for master’s prepared clinical instructors where the AACN 75th was \$90,649 and UMSON base salary is now \$100,000. Table 2.4 provides a summary of faculty salaries compared to the AACN 75th mean salary for a 12-month appointment. The governor of Maryland, in consultation with the USM chancellor, sets across-the-board raises. In FY22, faculty and staff received a 3.5% raise, in FY23 10%, and in FY24 4.5%.

UMSON has faculty compensation policies for raises at the time of promotion and when a faculty member receives a terminal degree. Faculty hired to teach in an APRN program typically receive salary offers that exceed the 75th mean salary. In addition, the department chair can request that a faculty member be hired at a higher salary based on previous teaching experience, area of clinical expertise, research expertise, and the salaries of the current faculty who teach in the specialty area. Final approval of the faculty salary offer resides with the dean.

Table 2.4: Comparison of FY24 UMSON Full-Time 12-Month Faculty Salaries with the AACN Salary Survey for Full-time Instructional Nurse Faculty in the North Atlantic Region Public

Rank	Education	Salary (Mean)	Benchmark
Clinical Instrucor	Master’s	\$105,638	\$100,000
Assistant Profssor	Doctoral	\$125,321	\$113,795
Associate Profssor	Doctoral	\$152,511	\$143,571
Professor	Doctoral	\$198,207	\$176,497

Source: *2022-2023 Salaries of Instructional & Administrative Faculty in Baccalaureate and Graduate Programs in Nursing* (AACN, Table 77).

Note: The five urse anesthesia faculty salaries were not included in calculating the mean, given they are conserably higher due to clinical compensation for Certified Registered Nurse Anesthetists.

UMSON has a faculty incentive plan that allows faculty with external funding to increase their salaries by up to 10%. UMSON also has an overload supplement pay plan that provides salary support, on a per workload unit basis, to any faculty member who exceeds their teaching workload. In FY23, 55 faculty received \$110,395 in overload pay. Any faculty member serving in a leadership role also receives an administrative supplement while serving in that role.

UMSON has adjusted adjunct faculty compensation to keep pace with other nursing programs. Adjuncts who teach clinical are moved to the Adjunct II and Adjunct III pay scale after they meet the level of continuous service requirements (See VRR IIA-2 for compensation schedules). Adjunct faculty are eligible for Adjunct II status after completing six semesters of instruction and then are eligible for Adjunct III after an additional six semesters. In summer 2023, the overall compensation rate for adjuncts teaching clinical increased by 10%.

Selected documents that reflect decision-making related to UMB’s commitment and resources are available in VRR IIA-3.

II-B. Physical resources and clinical sites enable the program to fulfill its mission, goals, and expected outcomes. Adequacy of physical resources and clinical sites is reviewed periodically, and resources are modified as needed.

Elaboration: Physical space and facilities (e.g., faculty and staff work space, classrooms, meeting areas) are 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 materials) are sufficient to achieve the program’s mission, goals, and expected outcomes. The program is responsible for ensuring adequate physical resources and clinical sites. Clinical sites are sufficient, appropriate, and available to achieve the program’s mission, goals, and expected outcomes.

A defined process is used to determine currency, availability, accessibility, and adequacy of resources (e.g., clinical simulation, laboratory, computing, supplies, and clinical sites), and modifications are made as appropriate.

Program Response: UMSON’s Baltimore facility comprises two buildings totaling 250,000 square feet — the north building completed in 1970, the west building completed in 1998, and a three-story addition to the north building completed in 2023 — joined by an interior bridge. Significant renovation has been done to the Baltimore facility in recent years to better meet the needs of the students, faculty, and staff. For example, OSAS on the first floor was gutted and rebuilt with an

addition adding two floors of student study space. The major auditorium and second-largest classroom were refurbished, and a state-of-the-art standardized patient learning facility was added to the second floor.

In 2009, the Southern Management Corporation Campus Center (SMCCC), was built attached to the UMSON building. Students, faculty, and staff members have access to meeting rooms, food, a campus bookstore, wellness initiatives, a fitness center, and study areas. The Health Sciences and Human Services Library (HSHSL) is connected to the SMCCC, which facilitates faculty and student access.

UMSON has a second site for its BSN program and the DNP and PGAC FNP specialty at the 50-acre USM campus at USG, in a heavily populated area approximately 47 miles from Baltimore and 19 miles from Washington, D.C. USG's four buildings house classes for nine participating USM universities as well as community lectures and academic, business, and public conferences. The space is highly versatile and expandable based on the size of the group. In summer 2023, after program expansion and to accommodate more space for simulation, Building I (20,000 square feet) was renovated, and UMSON became its sole occupant. The clinical simulation lab space for the nursing program is used for teaching fundamental skills and health assessment as well as pediatrics, obstetrics, adult health, and mental health at the entry level and for teaching at the advanced practice level. Students also have experiences with standardized patients in Building I. The Shannon and Michael Priddy Library at USG is a dynamic, engaging, and vibrant hub for USG and members of the community surrounding the campus in Montgomery County.

Both the Baltimore building and USG provide distance/online learning technology and computer facilities. Office space and meeting space for faculty and staff are adequate to meet their needs. During the renovation of the Baltimore building and Building I at USG, alternative classroom and simulation space (at USG) was secured at both locations. Given the growth of the entry BSN program and the number of in-person classes, the School is at capacity with large classroom space in the Baltimore building and the dean is in conversation with the president about the need for additional large classrooms.

Laboratory Space

UMSON has 20 simulation laboratories on the Baltimore campus that are adequate for the size of the student body and level of competency needed to meet health care needs in the 21st century. As the entry-into-nursing programs have grown and the APRN programs have increased their use of simulation, more lab space has been allocated in the building. Similarly, recent renovation at USG has increased simulation lab capacity to six rooms with an additional flex space room. The sim labs provide students with simulated practice through both formative and summative assessment, computer-assisted instruction, virtual reality, 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 operation room, a critical care unit, a home health care setting, a newborn nursery at UMB, and a hospital unit at USG. Instruction using intelligent simulation mannequins helps students improve clinical decision-making skills.

On the Baltimore campus, UMSON houses a Standardized Patient Program in collaboration with UMB's School of Medicine. The facility includes eight outpatient exam rooms, four dedicated in-patient spaces interchangeable to outpatient settings, and two counseling rooms (for social work,

genetics counseling, and other office-setting encounter simulations). The facility has audiovisual capabilities with high-definition cameras and a web-based video and data collection system. The facility was intentionally designed so that students and the standardized patients do not cross paths before their encounters. The program augments patient history and assessment with an emphasis on challenging conversations, including palliative care, breaking bad news, and interpersonal conflict. Standardized patients also simulate nonpatient roles in formative simulation for adult learners. One example is standardized patients taking the role of students to teach preceptors and clinical supervisors how to provide effective feedback in collaboration with UMSON's Institute for Educators. The program also provides highly regarded physical exam and genitourinary exam teaching associates. Through these programs, learners work with rigorously trained teaching associates who teach using their bodies to assist learners in mastering the elements of the physical exam. The Standardized Patient Program team provides best practice simulation design; case writing; standardized patient performance and feedback training; and consultation on clinical and interpersonal skills, formative and summative assessment, and evaluation strategies.

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

Elaboration: Academic support services, which may include library, technology, distance education support, research support, and admission and advising services, foster achievement of program outcomes. A defined process is used for regular review of academic support services, and improvements are made as appropriate.

Program Response:

Health Sciences and Human Services Library

The University of Maryland HSHSL is one of the largest health sciences libraries in the United States, with a track record of innovative user-centered services and programs. Fifty employees, including 23 faculty librarians, staff the library. Since its opening in 1998, the attractive and vibrant facility has served as a hub for collaboration and learning, providing services, resources, and programs that promote discovery, creativity, and innovation. With wireless connectivity throughout the building, the HSHSL has over 900 seats, 41 group study rooms, three computer classrooms for course-integrated instruction and workshops, an Innovation Space featuring 3D printers, a presentation and production studio, an art gallery, and multiple technology-enhanced meeting and collaboration spaces. Through the [HSHSL website](#) the UMB community has access to a full range of resources and services.

A designated librarian works directly with UMSON faculty and students to provide expert searching, consultation services, and learning opportunities. The School's librarian actively participates in UMSON committees, attends School meetings, seeks feedback to build collaborative relationships, responds to the information needs of the UMSON, and advocates for the unique needs of students and faculty. The School's faculty librarian provides these selected services:

- Instructional programming to support students' professional and academic competency in literature searching, data management, and evidence-based practice. Typically, faculty librarians teach about 25 classes for nearly 500 UMSON students each year. These include course-integrated classes, specialized classes tailored to specialties within nursing, and workshops and orientations for new students.

- A range of [research services](#), with emphasis on expert searching in evidence-based practice. The SON faculty librarian conducts about 200 research consultations for SON faculty and staff each year.
- Fully online, in-person, and hybrid learning opportunities (consultations and instruction) that are designed for students.
- Collection development expertise to acquire resources that reflect the information needs of students and faculty. Faculty and students request new resources for the library's collection by [submitting a request](#) or by [contacting the UMSON librarian](#) on the HSHSL website.

The library offers a formal [systematic review searching service](#), which supports research through consultations and searching. Although this service primarily supports faculty research, the School's librarian has also been teaching these skills to doctoral students and assisting them in building searches for systematic review assignments. The HSHSL [Center for Data and Bioinformatics Services](#) offers consultations and workshops on data access, management, and sharing.

In FY23, the HSHSL licensed 108 databases, including essential sources for searching health sciences literature and clinical information such as MEDLINE, Embase, Scopus, CINAHL, the Cochrane Library, and Micromedex. With an annual collections budget of \$1.8 million, the HSHSL licenses 4,737 journals and 17,669 e-books and maintains a print collection of 162,114 titles. All current journal literature is available electronically. Through the library's interlibrary loan and document delivery service, faculty, staff, and students may acquire articles and other resources not available from the library's collections. These are secured through local, regional, and national networks including the USM and Affiliated Institutions Library Consortium, the National Library of Medicine's DOCLINE service, and OCLC (a global library organization that provides shared services for its membership and the library community at large). The Information Services Desk is open seven days per week (96 hours per week) to respond to questions and provide basic research assistance. For more complex questions, students are referred to the UMSON librarian. UMSON students at USG have access to HSHSL databases, online journals, and e-books. The USG also has its own 22,500-square-foot library, the Priddy Library, with ample space and technology for studying, writing, and research. An onsite librarian is dedicated to working with USG students and faculty.

Evaluation of services 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. A University-wide general library satisfaction survey runs each year in October. Each February, all UMB first-year students are surveyed to determine their satisfaction with specific library services, spaces, and resources. Results from library surveys are used to make service improvements.

Student Services

UMSON. The UMSON OSAS consists of the Office of Admissions and Student Scholarships, the Office of the Registrar and Student Placements, and the Office of Academic and Career Success. OSAS is responsible for undergraduate and graduate admission, including on- and off-campus recruitment activities, application assessment, and support to the admissions committees. The office oversees registration services, including course scheduling, registration processes, entry-

into-nursing advising, pre-licensure and graduate student clinical placement, graduation clearance, and enrollment reports and is responsible for enrollment planning and trend analysis. OSAS 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 academic counseling. OSAS staff members serve on several committees, such as UMSON's Student Affairs Committee, which includes student members, to address resources needed for student success. Meetings with students in classrooms, orientations, and student organizations give them the opportunity to express their needs.

The recruitment plan focuses on providing a "seamless academic progression" for nurses and nursing students. UMSON has developed admissions pathways with all of Maryland's two-year institutions that offer an associate degree in nursing and with selected four-year institutions, including a university located in Taiwan. Interinstitutional 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 BSN. The interinstitutional agreements include students transitioning to UMSON and earning a single degree from UMSON and students transitioning to UMSON and earning a dual degree from 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 interinstitutional agreements UMSON currently has with Mount St. Mary's University, Washington College, and Chang Gung University (Taiwan) result in a dual degree. Interinstitutional agreements with UMCP and the University of Maryland, Baltimore County result in students earning a single degree from UMB.

Examples of recruitment activities include 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. Recruitment activities in 2023 - 2024 included 16 on-site hospital visits, 68 on-campus and virtual events, and 124 off-campus events at community colleges and four-year institutions offered by the Office of Admissions and Student Scholarships and faculty. The office regularly evaluates its recruitment activities for efficiency and effectiveness. Prospect and recruitment databases are used to support data-driven decision-making and to better track mechanisms for reporting and assessing recruitment events, telephone inquiries, and electronic communication.

The Offices of Admissions and Student Scholarships and Academic and Career Success oversee orientation programs that provide an opportunity for students to learn about their program, UMSON, and UMB. All students are provided a virtual, self-paced orientation that overviews the major offices and resources at UMSON and UMB. USG staff members oversee orientation programs at that location, with active participation by OSAS staff from Baltimore. Students in entry-into-nursing (BSN, MSN-E) participate in a two-part orientation program. During a half-day, staff-led UMSON 101 session, students receive information on advising, registration, clinical placement, compliance requirements, and UMSON resources. Two weeks before the start of the semester, students complete a faculty-led two-day orientation addressing professionalism, scholarship, and community that culminates in a Welcome Ceremony. RN-to-BSN, RN-to-MSN, and non-entry MSN students complete a virtual evening orientation. DNP students complete a half-day in-person orientation reviewing UMSON resources and academic requirements. All students are invited to an additional in-person or virtual UMB orientation reviewing university resources, services, and requirements.

The Office of Admissions and Student Scholarships offers financial advising to students and facilitates the application, selection, and awarding of UMSON donor-funded scholarships. Financial support is provided to students by UMSON and the UMB Student Financial Assistance Office, which work to make sure that students receive the maximum assistance possible in obtaining aid. UMB awards more than \$15.6 million in financial support to eligible nursing students each academic year through a combination of scholarships, grants, loans, and employment. The Office of Admissions and Student Scholarships awards aid to students from funding sources that include nurse traineeship and other federal grants and merit scholarships funded by private donors.

UMSON scholarships are awarded to students in the BSN, MSN, DNP, PhD, and certificate programs. Awards are competitive and based on academic achievement, though financial need is a consideration in some cases. Approximately 215 scholarships of varying amounts are awarded annually.

As part of its scholarships program, UMSON has been truly fortunate to have the philanthropic support of William “Bill” and Joanne Conway through the Bedford Falls Foundation. In April 2015, the Bedford Falls Foundation made its first philanthropic commitment to UMSON, a \$5.24 million five-year pledge to expand enrollment in the entry BSN program and increase opportunities for registered nurses to obtain their BSN degrees. Less than two years later, the foundation pledged another \$2 million to provide scholarships for master’s and doctoral students. This second gift was also used to launch the DNP FNP specialty at USG, including support for facilities renovations. Since 2021, the Conways have pledged an additional \$29 million to UMSON. These pledges will continue to fund the Conway Scholars program. They have also supported additional renovations at USG and a faculty position dedicated to preparing students for NCLEX-RN. To date, the Conways have committed \$36.4 million to UMSON. At the conclusion of the five pledges, the Conways will have funded more than 1,000 Conway Scholars at UMSON.

UMSON has provided more than \$1.5 million in internal funds to award graduate assistantships to MSN and doctoral students during the 2023 - 2024 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/MSN-E 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 38 clinical scholars in the 2022 - 2023 academic year and nine clinical scholars in 2023 - 2024, as several sponsoring hospitals have discontinued the program.

The Office of Academic and Career Success offers services that emphasize academic planning, strategic learning, and enhanced study and test-taking skills. The staff serve as academic advisors and the primary point of contact for all entry BSN and CNL/MSN-E students. (MSN, DNP, and PGAC students are advised by faculty who teach in the graduate specialties.) The office’s services are primarily utilized by entry-into-nursing students on a voluntary basis and include guided study sessions for essential courses in face-to-face and online formats, individualized academic coaching and private one-on-one peer tutoring, and workshops on test taking, note taking, and time management.

The Office of Academic and Career Success monitors student performance in entry-into-nursing courses at the middle and end of each semester. At the mid-point of the semester, advisors encourage struggling students to participate in one-on-one academic coaching. Biannually in the spring, a comprehensive survey of academic support services is distributed to all UMSON students and reviewed for areas of student need or suggested improvements in related services.

In addition to academic support services, the office coordinates nursing student organizations on both campuses. Nursing student governance consists of four membership councils: Doctoral Student Organization, Graduate Nursing Association, Nursing Student Government Association, and University of Maryland Association of Nursing Students (See Appendix IE-2). The organizations represent and serve students enrolled in doctoral, master, and bachelor's programs at the Baltimore and USG locations. Each semester, key officers (president, vice president, and treasurer) of the student government councils and student organizations meet to review processes, policies, areas of common emphasis and student concern, and to provide orientation for new officers.

The Office of Academic and Career Success provides guidance with career development and employment preparation. Workshops on resume writing, interview preparation, and skills marketing are offered regularly. The staff coordinates weekly Career Connections on-campus employer visit days during which nurse recruiters and hiring managers come to share information about their organizations and opportunities in an informal setting. In spring 2024, the office launched Careers4Nurses, a branded career services portal open to UMSON students and alumni, including comprehensive job listings, career search resources, and platform for virtual mock interviews, resume review, and career fairs.

The Office of the Registrar and Student Placements serves students from matriculation through graduation. As part of its responsibility, the staff facilitates an annual comprehensive schoolwide review and revision of the UMSON Student Handbook. The office monitors the academic progress of students to ensure that academic requirements are met and conducts graduation clearances for degree candidates. UMSON's twice-annual convocation ceremonies are also coordinated by the office. To maintain the highest quality service to students and to support the University's green initiative, the office maintains a paperless student records management system.

Securing clinical placements for all students in the entry-into-nursing programs and graduate program is another major responsibility of the Office of the Registrar and Student Placements. Each year, the staff confirms more than 4,000 clinical placements with 300 clinical locations in several jurisdictions. In close collaboration with the school health officer and compliance coordinator, placement staff ensure that the over 2,000 students in the entry-into-nursing programs and graduate students meet the immunization and training requirements of state agencies, University policy, and clinical partners.

The Office of the Registrar and Student Placements provides data analysis to administrators, faculty, and staff. In addition, staff are 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 processes to ensure that they are efficient and effective and adequately meet students' needs. 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 procedures, the associate dean for student and academic services regularly meets with the

program directors and associate deans of the programs to understand faculty concerns and to gain their input for improving the services of the office.

UMB. UMB's Division of Student Affairs (UMB Student Affairs), housed in the SMCCC, coordinates University-wide initiatives, programs, and services that foster all students' academic, personal, and professional development. UMB Student Affairs also advises University-wide student organizations, including the Graduate Student Association (GSA), the University Student Government Association (USGA) and USGA-affiliated organizations, and helps student groups organize educational, cultural, and social activities. The Office of Educational Support and Disability Services provides academic and non-academic support services for students with disabilities through an interactive process. Staff members work with students to obtain accommodations, including interpreters, note takers, parking spaces, Testing Center services, and other support related to classroom activities. Services depend on individual student needs and what is required for equitable learning experiences. The office works within the technical standards of programs through a School representative to maintain equity and accessibility of services.

The SMCCC is the interprofessional hub that supports the University's academic programs, enhances student health and wellness, and supports interdisciplinary learning. The SMCCC features University Recreation, Fitness, and Wellness, offering a comprehensive recreational sports, fitness, and wellness facility and programming. The SMCCC provides event, meeting, and lounge space for students and the University community.

The SMCCC is also the home of the UMB Writing Center where students can obtain free writing assistance, via in-person and online daytime and early evening appointments, that ranges from planning a paper to polishing a dissertation. Students receive individual help with brainstorming ideas, organizing structure, writing a draft, and revising and finalizing. The Office of International Services (OIS) provides immigration advice and visa documents processing for international students, scholars, exchange visitors, and other University-sponsored non-immigrants. OIS supports a non-immigrant's effort to enter and remain in the United States legally to pursue their program objective at UMB. OIS also raises global and intercultural awareness among all UMB students and scholars.

The Student Counseling Center offers individual counseling, medication management, referral assistance services, psychoeducational workshops, and consultation. The Student Counseling Center provides in-person and virtual 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 chief student affairs officer collaborates with the schools to help support students in distress.

UMB offers additional services to students through Student Health and Intercultural Leadership and Engagement initiatives. Student Health coordinates and verifies the medical documentation for admission to the schools on campus and for registration for classes. It also provides primary adult medical care to all students. The Office of Intercultural Leadership and Engagement emphasizes student involvement, leadership, and co-curricular learning through community engagement and interprofessional experiences while supporting a student's personal and professional development. Programs sponsored by the office include diversity celebrations, interprofessional service learning, the President's Student Leadership Institute, the President's

Symposium and White Paper Project, safe space training, and the Student Pantry to address food insecurity experienced by students. The office also provides opportunities for students to engage in dialogue and support students from historically marginalized identities.

The University requires every student to have the University One Card, which is the official form of identification for the campus and the UMB shuttle. The One Card also functions as a debit card for purchases at the bookstore. UMB Student Affairs coordinates student-facing business services across campus, including food service, vending, and ATM services in the SMCCC and at various locations across 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 Office 365, Google Apps for Education, Mediasite, Blackboard, SURFS, Accellion, and other student-related systems.

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 Division of Student Affairs and Career Readiness offers a variety of robust on-site support services through the following service centers:

- **[Macklin Center for Leadership & Communication](#)** offers oral and written communication coaching, disability support services, student life, organizations and leadership opportunities, and various workshops. The Center served as the prototype for the UMSON Student Success Center. 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 regularly engage in all services offered at USG, particularly the Macklin Center.
- **[The Center for Counseling & Well-being](#)** provides comprehensive counseling, psychological, and consultative services to USG students, faculty members, and staff. Services are designed to engage the USG community in enhancing physical, mental, and emotional health to increase focus, productivity, and impact. The mission of the center is to foster growth, wellness, and success at USG. The center also 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.
- **[The Center for Career Development](#)** utilizes best practices to provide innovative services, programs, resources, and experiential learning opportunities to support the career readiness of students, enabling them to enter the workforce polished, competitive, and capable of navigating an ever-changing workforce environment. The center offers various career-development activities and events, including career fairs, on-campus interviewing, and in-person and virtual career coaching sessions. Session topics include career readiness planning, career exploration, career planning, job search strategies, resume and cover letter writing, LinkedIn profile reviews, exploration of internship and experiential learning opportunities, graduate school planning, and more.
- **[The Center for Scholarships](#)** collaborates with UMSON to address financial and other barriers to higher education and degree completion. The center focuses on increasing student awareness of scholarship opportunities, mentoring students through the

scholarship process, addressing food insecurity, and providing financial wellness programming.

The leadership of the Division of Student Affairs and Career Readiness meets regularly with nursing faculty members to discuss opportunities to enhance the services offered at the USG campus.

Research

UMSON’s Office of Research and Scholarship offers a variety of services to support the research and scholarship activity of both faculty and students. UMSON’s associate dean for research oversees the office’s five staff members: a director of business operations, a director of research quality improvement and compliance, two statisticians, and two program specialists. Research is also supported by the associate dean for administration and finance, who oversees four post-award research staff: a senior contract/grants specialist and three research administrators. In addition, the Department of Pain and Translational Symptom Science has a variety of staff that support research and scholarship that include research assistant staff scientists, postdoctoral fellows, a senior contracts and grant specialist, a lead laboratory research specialist, a laboratory animal technician, and a clinical research assistant.

All faculty and students are encouraged to join one or more of the five UMSON research centers listed below. The centers bring together researchers with similar interests and facilitate interdisciplinary work and team-based work, provide grant writing training and information, exposure to content experts, funding opportunities, and regulatory updates. The centers also provide opportunities to disseminate research findings through group abstract submissions, manuscript development and participation in campus conferences.

Research Center	Description
Center for Health Equity and Outcomes Research (CHEOR)	CHEOR aims improve health outcomes and eliminate health inequities.
Placebo Beyond Opinions (PBO) Center	The PBO Center promotes interdisciplinary investigation of the placebo phenomenon in health care and nurtures a higher education placebo research program.
Biology and Behavior Across the Lifespan (BBAL) Organized Research Center	BBAL investigates the management of disease, the optimization of health, and the ways in which biological findings can influence disease prevalence and progression.
University of Maryland Center to Advance Chronic Pain Research (CACPR)	CACPR is a campus-wide entity that seeks to promote cutting edge basic, translational, and clinical biomedical research that will advance our understanding and treatment of chronic pain.
Symptom Science Using Neuroscientific and Psychological Approaches (SYNAPSE) Center	The SYNAPSE Center conducts research to predict, prevent, and treat medical symptoms by leveraging research on the psychology of mental states and perception along with their underlying neurobiological substrates.

The director of research quality improvement and compliance works closely with the Institutional Review Board to facilitate the reviews that tend to be more focused on behavioral interventions and pragmatic research. The Office of Research and Scholarship helps to lead the research component of the UMNursing collaborative, which is a joint UMB and UMMS partnership that offers a unique

opportunity for collaboration between faculty and nurses in education, research, and practice. The UMNursing research committee supports research focused on nurse-sensitive outcomes in both hospital and outpatient care settings through seed grant funding. The office also oversees the UM Scholars Program. The purpose of this program is to provide mentored research training for nursing students to expand their knowledge and enlighten their career choices so that they will consider a career that includes research. The UM Scholars program is a competitive paid summer internship program that connects students from UMCP with faculty from UMB to collaborate on research projects. Funding is provided by the *University of Maryland Strategic Partnership: MPowering the State*. Further, these students engage in interdisciplinary research activities with students in the Schools of Nursing, Medicine, Pharmacy, Social Work, and Dentistry during their internships.

The Office of Research and Scholarship works with faculty and students on compliance issues related to research and quality improvement projects to assure successful submissions of Institutional Review Board proposals; ongoing support is also provided to help faculty and students remain compliant throughout the course of their research/quality improvement projects. The office supports faculty and students during proposal submission to assure that materials are developed consistent with the grant call and works with the UMB Office Research and Development to assure that proposals are submitted as appropriate to the research call. For faculty and students with grants supported by the NIH or Agency for Health Care Research and Quality, the office assists with components of the regulatory processes necessary for these grants, e.g., annual reports, ClinicalTrials.gov.

The impact of the Office of Research and Scholarship is demonstrated by UMSON's successful track record. In 2022 - 23, UMSON had \$6 million in research funding and was 21st in receipt of funding from NIH among public schools of nursing. Current active NIH funding is more than \$3.1 million. Other significant non-NIH funding includes grants from the National Council of State Boards of Nursing and the Robert Wood Johnson Foundation (RWJF).

The Office of Research and Scholarship also provides ongoing educational opportunities for faculty and students that include monthly seminars that address regulatory issues and updates such as new requirements related to human subjects. It also offers support as needed for individual faculty or groups of faculty that can include additional financial assistance between grants, the ability to extend grant funding periods, and help with manuscript development and dissemination of research findings. For example, the associate dean for research is leading an ongoing writing training and support group for 16 faculty at USG.

At the campus level, the nursing faculty have directly benefited from the University's [Institute for Clinical & Translational Research](#) (ICTR) which provides a variety of resources for investigators (e.g., ICTR Biostatistics Core, ICTR Community and Collaboration Core, ICTR Informatics Core, and internal grant programs). For example, Dr. Rachel Breman obtained and has completed a KL2 mentored career development award; Dr. Doris Titus Glover is currently receiving a KL2 award through 2025; and Dr. Sarah Holmes received a Community Engagement Research Pilot grant. Drs. Cynthia Renn and Amber Kleckner were awarded an Accelerated Translational Incubator Grant. Others have used ICTR's related services to access statistical help for data analysis and community engaged research. In addition, UMB, in collaboration with The Johns Hopkins University, has an NIH Clinical and Translational Science Award. Dr. Brittany Drazich has been accepted to participate in the Center for Advanced Research Training and Innovation Clinical

Translational and Public Health Research Training Track Program. Further, research faculty participate in some of the UMB centers such as the Center of Aging Research within the School of Medicine and the Lamy Center on Drug Therapy and Aging within the School of Pharmacy. UMSON researchers lead and/or serve as co-investigators on many interdisciplinary grants with colleagues across campus.

Information and Learning Technology

UMSON’s Information and Learning Technology (ILT) team assists staff and faculty with media applications for research, in the classroom, and with presentations for conferences, providing audiovisual technical support, audiovisual equipment maintenance, and teleconference operation and management. Under the direction of the assistant dean for technology strategy and operations, UMSON operates three offices focused on technology: Network and Computer Services (NACS), Audio Visual Services (AVS), and Learning Technologies (LT). Each office is led by a director or manager; ILT has a combined staff of 15.

UMSON’s state-of-the-art network offers a wide range of services and is tightly integrated with the UMB campus network. Most classrooms, conference rooms, and labs at UMSON have some type of audiovisual equipment installed. Equipment not installed in classrooms can be signed out from the ILT customer service counter by faculty and staff. If equipment or technical assistance is needed, the ILT customer service counter is open and staffed during scheduled classes. Additional audiovisual equipment for seminars and conference rooms is available upon request. The ILT customer service counter also maintains and operates equipment in the 450-seat auditorium.

ILT offers many services online to support research and distributed learning for faculty, students, and researchers, including web servers and a Blackboard courseware server.

Students’ satisfaction with the library, computer laboratory, and other physical facilities is measured through a set of questions on the Program Assessment Questionnaires (PAQ)s. Table 2.5 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 2.5: Student Satisfaction with the Learning Resources as Measured by PAQ

To what were the following satisfactory:	Graduation Year		
	2021	2022	2023
	Mean	Mean	Mean
Classrooms	3.33	3.35	3.26
Conference oms	3.31	3.41	3.36
Support serices	3.30	3.33	3.20
Library holdgs	3.41	3.54	3.41
Library hour	3.35	3.50	3.43
Library physal facilities	3.46	3.54	3.48
Library staff	3.47	3.58	3.55
Computer l Instructions	3.40	3.52	3.48
Computer l hours	3.40	3.50	3.48

To what degree were the following satisfactory:	Graduation Year		
	2021	2022	2023
	Mean	Mean	Mean
Computer lab hardware	3.38	3.51	3.43
Computer lab software	3.31	3.49	3.45
Currency of materials media center	3.41	3.49	3.42
Materials produced by media center	3.39	3.52	3.43
Working condition of media equipment	3.41	3.47	3.42
Adequacy of UMSON physical facilities	3.35	3.45	3.34
BENCHMARK: ≥ 2.5 on 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.			

In 2016, UMSON required incoming students to have a laptop that met minimum system requirements to enhance their academic experience and so faculty could be assured that electronic resources and software would be accessible to students. In 2018, UMSON leveraged this requirement to migrate all formal assessments to a standard platform (ExamSoft). The platform enables faculty to assess students in a similar manner to licensing exams and provides ample data on the assessments to aid in strategic instruction. The data have also been used in the development of new curriculum.

In 2018 - 2019, a graduating student wrote the following comment on the PAQ: “Some classrooms did not have enough power outlets — only a couple on the walls so we were not able to use our computers if they ran out of charge.” With the exception of one classroom (Room 150), all now have tables that have electrical power at each chair, and the auditorium and large classroom on the first floor of UMSON’s building on the Baltimore campus have been renovated and power outlets are available at each chair. When testing occurs in Room 150, power strips are added.

UMSON values the understanding of the current use of technology and planned use; therefore, the assistant dean for technology strategy and operations is a member of the UMSON ASAC and the Governance Council and is an invited member of all other standing committees where he brings concerns and provides updates. UMSON has a TAC that is described in section I-E. Faculty and students participate in program governance.

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. UMB uses web-based instruction with the Blackboard Learning Management software. This system provides a uniform, accessible, and intuitive platform for students and instructors to access, maintain, and complete coursework. Blackboard provides an array of tools to enhance the online learning experience. A subset of these tools facilitates communication and collaboration and includes a conferencing system, group presentation areas, a synchronous chat system, and email. 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. The NACS, AVS, and LT offices house customer service centers in the UMSON. Staff members are available through walk up, email, and telephone to support faculty, staff, and students. It should be noted that distance education students are welcome to the Baltimore and Shady Grove campuses 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 similar access to academic support services as students attending our brick-and-mortar locations.

Data security. Research study files are maintained in a designated folder in UMB-based Microsoft Office 365 cloud storage off-campus in the Microsoft server and data storage infrastructure, which has extensive security technologies for protecting University data. UMB has a signed Microsoft Business Associate Agreement that certifies that its operations conform to HIPAA privacy and data security requirements. Data security encompasses backup procedures and other file management techniques to ensure that files are not lost or damaged. The encryption and other security technologies built into Office 365 and managed by Microsoft protect UMB data from a variety of risk scenarios. Microsoft services covered under the Business Associate Agreement have undergone audits conducted by accredited independent auditors needed for the Microsoft ISO/IEC 27001 certification. Microsoft enterprise cloud services also passed all security assessments required by the federal government (FedRAMP assessments).

Computer network and support services. UMSON has a well-established state-of-the-art network that provides a wide range of data services and is tightly integrated with the UMB campus network. The primary architecture of the LAN in the School is a redundant multimedia fiber-optic-based gigabit collapsed backbone using Cisco Catalyst 3850 stackable and 4506-E chassis Ethernet switches. Redundant Cisco ASA 5525 firewalls protect the School's network from internet hackers. The network provides dedicated switched 100Mb Ethernet connections to each workstation and server. Gigabit Ethernet is available in the server room as needed. Remote access to UMSON's network is accomplished over the internet via the UMB campus virtual private network (VPN) using Cisco AnyConnect client and Windows Remote Desktop. Faculty and staff can also authenticate into the UMB campus network over the internet via the campus portal for remote access to campus applications.

The server infrastructure comprises IBM xSeries file, print, and application servers. There is also a virtual server environment running Windows server guest machines on VMware ESXi 6.5. The VMware HA cluster runs on HP ProLiant DL360 file servers. General disk storage is provided by an IBM V 3700 Storage Area Network with 23 terabytes of space for personal and group data. Primary network authentication is through the UMB campus Microsoft Windows 2012 Active Directory. Email and collaboration services are provided through Microsoft Office 365. UMSON services are integrated with campus directories to foster wider collaboration. The network provides over 500 Intel i5 and i7 PCs with Windows 10 Enterprise and MS Office 2016 Professional as a standard platform. The UMSON network also supports over 40 networked printers ranging from workgroup Hewlett Packard LaserJet printers to digital black and white and color copiers, fax machines, and printers and large-format printers. Software supported includes SPSS, SAS, and over 75 research and computer-based training applications.

COVID-19 response. In March 2020, UMSON transitioned to all virtual learning. In response to this transition, the ILT office virtually supported faculty, staff, and students. All academic courses were

provided with an online learning space through the UMB Learning Management System and assigned a learning technologist for support. The NACS and AVS offices loaned 90 desktop computers, monitors, and peripherals to faculty and staff for use at home. The office acquired 25 all-in-one printers and 15 mobile hotspots for those identified with a business need for the equipment. The LT and AVS offices worked with many faculty members to create academic content and with staff to create business-related content that could be delivered virtually.

UMSON began having weekly virtual town halls for all faculty and staff in April 2020 to allow for real-time information and inquiries. In September 2020, two initiatives were launched during the town halls-- Teach in 10 and Tech in 10. Tech in 10 are 10-minute mini-lessons on technology or technology skills that could be used by both faculty and staff to assist in their daily work. Teach in 10 are faculty focused mini-lessons on a multitude of topics to assist faculty (e.g., publishing, building a sense of online community). The [Teach in 10 and Tech in 10 sessions](#) were recorded and can be accessed at any time.

UMSON also transitioned all student services to virtual through email, phone, Teams, Zoom, and Webex meetings. Support provided remotely included advising and career counseling appointments; UMSON 101s and orientations; tutoring and peer leader training sessions; student organization meetings; registration and student placement communication, meetings, and workshops; admissions and scholarships counseling sessions; and recruitment events. Contact information and methods were provided on departmental websites and shared frequently through email, Elm weekly announcements, and town halls. A rotating schedule of staff was present in the office to retrieve physical mail, including transcripts. In 2022, all staff returned to physical offices but continue to offer both in-person and virtual meeting options.

II-D. The chief nurse administrator of the nursing unit:

- **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 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 program outcomes. The chief nurse administrator is an effective leader of the nursing unit.

Program Response: Dean Yolanda Ogbolu, PhD, NNP, FNAP, FAAN is an experienced nurse administrator, educator, and researcher. She was appointed the Bill and Joanne Conway Dean of UMSON on July 17, 2023 (See CV Appendix IIC-1). Dean Ogbolu joined the UMSON faculty in 2010 and has progressively advanced in her administrative roles. Beginning as deputy director of the School's Office of Global Health and then becoming its director in 2015. During her tenure in global health, she developed and grew the global health program at UMSON and at UMB. She forged and maintained international partnerships; developed new global health education initiatives, including a Global Health Certificate program and service-learning opportunities; and created a culture of interprofessional collaboration across campus. From 2019-2023, she was chair of UMSON's Department of Partnerships, Professional Education, and Practice (PPEP) and co-director of its

Center for Health Equity and Outcomes Research. As chair of PPEP she had oversight of simulation, the standardized patient program, OPE, the Governor's Wellmobile Program, the Office of Global Health, and the Institute of Educators and led the six PPEP units through the pandemic period. Dean Ogbolu has taught nursing students in the entry-into-nursing and master's and mentored PhD students at UMB and externally. In addition, she had a joint appointment in the School of Medicine (2013-2023) and taught interprofessional students through the Master's in Public Health Program offered through the University of Maryland School of Medicine.

As chief administrative officer of UMSON, the dean has overall responsibility and budgetary authority for the School. Her responsibilities are like 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 and staff salary determination, and fundraising. Dean Ogbolu consults with faculty, administrators, and people from the School's communities of interest in making decisions that further UMSON's mission, goals, and expected student and faculty outcomes. Such consultations include regularly scheduled meetings with students, Faculty Council, Staff Council, Governance Council, Academic and Student Affairs Council, and the UMSON Board of Visitors.

Dean Ogbolu is a registered nurse with two decades of clinical expertise as an NNP. Since joining UMSON, she has been active in teaching and implementing research and programs locally and globally, in addition to serving in administrative roles. Her research and scholarship have focused on advancing global nurse capacity, advancing health equity, addressing social determinants of health, dissemination and implementation of health equity research and policy into clinical practice, and improving the lives of vulnerable newborns and their families.

Dean Ogbolu's passion for addressing global and local inequities resulted in her receiving a multi-year, \$1,950,000 grant from the RWJF as the principal investigator to develop the Global Learning for Health Equity Network, a program she co-directs with faculty in the UMB Center for Global Engagement. The national network is examining ways to learn from other countries to address health care inequities in local communities. It builds on Dean Ogbolu's work in applying lessons from Brazil to issues of family isolation in West Baltimore, utilizing a reciprocal innovation/global learning study model funded under a \$683,000 grant, also from the RWJF. This earlier work was one of only six projects funded worldwide to address social isolation, a growing global epidemic. Dean Ogbolu also leads a research team as the principal investigator with an interprofessional team on a five-year \$5 million Pathways for Health Equity grant, awarded in 2024 by the Maryland Community Health Resources Commission, that has funded the development of the West Baltimore RICH (Reducing Isolation and Inequities in Cardiovascular Health) Collaborative, a partnership of 14 community- and faith-based, academic, and health care organizations in West Baltimore, including UMSON and two other UMB entities. The collaborative aims to address hypertension and mental health in four ZIP codes, selected due to race-based disparities in the represented areas. Over her academic career, she has garnered over \$22 million in funding, as principal investigator and co-investigator, from a diverse group of state and federal agencies, and foundations.

Over the past year, Dean Ogbolu has focused on completing an internal stakeholder analysis to assess and evaluate the overall needs of the School, including hosting focus groups with UMSON alumni, the senior leadership team, faculty, staff, and students. She has also actively engaged in the work of the University, including serving on a working group that reviewed the recommendations of the University's Future of Work Task force which gathered information from

UMB employees on issues surrounding workplace flexibility, employee value and experience, and overall employee wellbeing.

Throughout her career, Dean Ogbolu has received numerous awards for her accomplishments; she is a fellow of the American Academy of Nursing, a fellow of the National Academies of Practice, and a RWJF Nurse Faculty Scholar. She received leadership training from RWJF, Wharton School of Business, and the Center for Strategic and International Studies. She has also served nationally and internationally working on projects with the American Association of Nursing, National Quality Forum, National League of Nursing, the Surgeon General's Office, and the World Health Organization. She has also served on taskforces to reduce health inequities, address social determinants of health, and improve delivery of culturally and linguistically appropriate care. Dean Ogbolu received the Harriet Tubman Legacy in Maternal Health Nursing Award from the Minority Nurses Association of Maryland and a Governor's Citation Award from former Gov. Martin O'Malley. She was the 2022 UMB Founders Week Public Servant of the Year, recognized as a 2015 UMB Champion of Excellence, won the 2014 Dr. Martin Luther King Jr. Outstanding Faculty Diversity Award, selected as one of the faculty speakers at UMB's inaugural faculty Convocation in 2022, and this year received the Lifetime Achievement Award from the Maryland Nurses Association.

II-E. 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 faculty (full-time, part-time, adjunct, tenured, non-tenured, or other) for each degree and post-graduate APRN certificate program are sufficient in number and qualifications to achieve the mission, goals, and expected program outcomes. The program defines faculty workloads. Faculty-to-student ratios provide 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 justification for the use of any faculty who do not have a graduate degree.

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

Faculty are Sufficient in Number

As of June 30, 2024, UMSON had 169 faculty — 149 full-time and 20 part-time. Faculty who hold a doctoral degree number 154 (88%) while 15 faculty (12%) hold a master’s degree but not a doctorate (See Appendix IIE-1). In addition to these faculty, UMSON also has a varying number of [adjunct faculty](#) who may or may not receive compensation. In spring 2024, UMSON had 203 adjunct faculty appointed to teach specific didactic or clinical courses and compensated on a course-by-course basis. In spring 2024, UMSON also had 18 volunteer adjunct faculty. The volunteer adjunct faculty conform to the qualifications and scope of appointment set by UMB and must meet 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 associate](#) 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, and their application is reviewed for approval by the specialty director. The nomination is then forwarded to the chair of Faculty Council who makes a recommendation to the dean regarding approval. The appointments must be renewed every two years. As of spring 2024, there were 77 faculty associates.

Faculty are assigned to one of five departments: Family and Community Health; Organizational Systems and Adult Health; Pain and Translational Symptom Science; Partnerships, Professional Education, and Practice; or UMSON at USG.

The entry-into-nursing faculty-student ratio for lab components in the first semester of the program is typically 1:14 or less and in the subsequent semesters is 1:6 to 1:8; these labs are supplemented by the support of course directors and graduate teaching assistants. For the clinical component of the entry-into-nursing programs, the faculty-student ratio is 1:8 or less in the first semester and then 1:6 or less for the remainder of the program. The number of entry-into-nursing students assigned to a clinical site is determined by the clinical site and the agency’s restrictions for the number of students. For the other graduate and APRN-DNP and PGAC specialties, there is a 1:1 preceptor-to-student ratio for the clinical component. However, faculty are responsible for site visits, and the faculty-student ratio is 1:6 to 1:8 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 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. Administration reserves the right to increase the online enrollment cap by two students, and anything greater requires instructor’s permission. If needed, additional faculty 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 assigned to online courses.

The full-time equivalency of faculty is clearly delineated in UMSON’s Policy on Faculty Responsibilities and Workload (See Appendix ID-3). 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 teach and advise across programs. Standard workload expectations include instruction, research and scholarship, and service and 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 and non-tenure-track faculty and is identified in the workload policy.

At the end of each academic year, faculty meet with their respective department chair and vice-chair, if applicable, to review the past year’s workload and plan for the upcoming academic year. Faculty can discuss successes and challenges regarding the past year’s goals for research/scholarship, service/practice, and instruction, and professional development for the coming year. Faculty can request changes in their instructional portfolio, and efforts are made to facilitate such requests considering the required courses that must be taught and the background of the faculty member. If faculty 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 have any questions or concerns regarding their workload, they can meet with the chair and vice-chair, if applicable, to discuss their situation.

UMSON has been successful in garnering funds from MHEC NSP II to support the development and retention of new faculty. Dr. Susan Bindon directs a program that supports the development of clinical faculty and Dr. Linda Hickman directs a program to assist staff nurses in transitioning to the role of clinical instructor and to earn an MSN degree. In addition, UMSON faculty have received several NSP II awards, which is crucial to retaining nurses in faculty roles and preparing to fill a gap created by current faculty who are nearing retirement (See Table 2.6). In the last four years, 78 UMSON Faculty have received financial support from NSP II and 71 or 91% remained on UMSON’s faculty in fall 2023. A total of \$2.2.48 million has been awarded, which faculty can use to pay off student loans, engage in scholarship/research, participate in professional development, etc. (The names of the faculty who received NSP II awards are available in the VRR IIE-1).

Table 2.6: New UMSON Nursing Faculty Awards from MHEC NSP II

Year	2021	2022	2023	2024
New Nurse Faculty Fellowship (NNFF Award is \$50,000, \$10,000x 5 years)	19 awarded, 16 faculty remain	4 awarded, all remain	8 awarded, 7 remain	8 awarded, 8 remain
Nurse Educator Doctoral Grant for Practice and Dissertation Research (NEDG) Award is \$10,000 maximum	2 awarded, both remain	2 awarded, 1 remains	3 awarded, all remain	No eligible applicants
Nurse Faculty Annual Recognition Award (one annually) Award \$1,000	1, remains	1, remains	1, remains	1, remains
Academic Nurse Educator Certification Award (ANEC) Award is \$5,000	10 awarded, 9 remain	3 awarded, 2 remain	5 awarded, all remain	10 awarded, all remain
Total Number of Faculty Recipients	32, 28 remain (88%)	10, 8 remain (80%)	17, 16 remain (94%)	19 awarded, 19 remain (100%)
Total \$ Amount of Awards	\$1,125,000	\$325,000	\$570,000	\$460,000

Faculty are Academically Prepared

Faculty curricula vitae are available in VRR IIE-2. Didactic and clinical teaching assignments are based on the academic preparation of faculty. All faculty hold graduate degrees, with most in nursing. Several faculty hold degrees in related fields (epidemiology, public health, sociology, law, statistics, computer science, social work, medicine, physiology), which adds to the richness of educational opportunities for UMSON students. In fall 2023, 60 (36%) of the faculty were APRN certified. Graduate faculty 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 Taskforce (NTF) on Quality Nurse Practitioner Education. All nurse practitioner courses and practica are taught by certified nurse practitioners in the related specialty area. All clinical nurse specialist courses and practica are taught by certified clinical nurse specialists. 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. The 2023 - 2024 schedule of courses and the faculty assigned to the courses is available in VRR IIE-3.

Faculty are Experientially Prepared

UMSON encourages faculty to continue clinical practice in their areas of expertise through one of three mechanisms: PSAs, in load (for example, grant-funded practice, Governor's Wellmobile, UMB's Community Engagement Center), or per diem through arrangements between the faculty member and a clinical site for up to one day per week. (See copy of PSA in VRR IIE-4.) In fall 2023, 73 (44%) of the faculty were actively engaged in clinical practice — five faculty members had PSA agreements at UMMC, the Upper Chesapeake Health System, and UMMC Midtown Campus, Paul's Place, and the Community Engagement Center; eight faculty practiced in load; and 62 practiced outside of load. This strong clinical service component provides broad clinical expertise for faculty who mentor entry-into-nursing, MSN, DNP, and PGAC students. The following policies and guidelines that support faculty being experientially prepared are available in VRR IIE-5: Faculty Practice within Workload, Guidelines on Representation at Key Meetings, Policy on Time Allowed for Full-time Faculty to Engage in Compensated Professional Activities, and Faculty Professional Development and Faculty Travel. 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. Annually, \$1,800 is allocated for full-time faculty to support their attendance at professional conferences.

Leadership training also has been supported. Since 2015, UMSON has offered the NLI, which is funded by NSP II. The NLI is designed to building leadership capacity among Maryland nursing faculty and clinicians, facilitate partnerships between faculty and clinicians for developing strategies that shape effective health care systems, and prepare a nursing workforce to assume roles within these evolving systems. The program builds on skills in nine categories: leadership, effective communication, relationship and team management, shared governance, finance, health economics and policy, community engagement, crisis and risk management, and diversity and

inclusion. The yearlong program accepts 50 Maryland nurses annually. Since 2019, 10 UMSON nursing faculty have participated in NLI, and three nursing faculty are in the 2023 - 2024 cohort.

In March 2022, 14 senior leaders began working with Canopy Consulting in daylong retreats. The focus of the 2022 retreat was team building and leadership skill building with a focus on the concept of equanimity. Canopy returned in April 2023 to facilitate the senior leadership team transition to a new dean after Dean Jane Kirschling announced her retirement. In October 2023, Dean Yolanda Ogbolu held a follow-up retreat facilitated by Canopy.

II-F. Preceptors (e.g., mentors, guides, coaches), if used by the program as an extension of faculty, are academically and experientially qualified for their role.

This key element is not applicable to a degree or certificate program that does not use preceptors.

Elaboration: The roles and performance expectations for preceptors with respect to teaching, supervision, and student evaluation:

- *clearly defined and communicated to preceptors;*
- *congruent with the mission, goals, and expected student outcomes;*
- *congruent with relevant professional nursing standards and guidelines; and*
- *reviewed periodically and revised as appropriate.*

Preceptors have the expertise to support student achievement of expected outcomes. The program ensures that preceptor performance meets expectations.

Program Response: Policies and procedures regarding preceptor qualifications and evaluation are available in VRR IIF-1. Preceptors are selected on their qualifications, experience, and interest in student education. Faculty work closely with preceptors to plan student clinical experiences by communicating learning objectives to them. 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. [UMSON's Preceptor Handbook and additional resources](#) support the critical work of preceptors.

Preceptors may be appointed as “faculty associates,” a category that is unique to UMSON. Faculty associates are contractual but non-compensated employees. A faculty associate must have served or made a commitment to serve as a consultant, teacher, preceptor, or facilitator for UMSON. Qualifications for faculty associate include:

- Demonstrates skill and competence in their professional area of expertise.
- Provides leadership and demonstrates innovative approaches to improving health care.
- Promotes an interdisciplinary approach to the delivery of health care.
- Encourages a climate conducive to learning, from a practical or theoretical perspective.

Faculty associates serving as preceptors for entry-into-nursing students ideally have a graduate degree. Faculty associates who serve as preceptors for graduate students must possess at least a graduate degree.

While there has been a preference for BSN preceptors for undergraduate students and a preference for master’s-prepared preceptors for CNL/MSN-E students, in some instances nurses with associate degrees are selected based on their clinical expertise and experience. In these instances, the students also receive mentorship, supervision, and formal evaluation by a BSN- or

master's-prepared nurse. Many of the entry-into-nursing preceptors now hold graduate degrees; all entry-into-nursing preceptors work closely with the entry-into-nursing clinical course coordinators who direct the practicum experiences.

UMSON preceptors can access a free online preceptor training program first funded with an NSP II grant. Clinical faculty 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.

BSN Program

Preceptors are used in the final senior practicum course in the entry-into-nursing BSN program. During this course, the students work one-on-one with a clinical preceptor and do simulation to complete 180 hours. In the new entry-into-nursing BSN program, a part of the 180 hours is spent in the community. The senior practicum course focuses on providing opportunities for students to gain more independence and competency in the assigned clinical setting. For the RN-to-BSN program, students work one-on-one with a clinical preceptor to complete 90 hours for the community/public health practicum in NURS 467 Public Health Nursing Essentials for the Registered Nurse during the final semester.

The Clinical Placement Coordinators in OSAS work 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 virtual or in-person site visit is made per student-preceptor dyad. While preceptors have formal input into the student's performance, the course faculty are responsible for the student's final clinical evaluation.

MSN Program

Students in the MSN specialties (CNL/MSN-E, Community/Public Health, Health Services Leadership Management, and Nursing Informatics) have a precepted experience in their practicum courses. Clinical faculty and course directors 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 or course directors to ensure satisfactory progression. CNL/MSN-E students complete a 1:1 180-hour clinical practicum in their last semester, as described above for the BSN program.

DNP Program and Post-APRN Doctoral Certificate Program

APRN student preceptors are carefully selected to enhance the clinical education experience. All preceptors must be academically prepared and appropriately certified to precept APRN students. A variety of clinicians provide direct care clinical hours including Nurse Practitioners, Certified Registered Nurse Anesthetists, Clinical Nurse Specialists, Physicians, Physician Assistants, and

Licensed Certified Social Workers-Clinical. Every attempt is made to select doctoral-level preceptors for the DNP program. All preceptors must have at least one year's experience, although most 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 can use this document for verification for their specialty recertification.

Clinical faculty members orient all preceptors to their roles 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 via Exxat STEPS. Hours and logs are reviewed regularly by clinical faculty members.

Faculty members make regular site visits and contacts to ensure that students are progressing. Every effort is made to ensure the faculty-to-student ratio of 1:6 during clinical rotation courses for nurse practitioner students. Many faculty members serve as clinical preceptors in their faculty practices; the ratio for this type of preceptor experience is 1:1.

All hours for post-master's DNP students who are not seeking additional APRN certification and all indirect hours (called practicum hours at UMSON) above the required direct care clinical hours for APRN students are completed with a variety of preceptors/clinical site representatives. Practicum faculty members supervise their rotations in a variety of settings (legislative, policy, leadership, clinical/direct patient care, informatics, etc.). The student and their advisor jointly develop objectives and deliverables for the rotation, and the faculty member for the course makes sure that they are completed. The student attends seminars with the supervising practicum faculty member of the practicum course throughout the program; all practicum hours are recorded and reviewed by the faculty member.

II-G. 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 (full-time, part-time, adjunct, tenured, non-tenured, or other) and in support of the mission, goals, and expected faculty outcomes.

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

Program Response: There are a wide range of opportunities for faculty 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 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 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 services to students that support instructional efforts, such as Google Apps for Education. Faculty 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 e-learning and social networking applications to ensure that everyone is equipped to use the most current practices to engage students in effective learning.

Blackboard, Mediasite, Zoom, Blackboard Collaborate, and Slido are available to provide enhanced classroom and facile distance/online education capabilities with necessary security and integrity. Faculty take advantage of the Blackboard Learning Management System to share important course information, communicate with students, manage aspects of completing course requirements, and provide feedback. 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 provides web-based VPN capability for securely accessing University systems and data from off-campus. The administrative systems of the campus can failover to alternative hardware and databases, should the primary system components fail. All systems used by students also meet this criterion.

Faculty must be able to keep up with new thinking in pedagogy for their discipline and basic computer skills. In recognition of this, UMB offers an e-learning system that includes self-paced courses covering more than 2,000 topics. Additionally, UMB has its own mobile app, as well as a Facebook homepage, Flickr and X accounts, and a YouTube channel to share important campus information with students in places where they are used to being connected. In addition to the learning technology resources available at UMSON, UMB has a Faculty Center for Teaching and Learning whose mission is to advance evidence-based teaching, learning, and evaluation practices throughout the University community.

All faculty are provided with free email, secure file transfer of exceptionally large documents, and access to an online directory of faculty, 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 an electronic online system. Access to colleagues for collaboration is available through the Internet2 high-speed network and the high-speed National LambdaRail network.

In 2004 - 2005, UMSON launched the Institute for Educators with two full-time faculty and with grant support from the Health Resources and Services Administration and the MHEC. The main

purpose of the Institute is to address the nursing faculty shortage by equipping nurses and other health professionals with the essential knowledge and skills required to assume teaching roles in Maryland and beyond. To achieve this, the Institute has two core initiatives. The first is to prepare new faculty and educators via a 12-credit graduate teaching certificate program. The second initiative is to support the professional development needs of current and new faculty and nurse educators in their new teaching roles. Since its inception, the institute has grown to 4.5 full-time faculty and one staff member; the institute plays a key role in faculty development at the School, on the UMB campus, and across the state.

The institute identifies, coordinates, and secures resources to prepare nurses as educators in academic or clinical settings. It supports UMSON faculty by offering counseling and training for instructional improvement. The institute provides classroom and online courses for graduate students and single courses and modules for ongoing professional and faculty development. It also serves as an expertise resource for related initiatives.

The institute conducts regular needs assessments, environmental scans, and program evaluations to tailor faculty development initiatives. Data analysis informs content creation and program offerings. Structured, need-based initiatives are provided annually to address faculty needs statewide, focusing on enhancing faculty's teaching, learning, service, and scholarship skills. For instance, one faculty member oversees a grant supporting the development of clinical nursing instructors, offering workshops and follow-up activities emphasizing the five Rs: role, responsibilities, resources, relationships, and realities. A highlight of these workshops is an exercise using standardized students, which helps participants practice their new skills in a realistic yet safe setting. Since 2018, over 500 new clinical faculty have been prepared. Another faculty manages a grant-funded initiative covering tuition costs for teaching certificate students committing to teaching in Maryland post-graduation. Seventy students have graduated, with 62 currently working to fulfill their teaching service commitments.

The institute hosts an annual nursing education conference that promotes the development of teaching and learning, knowledge exchange, and collaboration with educators in academic and practice settings. The annual theme is selected to represent current issues, trends, and advancements in nursing education. Leading experts serve as keynote speakers to deliver the latest research, innovations, and perspectives in nursing education. Programs include breakout sessions that address the theme of the conference from various perspectives, panel discussions, peer-reviewed poster sessions, and innovative NED (nursing education) Talks. Recent conference themes have included "Making Small Teaching Changes for Big Learning Impacts" and "Thriving in Challenging Times." For 2024, the theme was emerging issues in nursing education including artificial intelligence, competency-based education, and virtual reality. Maryland's secretary of health served as keynote for the conference. Conference and workshop attendees received continuing education contact hours, provided by UMSON's OPE.

The institute has designed and delivered several focused full- and half-day workshops in recent years. These offerings facilitate professional growth, help faculty explore new pedagogical approaches, and expand the faculty knowledge base. Offerings range from providing foundational information for novice nursing faculty to workshops aimed at item analysis, writing for publication, and grantsmanship. These workshops are free and provide faculty with time to collaborate with peers, explore ideas, and work with faculty experts.

The Institute for Educators provides other opportunities for faculty members to advance their research and promote scholarship. For example, they manage and facilitate annual Dean's Teaching Scholars awards. These \$5,000 peer-reviewed awards provide intermural support to four faculty members or teams to develop research projects that enhance nursing education and/or expand the evidence base for teaching and learning. Additionally, the institute partners with the Office of Research and Scholarship to provide scholarly support through an annual spring writing seminar aimed at facilitating manuscript development and publication. The institute has also hosted monthly internal Teaching Grand Rounds and lunch-and-learn events to share best practices and plans to launch a monthly journal club focused on teaching and learning. A new faculty residency program pilot, funded by a Bedford Falls Foundation Innovation Grant, is planned for 2024 - 2025.

In addition to these formal offerings, the Institute supports UMSON faculty needs by providing consultation and training to improve instructional technique and efficacy. Institute faculty conduct online and classroom peer review by request and provide feedback to faculty based on their goals. They work closely with faculty interested in applying for promotion or for national fellowships. Mentorship is offered individually and through an online faculty mentoring hub. This hub provides 24/7 resources for mentors, mentees, and anyone interested in exploring tools to support their learning needs. This resource provides all UMSON faculty with web-based, up-to-date information, including links to tools and opportunities that support, enhance, and advance the faculty member's career goals and success. Resources address the broad and diverse learning needs of UMSON faculty across academic domains and the stages of professional development, from novice to expert.

The institute team is highly involved in UMSON's move to competency-based education. They provide faculty support to the various curriculum committees, academic deans, program directors, specialty teams, course directors, and individual faculty as they reconceptualize and revise not only their courses, but their approach to teaching and assessing learning. The institute director serves as co-chair for UMSON's Essentials Task Force.

Two institute faculty represent the UMSON on the University's campuswide Leaders in Education: Academy of Presidential Scholars advisory council and steering committees. The Institute also collaborated with UMB's Graduate School to develop a PhD in Health Professions Education.

In 2021, Dr. Susan Bindon, director of the Institute for Educators and the Teaching in Nursing and Health Professions certificate program, was appointed the School's first associate dean for faculty development. Dr. Bindon works collaboratively with department chairs, academic deans, and others to support faculty in further developing their teaching and scholarship and to help facilitate students' learning across various modalities and settings. She also partners with nurse educators at UMMC and participates in their new graduate nurse residency program, which orients more than 400 new graduates per year. During the COVID-19 pandemic, she and Dr. Matt Rietschel delivered nearly 60 live virtual microlessons on various topics, coined as Teach in 10 and Tech in 10 to support the work of the School of Nursing faculty, staff, and students as they adjusted to new demands and modalities of teaching and learning. These microlessons are archived and readily available for faculty and have been viewed or downloaded hundreds of times.

Scholarship

As described in II-C, UMSON has invested significant institutional resources in creating an environment that encourages and supports faculty research. In addition, the School has three Scholars Programs. The Dean's Research Scholars program has had five faculty recipients since 2016 and four of the recipients remain on the faculty. Each scholar receives a reduced teaching load, with a maximum of 2.5 workload units during the academic year, and \$12,000 to support their research. The most recent recipient was Dr. Marik Moen, in 2020, for her project titled "Nurse-Community Health Worker Intervention for Retention in HIV Care, Evaluation, and Expansion."

The Dean's Teaching Scholars have included 12 initiatives since 2014. In 2023 four projects were selected:

- Drs. Joan Davenport and Regina Phillips "Collaborative Assessments: Qualitative Conversations with Students."
- Dr. Amy Daniels "Psychological Safety in Prelicensure Nursing Simulation-Based Education."
- Drs. Veronica Quattrini and Amanda Roesch "Advanced Health Assessment OSCE Preparation Workshop Project."
- Drs. Jana Goodwin, Nicole Smith, and Denise Owens "Implementation of a Clinical Faculty Development Program in Using Higher-order Questioning Skills."

The newest program, the Dean's Scholarship Scholars, focuses on strengthening writing and publication skills. Recipients receive one semester or six months of protected time with a reduced teaching load of one instructional workload unit (equivalent to 10% effort), allowing time to concentrate on research and scholarly activities. Since fall 2022, seven faculty have participated in the program.

In 2022, the Office of Research and Scholarship awarded \$570,000 in Designated Research Initiative Funds to seven investigators who had submitted grants to NIH that were scored but not funded so that the faculty could conduct additional pilot work to address any concerns that were raised during the review process. Faculty have also participated in research courses in the UMB faculty development program, such as grant-writing, developing a K-award application, and research team building.

In addition to UMSON's administrative and infrastructure support 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 campuswide research system, known as Kual. Kual is an online grant-proposal preparation, submission, award, and post-award management system. Campuswide use of this system enables an efficient routing and approval process and 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 Faculty Center for Teaching and Learning ensures that faculty members have multiple pathways to education and research resources and connections to colleagues locally, regionally, nationally, and worldwide. CITS, in coordination with UMSON, will host research equipment for researchers who have neither the place nor time to manage the 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 longstanding 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. The terms of these agreements specify the time and effort of the faculty member that is supported by the clinical facility. Faculty members can also practice one day a week if they perform their full-time faculty responsibilities. Faculty members who continue to practice are more likely to bring real-world examples into their classroom discussions and students have said they appreciate their insights and relevancy.

Service

The majority of UMSON faculty members perform some type of nursing-related public service on the local, state, national, or international 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. Table 2.7 summarizes faculty involvement in scholarly activities as reported on UMS’s Faculty Progress and Productivity Report. The report was completed by 150 faculty in 2020 - 2021, 152 faculty in 2021 - 2022, and 154 faculty in 2022 - 2023. The results were presented annually to the Governance Council in the fall semester.

Table 2.7: Percentage of Faculty Members Engaged in Scholarly Activity

School Activity	2020 - 2021	2021 - 2022	2022 - 2023	3-Year Average
	(n=150)	(n=152)	(n=154)	(n=456)
Grant	35%	25%	24%	28%
Books	5%	1%	2%	3%
Refereed Works	32%	30%	24%	29%
Non-Refereed Works	14%	15%	13%	14%
Juried Creative Works	5%	4%	8%	6%
Non-Juried Creative Works	16%	20%	32%	23%
Presentations	55%	45%	39%	46%
External Awards	15%	12%	18%	15%
Peer Review Panels	12%	15%	12%	13%
Manuscripts Reviewed	36%	31%	33%	33%
Editor or Editorial Board Mebers	15%	16%	17%	16%
Association Officers/Leade	64%	63%	63%	63%

Faculty members are influential in professional nursing and health care organizations, with more than 60% of the faculty holding offices in one or more professional associations. 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, 15% - 17% served in an editorial capacity or on the editorial board of a professional journal. Another 12% - 15% of the faculty served on at least one peer review panel. They also contribute to the UMB community by serving on academic and administrative committees.

Summary of Standard II

UMSON is a well-resourced School. The dean is an internationally 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 HSHSL, OSAS, Student Success Center in Baltimore, Division of Student Affairs and Career Readiness 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 School continues to invest heavily in securing clinical placements for all our students, which continues to be challenging at times, especially as hospitals in the area are providing clinical placements to LPN students as they reintroduce LPNs into hospital staffing. The simulation laboratories in Baltimore and at USG 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. UMSON's NIH ranking for research funding reflects 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 and most of them engage in clinical practice. Since the last accreditation visit, UMSON has made substantial progress addressing faculty salaries, including for full-time faculty and for the adjunct faculty who oversee clinicals for entry-into-nursing students. UMSON has also expanded its resources to support the teaching mission both within the School and the larger University. While the availability of large classrooms on the Baltimore campus remains an issue, UMSON has made major investments in renovation of the UMSON building in Baltimore and Building I at USG, which is now solely occupied by UMSON faculty, staff, and students. Finally, through the generous philanthropic support of Bill and Joanne Conway, as well as from generous alumni and friends of the School, UMSON has been able to significantly increase its scholarship support.

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 COI. 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;**
- **are congruent with the roles for which the program is preparing its graduates; and**
- **consider the needs of the program-identified community of interest.**

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, certificate, and continuing education programs; innovative science and research; and innovative clinical enterprises. UMSON offers two entry-level nursing degrees: the BSN and the MSN CNL (with the last cohort admitted fall 2023) and the MSN-E (with the first cohort admitted spring 2024). The BSN is offered at the Baltimore and USG locations. Beginning in fall 2022, the BSN and RN-to-BSN curricula have reflected revised plans of study designed to meet the entry-level professional nursing education core competencies outlined in the *Essentials* (AACN, 2021).

The non-entry MSN degree offers three specialties (Community/Public Health, Health Services Leadership and Management, and Nursing Informatics). The DNP degree includes eight APRN specialties (Adult/Gerontology Acute Care Nurse Practitioner and Clinical Nurse Specialist; Adult/Gerontology Primary Care Nurse Practitioner; Family Nurse Practitioner; Nurse Anesthesia; Pediatric Acute Care Nurse Practitioner; Pediatric Primary Care Nurse Practitioner; Psychiatric/Mental Health Nurse Practitioner; and Neonatal Nurse Practitioner) as well as a post-master's option in all nursing specialties. UMSON also offers a PGAC program option for nurses seeking to become APRNs in all the specialties listed above, except for Nurse Anesthesia. The FNP specialty is offered at the Baltimore and USG locations.

Evidence of faculty participation in the development, implementation, and revision of curricula can be found in VRR IIIA-1. Program outcomes are consistent with the mission of UMSON and are delineated in the Student Handbook ([BSN](#), [MSN](#), [DNP](#), and [PGAC](#)) and on UMSON's website. Course syllabi are available in VRR IIIA-2. Examples of course content and assignments reflecting incorporation of professional nursing standards and guidelines in the curriculum can be found in VRR IIIA-3.

BSN Program

The BSN program consists of two options: a 61-credit entry BSN and a 31-credit RN-to-BSN (See VRR IIIA-4 for programs of study). The Entry-Level Curriculum Committee (BSN, Baccalaureate/Clinical Nurse Leader [BCNL], Baccalaureate/MSN-E [BMSN-E]) is responsible for the development, implementation, evaluation, and revision of BSN courses and the entry-into-nursing portion of the CNL option and MSN-E program. 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. Expectations for student outcomes for each course are clearly articulated in the syllabi. Examples of student work in didactic and clinical courses reflecting student learning outcomes are available in VRR IIIA-5. The committee also shares responsibility for the RN-to-MSN track which combines elements of the BSN and MSN programs by substituting master's core courses for BSN electives. Students in this track complete the BSN coursework, receive that degree, and then progress to the MSN portion.

Entry BSN. The BSN curriculum was revised for students admitted in the fall 2022 semester. See VRR IIIA-6 for an overview of the revised curriculum with a crosswalk to the former curriculum. Several curricular changes were made to better prepare students for current and future nursing practice across settings, and include the following:

- A focus on resiliency has been integrated into the program. The first semester Professional Role of the Registered Nurse course was revised (now called NURS 342 Professionalism in Practice I: Roles and Resilience) to introduce concepts of moral resilience, mindfulness, and self-awareness as strategies to support students as they begin to develop a nursing identity. A new course in the final semester, NURS 482 Professionalism in Practice II: Longevity and Leadership in Nursing, was developed to support the transition to practice. Leadership, quality measures, ethics, communication/teamwork, safety, and self-advocacy are highlighted in this course.
- Community and population health has been threaded throughout the program. Students are introduced to basic concepts in the first semester and are assigned 10 community-focused practice hours. NURS 354 Community and Population Health was revised and moved from the fourth semester to the second semester to enable students to have a population health perspective as they complete their subsequent clinical courses. This course is aligned with 60 clinical hours at a community site in the second semester. Students revisit community and population health concepts in the fourth semester as they complete 30 more community and population health-focused practice hours.
- A new second semester course, NURS 356 Palliative Care, was created to ensure that students are prepared to practice in all four spheres of care (wellness, restorative and regenerative, chronic disease, and hospice/palliative). The course focuses on symptom assessment and management in seriously ill patients. Students learn the role of the nurse, communication skills, culturally appropriate care, and ethical considerations while reflecting on their own beliefs about suffering and death.
- Clinical components of courses are now stand-alone courses that are graded on a pass/fail standard. This enables students to focus on meeting a specified level in their skills and competencies as opposed to accumulating enough points on graded assignments.
- An additional elective was added to the plan of study, allowing students to explore specialized topics of interest in the third and fourth semesters.

RN-to-BSN. The RN-to-BSN plan of study aligned well with the 2021 *Essentials* and no major revisions were made (See VRR IIIA-7 for an overview of the RN-to-BSN curriculum). At the course level, some course objectives and content were modified. One of the strengths of the RN-to-BSN plan of study is that it allows the RN to choose nine credits of electives. With 45% of U.S. registered nurses in 2023 entering the nursing workforce with an [associate degree as their highest degree](#), there is a continued demand for this RN-to-BSN plan of study.

The needs of the COI for the entry-into-nursing programs (BSN, CNL/MSN-E) are identified through various mechanisms and addressed throughout the process of curriculum development, implementation, and revision. Feedback from students is obtained on individual courses via the CEQ and on the whole curriculum through the PAQ completed at the end of the program of study. This feedback is evaluated by faculty and program leadership each semester and changes are implemented as needed. For example, comments from graduates on the PAQ stated a need for a part-time plan of study for students who need to work full time to support themselves and their families. The PAQ comments were corroborated with another source — the personal statements from students who had been dismissed from the program and were applying for reinstatement. Many of the personal statements indicated the same need — a less intense plan of study would increase their chances for success because they were juggling heavy obligations outside of school, such as full-time work. In response, the BSN program leadership applied for and received a one-year planning grant from MHEC to gather data and begin to develop a pilot part-time BSN program.

Student members of the curriculum committee provide crucial input as courses are developed and revised. Faculty provide input and influence the curriculum through participation on the curriculum committee and the curriculum revision taskforce and through course director reports that detail faculty assessments of what works well in a course and what may need to be changed. The Entry-Level Advisory Board consists of health care delivery institution representatives, alumni, faculty, and current students. This board meets twice a year to provide program leadership with feedback and input on the BSN program and the curriculum. For example, last year, board members reported an increase in unprofessional behaviors in new nurse graduates. In response, the entry-into-nursing two-day orientation was revised to increase the focus on professional behaviors. Additionally, semester-level orientations for returning students are now in place and are held the week before the semester begins. These orientations function to remind students of critical behaviors that will be expected of them when they resume clinical courses. Students are required to watch a short video about professionalism in the clinical setting during these orientations and complete an acknowledgment.

Program leadership meets quarterly in a regional meeting that includes representatives from the MBON and MHEC to discuss their needs and issues related to nursing education regulations that may influence the entry-into-nursing program. For example, to increase the quality of nurse educators in the entry-into-nursing programs, each year the program leadership, in conjunction with MHEC, encourages faculty to obtain the Certified Nurse Educator (CNE) credential. UMSON promotes a free MHEC-sponsored workshop, and when faculty pass the exam, they receive a grant award from MHEC in recognition of their achievement.

MSN Program

MSN Specialties. The MSN program for registered nurses prepares graduates with expertise in three specialized areas, with role preparation as an advanced level community/public health nurse, health services leadership and management expert, or nurse informatician. The program also prepares nurses for doctoral study and leadership roles in professional organizations, health care institutions and corporations, and policymaking entities.

The MSN Curriculum Committee is responsible for the development, implementation, evaluation, and revision of the program and its specialty options, including those available in an online format. 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 COI, and student demand, all of which are considered within the context of UMSON's mission, goals, and the overall goals of the MSN program. Expectations for student outcomes in each specialty are clearly articulated at the specialty and course levels, in all course syllabi.

MSN-Entry-into-Nursing. The MSN program currently includes two entry-into-nursing programs for students with a degree in another discipline — for students admitted fall 2023 or earlier the CNL and for students admitted spring 2024 or later the MSN-E. The Entry-Level Curriculum Committee (BSN, BCNL, BMSN-E) shares responsibility with the Master's Curriculum Committee for the development, implementation, evaluation, and revision of the entry-into-nursing portion of the CNL option and MSN-E program. 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 MSN program for students with a degree in another discipline was revised for students admitted in spring 2024. (See VRR IIIA-8 for an overview of the MSN-E curriculum with a crosswalk to the CNL curriculum.) Several curricular changes were made to better prepare students for their professional roles:

- In the MSN-E program, a course was created that focuses on evidence-based practice (NURS 526 Evaluating the Evidence). The new MSN-E curriculum continues to focus on health systems and leadership aligned with the 2021 *Essentials*, and the course NRS 782 Health Systems & Health Policy: Leadership & Quality Improvement remains in the MSN-E plan of study.
- In the MSN-E curriculum, students develop advanced clinical skills, initially in NURS 515 Foundations of Nursing Practice, then progress to a didactic and clinical course, NURS 527 Adult Health Nursing I: Common Conditions. The revised curriculum added an additional adult health course, NURS 547 Adult Health Nursing 2: Complex Conditions, in which students continue to build skills in the clinical setting.
- The MSN-E program has been revised to enhance student learning and progression. A longer program of study, either five or six semesters, with careful sequencing of courses, aims to reduce student stress. To facilitate clinical and didactic learning, courses have been selected for each semester toward building competencies. For example, NURS 541 Community and Population Health Nursing and NURS 547 Adult Health Nursing 2 are offered together in semester 4. A graduate writing course has been added to the first semester to strengthen students' capacity to write throughout the program. The final

semester continues to support student leadership and a stand-alone course focused on nursing leadership culminates the program of study.

RN-to-MSN Track. UMSON offers the RN-to-MSN in combination with three of the MSN specialties — Community/Public Health Nursing, Health Services Leadership and Management, and Nursing Informatics. Because of the entry BSN curriculum revision, minor changes to the current RN-to-MSN course objectives were required. (See VRR IIIA-9 for an overview of the new RN-to-MSN curriculum with a crosswalk to the prior curriculum.)

The needs of the COI for the CNL/MSN-E and MSN programs are continuously assessed using several strategies. The information and feedback provide important guidance and help to address those identified needs through refining or revising courses, curriculum, or practicum experiences. For individual courses across the programs, students provide feedback each semester using the CEQ. Data from the PAQ administered at the end of the program of study provides student feedback about the whole program. These evaluation metrics and qualitative feedback are reviewed by faculty, course directors, specialty directors, and program leadership each semester. Changes are made based on these metrics.

The CNL/MSN-E program along with the BSN program convenes an Entry-Level Advisory Board. This board includes stakeholders from local hospitals, health care institutions, faculty, and alumni. It meets biannually with the entry-into-nursing leadership. The board's feedback has guided curriculum revision and is shared with faculty course directors. The MSN specialties meet with their advisory boards annually. These boards provide important perspectives about the current landscape in these specialty areas. This information is shared with specialty faculty who then revise courses as needed.

As noted in the discussion of the BSN program, MBON and MHEC hold quarterly meetings that the associate deans attend. Information presented on current regional needs, issues, and regulatory concerns is then factored into the refinement of the MSN program.

DNP Program

The DNP Curriculum Committee is responsible for the ongoing development, implementation, evaluation, and revision of the curriculum; it 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 through the course objectives, and course evaluation criteria are linked to objectives and criteria set forth for the population foci and the program outcomes. Each specialty completes a SCoPE review every three years which includes a crosswalk table of courses and competencies (Sample SCoPE reviews are available in VRR IA-3). SCoPE reviews are presented to the DNP curriculum committee to validate that all competencies are being delivered across the curriculum.

The DNP program specialty directors, faculty, and DNP Curriculum Committee utilize CEQ data and student feedback to guide curricular improvements at the course and program level. The DNP specialties hold advisory board meetings regularly with the COI. Each specialty has identified specific COI comprised of alumni, employers, and regional and national leaders. The faculty solicit input from their boards about their specialty and program and the ability of their graduates to fulfill

the roles for which they were prepared. The program also uses feedback from the PAQs and the alumni surveys to guide curricular improvement. One example of curriculum revision based on input from the COI is the additional offering of NDNP 819 Advanced Health Assessment Across the Life Span and NPHY 612 Advanced Physiology and Pathophysiology during the summer, based upon feedback from Nurse Anesthesia students. Prior to 2022, the courses were offered each fall for all APRN DNP students. It was noted that the Nurse Anesthesia students had heavy course content and felt they would be better prepared for success if they could take these two courses before their other required fall courses. The Nurse Anesthesia plan of study was updated to have students take the two courses in summer 2022. Student evaluations and feedback have supported this move, and faculty are pleased, too.

Another example of curricular improvement based on student and faculty feedback occurred in NDNP 725 Advanced Pediatric Pathophysiology, Developmental Assessment, and Health Promotion, which is offered to a combined class of FNP, PNP-AC, PNP-PC, and NNP students. Student evaluations identified the lack of application of assessment and pathophysiology content and the need to practice using the material in clinical decision-making. Faculty were concerned with assignments that lacked objective evaluations and did not clearly link back to the course objectives. Based on these issues, the course was redesigned to span child development from preconception through age 18. Each module now focuses on a developmental age, covering pertinent growth and development milestones, red flags, and pathophysiological changes that would necessitate evaluation and follow up. The course is offered over the summer in eight weeks, and during that time, four children representing diverse backgrounds are followed through conception and as they progress through the growth and development milestones. Students participate in interactive case studies, where they apply the didactic content to scenarios encountered clinically, making it more relevant. Since the changes were made, the CEQ scores improved from 3.18 in summer 2019 to 3.80 in summer 2023 (based on five-point rating scale). Based on continued student feedback, UMSON plans to separate out the FNP students, who have less pediatric experience than the seasoned pediatric nurses, into a different course. This change will allow the FNP faculty to better assist students to meet competencies relevant to the FNP practice environment and allow students in the PNP-AC, PNP-PC, and NNP specialties to build upon their pediatric expertise with the PNP/NNP faculty.

Post-Graduate APRN Certificate Program

Individual student learning outcomes for the MHEC-approved PGAC are congruent with the roles as defined in the *Consensus Model for APRN Regulation: Licensure, Accreditation, Certification and Education* (July 2008). The DNP Curriculum Committee is responsible for all aspects of the curriculum, which includes the same underpinnings, core courses, and specialty courses for the relevant nurse practitioner/clinical nurse specialist specialty.

The PGAC offers nurses who hold a graduate degree in nursing and a doctoral degree the opportunity to add a specialty certification; for example, a PNP-PC may desire to add a PNP-AC certificate or a FNP certificate. The PGAC plans of study are individually designed to ensure that each student meets didactic and clinical coursework criteria for the new population foci and is eligible to sit for certification examinations. The plan of study is developed with specialty directors conducting a gap analysis, which examines the coursework completed for the student's prior degrees and identifies the gap between what has previously been completed and what needs to be completed for content, clinical, and competencies to meet requirements for the new desired APRN

certificate. Once the gaps are identified, they are cross walked to the existing coursework in the desired APRN specialty, and a plan of study is developed for the student, ensuring a minimum of 500 hours of clinical.

III-B. Baccalaureate 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).

This key element is not applicable if the baccalaureate degree program is not under review for accreditation.

Elaboration: The baccalaureate degree program incorporates professional nursing standards and guidelines relevant to that program and each track offered. The program clearly demonstrates where and how content, knowledge, and skills required by identified sets of standards are incorporated into the curriculum.

Program Response: The Entry-Level Curriculum Committee, associate dean for the baccalaureate program, program directors, course directors, faculty, and COI members ensure that the student learning outcomes are consistent with the appropriate program standards and guidelines. 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) for students admitted prior to fall 2022 and reflects *The Essentials: Core Competencies for Professional Nursing Education* for students admitted fall 2022 or later, prepares graduates for entry- into-practice positions, and is congruent with UMSON's mission. Consistent with the 2021 *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 2021 - 2022, the BSN Curriculum Revisions Task Force revised the BSN program outcomes to be reflective of the 2021 *Essentials* (See VRR IIIB-1). The curricula for the BSN courses were then developed based on the revised program outcomes and the 2021 *Essentials*. The RN-to-BSN curriculum was reviewed for alignment with program outcomes and the 2021 *Essentials* and minor revisions were implemented (See mapping of BSN and RN-to-BSN core courses to the 2021 *Essentials* in VRR IIIB-2).

III-C. Master's 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).

- **Master's program curricula incorporate professional standards and guidelines as appropriate.**
 - a. **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.**
 - b. **All master's degree programs that prepare nurse practitioners incorporate *Criteria for Evaluation of Nurse Practitioner Programs* (NTF, 2016).**

- **Graduate-entry master’s program curricula incorporate The Essentials of Baccalaureate Education for Professional Nursing Practice (AACN, 2008) and appropriate graduate program standards and guidelines.**

This key element is not applicable if the master’s degree program is not under review for accreditation.

Elaboration: The master’s degree program incorporates professional nursing standards and guidelines relevant to that program and each track offered. The program clearly demonstrates where and how content, knowledge, and skills required by identified sets of standards are incorporated into the curricula.

Master’s degree APRN education programs (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.

Master’s degree programs that have a direct care focus but are not APRN education programs (e.g., nurse educator and CNL) incorporate graduate-level content addressing the APRN core. These programs are not required to offer this content as three separate courses.

Program Response: The MSN Curriculum Committee, the associate dean for the MSN program, specialty directors, course directors, faculty, and COI members ensure that the student learning outcomes are consistent with the appropriate program standards and guidelines. Documents and resources used to develop the MSN curriculum include *The Essentials of Master’s in Nursing Education* (AACN, 2011). See mapping of MSN core courses to relevant MSN essentials in VRR IIIC-1. The programs of study for the MSN specialties, MSN-CNL/MSN-E, and RN-to-MSN are available in VRR IIIC-2. Examples of student work in didactic and clinical courses that reflect student learning outcomes are in VRR IIIC-3.

MSN Specialties. Graduates of UMSON’s MSN program with a specialty in Nursing Informatics are eligible for basic ANCC certification. Graduates of UMSON’s Health Services Leadership and Management specialty are eligible for ANCC certification after holding executive nursing positions for two years.

MSN-CNL and MSN-E. 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 Curriculum Committee evaluate and revise as needed all CNL and MSN-E courses.

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 VRR IIIC-4. The master's entry-level CNL degree option prepares and enables graduates to take the NCLEX-RN and the CNL certification exam.

MSN-E coursework is grouped into curricular and clinical domains, aligning with the new *Essentials of Nursing* (AACN, 2021), focusing on the four spheres of care. The curriculum begins with wellness, health promotion, disease prevention, and professionalism; then moves to disease management and evaluating the evidence; and then focuses on special populations and community health; and ends with leadership. The curriculum also includes a variety of electives that support students' special nursing interests. The courses are designed at the graduate level for masters-level coursework and permit students to meet the Level 1 entry-into-nursing *Essentials*. See mapping of MSN-E courses to *The Essentials: Core Competencies for Professional Nursing Education*, specifically entry-level professional nursing education in VRR IIIC-5. The master's entry-level degree prepares graduates to take the NCLEX-RN exam.

RN-to-MSN Track. The curriculum for the RN-to-MSN program meets *The Essentials: Core Competencies for Professional Nursing Education* (AACN, 2021) and *The Essentials: of Master's in Nursing Education* (AACN, 2011). See mapping of RN-to-MSN courses to the relevant baccalaureate and master's *Essentials* in VRR IIIC-6. As part of curriculum evaluation, the Entry-Level Curriculum Committee and the Master's Curriculum Committee evaluate and revise as needed all RN-to-MSN courses. This process ensures that course content and student learning outcomes address both the baccalaureate and master's essentials.

III-D. DNP 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).

- **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, 2016).**
- **Graduate-entry DNP program curricula incorporate *The Essentials of Baccalaureate Education for Professional Nursing Practice* (AACN, 2008) and appropriate graduate program standards and guidelines.**

This key element is not applicable if the DNP program is not under review for accreditation.

Elaboration: The DNP program incorporates professional nursing standards and guidelines relevant to that program and each track offered. The program clearly demonstrates where and how content, knowledge, and skills required by identified sets of standards are incorporated into the curricula.

DNP APRN education programs (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 deems this necessary.

Program Response: The curricula for all the DNP entry options were developed based on *The Essentials of the Doctoral Education for Advanced Nursing Practice* (AACN, 2006). See mapping of DNP core courses to the relevant doctoral essentials in VRR IIID-1. Adherence to the *Criteria for Evaluation of Nurse Practitioner Programs* (NTF, 2016) 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 VRR IIID-2).

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 APRN 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 NONPF (2011) and for the *Criteria for Evaluation of Nurse Practitioner Programs* (NTF, 2016), and graduates are eligible for national board certification.
2. The clinical nurse specialist specialty is consistent with the core competencies as delineated by the National Association of Clinical Nurse Specialists (*Clinical Nurse Specialists Core Competencies*, 2010), and graduates are eligible for national board certification.
3. The nurse anesthesia 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 Programs [Practice Doctorate]*, 2021), 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.

The programs of study for the DNP specialties are available in VRR IIID-3. Examples of student work in didactic and clinical courses that reflect student learning outcomes are in VRR IIID-4.

III-E. Post-graduate APRN certificate program 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). Post-graduate APRN certificate programs that prepare nurse

practitioners incorporate Criteria for Evaluation of Nurse Practitioner Programs (NTF, 2016).

This key element is not applicable if the post-graduate APRN certificate program is not under review for accreditation.

Elaboration: The post-graduate APRN certificate program incorporates professional nursing standards and guidelines relevant to that program and each track offered. The program clearly demonstrates where and how content, knowledge, and skills required by identified sets of standards are incorporated into the curricula.

APRN education programs (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 certificate students who have already completed such courses, unless the program deems this necessary.

Program Response: Like the degree-seeking Nurse Practitioner/Clinical Nurse Specialist specialties, the PGAC program curricula are aligned and consistent with the *APRN Consensus Model* (APRN Consensus Workgroup, 2008), the *NONPF Nurse Practitioner Core Competencies* (2011), the *Criteria for Evaluation of Nurse Practitioner Programs* (NTF, 2016), and the *Clinical Nurse Specialists Core Competencies* (National Association of Clinical Nurse Specialists [2010]), as applicable. The PGAC program has been approved by MHEC.

Advanced physical assessment, pathophysiology, and pharmacology are required for each Nurse Practitioner/Clinical Nurse Specialist student and are offered at the graduate level in three separate comprehensive courses. PGAC students follow the plan of study based on their gap analysis. Nurse practitioners and clinical nurse specialist graduates are eligible for national board certification. The programs of study for the PGAC program are available in VRR III E-1. Examples of student work in didactic and clinical courses that reflect student learning outcomes are in VRR III D-4.

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

- **Baccalaureate curricula build on 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 degree programs demonstrate that knowledge from courses in the arts, sciences, and humanities is incorporated into nursing practice. Graduate-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 nursing knowledge.*

*Graduate programs 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. Programs that move students from basic nursing preparation (e.g., associate degree or diploma education) to a graduate degree demonstrate how these students acquire the 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 the doctoral-level knowledge and competencies delineated in *The Essentials of Doctoral Education for Advanced Nursing Practice* (AACN, 2006). If the program awards the master's degree as part of the DNP program, the program demonstrates how students acquire the master's-level knowledge and competencies delineated in *The Essentials of Master's Education in Nursing* (AACN, 2011) and, if applicable, *Criteria for Evaluation of Nurse Practitioner Programs* (NTF, 2016).*

The program provides a rationale for the sequence of the curriculum for each program.

Program Response: The Entry-Level, Master's, and 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 interrelational consistency, incorporate the requisite professional standards and educational criteria, respond to the needs of the COI, and support the UMSON's mission.

BSN Program. UMSON offers one BSN program with two options — the entry BSN and the RN-to-BSN. Both options have the same program outcomes and meet *The Essentials: Core Competencies for Professional Nursing Education* (AACN, 2021).

Entry BSN. The entry 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 must enter with a specified number of credits in the arts, sciences, and humanities, in addition to specific prerequisite science courses, for 59 credits. The BSN curriculum consists of 61 credits and students complete 120 total credits to receive the BSN degree. BSN applicants have matriculation requirements of: (1) a 3.0 overall GPA; (2) a 3.0 science GPA (chemistry, anatomy and physiology I and II, microbiology); (3) a degree from a U.S. high school, college, or university; and (4) the Test of Essential Academic Skills (TEAS), earning a score of proficient or higher, overall and in each subcategory, which is a minimum of 58.7% (the TEAS is waived for those who hold a bachelor's degree in another field).

International applicants and applicants without a degree from a U.S. high school, college, or university, are required to take the Test of English as a Foreign Language or International English Language Testing System, to demonstrate English proficiency unless they received a degree from a

nationally recognized university whose total education (primary – tertiary) was conducted in English or they have completed the entirety of the prerequisite coursework (at least 50 credits) at a tertiary education institution with the primary language of instruction is English. International students are required to have their U.S. equivalent credits established by an evaluation service.

RN-to-BSN students have a requirement of a 2.5 overall GPA, a preferred science GPA of 2.75 (chemistry, anatomy and physiology I and II, microbiology), and experience in nursing. They are awarded 30 credits based on their RN licensure and must complete an additional 31 credits to receive the BSN degree. For the RN-to-BSN and RN-to-MSN 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, the pathopharmacology courses (for students admitted spring 2022 or earlier, NURS 314 Physiologic and Pharmacologic Considerations for Health Promotion and NURS 324 Pathopharmacology in Adults; and for students admitted fall 2022 or later, NURS 352 Patho-Pharmacology for Nurses) depend heavily on content from the anatomy and physiology, chemistry, and microbiology prerequisites. The research courses (NURS 316 Research and Evidenced-based Practice and NURS 346 Evidence-Based Practice and Nursing Scholarship) assume a background in statistics at a level expected of students who have completed the undergraduate statistics prerequisite. Content from the prerequisite growth and development course is integrated throughout the clinical courses in planning care for clients across the lifespan.

Humanities courses that are required for matriculation provide BSN students with the necessary foundation and conceptual framework for nursing courses that include content on cultural humility, ethics, vulnerable populations, and race- and gender-based differences in the use of health care resources. Writing and research skills acquired in lower-division English and humanities courses are necessary for preparation of scholarly projects and papers. In NURS 342 Professionalism in Practice I: Roles and Resilience and NURS 482 Professionalism in Practice II: Longevity and Leadership in Nursing, students apply knowledge gained in growth and 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 NURS 342 Professionalism in Practice I: Roles and Resilience 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-to-BSN. RN-to-BSN students have successfully completed an accredited registered nurse program. This option builds on the RN competencies, prerequisite sciences and humanities. The science and humanities prerequisite courses for the RN-to-BSN option are the same as the entry BSN option.

MSN Program

The MSN 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. Except for the CNL option/MSN-E program, matriculation

in the MSN program requires a baccalaureate degree in nursing. Current MSN students, including CNL option students, are required to take four core graduate courses that serve as a foundation for progression to the graduate level: NRS 780 Health Promotion and Population Health, NRS 782 Health Systems and Health Policy: Leadership and Quality Improvement, NRS 790 Methods for Research and Evidence-Based Practice, and NRS 795 Biostatistics for Evidence-Based Practice. MSN-E students take NRS 782 Health Systems and Health Policy: Leadership and Quality Improvement, NURS 526 Evaluating the Evidence, and NURS 785 Professional Writing.

MSN Specialties. The MSN specialties are based on foundational-level courses that support the progression to higher-level courses. For example, the Health Services Leadership and Management specialty requires that students take basic core courses, such as NRS 780 Health Promotion and Population Health and NRS 782 Health Systems and Health Policy: Leadership and Quality Improvement, before their specialty courses, such as NURS 690 Managerial Health Finance and NURS 691 Organizational Theories: Application to Health Services Management.

MSN-CNL/MSN-E. As noted, the CNL and MSN-E course of study is the only MSN 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 and MSN-E graduates. For matriculation, CNL and MSN-E students meet the same statistics, nutrition, growth and development, and science prerequisites as BSN students. Because CNL and MSN-E students have no prior nursing background, they learn basic nursing content. CNL students meet the competencies for baccalaureate education while developing master's competencies. MSN-E students meet the 2021 Level 1 entry-into-nursing *Essentials* competencies.

DNP Program

DNP core courses are logically structured and sequenced with the appropriate prerequisites/co-requisites to build knowledge, skills, and abilities at the doctoral level. For example, students take core courses, such as NRS 790 Methods for Research and Evidence-Based Practice and NRS 795 Biostatistics for Evidence-Based Practice before or concurrently when they take NDNP 807 Health Care Informatics for Advanced Practice.

Post-BSN and Post-Master's to DNP with Specialty. The Post-BSN and Post-MSN to DNP with Specialty 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. Matriculation requires a BSN or MSN entry degree. Students take core graduate courses and DNP core courses. These courses serve as the foundational content for progression. Key core concepts are woven throughout future courses for reinforcement.

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” — NPHY 612 Advanced Physiology and Pathophysiology, NDNP 819 Advanced Health Assessment Across the Life Span, and NURS 723 Clinical Pharmacology and Therapeutics Across the Life Span — before progressing to diagnosis and management/role courses. The “three Ps” 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.

Post-Master's DNP. The post-master's DNP curriculum builds on the foundation of graduate-level nursing knowledge, abilities, and skills provided in the master's core. Previously described foundational courses and sequencing are applicable for the Post-Master's DNP as well. Most students entering this program have a master's degree in nursing. Students without a master's degree in nursing, but a master's in a related field (e.g., MBA, MPH, MSIS) undergo a gap analysis of their academic history and transcripts with a focus on the *Essentials of Master's Education in Nursing* (AACN, 2011). If gaps are noted, students must take the missing core courses before starting the DNP curriculum.

Post-Graduate APRN Certificate Program

The PGAC curriculum builds on the foundation of graduate-level nursing knowledge, abilities, and skills provided in the core. The competencies for each are reflected in the learner outcomes, course outcomes, and evaluation strategies. Nurse practitioner and clinical nurse specialist courses 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 (the “three Ps”) before progressing to diagnosis and management/role courses, a gap analysis is performed for the PGAC students to ensure that they have the “three Ps”. If they do not have one or more of these courses, they must complete them before progressing to the diagnosis and management courses.

III-G. Teaching-learning practices:

- **support the achievement of expected student outcomes;**
- **consider the needs and expectations of the identified community of interest; and**
- **expose students to individuals with diverse life experiences, perspectives, and backgrounds.**

Elaboration: Teaching-learning practices (e.g., simulation, lecture, flipped classroom, case studies) in all environments (e.g., virtual, classroom, clinical experiences, distance education, laboratory) support achievement of expected student outcomes identified in course, unit, and/or level objectives.

Teaching-learning practices are appropriate to the student population (e.g., adult learners, second-language students, students in a post-graduate APRN certificate program), consider the needs of the program-identified community of interest, and broaden student perspectives.

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 classroom and distance-learning students. Student learning outcomes are supported by unparalleled clinical resources available by virtue of UMSON's location and its close collaborative relationships (as noted in Standard I).

The Clinical Simulation Laboratories (sim labs) at both locations 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 sim labs for undergraduate and graduate levels of education. Use of the sim labs is integrated throughout the undergraduate and graduate curricula for teaching, evaluation, and remediation. The Standardized Patient Program facility on the Baltimore campus is a state-of-the-art facility dedicated to teaching, assessment, and evaluation of clinical skills utilizing the talents of standardized patients (See IIB for additional information). 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, unfolding case studies, flipped classes, virtual reality, and escape rooms. More recently, pedagogical approaches have focused on incorporating principles of competency-based education. In fact, UMSON hosted two of AACN's Regional Faculty Development Workshops on Competency Based Education and Assessments (Sept. 26 and 27, 2023). The leadership for the entry-into-nursing attended, including the associate dean for the baccalaureate program, the BSN program director, the associate dean for the MSN program, the CNL/MSN-E program director, as well as many faculty who teach in the programs.

The course syllabus template was revised to explicate the alignment of course-based learner outcomes to the 2021 *Essentials* and to show students the connection of assessments and learning activities to course content. Each course in the revised curriculum contains a "signature assignment" that was designed to allow students to demonstrate multiple competencies and meet multiple course objectives through one assignment.

Communication competencies are integrated throughout the curriculum and begin in the first semester when students practice therapeutic communication skills with standardized patients. Teamwork and collaboration competencies are also introduced in the first semester and reinforced throughout the program. For example, students take collaborative quizzes, complete peer evaluations using standardized rubrics during team projects, and demonstrate accountability through project management wikis.

Assessments of clinical competencies for clinical courses are conducted in the clinical setting and in the sim labs under standardized conditions. Students unable to demonstrate the necessary skill level can improve their skills through practice with qualified simulation nurse educators and/or graduate assistant supervision. Students experiencing 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 429 Leadership and Clinical Practicum (students admitted spring 2022 or earlier) and NURS 489 Clinical Practicum (students admitted fall 2022 or later), a multi-patient simulation provides opportunities to practice, plan, and organize care for a group of patients to better prepare the students for their first registered nurse positions. In 2023, the USG campus opened a state-of-the-art simulation lab that mirrors a hospital nursing unit, with a central nurse's station, a

central medication room with Pyxis MedStation, and five individual patient rooms, each equipped with cameras for unobtrusive observation. The new lab enables students to practice caring for multiple patients and work as a team in a realistic, yet safe, setting.

A program of standardized testing is in place in the traditional BSN and CNL option/MSN-E program to assist faculty members and students in identifying deficiencies that require attention while comparing students' proficiency levels to the national benchmark. The standardized tests aim to help students complete the program successfully and do well on the NCLEX-RN by following a guided learning plan that is embedded in multiple courses. The standardized learning plan integrates comprehensive exams exclusive to selected courses during the final semester of study to determine overall readiness for the NCLEX-RN. Preparation for the standardized test requires students to conduct various learning activities including tutorials, customized quizzing, practice assessments, and a personalized remediation plan based on their performance. Resources available with the standardized testing program include interactive case studies, tutorials, e-textbooks, and additional practice tests that students can complete to support their achievement. In the final semester, students participate in an NCLEX-RN study hall, a simulated NCLEX-RN experience with a computerized adaptive test program and complete a robust NCLEX-RN review course to be certified to take the NCLEX-RN.

Students have many opportunities to augment course content through the Office of Academic and Career Success. Available resources include individualized advisement, guided peer-led study sessions for essential courses in face-to-face and online formats, individual tutoring, and academic coaching.

MSN Program

The MSN 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. The MSN 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 MSN specialty courses. Some sections of all graduate core courses are offered online, and some sections are conducted in a traditional classroom format. All courses use an online courseware management system, Blackboard, to complement face-to-face instruction.

The MSN faculty have 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 MSN students, making it possible for them to interact with course faculty members despite geographic separation. The Nursing Informatics and Health Services Leadership and Management specialties are available entirely online. Students in the Community Public Health program have had several opportunities to interface with national leaders, through in-person and online guest lectures organized by the faculty. For example, in fall 2021 Rear Admiral Aisha Mix, at the time chief nurse officer for the U.S. Public Health Services Corps, gave an in-person guest lecture to students in their culminating Leadership course. Using the web-enhanced technologies makes it feasible to invite state and national leaders, including Dr. Carolyn Nganga-Good from HRSA and Dr. Tiffany Montgomery from Temple University, to provide students with real world exposure and knowledge about careers in

the public health sector. Technology is not used as a substitute for personal interaction with students, but rather as a means of facilitating communication.

DNP Program

The DNP program uses a variety of teaching strategies based on adult learning principles to determine optimal modalities for achieving student learning outcomes. The program is delivered in a hybrid format to be responsive to the needs of adult learners who are often balancing work and family responsibilities with school expectations. Graduate core courses are offered in an asynchronous online format and DNP core courses are offered online with synchronous web conferencing. All APRN diagnosis and management courses are offered in person at UMB and USG. Classroom and distance-learning methods are used with teaching strategies such as exercises, debates, presentations, case reports, discussions, wikis, stretch experiences in organizations, and practica. Consistent with adult learning principles, course assignments are application oriented so that students can see the relevance of course content and put it to immediate use in their professional roles. Students complete their practicum and clinical experiences in sites that expose them to the diverse backgrounds and perspectives in Maryland and regional communities.

One example of feedback from the COI impacting teaching-learning strategies is “Professional Practice Day.” Advanced practice leadership at UMMC identified a need for students to have increased knowledge and more clinically focused perspectives on professional comportment, billing/coding, interviewing, diversity, and ethical issues faced in practice. Rather than increase the content in each specialty, the DNP program leadership hosts Professional Practice Day in the fall and spring. Regional leaders deliver the content and provide lunch to the senior class. The career center provides students the opportunity for a professional photo. The two Professional Practice Days provide in-person fellowship and excitement for the graduating class while learning practical concepts and exposing students to diverse perspectives.

Postdoctoral APRN Certificate Program

The PGAC students take the same APRN courses as degree-seeking DNP students. The same teaching and learning practices for the degree-seeking DNP specialties are used for the PGAC program. Student outcomes are included in all course syllabi that reflect national standards and teaching and learning practices support achievement of outcomes.

III-H. The curriculum includes planned clinical practice experiences that:

- **enable students to integrate new knowledge and demonstrate attainment of program outcomes;**
- **foster interprofessional collaborative practice; and**
- **are evaluated by faculty.**

Elaboration: To prepare students for a practice profession, each track in each degree program and each track in the post-graduate APRN certificate program affords students the opportunity to develop professional competencies and to integrate new knowledge in practice settings aligned to the educational preparation. Clinical practice experiences include opportunities for interprofessional collaboration. Clinical practice experiences are provided for students in all programs, including those with distance education offerings. Clinical practice experiences align with student and program outcomes. These experiences are planned, implemented, and evaluated to ensure students are

competent to function as members of interprofessional teams at the level for which they are being prepared.

Programs that have a direct care focus (including, but not limited to, post-licensure baccalaureate and nurse educator tracks) provide direct care experiences designed to advance the knowledge and expertise of students in a clinical area of practice.

Program Response: UMSON offers a wide variety of learning environments where students can develop competencies as part of their clinical education process (See VRR IIIH-1 for institutions which UMSON has affiliation agreements for student instruction along with sample affiliation agreements). Students experience remarkably 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 clinical teaching sites include the world-renowned R Adams Cowley Shock Trauma Center, Johns Hopkins Hospital, the NIH, and the Walter Reed Military Medical Center. All magnet hospitals in the greater Baltimore area (UMMC, Franklin Square Medical Center, Luminis Health Anne Arundel Medical Center, and Mercy Medical Center) are used for clinical placements. In addition, community/public health clinical placements include federal agencies (U.S. Department of Housing and Urban Development, U.S. Environmental Protection Agency, U.S. Department of Health and Human Services' Health Resources and Services Administration), state and local health departments, and community work with major hospitals, schools, Head Start centers, libraries, and national and local nonprofit agencies.

Clinical rotations on the Governor's Wellmobile (which provides a focus on meeting the health needs of underserved populations) provide students with opportunities to identify health priorities and challenges in these communities and propose evidenced-based interventions. Prior to the COVID-19 pandemic, under the direction of the nurse care manager, RN-to-BSN students 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. Nurse practitioner students worked individually with their preceptors to perform patient exams, diagnose and prescribe treatments and medications, and refer appropriate patients to specialists for consultation. Innovations include a mental health screening policy project implemented by two DNP students. Since the pandemic, a DNP student implemented a project establishing telehealth on the Wellmobile, and another DNP student worked on a policy project related to billing for services on the Wellmobile.

Overall, the many clinical options available to UMSON students result in a wide range of experiences in a variety 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.
- Enough 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 exists.

- For distance education and online courses: There are a commitment of the preceptor to frequent and regular contact with UMSO 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 interim director of legal affairs, whose office ensures that all sites are covered contractually, and all students are properly insured for coverage.

In addition to clinical opportunities that students experience with team-based care during their clinical rotations, UMB's [Center for Interprofessional Education \(CIPE\)](#) offers and supports student activities in three areas — early exposure/introductory, simulation/immersion, and competence/experiential. All entry-into-nursing students complete a two-semester 15-hour introduction to interprofessional education course also taken by students from the schools of Dentistry, Medicine, and Pharmacy. This course includes the Interprofessional Education Collaborative [Core Competencies](#). Students complete four modules, which consist of individual assignments and small-group assignments, and each culminates in a robust interactive case study within the small groups facilitated and debriefed by trained faculty.

CIPE also supports faculty teams to develop learning experiences in each of the three areas that are open to UMB students. [Competence/experiential examples](#) include (1) IPE Care in Geriatrics — Expanding Opportunities of Aging in Place Program in West Baltimore, which has faculty and staff from the schools of Medicine, Social Work, Pharmacy, Nursing, and the Graduate School and (2) Maryland Area Health Education Center (AHEC): AHEC Scholars Pilot, which has faculty and staff from the schools of Medicine and Nursing and the Graduate School.

Annually CIPE hosts [IPE Day](#) which includes a large group activity where a family who has benefited from team-based care talks about their experience. Faculty and students then break into smaller groups to do a case where a standardized patient is assessed and the students develop a plan of care.

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 health care settings with individuals, families, and populations across the life span. 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 (students admitted spring 2022 or earlier)/NURS 471 Pediatrics Nursing (students admitted fall 2022 or later), NURS 417 Maternity, Newborn, and Women's Health Nursing/NURS 473 Reproductive Health, NURS 327 Medical-Surgical Nursing in the Adult Population/NURS 357 Care of the Adult: Regenerative and Restorative, and NURS 329 Psychiatric Mental Health Nursing/NURS 477 Psychiatric/Mental Health Nursing, are used regularly, based on their support in providing meaningful learning experiences for the students. The community clinical sites include health departments, schools, and community service nonprofits such as [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 skills and sim labs. Most clinical courses also provide learning opportunities at the beginning of each course to allow students to practice skills and competencies required for that clinical setting. Students unable to demonstrate basic competencies may be referred to the sim lab for additional practice and their clinical instructors attempt to provide additional learning opportunities in the clinical practice setting.

Faculty in each BSN clinical course use the Clinical Evaluation Tool (CET) to evaluate students' clinical performance. The CET is based upon program outcomes and critical behaviors, and competencies are scaffolded across the program to reflect the students' expected level of experience. The CET is distributed at orientation and is included in the clinical course packets to ensure that students are informed of the evaluation criteria. Each semester, new clinical instructors receive training on how to complete the tool to evaluate student performance. In the final semester for NURS 429 Leadership and Clinical Practicum/NURS 489 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-to-BSN student must take one course with a clinical component, NURS 467 Public Health Nursing Essentials for the Registered Nurse. Students in the RN-to-BSN and RN-to-MSN options use community clinical sites selected by course faculty members based on student input, previous experience, and site availability.

MSN Program

The MSN specialties students (Community/Public Health Nursing, Health Services Leadership and Management, and Nursing Informatics) rotate through the same facilities while achieving competencies in their practice areas. For example, Community/Public Health students spend time in a variety of agencies, including federal, state, and local, and nonprofits, developing population health strategies. The strategies include assessing population or community needs; planning, implementing, and evaluating programs; and observing and developing skills necessary for leadership, including grant writing, social marketing, and organizational analysis. The Health Services Leadership and Management and Nursing Informatics students complete their practice hours in agencies and health systems that are aligned with their course objectives, and faculty members assist with finding and evaluating each student's placement, whether they are online or in person. All students are closely supervised as they achieve their specialty competencies in leadership and informatics in their practica courses.

Entry-level MSN-CNL/MSN-E students develop professional competencies in practice sites as described under the BSN section. As in the BSN program, each CNL/MSN-E clinical course packet includes the CET based on program outcomes and course-specific competencies. The forms are completed by clinical faculty members. In the final precepted clinical practicum, final evaluations are the clinical faculty members' responsibility, with input from the preceptor.

DNP Program

The Post-BSN to DNP and Post-Master's DNP with specialties options take full advantage of our varied clinical sites in the Baltimore and Washington, D.C., area. For the acute care nurse

practitioner, clinical nurse specialist, and nurse anesthesia specialties, students are placed in acute care agencies and outpatient sites. Many of the sites offer excellent opportunities to work with culturally diverse and underserved populations in urban and rural clinical sites. Students in the primary care nurse practitioner tracks rotate to federally qualified health clinics, private practice offices, nurse practitioner-owned sites, health care centers, and other outpatient sites in the area. Many students enjoy the benefits of working with skilled faculty members who have their faculty practice sites in these settings. All nurse practitioner, clinical nurse specialist, and nurse anesthesia students are assigned to clinical sites that are approved and vetted by our faculty; students are not expected, nor allowed, to secure their own clinical sites. All students in the Post-BSN to DNP and Post-Master's to DNP with specialty program complete at least 810 clinical hours in the APRN specialty (many more are completed for nurse anesthesia). In addition, students complete associated practica for their other DNP courses, for a total of more than 1,000 clinical/practica hours. NTF (2016) criteria are followed 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 to reach the 1000 required DNP practice hours. All complete a pre-established number of hours that are aligned with individual courses. 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 DNP students. The process for nurse practitioner programs is well described in the NTF document, and examples of the tools used for evaluation are available in VRR IIID-2. The evaluation process for all APRN students is bidirectional in that faculty members evaluate the student and preceptor's performance during site visits. Faculty members also evaluate the site. Students evaluate the site and their preceptors. Each faculty group for the specialties reviews the evaluation results regularly to determine what changes, if any, are needed.

DNP students have experiences with varied professionals during their clinical experiences to prepare them for Interprofessional collaborative practice. UMB is fortunate to have the President's Interprofessional Education Clinic that provides care for children and their families who have gastrointestinal health problems. Jay Perman, MD, USM chancellor (and past-president, UMB), and Elsie Stines, DNP, CRNP, oversee the care provided in the clinic. Students from all UMB schools are welcome to participate. Another example is the faculty practice of Dr. Shannon Idzik, associate dean for the DNP program, where students rotate through an interprofessional clinical setting that includes a pharmacist, social workers, nurses, and community health workers. Additional examples are located in VRR IIIG-I.

Post-Graduate APRN Certificate Program

PGAC students rotate to the same clinical sites as the other DNP students under the direct supervision of clinical preceptors and faculty members. They complete a predetermined 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.

III-I. 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 policies, and evaluation methods. Each syllabus explicitly lists student evaluation in the course, with the weight given to each assignment or 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 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 to promote consistency among faculty and to make expectations clear to students. 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 assign grades that are communicated to students primarily through the official learning management system, Blackboard, before the final course grade is transferred to the student's transcript at the end of the semester.

Students who require additional assistance to achieve expected outcomes in the performance of essential competencies are referred to the faculty, advisor, or course director 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 evaluate student performance in the BSN program regularly throughout the semester. Performance in didactic courses is evaluated using a variety of methods including multiple choice exams, short quizzes, scholarly papers, case studies, discussion board postings, group presentations, reflection assignments, 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 syllabus for each course and communicated in advance through Blackboard and during course orientation. 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 policies in the Student Handbook.

In BSN clinical courses, clinical performance is evaluated on a pass/fail basis. The CET described previously establishes standards and promotes consistency in student evaluation. It is provided to clinical instructors and preceptors and is included in student course packets. If a student demonstrates unsatisfactory clinical performance, the clinical instructor or preceptor 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 designee makes virtual or in-person site visits to all clinical sites at least once per semester and remains in close contact with clinical instructors to answer questions and provide support.

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 is 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 VRR IIII-1). The clinical faculty member makes virtual or in-person site visits at least once per semester to interact with the student and preceptor in the practice setting. Throughout the semester, the clinical faculty member gathers information used to evaluate the student, the preceptor, and the clinical site (See VRR IIII-2). This information is used to identify issues with a site or preceptor that need to be addressed and to determine the appropriateness of continued use of a site and/or preceptor.

MSN Program

Faculty evaluate student performance in MSN specialties and degree options regularly 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. MSN students in the Community/Public Health Nursing, Health Services Leadership and Management, and Nursing Informatics specialties evaluate the practicum experience and preceptors evaluate student performance but the supervising practicum instructor is ultimately responsible for the final grade(See VRR IIII-3).

MSN program policies are disseminated to all incoming students during orientation; students are held accountable for all policies in the Student Handbook. Grading policies are consistent for all MSN students. The criteria for good academic standing are communicated to students in the Student Handbook. Progression within the program is monitored and remedial plans are developed for students who fall below the 3.0 GPA level. A student may be dismissed for failing to progress.

CNL/MSN-E didactic and clinical courses are evaluated in the same manner as BSN courses, based on graduate-level objectives.

DNP Program

Faculty members evaluate student performance in DNP degree options regularly 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 policies 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 evaluated, and the rubrics used to determine course grades are included in the course syllabi. 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. Students evaluate the practicum experience and preceptors evaluate student performance (See VRR IIII-4).

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. There are several courses in which students must earn a “B.” Those courses 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 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 UMSON faculty's supervision and preceptors based at clinical sites. APRN faculty members supervise students who are precepted in the clinical area by an NP, clinical nurse specialist, nurse anesthetist, MD, PA, or licensed certified social worker. Clinical faculty members conduct site visits to ensure appropriate learning, and clinical faculty members evaluate agency preceptors and sites. These evaluations factor into decisions about the future placement of students with specific preceptors. On-site clinical preceptors are consulted for evaluation of student performance, but the faculty is responsible for determining the final grade.

Post-Graduate 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-J. The curriculum and teaching-learning practices are evaluated at regularly scheduled intervals, and evaluation data are used 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. The curriculum is regularly evaluated by faculty and revised as appropriate.

Program Response: To foster continual improvements, [curriculum and teaching-learning practices](#) are evaluated every semester. Traditional and online courses are evaluated through

program-level curriculum committees that meet monthly to review and approve new courses, revise courses, and conduct program evaluation. Course evaluations are used along with student learning outcomes to adjust course content and structure. Course evaluations are summarized by the UMSON Office of Evaluation and distributed to appropriate individuals including the academic deans, department chairs, program directors, course directors, and the faculty teaching the course. The academic deans and department chairs meet to discuss any courses of concern. The department chairs are responsible for meeting with the faculty to discuss the course and faculty evaluations and ensure that the faculty make the appropriate course modifications to address weaknesses or limitations. An annual review of the practice learning environment is undertaken by the faculty.

Examples of tools for curriculum assessment are available in VRR IIIJ-1, and documents that demonstrate data analysis of student and faculty evaluations to support ongoing improvement of curriculum and teaching-learning practices are available in VRR IIIJ-2.

BSN Program

BSN course and faculty evaluations are monitored each semester by the department chair responsible for the course. Course evaluations, but not faculty evaluations, are shared with the associate dean of the baccalaureate program. Communication between the respective department chairs and the associate dean of the baccalaureate program regarding course and teaching quality ensures timely detection and correction of course or teaching problems. To evaluate trends in courses, the course directors complete formal reports every 18-24 months and submit them to the Entry-Level Curriculum Committee for review. Courses are also reviewed and discussed by the Entry-Level Curriculum Committee whenever the course director proposes changes to course objectives or evaluation criteria. Student course evaluations are also reviewed regularly by faculty to enhance courses and refine curricula. For example, during virtual instruction in the pandemic years (2020 and 2021), faculty in NURS 316 Research and Evidenced-Based Practice (now NURS 346 Evidence-Based Practice and Nursing Scholarship) transitioned to a flipped classroom model. Before scheduled class time, students worked through interactive online modules with embedded recorded mini-lectures, and then the synchronous virtual sessions were used for clarification and application via live polling, robust discussion, and small-group work in breakout rooms. The evaluations during this time were so favorable that the flipped classroom remained in place after returning to in-person classes and the evaluations continue to contain positive student comments about how well the flipped model prepares them for the course assessments and assignments.

MSN Program

The MSN program collects evaluation information from students on course and faculty performance, mostly through formal written evaluations completed at the end 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 MSN specialties when possible. For example, clinical sites and preceptors are evaluated using the CET, approved by the curriculum committee. The CET is completed by students at the end of each practicum course in the online platform, Exxat STEPS. This evaluation information is provided to practicum course directors who determine appropriateness and effectiveness of sites or preceptors. Decisions are made to continue with sites based on this student feedback.

Informal feedback through discussions among faculty 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, in many discussions with students in the MSN Community Public Health Nursing program, informal feedback led to significant revisions to the culminating assignment of the comprehensive exam scholarly paper. Students stated that this assignment was too focused on a literature review, and they wanted more opportunity to demonstrate program development competencies so that they were better prepared for future employment. They also stated that the timeline was not manageable with other final semester writing assignments. Because of their feedback, in 2021, the specialty director and the community/public health faculty revised this final assignment. This paper is now completed early in the final semester, and students summarize their coursework and practicum, building competencies in public health nursing. The timeline also has improved and no longer conflicts with final semester course writing assignments.

DNP Program

Throughout the DNP curriculum, teaching-learning practices are evaluated at regular intervals to foster improvement in didactic and clinical courses. Evaluations occur formally and informally at various points in the semester. Course faculty review their CEQ/FEQ reports at the end of each semester to garner insights and constructive feedback from students to inform revisions to the course and teaching-learning practices, if needed. Informal feedback obtained through discussions with students and COI stakeholders during clinical site visits, clinical supervision, or didactic class debriefs/“pulse checks” also inform revisions. Data from the PAQ is used to foster improvement, including changes in courses and course sequencing in the program of study. Course directors and section faculty meet to discuss opportunities for course enhancements to support student success, student achievement of outcomes, and congruence with standards.

An example of formal evaluations influencing course planning is the revision of the first DNP project course, NDNP 810 Project Identification. Student feedback was frequently critical of the high volume of work required for a 1-credit course, and low CEQs supported this feedback. Faculty then revised the course to reduce the number of deliverables and assignments, but students still voiced concerns that the amount of work was far beyond a 1-credit course. Subsequent CEQ data noted this again but also identified items that were helpful to the DNP projects and meeting goals for the course. As part of UMSON’s curriculum revision to address the new *Essentials* and NTF Standards, NDNP 810 was redesigned to account for the workload required to develop a successful DNP project. It is now a 3-credit course that launched spring 2024.

Post-Graduate APRN Certificate Program

PGAC students also offer formal and informal feedback throughout their matriculation at UMSON in the same manner as students in the DNP. They submit CEQ/FEQs each semester and complete PAQs at program completion. Faculty use their data to facilitate programmatic changes.

Summary of Standard III

The curriculum for all UMSON programs has many strengths. The School maintains a strong partnership with UMMC that includes sharing personnel (faculty and clinical nurses). Clinical sites

are wide ranging and include large academic, state and national medical centers, e.g., UMMC, Johns Hopkins Hospital, and Children’s National Medical Center; health departments, Head Starts, and schools; private practices and clinics; and the Governor’s Wellmobile. These clinical sites provide learning opportunities across the life span and care continuum. Faculty have contributed significant efforts toward curriculum review and revision, in addition to developing curricula for the two entry-into-nursing programs — entry BSN and MSN-E, offering the FNP-DNP specialty at USG, and offering the NNP-DNP specialty.

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 entry-into-nursing programs, clinical site coordinators in OSAS work closely with the Maryland/D.C. Clinical Nursing Student Collaborative, a volunteer coalition of sites and nursing schools working to increase the number of nurses for the Maryland/Washington, D.C. region by easing the process for schools to identify and secure clinical placement opportunities in health care settings. A designated clinical site assistant director was added in 2021 to expand community placements. At the graduate level, UMSON has designated three clinical site assistant directors to develop practicum placements and DNP project sites. Faculty 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 (baccalaureate, master's, DNP, and/or post-graduate APRN certificate) uses a systematic process to obtain relevant data to determine program effectiveness. The process:

- *is written, is 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; faculty outcomes; and other program outcomes);*
- *identifies which quantitative and/or qualitative data are collected to assess achievement of the program outcomes;*
- *includes timelines for data collection, review of expected and actual outcomes, and analysis; and*
- *is periodically reviewed and revised as appropriate.*

Program Response: The UMSON regularly collects data on students, alumni, and faculty to evaluate program effectiveness as outlined in the Master Evaluation Plan (See Appendix IA-2). The following key indicators for assessing overall performance and achievement of program outcomes in the BSN, MSN, DNP, and PGAC programs include: (a) completion rates; (b) NCLEX-RN first-time pass rates by BSN and MSN-CNL/MSN-E graduates; (c) three-year certification examination pass rates by MSN-CNL graduates, advanced practice nursing graduates, and students who completed the PGAC program; (d) employment rates; and (e) course and program satisfaction data collected from students and alumni. Aggregate data are compared to prior years and trend data, selected established benchmarks, and, when available, state, and national standards or norms.

Students complete the online CEQ and FEQ at the end of each course (See the CEQ/FEQ evaluation forms in Appendix IVA-1). UMSON uses SmartEvals, a platform and service provider for higher education assessment, which combines data collection and reporting and allows for the delivery of all evaluations online.

Upon program completion, all graduating students are asked to complete an anonymous 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. Also, at the time of program completion, students are asked for contact information to facilitate future communication with the School, such as responding to the UMSON alumni and employment surveys.

Alumni are surveyed every three years by the UMB Office of Institutional Research and Planning, targeting BSN and CNL/MSN-E entry-into-nursing graduates. A survey of alumni of the MSN and DNP specialties is conducted every four years by the UMSON Office of Evaluation. The latest BSN

and CNL alumni survey was conducted in 2022 and the MSN and DNP alumni surveys were conducted in 2021.

Longitudinal summary data are compiled and incorporated into a dashboard report for the Governance Council, enabling the council to track trends and take steps to keep program content, structure, and activities aligned with the goals articulated in UMSON's strategic plan. The dashboard was last reviewed by the Governance Council in spring 2023 (See VRR IVA-1).

Office of Evaluation

The UMSON Office of Evaluation has primary responsibility for collecting and analyzing aggregate data on student outcomes, satisfaction, and faculty performance according to the Master Evaluation Plan. 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, academic deans, program directors, courses directors, and faculty teaching the course. Open-ended student comments on the faculty evaluations are provided to individual faculty teaching the course and their department chair.

To close the loop and ensure discrepancies between actual and expected outcomes are addressed, UMSON established a [Policy on Course and Faculty Evaluations](#) in 2017. The academic deans and department chairs review the CEQ results each semester for each program. When a course has a mean CEQ rating below the benchmark, the respective academic dean and department chair use the UMSON Course Evaluation Review Form to document the action plan and send it to the Office of Evaluation. For example, the spring 2023 CEQs revealed that NURS 346 Evidence-Based Practice had a few items below the benchmark. The lowest-rated items were on relevance, alignment of assessments to content, and the amount of work. Student comments cited too many readings and noted inconsistencies among sections related to classroom activities. The academic dean for the baccalaureate program and the Baltimore course director worked with the USG course director to revise the prep work for this flipped class and encouraged collaboration among section faculty regarding use of classroom time. The chairs of the departments that offer the course at Baltimore and USG also consulted with the course director on how to ensure consistency across sections.

The [Annual Course Evaluation Report](#) is prepared based on the number of courses evaluated during each term and the summative results for the various degree programs. Two summative scales (CEQ and FEQ) are calculated. This report is reviewed by ASAC and each curriculum committee, and action is taken when necessary. The latest report was reviewed at the July 11, 2023, ASAC meeting. Since student ratings of the course evaluation and faculty evaluation were above the UMSON benchmarks, no action items were identified. These reports are available to all faculty and are posted on the UMSON intranet.

There are a variety of other reports generated by the Office of Evaluation. The [PAQ](#) is conducted every semester for graduating students, and annual PAQ results are regularly reviewed by the academic deans and compared with those of previous years in an ASAC meeting. Students in each program make recommendations for changes in their curriculum, academic program, and learning resources. These recommendations are reviewed to extract themes for each program. For example, in 2021, BSN and MSN students who utilized a larger classroom in Baltimore (Room 140)

said that the classroom was not conducive to testing due to limited aisle space, poor lighting, and uncomfortable seating. These concerns were validated by the faculty. The classroom has been renovated to address the concerns.

The office conducts MSN and DNP alumni surveys and assists the UMB Graduate School with its 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 Department of Partnerships, Professional Education, and Practice, including the Summer Institute in Nursing Informatics and the annual Maryland Action Coalition conference.

To ensure that the evaluation data is captured and analyzed, an Evaluation Advisory Committee (EAC) helps the Office of Evaluation manage a comprehensive Master Evaluation Plan for UMSO and assists in the creation of major plans related to the evaluation. The committee ensures that the evaluative elements are listed in the master plan with a time frame for data collection and responsible parties for collecting the data. The committee also sets benchmarks for the relevant evaluative elements.

The Office of Evaluation also seeks suggestions and recommendations from faculty and staff to ensure that the collected evaluation data are being distributed to the appropriate responsible parties. For example, in March 2022 the Faculty Council voiced concerns about the FEQ and CEQ questions and the application of the results to faculty yearly evaluations by the department chairs. The director of the Office of Evaluation established a course evaluation task force in fall 2022 and has revised the course evaluation form. The revised form was presented to the Faculty Council in the summer of 2023 and was piloted in fall 2023.

IV-B. Program completion rates demonstrate program effectiveness.

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

Elaboration: The program (baccalaureate, master's, DNP, and/or post-graduate APRN certificate) demonstrates achievement of required program outcomes regarding completion in any one of the following ways:

- *the completion rate for the most recent calendar year (January 1 through December 31) is 70% or higher;*
- *the completion rate is 70% or higher over the three most recent calendar years;*
- *the completion rate is 70% or higher for the most recent calendar year 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; or*
- *the completion rate is 70% or higher over the three most recent calendar years 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.*

The program identifies the cohort(s), specifies the entry point, and defines the time period to completion, each of which may vary by track; however, the program provides the completion rate for the overall degree/ certificate program. The program describes the formula it uses to calculate the completion rate.

The program identifies the factors used and the number of students excluded if some students are excluded from the calculation.

Program Response: Students in the BSN, MSN, DNP, and PGAC programs have a maximum of five years from first matriculation to graduation. Students in the RN-to-MSN program have six years to graduate, and students in the BSN-to-DNP program have seven years to graduate. The method utilized is “the completion rate is 70% or higher over the three most recent calendar years”.

The data presented in Table 4.1 are for the fall 2016 through spring 2018 entering cohorts of the baccalaureate program (entry BSN and RN-to-BSN) and MSN. The RN-to-MSN are for fall 2015 through spring 2018 entering cohorts. The DNP Post-Master’s option and PGAC are for cohorts who entered in 2016 through 2018. The BSN-to-DNP and DNP Post-Master’s with specialty are for 2014 through 2016 entering cohorts. The completion rate was calculated by dividing the total number of students who entered in a particular semester or year by the number of students who completed within the maximum years allowed; no students were excluded. All degree programs and options meet the CCNE benchmark of 70%. The overall completion rate for the BSN program was 94%, the overall completion rate for the MSN program was 78%, the overall completion rate for the DNP was 80%, and the overall completion rate for the PGAC was 100%.

Table 4.1: Completion Rates – CCNE Benchmark 70%

Baccalaureate Program: Entry BSN (maximum graduation five years)				
Calendar Year Graduation	Calendar Year Admission	# Students Admitted	# Students Completing	% Students Completing
2023 Fall	2019 Spring	162	152	94%
2023 Spring	2018 Fall	166	160	96%
2022 Fall	2018 Spring	162	154	95%
2022 Spring	2017 Fall	167	163	98%
2021 Fall	2017 Spring	164	159	97%
2021 Spring	2016 Fall	170	163	96%
			Average	96%
Baccalaureate Program: RN -to-BSN (maximum graduation five years)				
Calendar Year Graduation	Calendar Year Admission	# Students Admitted	# Students Completing	% Students Completing
2023 Fall	2019 Spring	34	27	79%
2023 Spring	2018 Fall	44	39	89%
2022 Fall	2018 Spring	28	27	96%
2022 Spring	2017 Fall	43	37	86%
2021 Fall	2017 Spring	31	27	87%
2021 Spring	2016 Fall	58	52	90%
			Average	89%
Baccalaureate Overall Program: BSN and RN-to-BSN				
Calendar Year Graduation	Calendar Year Admission	# Students Admitted	# Students Completing	% Students Completing
2023 Fall	2019 Spring	196	179	91%
2023 Spring	2018 Fall	210	199	95%
2022 Fall	2018 Spring	190	181	95%

2022 Spring	2017 Fall	210	200	95%
2021 Fall	2017 Spring	195	186	95%
2021 Spring	2016 Fall	228	215	94%
			Average	94%
Master's Progr: RN -to-MSN (maximum graduation six years)				
Calendar Year Graduation	Calendar Year Admission	# Students Admitted	# Students Completing	% Students Completing
2023 Fall	2018 Spring	6	3	50%
2023 Spring	2017 Fall	13	10	77%
2022 Fall	2017 Spring	4	4	100%
2022 Spring	2016 Fall	3	2	67%
2021 Fall	2016 Spring	4	3	75%
2021 Spring	2015 Fall	5	4	80%
			Average	74%
MSN Program: cludes specialties and entry -into-nursing (maximum graduation five years)				
Calendar Year Graduation	Calendar Year Admission	# Students Admitted	# Students Completing	% Students Completing
2023 Fall	2019 Spring	97	77	79%
2023 Spring	2018 Fall	123	95	77%
2022 Fall	2018 Spring	101	71	70%
2022 Spring	2017 Fall	119	100	84%
2021 Fall	2017 Spring	92	73	79%
2021 Spring	2016 Fall	116	91	78%
			Average	78%
Master's Overl Program: RN -to-MSN and MSN				
Calendar Year Graduation	Calendar Year Admission	# Students Admitted	# Students Completing	% Students Completing
2023 Fall	2019 Spring	103	80	78%
2023 Spring	2018 Fall	136	105	77%
2022 Fall	2018 Spring	105	75	71%
2022 Spring	2017 Fall	122	102	84%
2021 Fall	2017 Spring	96	76	79%
2021 Spring	2016 Fall	121	95	79%
			Average	78%
DNP Program: SN -to-DNP (maximum graduating seven years)				
Calendar Year Graduation	Calendar Year Admission	# Students Admitted	# Students Completing	% Students Completing
Spring 2023	Fall 2018	73	66	90%
Spring 2022	Fall 2017	67	58	87%
Spring 2021	Fall 2016	61	48	79%
			Average	86%
DNP Program: t -Master's Option (maximum graduation five years)				
Calendar Year Graduation	Calendar Year Admission	# Students Admitted	# Students Completing	% Students Completing

Spring 2023	Fall 2018	24	15	63%
Spring 2022	Fall 2017	29	21	72%
Spring 2021	Fall 2016	24	18	75%
			Average	70%
DNP Program: t -Master's with Specialty (maximum graduation seven years)				
Calendar Year Graduation	Calendar Year Admission	# Students Admitted	# Students Completing	% Students Completing
Spring 2023	Fall 2016	14	11	79%
Spring 2022	Fall 2015	14	11	79%
Spring 2021	Fall 2014	7	5	71%
			Average	77%
DNP Overall Program: BSN -to-DNP, Post-Master's Option, Post-Master's with Specialty				
Calendar Year Graduation	Calendar Year Admission	# Students Admitted	# Students Completing	% Students Completing
Spring 2023	Fall 2016	111	92	83%
Spring 2022	Fall 2015	110	89	81%
Spring 2021	Fall 2014	97	74	80%
			Average	80%
Post-Graduate PRN Certificate Program (maximum graduation five years)				
Calendar Year Graduation	Calendar Year Admission	# Students Admitted	# Students Completing	% Students Completing
Spring 2023	Fall 2018	2	2	100%
			Average	100%

IV-C. Licensure pass rates demonstrate program effectiveness.

This key element is not applicable to a program that does not prepare individuals for licensure examinations or does not yet have individuals who have taken licensure examinations.

Elaboration: Programs with a prelicensure track demonstrate achievement of required program outcomes regarding licensure. The program demonstrates that it meets the licensure pass rate of 80% in any one of the following ways:

- *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 (January 1 through December 31);*
- *the pass rate for each campus/site and track is 80% or higher for all takers (first-time and repeaters who pass) for the most recent calendar year;*
- *the pass rate for each campus/site and track is 80% or higher for all first-time takers over the three most recent calendar years; or*
- *the pass rate for each campus/site and track is 80% or higher for all takers (first-time and repeaters who pass) over the three most recent calendar years.*

For each campus/site and track, identify which of the above options was used to calculate the pass rate.

Program Response: The method selected for reporting is “the NCLEX-RN pass rate for each campus or site and track is 80% or higher for first-time takers for the most recent calendar year”. The first-time pass rates ranged from 91.2% - 91.7%. The School has invested additional resources for NCLEX-RN preparation, and graduates’ first-time pass rates have exceeded the 80% benchmark. The 2023 NCLEX-RN rates are as follows, using information provided by Pearson VUE:

- a. Baltimore campus — entry BSN 174 first-time test takers, 159 passed on first attempt (91.4%).
- b. UMSON at USG — entry BSN 144 first-time test takers, 132 passed on first attempt (91.7%).
- c. Baltimore campus —CNL 102 first-time test takers, 93 passed on first attempt (91.2%).

IV-D. Certification pass rates demonstrate program effectiveness.

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

Elaboration: The master’s, DNP, and post-graduate APRN certificate programs demonstrate achievement of required program outcomes regarding certification. For programs that prepare students for certification, certification pass rates are obtained and reported for those completers taking each examination, even when national certification is not required to practice in a particular state.

For programs that prepare students for certification, data are provided regarding the number of completers taking each certification examination and the number that passed. A program is required to provide these data regardless of the number of test takers.

For program that prepares students for certification demonstrates that it meets the certification pass rate of 80%, for each examination, in any one of the following ways:

- *the pass rate for each certification examination is 80% or higher for first-time takers for the most recent calendar year (January 1 through December 31);*
- *the pass rate for each certification examination is 80% or higher for all takers (first-time and repeaters who pass) for the most recent calendar year;*
- *the pass rate for each certification examination is 80% or higher for all first-time takers over the three most recent calendar years; or*
- *the pass rate for each certification examination is 80% or higher for all takers (first-time and repeaters who pass) over the three most recent calendar years.*

The program identifies which of the above options was used to calculate the pass rate. The program provides certification pass rate data for each examination but, when calculating the pass rate described above, may combine certification pass rate data for multiple examinations relating to the same role and population.

Program Response: The method selected for reporting is “the pass rate for each certification exam is 80% or higher for all first-time takers over the three most recent calendar years”. The DNP certification pass rates ranged from 88% - 100% and the PGAC certification pass rate was 100%; both exceeded the 80% benchmark. Very few of the MSN graduates from Nursing Informatics and Health Services Leadership and Management take the optional AACN certification exams. Of the three that did, the pass rate exceeded the benchmark. The CNL certification pass rate is above the national average for model C programs but below the benchmark.

Table 4.2: First-Time Takers Pass Rates for CNL Certification Exam (Benchmark ≥ 80%)

	2021	2022	2023
First-Time Takers by Year	71% (n=38)	74% (n=19)	71% (n=21)
First-Time Takers Over Th Years	72% (n=78)		

Table 4.3: MSN Nursing Informatics and Health Services Leadership Management Certification Exams (Benchmark ≥ 80%)

Specialty (Exam)		2021	2022	2023
Nursing Informatics (ANCC Nurse Informatics RN-BC)	First-Time Takers by Year	100% (n=3)	NG	NG
	First-Time Takers Over Three Years	100% (n=3)		
Health Services Leadership Management (ANCC Nurse Executive NE-BC)	First-Time Takers by Year	NG	NG	NG
	First-Time Takers Over Three Years	NG		

Table 4.4: Pass Rates for DNP on Certification Exams (Benchmark \geq 80%)

Specialty	Exam	Exam Year	2021	2022	2023
Adult-Gerontology Acute Care Nurse Practitioner/ Clinical Nurse Specialist	AACCN ACNPC-AG	First-Time Takers by Year	100% (n=6)	NG	100% (n=7)
		First-Time Takers Over Three Years	100% (n=13)		
	AACCN ACCNS-AG	First-Time Takers by Year	100% (n=15)	92% (n=12)	100% (n=8)
		First-Time Takers Over Three Years	97% (n=35)		
	ANCC AGACNP-BC	First-Time Takers by Year	100% (n=11)	100% (n=7)	NG
		First-Time Takers Over Three Years	100% (n=18)		
Adult-Gerontology Primary Care Nurse Practitioner	AANPCB A-GNP-C	First-Time Takers by Year	100% (n=11)	100% (n=11)	100% (n=9)
		First-Time Takers Over Three Years	100% (n=31)		
	ANCC AGPCNP-BC	First-Time Takers by Year	100% (n=3)	NG	100% (n=5)
		First-Time Takers Over Three Years	100% (n=8)		
Family Nurse Practitioner	AANPCB FNP-C	First-Time Takers by Year	100% (n=15)	97% (n=29)	94% (n=33)
		First-Time Takers Over Three Years	96% (n=77)		
	ANCC FNP-BC	First-Time Takers by Year	100% (n=13)	100% (n=2)	100% (n=2)

Specialty	Exam	Exam Year	2021	2022	2023
		First-Time Takers Over Three Years	100% (n=17)		
Neonatal Nurse Practitioner	NCC NNP-BC	First-Time Takers by Year	100% (n=7)	89% (n=9)	100% (n=5)
		First-Time Takers Over Three Years	95% (n=21)		
Nurse Anesthesia	NBCRNA CRNA	First-Time Takers by Year	96% (n=23)	100% (n=26)	80% (n=30)
		First-Time Takers Over Three Years	87% (n=79)		
Pediatric Acute Care Nurse Practitioner	PNCB CPNP-AC	First-Time Takers by Year	89% (n=9)	86% (n=7)	88% (n=8)
		First-Time Takers Over Three Years	88% (n=24)		
Pediatric Primary Care Nurse Practitioner	PNCB CPNP-PC	First-Time Takers by Year	100% (n=5)	100% (n=14)	88% (n=8)
		First-Time Takers Over Three Years	96% (n=27)		
Psychiatric Mental Health Nurse Practitioner	ANCC PMHNP-BC	First-Time Takers by Year	100% (n=5)	100% (n=6)	100% (n=11)
		First-Time Takers Over Three Years	100% (n=22)		

NG indicates no report generated.

Post-Graduate certificate pass rates: Two students were enrolled in the PGAC program during the past three years (2021 - 2023); both graduated in spring 2023. One graduate passed the AANPCB Adult-Gerontology Primary Care Nurse Practitioner certification exam and the other passed the ANCC Psychiatric and Mental Health Nurse Practitioner certification exam.

IV-E. Employment rates demonstrate program effectiveness.

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

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

- The employment rate is provided separately for each degree program (baccalaureate, master’s, and DNP) and the post-graduate APRN certificate program.
- Data are collected within 12 months of program completion. Specifically, employment data are 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.

Program Response: Employment data are collected from the UMSON Employment Survey that is sent out three separate intervals after program completion, at three months, six months, and 10 months, with additional reminders at 11 and 12 months, to best capture the data on graduates. Table 4.5 identifies the number of graduates from each program in 2020, 2021, and 2022 who completed the survey, the response rate, and the percentage of graduates who reported that they were employed within 12 months of program completion. Data from the baccalaureate graduates indicate that 89 - 93% were employed. Data from the master's graduates indicate that 95 - 96% were employed. Data from the DNP graduates indicate that 95 - 98% were employed. All programs significantly exceeded the benchmark of 70%.

Table 4.5: Employment Within 12 Months of Completion by Degree Program

Program	Year Completed	# Graduates	% Employed Within 12 Months of Completion
Baccalaureat	2022	392	Number of completers 268, Employed 93% Response rate 68%
	2021	401	Number of completers 252, Employed 89% Response rate: 63%
	2020	379	Number of completers 258, Employed 93% Response rate 68%
Master's	2022	228	Number of completers 159, Employed 95 % Response rate 70%
	2021	191	Number of completers 131, Employed 96% Response rate: 69%
	2020	199	Number of completers 136, Employed 95% Response rate 68%
Doctor of Nursing Practice	2022	138	Number of completers 113, Employed 98% Response rate 82%
	2021	125	Number of completers 108, Employed 96% Response rate 86%
	2020	106	Number of completers 74, Employed 95% Response rate 70%

Post-Doctoral N Certificate: 2022, 2021, and 2020, No Graduates

IV-F. Data regarding completion, licensure, certification, and employment rates are used, as appropriate, to foster ongoing program improvement.

This key element is applicable if one or more of the following key elements is applicable: Key Element IV-B (completion), Key Element IV-C (licensure), Key Element IV-D (certification), and Key Element IV-E (employment).

Elaboration: The program uses outcome data (completion, licensure, certification, and employment) for improvement.

- *Discrepancies between actual and CCNE expected outcomes (program completion rates 70%, licensure pass rates 80%, certification pass rates 80%, employment rates 70%) inform areas for improvement.*
- *Changes to the program to foster improvement and achievement of program outcomes, as appropriate, are deliberate, ongoing, and analyzed for effectiveness.*

- Faculty are engaged in the program improvement process.

Program Response: The responsibility of monitoring student and alumni outcome data is shared with faculty members and administration and involves these groups: curriculum committees, entry-level course coordinators, BSN and CNL/MSN-E program directors, MSN and DNP specialty directors, academic deans, the associate dean for faculty development, ASAC, Faculty Council, and Governance Council. When a benchmark for completion, licensure, certification, and employment is not met, a plan is developed for addressing the issue.

For example, in FY 2022 (July 1, 2021 - June 30, 2022) the first-time NCLEX-RN pass rate for the entry BSN students was 77.1%, a decline from 86.6% in FY 2021 and 86.6% in FY 2020. The School notified CCNE of this change in student achievement in August 2022 (See VRR IVF-1) and provided the plan to address the pass rate for first-time test takers and provide resources for unsuccessful first-time testers. The plan included seven action items: (1) appointing an NCLEX success faculty person at 50% effort; (2) hiring a BSN program coordinator to serve as a resource for Kaplan/ATI NCLEX Solutions standardized testing and preparation of NCLEX-RN; (3) hiring a director of academic administration to serve as the subject matter expert to guide graduates on licensure and certification; (4) arranging for Kaplan Test Prep to be accessible for four months after graduation; (5) adding Kaplan's Extension program, which provided an additional three months of access to the test preparation for graduates who were not successful on their first attempt; (6) increasing the amount of practice testing students do in the program of study; and (7) increasing access to 3,000 NextGen NCLEX-style practice questions and computerized adaptive test features through ATI's Dynamic Quizzing resources. This multi-factor approach has resulted in significant improvement in the NCLEX-RN pass rate. In FY 2023, the first-time pass rate was 91.5% for the entry BSN graduates compared to the earlier rates of 86.6% in 2020 and 2021 and the significant drop (77.1%) experienced in 2022.

While the CNL option is being phased out, with the last cohort admitted fall 2023, and is being replaced by the generalist master's entry-into-nursing program MSN-E, the School remains committed to improving the CNL certification pass rate. CNL competency content has been expanded in the final practicum course to emphasize role expectations and increase hands-on experience working with frontline change teams. The practicum midterm and final exam were modified to mimic the CNL certification exam. The CNL Scholarly Poster requirement in the last semester requires students to develop and demonstrate CNL competencies and critical thinking. Guided study recommendations are also provided for graduates who apply to take the optional certification exam (See VRR IVF-2).

IV-G. Aggregate faculty outcomes demonstrate program effectiveness.

Elaboration: The program demonstrates achievement of expected faculty outcomes. In order to demonstrate program effectiveness, outcomes are consistent with and contribute to achievement of the program's mission and goals and are congruent with institution and program expectations.

Expected faculty outcomes:

- are identified for the faculty as a group;
- specify expected levels of achievement for the faculty as a group; and
- reflect expectations of faculty in their roles.

Actual faculty outcomes are compared to expected levels of achievement. Actual faculty outcomes are presented in the aggregate. If expected faculty outcomes vary for different groups of faculty (full-time,

part-time, adjunct, tenured, non-tenured, or other), actual faculty outcomes may be presented separately for each different group of faculty.

Program Response: Faculty outcomes are measured in several ways to evaluate how faculty are contributing to the school and university mission and goals. Standard II Table 2.7 provides a three-year overview of faculty scholarly activity. For the past three years the percentage of faculty who contributed to at least one type of scholarly activity annually exceeded the benchmark of 85%. Information on faculty outcomes from the FPPR is reviewed by the Governance Council on an annual basis. Most impressive is that over 60% of the faculty serve as association officers and leaders, which reflects their commitment to the profession and to the delivery of health care in Maryland and beyond.

Students evaluate teaching at the end of each semester. Table 4.6 provides a summary of the ratings for the past three years, including the mean rating by program and the percentage of faculty meeting expected level of achievement. All mean ratings (4.39 - 4.56) across the BSN, MSN, and DNP programs meet the School’s expected level of achievement. The School’s benchmark for the percentage of faculty who met the School’s expected level of achievement is 75% or greater; 80% - 89% of the faculty achieved an overall rating of 4.00 or greater on a five-point scale in 2022 - 2023, up from 77% - 85% in 2021 - 2022.

Table 4.6: FEQ

Faculty Outcome	Year	Expected Level of Achievement	Actual Outcome		
			BSN	MS/MSN	DNP
			Mean (%)	Mean (%)	Mean (%)
FEQ	2022 - 2023	≥4.00 on a 5-point scale	4.39 (80%)	4.45 (89%)	4.53 (89%)
	2021 - 2022	≥4.00 on a 5-point scale	4.40 (78%)	4.39 (77%)	4.55 (85%)
	2020 - 2021	≥4.25 on a 5-point scale	4.45 (75%)	4.47 (79%)	4.56 (82%)

Not: (%) is the percent of FEQ meeting the expected level of achievement; the expected faculty outcome is 75% of FEQ mean meeting the UMSON benchmark.

In their last semester, students are asked to complete the PAQ, which includes a question on faculty-student relationships (see Table 4.7). For the past three years the students’ ratings have exceeded the School’s expected level of achievement (a 2.5 or greater on a four-point scale) with all programs consistently exceeding the benchmark (3.17 - 3.50).

Table 4.7: Faculty-Student Relationships Evaluation Results as Measured by Students in the PAQ

Faculty Outcome	Year	Expected Level of Achievement	Actual Outcome		
			BSN	MS/MSN	DNP
Faculty-Student Relationships	2022 - 2023	≥2.5 on a 4-point scale	3.24	3.26	3.17
	2021 - 2022	≥2.5 on a 4-point scale	3.30	3.47	3.50
	2020 - 2021	≥2.5 on a 4-point scale	3.23	3.32	3.34

Another way of assessing faculty contributions across all missions is promotion (See Table 4.8). While the number of faculty who seek promotion to associate professor or professor is small, 93% have been successful (14 of 15). In 2023 - 2024, five faculty are being reviewed for promotion, and

two of the five are also being reviewed for tenure; all five have been recommended for promotion, and two have been recommended for tenure by the School of Nursing APT committee. The outcome of their review by the UMB president will be available during the site visit.

Table 4.8: Number of Faculty Members Promoted and Rank Achieved Each Fiscal Year

Rank Status	2020 - 2021	2021 - 2022	2022 - 2023
	# Promoted	# Promoted	# Promoted
Professor	3	2	1
Associate Professor	1	3	3
Withdrew/Not Promote	1	0	0
Total Seeking Promotio	5	5	4

Finally, the School monitors the teaching workload of the faculty with an expectation that 80% of the faculty will be teaching at their defined workload or greater. Except for the tenured or tenure-track faculty in 2021 - 2022 (69%), most of the faculty met the expected level of teaching (83% - 94%).

Table 4.9: Percentage of Full-Time Faculty Members Teaching at Defined Workload

Faculty Outcome	Year	Expected Level of Achievement	Actual Outcome	
			Tenured or Tenure-Track Faculty	Non-Tenure Track Faculty
Faculty Teaching at Workload	2022 - 2023	80% of faculty teaching at defined workload or greater	94%	83%
	2021 - 2022		69%	84%
	2020 - 2021		94%	94%

IV-H. Aggregate faculty outcome data are analyzed and used, as appropriate, to foster ongoing program improvement.

Elaboration: The program uses faculty outcome data for improvement.

- Faculty outcome data are used to promote ongoing program improvement.
- Discrepancies between actual and expected outcomes inform areas for improvement.
- Changes to foster achievement of faculty outcomes, as appropriate, are deliberate, ongoing, and analyzed for effectiveness.
- Faculty are engaged in the program improvement process.

Program Response: The multiple ways of measuring faculty outcomes allow the School’s faculty and administrative team to know how faculty are contributing to the various missions of the University. The Faculty Council provides feedback when the various benchmarks are reviewed to determine whether to modify. An example of this was the change in the FEQ benchmark in 2021 - 2022 to 4.00 on the five-point scale (down from 4.25). The change was discussed and voted on in ASAC. The department chairs oversee faculty workload, including teaching assignments. Consequently, they are aware of those faculty who are under their teaching load, often due to extenuating circumstances. They also manage faculty teaching overload and report the overload to the senior associate dean for administration and finance so that faculty are compensated accordingly.

The School’s commitment to faculty development in the teaching mission is exemplified in the work of the Institute for Educators and the appointment of the associate dean for faculty

development (See Standard II-G). The department chairs meet individually with faculty who are not meeting the FEQ benchmark to determine how best to support them, including acknowledging circumstances that had a negative impact on the score. One example of support provided for faculty in an APRN track with low FEQs was a team development coach and a curriculum consultant. In addition, the chairs do an annual performance evaluation with each faculty member, looking across the missions and identifying goals for the coming year and any needed resources. The APT Committee is also available to meet with faculty who are interested in pursuing promotion to discuss any areas that may need strengthening.

IV-I. Program outcomes demonstrate program effectiveness.

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

Program outcomes are defined by the program and incorporate expected levels of achievement. The program describes how outcomes are measured. Actual levels of achievement, when compared to expected levels of achievement, demonstrate that the program, overall, is achieving its outcomes. Program outcomes are appropriate and relevant to the degree and certificate programs offered.

Program Response: An analysis of program outcome data relative to students, new graduates, and alumni satisfaction with their courses, teachings, and the overall program of study demonstrates program effectiveness.

Table 4.10 identifies that the BSN, MSN, DNP and PGAC students report high levels of satisfaction with courses (4.23 - 4.40), exceeding the School’s benchmark of 4.00 or greater on a five-point scale (2021 - 2022 and 2022 - 2023). Data pertaining to RN-to-BSN satisfaction are included in the BSN students category, and data from the RN-to-MSN program are included with MSN students; data from PGAC students are included in the DNP category, based on the course.

Table 4.10: Student Ratings on CEQ by Degree Program

Program Outcome	Year	Expected Level of Achieve	Actual Outcome		
			BSN	MSN	DNP & PGAC
CEQ	2022 - 2023	≥4.00 on a 5-point scale	4.36	4.38	4.23
	2021 - 2022	≥4.00 on a 5-point scale	4.32	4.39	4.28
	2020 - 2021	≥3.75 on a 5-point scale	4.37	4.40	4.34

Table 4.11 indicates that students’ program satisfaction ratings on all the program outcomes across all programs meet the School’s benchmark of 2.5 or greater on a four-point scale. For all three programs, the highest ratings are seen in program utility and efficacy (averaged across three years: BSN 3.37, MSN 3.42, and DNP 3.53). The lowest scores for the BSN students are curriculum options and individualization (average 3.21) and time efficiency and student demands (average 3.21). For the MSN program, the lowest score was for curriculum options and individualization (average 3.20), and for the DNP program, the lowest score was for time efficiency and student demands (average 3.17). Looking across programs, the average overall satisfaction score was 3.23 for the BSN program, 3.26 for the MSN program, and 3.24 for the DNP program. In general, students are likely to recommend the programs — the averages across all three years are 3.15 for the DNP and 3.24 for both the BSN and MSN.

Table 4.11: Student Ratings on PAQ

Program Outcome	Year	Expected Level of Achievement	Actual Outcome		
			BSN	MSN	DNP & PGAC
Program Utility and Efficacy	2022 - 2023	≥2.5 on a 4-point scale	3.38	3.35	3.41
	2021 - 2022		3.40	3.53	3.63
	2020 - 2021		3.32	3.37	3.54
Curriculum Options and Individualizati	2022 - 2023	≥2.5 on a 4-point scale	3.21	3.09	3.01
	2021 - 2022		3.24	3.34	3.35
	2020 - 2021		3.18	3.16	3.30
Time Efficiency and Student Demands	2022 - 2023	≥2.5 on a 4-point scale	3.22	3.17	2.96
	2021 - 2022		3.23	3.36	3.34
	2020 - 2021		3.17	3.27	3.22
Learning Resources	2022 - 2023	≥2.5 on a 4-point scale	3.35	3.28	3.31
	2021 - 2022		3.32	3.36	3.46
	2020 - 2021		3.27	3.28	3.43
Overall Satisfaction	2022 - 2023	≥2.5 on a 4-point scale	3.28	3.10	3.09
	2021 - 2022		3.19	3.42	3.43
	2020 - 2021		3.23	3.25	3.19
Recommendation o the Program	2022 - 2023	≥2.5 on a 4-point scale	3.29	3.10	3.01
	2021 - 2022		3.21	3.37	3.31
	2020 - 2021		3.23	3.25	3.12

The 2019 - 2020, 2020 - 2021, and 2021 - 2022 alumni of the entry programs were surveyed by the University to assess their satisfaction with the program, and the overall response rates were very low (see Table 4.12). The ratings of the 45 BSN alumni meet the expected level of achievement except for how well the School prepared them for their current job (67%). This may be due, in part, to completing some of their coursework during the COVID-19 pandemic. The 26 CNL graduates' ratings met the expected level of achievement except for recommending the program to others (67%). The additional costs of the MS/MSN degree and the COVID-19 pandemic experience may have affected this outcome.

Table 4.12: BSN and CNL Option Quality, UMB Alumni Survey for 2019 - 2020, 2020 - 2021, and 2021 - 2022 Graduates

Program Outcome	Expected Level of Achievement	Actual Outcome	
		BSN n=45	MS/MSN-CNL n=26
How well did the School of Nursing (SON) prepare you for your current job?	70% for "Excellent" or "Good"	67%*	75%
If you were to do it over, would you attend the SON again?	70% for "Definitely Yes" or "Probably Yes"	75%	76%
Overall, how would you rate your educational experience at the SON?	70% for "Excellent" or "Good"	82%	75%
Would you recommend the program you attended at the SON to others?	70% for "Yes"	84%	67%**
*An additional 26% of the Bgraduates indicated "Fair Preparation"			
**An additional 14% of CNL gduates indicated that they were "Not Sure"			

Table 4.13 provides the MS/MSN and DNP alumni feedback for graduates from 2017, 2018, 2019, and 2020. The 201 MS/MSN alumni include graduates from the CNL option as well as the three specialties (Community/Public Health, Health Services Leadership and Management, Nursing Informatics). All the expected outcomes were achieved, with 88% indicating they would attend the School again and rating their educational experience as 4.00 on a five-point scale. The 177 DNP alumni outcomes were just slightly lower, with 85% and 3.9, respectively.

Table 4.13: MS/MSN and DNP Program Quality Assessed by UMSON Alumni Survey for 2017-2020 Graduates

Program Outcomes	Expected Level of Achievement	Actual Outcome	
		MS/MSN n=201	DNP n=117
How well did your practicum prepare you for practice?	≥3.5 on a 5-point scale	3.8	N/A
If you were to do it over, would you attend the School of Nursing (SON) again?	70% for “Definitely Yes” or “Probably Yes”	88%	85%
Overall, how would you rate your educational experience at the SON?	≥3.5 on a 5-point scale	4.0	3.9

IV-J. Program outcome data are used, as appropriate, to foster ongoing program improvement.

Elaboration: For program outcomes defined by the program:

- Actual program outcomes are used to promote program improvement.
- Discrepancies between actual and expected outcomes inform areas for improvement.
- Changes to the program to foster improvement and achievement of program outcomes, as appropriate, are deliberate, ongoing, and analyzed for effectiveness.
- Faculty are engaged in the program improvement process.

Program Response: The School has a robust evaluation plan that informs the various degree and certificate program curricula and the support services that are provided to students and faculty. Most program outcomes are met, and when one is not, the appropriate curriculum committee and academic dean follows up to address concerns. In relation to faculty outcomes, the responsibility for monitoring and follow-up resides with the department chair, with input from others as appropriate.

The School’s administration and faculty take program outcome data seriously and are fortunate to have the fiscal resources needed to expand support services or invest in program development. Examples of changes that have resulted are provided through this self-study and include the renovation of Building I at USG to expand the simulation footprint, the addition of a faculty full-time equivalency focused on NCLEX-RN preparation, the creation of the associate dean for faculty development position, and a dynamic office that supports the School’s work on EDI.

The School’s governance structure provides numerous opportunities for faculty to engage in the program improvement process. The faculty organization’s committee structure includes the Faculty Council which oversees the Entry-into-Practice, Master’s, and DNP Curriculum Committees, the Student Affairs Committee, and the APT Committee. Faculty Council leadership and faculty-at-large service on the School’s shared governance councils, including the Governance

Council and ASAC. Faculty also serve on the EDI Council and the TAC. This high level of faculty engagement reflects the commitment of the School's faculty and leadership to ensure that the faculty voice is represented and heard.

Summary of Standard IV

UMSON has a comprehensive Master Evaluation Plan and the resources to support an Office of Evaluation that has primary responsibility for collecting and analyzing aggregate data on student outcomes, satisfaction, alumni, employment, and faculty performance. The Office of Evaluation regularly shares aggregate data with the appropriate associate deans, department chairs, and governance bodies, e.g., curriculum committees, Faculty Council, ASAC, and Governance Council, to assess trends, determine if benchmarks are being met, and foster ongoing program improvement.

Program completion rates, licensure pass rates, DNP certification pass rates, and employment rates significantly exceed benchmarks and demonstrate program effectiveness. The one exception is the CNL certification pass rate, which exceeds the national norms for model C programs but does not meet the benchmark. UMSON is phasing out this program and replacing it with a generic master's entry-level program, that launched in spring 2024, but is actively working to improve pass rates while current CNL students complete their programs of study.

Aggregate faculty outcomes demonstrate effectiveness in meeting the tripartite mission of UMSON and UMB for instruction, scholarship, and service. Student evaluations of faculty and courses identify that the faculty and courses in the BSN, MSN, and DNP programs exceed the School's benchmarks. PAQ data show that faculty-student relationships are strong and program outcome indicators also exceed the benchmarks for each program. Alumni surveys demonstrate overall satisfaction with the BSN, MSN, and DNP programs.