

**MARYLAND BOARD OF NURSING**  
**BOARD MEETING**

**OPEN AGENDA**

**DATE:** July 27, 2016  
**TIME:** 9:00 A.M.  
**PLACE:** Maryland Board of Nursing  
4140 Patterson Avenue  
Baltimore, Maryland

**BUSINESS:**

**PLEASE NOTE:** THE MEETING WILL BE IN OPEN SESSION FROM 9:00 A.M. UNTIL APPROXIMATELY 10:00 A.M. WITH EXECUTIVE (CLOSED) SESSION IMMEDIATELY FOLLOWING.

**1. Call to Order**

- A. Roll Call and Declaration of Quorum
- B. Audience Introduction
- C. Ballot Distribution

**2. Consent Agenda**

- A. Nurse Practitioner Programs
  - 1. Brandman University, Irvine, CA, Psychiatric Mental Health, Doctor of Nursing Practice
  - 2. College of Staten Island, Staten Island, NY, Adult-Gerontology Primary Care, Masters
  - 3. Binghamton University, Binghamton, NY, Adult-Gerontological, Post Graduate Certificate, Masters, and Doctor of Nursing Practice
  - 4. George Mason University, Fairfax, VA, Family Psychiatric Mental Health, Masters and Doctors of Nursing Practice

5. Texas Tech University Health Sciences Center, Lubbock, TX, Acute Care, Post Masters and Masters
6. University of Florida, Gainesville, FL, Adult-Gerontology Acute Care, Masters
7. University of Illinois at Chicago, Chicago, IL, Family Post Masters
8. University of Missouri, Columbia, MO, Mental Health, Post Masters
9. University of Texas Medical Branch, Galveston, TX, Acute Care, Masters
10. Walden University, Minneapolis, MN, Psychiatric Mental Health, Master
11. Rocky Mountain University of Health Professions, Provo, UT Family, Doctor of Nursing Practice

#### B. Certificate Training Programs

1. Request for Approval to Renew CNA-GNA Training Programs
  - a. North Point High School
  - b. Kent County High School
  - c. Silver Oak Academy
  - d. Premier Institute
  - e. Healthcare Training Solutions
  - f. American Health Career Institute.
  - g. Harford Technical High School
2. Request for Approval to Renew CNA-GNA Training Program  
The Nursing Assistant Academy
3. New Training Site for CNA/GNA Training Programs
  - a. Genesis Healthcare Bellenger Creek Center
  - b. Genesis Healthcare Fairland Center
  - c. Genesis Healthcare Severna Park Center

C. Request for Carroll Community College

1. New Interim Nursing Program Director
2. Waiver Request
3. Dr. Nancy Perry – appointed Interim Chief Academic Officer
4. 2015 Waiver requirements satisfied

D. Howard Community College – New Chair & Director of Nursing

E. John Hopkins University School of Nursing MSN Entry into Practice Program

**3. Discussion of Items Removed from Consent Agenda**

**4. Education** (No Report)

**5. Practice** ( No Report)

**6. Licensure & Certification** (Jill Callan and Cheyenne Redd)

- a. Nurse Aide Training Programs Update
- b. Plan of correction - Trinity Program

**7. Advanced Practice** (Michelle Duell)

- a. Maryland registered nursing license requirements for non-compact state nurse faculty at out of state, online nurse practitioner programs that have students doing their clinical obligations in the state. (3 minutes)
- b. Nurse Practitioner delegation to medical assistants and barrier to practice in Maryland (7 minutes)

**8. Administrative and Legislative** (Shirley Devaris)

- a. Amend regulations for dialysis technicians - 10.39.01.08 - request permission to publish.
- b. Direct Entry midwife Regulations. - Amend existing proposal. Request to add travel history to the assessment and permission to publish.

- c. Draft regulations- 10.27.01.05 (D), 10.39.01.04(A) (2), and 10.39.04.04(A) (2) (b) repeal requirement for a photograph as part of an application. Request to publish – Shirley Devaris and Mary Kay Goetter
  - d. Amended regulations - 10.27.21 - Practice of the Forensic Nurse Examiners - Request to publish.
  - e. Enhanced Nurse Licensure Compact - verbal only.
  - f. Delegate Terri Hill, MD - Request to amend 10.27.25 - Cosmetic Procedures.
- (10 Minutes)
- 

**9. Statistical Reports**

- A. Rehabilitation/Impaired Practice ( Keva Jackson-McCoy)
- B. Discipline and Compliance (Keva Jackson-McCoy)
- C. Direct Entry Midwives (DEMs) (Michelle Duell, Ann Tyminski)
  - 1) Committee Report
- D. Electology (Michelle Duell)
  - 1) Committee Report
- E. CNA Advisory (Cheyenne Redd, Elaine Cone)
- F. Background Review (Dorothy Haynes)
  - 1) Statistical Report

**10. Other - Ballot Results**

STATE OF MARYLAND



MARYLAND BOARD OF NURSING  
4140 PATTERSON AVENUE  
BALTIMORE, MARYLAND 21215-2254

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2A

MEMORANDUM

TO: Maryland Board of Nursing  
RE: Approval of Nurse Practitioner Programs  
DATE: July 28, 2016

1. Brandman University, Irvine, CA, Psychiatric Mental Health, Doctor of Nursing Practice
2. College of Staten Island, Staten Island, NY, Adult-Gerontology Primary Care, Masters
3. Binghamton University, Binghamton, NY, Adult-Gerontological, Post Graduate Certificate, Masters, and Doctor of Nursing Practice
4. George Mason University, Fairfax, VA, Family Psychiatric Mental Health, Masters and Doctor of Nursing Practice
5. Texas Tech University Health Sciences Center, Lubbock, TX, Acute Care, Post Masters and Masters
6. University of Florida, Gainesville, FL, Adult-Gerontology Acute Care, Masters
7. University of Illinois at Chicago, Chicago, IL, Family Post Masters
8. University of Missouri, Columbia, MO, Mental Health, Post Masters
9. University of Texas Medical Branch, Galveston, TX, Acute Care, Masters
10. Walden University, Minneapolis, MN, Psychiatric Mental Health, Masters
11. Rocky Mountain University of Health Professions, Provo, UT, Family, Post Graduate Certificate and Doctor of Nursing Practice

cc: File



**MEMORANDUM**

**2.B1**

**FROM:** Jill Callan, BSN, RN  
Nurse Program Consultant I  
Maryland Board of Nursing

**TO:** The Board

**DATE:** July 27, 2016

**IN RE:** Request for Approval to Renew CNA-GNA Training Programs

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The following renewal applications have been reviewed and have satisfied all criteria as outlined in COMAR 10.39.02 for CNA/GNA Training Programs in the State of Maryland:

- 1. North Point High School**
- 2. Kent County High School**
- 3. Silver Oak Academy**
- 4. Premier Institute**
- 5. Healthcare Training Solutions-**
- 6. American Health Career Institute**
- 7. Harford Technical High School**
- 8. Anne Arundel Health Department**
- 9. Goldenstar Education Center**





MEMORANDUM

2.B2

**FROM:** Jill Callan, BSN, RN  
Nurse Program Consultant I  
Maryland Board of Nursing

**TO:** The Board

**DATE:** July 27, 2016

**IN RE:** Request for Approval to Renew CNA-GNA Training Programs

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The following renewal application had been reviewed in May and has satisfied all criteria as outlined in COMAR 10.39.02 for CNA/GNA Training Programs in the State of Maryland:  
Approval to read May 2016.

1. The Nursing Assistant Academy



## MEMORANDUM

### 2.B3

**FROM:** Jill Callan, BSN, RN  
Nurse Program Consultant I  
Maryland Board of Nursing

**TO:** The Board

**DATE:** April 27, 2016

**IN RE:** **New Training Site for CNA/GNA Training Program**

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The following Genesis Healthcare Centers have been reviewed for CNA/GNA training and meet all criteria outlined in COMAR 10.39.02 for CNA/GNA training programs in the State of Maryland. The three (3) additional sites are as follows:

1. Genesis Healthcare Ballenger Creek Center
2. Genesis Healthcare Fairland Center
3. Genesis Healthcare Severna Park Center



**2C1**

**\*MEMORANDUM\***

**To:** Maryland Board of Nursing  
**From:** Patricia Kennedy, EdD, RN, Director of Education  
**Re:** Carroll Community College, new Interim Nursing Program Director  
**Date:** July 27, 2016

As of July 1, 2016 Jennifer Fritzges, DNP, RN, CNE began to serve as the Interim Nursing Program Director. She has a combination of more than 20 years of nursing experience as a pediatric and surgical nurse and teacher of nursing and related subjects. This includes being an adjunct faculty, graduate assistant and six (6) years as an Associate Professor of Nursing at Carroll Community College (COMAR 10.27.03.07 A(1)(a)-(c)). Between 2012 and 2015, she participated in an impressive number of professional presentations and nursing/education committees.

Dr. Fritzges meets the Nurse Practice Act criteria for a nursing program administrator.



**Jennifer Fritzges, DNP, RN, CNE**

1722 Brodbeck Rd, Hampstead, MD 21074

443-547-0942

Jenfritz01@yahoo.com

**Education**

**Doctorate of Nursing Practice**

Duquesne University, May 2014

**Masters of Science in Nursing**

Benedictine University, December 2010

**Bachelor of Science in Nursing**

Georgia Baptist College of Nursing, December 1996

**Licensure**

Maryland RN 2008-present

**Certification**

Certified Nurse Educator 2012 to present

**Professional Academic Experience**

- **Associate Professor of Nursing**, January 2010 to present  
Carroll Community College, Westminster, MD
- **Adjunct Faculty, Department of STEM, Nutrition Online Course**  
January 2015 to present, Carroll Community College, Westminster, MD
- **Graduate Assistant, School of Nursing**, September 2013 to May 2014  
Duquesne University School of Nursing, Pittsburgh, PA
- **Adjunct Faculty, Department of Business and Information Technology, Pathophysiology and Pharmacology Online Course**,  
August 2011 to June 2012, Carroll Community College,  
Westminster, MD
- **Adjunct Faculty, Department of Business and Information Technology, Medical Terminology**, May 2011 to June 2011  
Carroll Community College, Westminster, MD

**Professional Clinical Experience**

- **Adjunct Clinical Instructor**, August 2009 to December 2009  
Carroll Community College, Westminster, MD
- **Lactation Educator**, July 2008-October 2008  
Northside Hospital, Atlanta, GA

- **Pediatric Advice Line Nurse, 2004-2008**  
North Atlanta Pediatric Associates, Atlanta, GA
- **Staff Nurse, Pediatric Office, 2001-2004**  
North Atlanta Pediatric Associates, Atlanta, GA
- **Staff Nurse, Surgical Intensive Care Unit, 1997-2001**  
Atlanta Medical Center, Atlanta, GA

### **Professional Presentations**

- November 2015: Poster presentation at the Organization of Associate Degree Nursing (OADN) 2015 Annual Conference titled *"Are We There Yet? Developing a Program to Increase Cultural Competency in Associate Degree Nursing Students"*
- November 2015: Poster presentation at the Organization of Associate Degree Nursing (OADN) 2015 Annual Conference titled *"Increasing Rigor of Exams to Meet the Needs of Today's Students and NCLEX Standards"*
- November 2015: Poster presentation at the Organization of Associate Degree Nursing (OADN) 2015 Annual Conference titled *"A Model for Improving Student Success"*
- October 2015: Poster presentation at Maryland Organization for Associate Degree Nursing conference titled *"One more thing, or the thing that really matters? Incorporating Client Needs into a Working Nursing Curricula"*
- October 2015: Poster and oral presentation at NCLEX Across the Curriculum conference titled *"One more thing, or the thing that really matters? Incorporating Client Needs into a Working Nursing Curricula"*
- June 2015: Presentation for Faculty Development at Carroll Community College titled *"Video in the Classroom"*
- January 2015: Podium presentation at the Annual Conference for Association of Faculties for Advancement of Community College Teaching (AFACCT) titled *"Rigor and Exam Questions: Are We Meeting the Learning Needs of Today's Students?"*
- November 2014: Podium presentation at National Organization for Associate Degree Nursing (N-OADN) 2014 Annual Convention titled *"The Long and Winding Road to Exam Validity"*
- November 2014: Poster presentation at National Organization for Associate Degree Nursing (N-OADN) 2014 Annual Convention titled *"Steps to Decrease Medication Errors in Nursing Education"*
- September 2014: Poster presentation at the National League for Nursing Education Summit titled *"Desperately Seeking Zero: Decreasing Medication Errors in Nursing Education"*
- June 2014: Poster presentation at the University Of Maryland School Of Nursing: Teaching and Technology: What's Now, What's Next? Conference titled *"Quality Means Doing it Right: Medication Validation Using Human Patient Simulators"*
- November 2012: Podium presentation at National Organization for Associate Degree Nursing (N-OADN) 2012 Annual Convention titled *"Medication Validation and Deliberate Practice: A Tough (But Effective) Pill to Swallow"*
- November 2012: Poster presentation at National Organization for Associate Degree Nursing (N-OADN) 2012 Annual Convention titled *"Pediatric Clinical Road Show: Health Fairs in the Public School System"*

### **Professional Committees**

- Maryland Action Coalition, Future of Nursing Campaign for Action, November 2015 to present
- Academic Progression in Nursing Committee, Organization for Associate Degree Nursing, November 2015 to present
- Education/Research Committee, Organization for Associate Degree Nursing, November 2014 to present
- Nursing Program, Carroll Community College
  - Chair, Search Committee, 2015 to present
  - Chair, Nursing Academic Council, 2015 to present
  - Admissions Committee, 2010 to present. Secretary 2010
  - Program Evaluation Committee, 2010 to present
  - Curriculum Committee, 2010 to present. Secretary 2014-2015
  - Curriculum Committee, Assigned with Co-creating New Medication Administration and Nursing Concepts Three Courses, September 2011 to present
- Member of Academic Council, Carroll Community College, June 2013 to present
- Member of Senate Committee, Carroll Community College, June 2015 to present

### **Professional Affiliations**

- National League for Nursing
- Organization of Associate Degree Nursing
- Sigma Theta Tau
- Phi Kappa Phi

### **Awards/Honors**

- 2015-2016, Chosen as an inaugural member of the Nurse Leadership Institute at the University of Maryland
- 2015 Outstanding Faculty Member, Carroll Community College



Licensee Details

**Demographic Information**

Full Name:	JENNIFER FRITZGES	Home State:	Compact State
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**License Information**

Lic #:	R184346	Profession:	Nursing	Type:	REGISTERED NURSE
Status:	Active	Issue Date:	12/12/2008	Expiration Date:	7/28/2018
Date Renewed:	4/13/2016	Obtained by:	Endorsement US - Active	State:	GA

**Education Information**

School:	Profession:	Nursing	BACCALAUREATE IN NURSING
Specialty:	Type:	EITHER	
School:	Profession:	Nursing	BACCALAUREATE IN NURSING
Specialty:	Type:	RN	
School:	Profession:	Nursing	MASTER'S IN NURSING
Specialty:	Type:	RN	

**Employment Information**

No Employment Information
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**License CSR Information**

No License CSR Information
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**CheckList Information**

No CheckList Information
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**Public Orders**

No Related Documents
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**202**

**\*MEMORANDUM\***

**To:** Maryland Board of Nursing  
**From:** Patricia Kennedy, EdD, RN, Director of Education  
**Re:** Carroll Community College, Request for Waiver of the Master's in Nursing  
**Date:** July 27, 2016

Dr. Nancy Perry, Interim Chief Academic Officer is requesting waiver of the faculty graduate degree in nursing for Stacy Shilling, BSN, RN, (10.27.03.08(3)(b)) whom she wishes to hire as full-time faculty. The position was advertised in three (3) local newspapers, two (2) regional nursing papers, and four (4) websites including that of the College. Seven (7) potential candidates were interviewed (COMAR 10.27.03.08B(2)).

Ms Shilling has been employed at Johns Hopkins Hospital for more than 18 years (COMAR 10.27.03.08.(1)(a) and (d)). Based on her plan of study, she will graduate in May 2017 which is within the 36 month required Nurse Practice Act (NPA) criteria (COMAR 10.27.03.08B(3)(b)(ii)).

Ms. Shilling meets the NPA waiver criteria.





Ms. Marylou Watson, RN  
President, Maryland Board of Nursing  
4140 Patterson Avenue  
Baltimore, Maryland, 21215-2254

July 19, 2016

Dear Ms. Watson,

Carroll Community College is seeking permission to hire Stacy Shilling as a full-time faculty member in the Nursing Program according to the Nurse Practice Act; Annotated Code of Maryland Health Occupations Article, Title 8, and Code of Maryland Regulations Title 10, Subtitle 27 Section .03.08 Waiver of Graduate Degree in Nursing Requirement for Nursing Faculty.

This position was advertised in print in the Baltimore Sun, the Afro American, the Carroll County Times, Nursing Spectrum, and Advance for Nursing. It was advertised on the following webpages: Higheredjobs.com, Carroll County Government webpage, nurse.com, and carrollcc.edu (the college website). The vacancy advertisement is attached at the end of this letter.

The result of the search is listed below:

Candidate 1a	Selected for first interview, withdrew, MSN
Candidate 1b	Rejected based on educational preparation. BSN without enrollment in MS program
Candidate 1c	Rejected initially – Did not submit required Teaching Philosophy, DNP
Candidate 1d	Selected for first interview and was interviewed, but was not selected for a second interview based on prior employment history with Carroll Community College, MSN
Candidate 1e	Selected for first interview, withdrew, BSN
Candidate 1f	Selected for interviews, Hired, BSN
Candidate 1g	Rejected based on clinical experience less than 2 years, BSN

Ms. Stacy Shilling holds a BSN from West Virginia Wesleyan College from 1998 and began her MSN at Stevenson University in 2015. Stacy has been employed at Johns Hopkins Hospital in various departments, primarily in the Neuroscience Critical Care Unit since 1998.

The following represents Stacy Shilling's plan of study for the MSN degree at Stevenson University:

Courses completed:

NURS 515 (3 credits): Concepts of Nurs Informatics  
GPS 100 (0 credits): Online Orientation  
NURS 520 (3 credits): Quant Methods in Nurs Research  
NURS 530 (3 credits): Qualitative Inquiry in Nursing  
NURS 547 (3 credits): Global Health Care Perspective  
NURS 557 (3 credits): Project and Resource Mgmt  
NURS 600 (3 credits): Managerial Epidemiology and Stat  
NURS 670 (3 credits): Communication & Conflict Resoltn

Summer 2016:

NURS 650: Organizational Behavior in Healthcare

Fall 2016:

NURS 674: Prof/Legal Issues in Population Based Care  
NURS 672: Population Based Care – Vulnerable Populations

These plans comply with the Nurse Practice Act requiring completion of a minimum of nine credits within the first 24 months and completion of the graduate degree within 36 months of employment. She is on track to graduate in May 2017.

Reference checks stated that Stacy is an excellent employee; she is a relationship-builder, strong clinical skills, is highly engaged with both patients and staff and loves to teach.

I feel Ms. Shilling will be strong assets to the Nursing Program at Carroll Community College. She is well qualified to fill the position and will be able to contribute even more fully to the program. If you need further information, please do not hesitate to contact me at 410-386-8231 or nperry@carrollcc.edu.

*Nancy Perry, DNP, RN, CNE*

Nancy Perry, DNP, RN, CNE  
Nursing Program Director  
Carroll Community College



Licensee Details

**Demographic Information**

Full Name:	STACY SHILLING	Home State:	Compact State
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**License Information**

Lic #:	R139769	Profession:	Nursing	Type:	REGISTERED NURSE
Status:	Active	Issue Date:	7/15/1998	Expiration Date:	8/28/2018
Date Renewed:	6/3/2016				
Obtained by:	Exam	State:	MD		

**Education Information**

School:	WEST VIRGINIA WESLEYAN COLL	
Profession:	Nursing	BACCALAUREATE IN NURSING
Specialty:	Baccalaureate in Nursing	
Type:	RN	
School:		
Profession:	Nursing	BACCALAUREATE IN NURSING
Specialty:		
Type:	RN	

**Employment Information**

No Employment Information
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**License CSR Information**

No License CSR Information
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**CheckList Information**

No CheckList Information
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**Public Orders**

No Related Documents
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**2C3**

**\*MEMORANDUM\***

**To:** Maryland Board of Nursing  
**From:** Patricia Kennedy, EdD, RN, Director of Education  
**Re:** Carroll Community College, Dr. Perry assumes new position  
**Date:** July 27, 2016

FYI.

Dr. Nancy Perry has been appointed the Interim Chief Academic Officer for Carroll Community College effective July 1, 2016. Subsequently, she filled her previous position by appointing Dr. Jennifer Fritzges to be the Interim Nursing Program Director.

STATE OF MARYLAND



MARYLAND BOARD OF NURSING  
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**2C4**

**\*M E M O R A N D U M\***

**To:** Maryland Board of Nursing

**From:** Patricia Kennedy, EdD, RN, Director of Education

**Re:** Carroll Community College, Candidate Completes Waiver Criteria

**Date:** July 27, 2016

FYI.

Heather Walsh, MSN, RN who was granted a waiver of the master's degree in nursing in 2015 was graduated from Georgetown University in May 2016. This fulfills her waiver obligation (COMAR 10.27.03.08B(b)).

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Ms. Marylou Watson, RN  
President, Maryland Board of Nursing  
4140 Patterson Avenue  
Baltimore, Maryland, 21215-2254

July 19, 2016

Dear Ms. Watson,

Some updates from Carroll Community College:

- Carroll Community College was granted a waiver to hire Heather Walsh as a full-time faculty member beginning fall 2015 with the stipulation she graduate from her Master's degree program.
  - Heather graduated from Georgetown University with a MSN in May 2016
- Effective July 1, 2016 – Dr. Nancy Perry has been appointed Interim Chief Academic Officer. Dr. Jennifer Fritzges has been appointed Interim Nursing Program Director. Her CV is attached.

Thank you

*Nancy N. Perry, DNP, RN, CNE*

Nancy N. Perry, DNP, RN, CNE  
Nursing Program Director

2D

**\*M E M O R A N D U M\***

**TO:** Maryland Board of Nursing  
**FROM:** Patricia Kennedy, new Director of Nursing Education Program  
**Date:** July 27, 2016  
**Re:** Howard Community College, New Chair & Director of Nursing

FYI.

Effective June 24, 2016, Deborah Smith, MS, RN, assumed the position of Chair and Director of Nursing at Howard Community College. Ms. Smith progressed through the ranks beginning as an instructor in Ohio, assistant professor in Connecticut and is currently an associate professor at Howard Community College. She has taught theory and clinical to all levels of community college nursing students in medicine-surgery, rehabilitation, extended care, and community. She has extensive experience in African American health delivery, simulation, mentoring, case management, and management of health delivery in multiple clinical settings.

Ms. Smith meet the Nurse Practice Act criteria for nursing program administrator.





**HOWARD**  
COMMUNITY COLLEGE

*You Can Get There From Here.*

10901 Little Patuxent Parkway  
Columbia, MD 21044-3197  
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www.howardcc.edu

June 13, 2016

Dr. Mary Kay Goetter  
Executive Director  
Maryland Board of Nursing  
4140 Patterson Avenue  
Baltimore, MD 21215

Dear Dr. Goetter,

This letter is written to inform you that effective June 24, 2016, Deborah Smith, MS, RN, will assume the role of Chair and Director of Nursing for the Nurse Education Program at Howard Community College. Mrs. Smith has been a part of the nursing faculty since 1999 and brings a wealth of knowledge and experience to our nursing program. In 1983 she graduated from Ohio State University. Since that time she has earned a Master of Science from Wright State University. In her professional history, Ms. Smith has received the Florence Nightingale Award for Excellence in Nursing.

We are pleased that Ms. Smith has assumed this role, and believe in her visionary and leadership abilities. Please note, that future correspondence regarding board reports should be addressed to Ms. Smith, [dsmith@howardcc.edu](mailto:dsmith@howardcc.edu). Her direct phone line is 4430518-4301.

As always, I will support both our Nurse Education Program and the Maryland Board of Nursing. If you have any questions or concerns, please feel free to contact me.

Sincerely,

Georgene Butler, PhD, RN  
Dean, Health Sciences  
Professor, Nursing  
443-518-4414  
[gbutler@howardcc.edu](mailto:gbutler@howardcc.edu)

cc: Dr. Patricia Kennedy

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JUN 15 2016

MARYLAND  
BOARD OF NURSING

## RESUME OF QUALIFICATIONS

DEBORAH A. SMITH

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### OBJECTIVE

Integrate my educational, managerial and clinical expertise to assist novice professionals, experienced professionals, clients and families in decision-making situations that promote positive outcomes.

### EDUCATION

1978 – 1983            The Ohio State University            Columbus, OH  
**Bachelor of Science in Nursing**

1991 – 1993            Wright State University            Fairborn, OH  
**Masters of Science**

Thesis: *“The Relationship between Health Locus of Control and Knowledge of Hypertension Disease Prevention in an African American Church Population”*

### TEACHING EXPERIENCES (19 years)

2012-present **Howard Community College**    Associate Professor    Columbia, MD  
2006-2012    **University of Saint Joseph**    Assistant Professor    West Hartford, CT  
1999-2006    **Sinclair Community College**    Instructor            Dayton, OH

- Implemented clinical instruction and theoretical content for freshman, sophomore, junior and senior level nursing students. Clinical placements include: Acute Care (Medical/Surgical units), Rehabilitation Facilities, Extended Care Facilities, Community Home Health and Pediatric Community Health.
- Promoted student involvement in development and implementation of nursing care plans, interdisciplinary conferencing and the processes from admission to post discharge for assigned clients to promote outcomes.
- Assessment and evaluation of student performances in the clinical practice and skills laboratory settings.
- Involved in client simulation (Sim Man) experiences to include development, implementation and evaluation.
- Teaching Improvement Projects:
  - Developed materials related to the cardiovascular, renal and neurological physiological systems with designed feedback mechanisms for outcome measurements.
  - Improved the process and organization of “on campus skills demonstrations” for the students and faculty.
  - Developed Case Scenarios to facilitate student demonstration of skills competency with assessment tool for evaluation.
- Promotion Projects:
  - Qualitative thesis mentoring promotion project (high risk students)

- o Transition program (Emergency Medical Technician-Paramedic to Registered Nurse)

**MANAGEMENT EXPERIENCES (6 years)**

**Assistant DON** Mary Scott Nursing Center Dayton, OH  
Homefield Home Health Atlanta, GA

- Responsibilities include: payroll, hiring, progressive discipline, scheduling, orienting, in-servicing and evaluating employees.
- Assure agency compliance with state, federal and accreditation guidelines to include quality assurance and improvement.

**Clinical Supervisor** First American Home Care Atlanta, GA

- Responsibilities include: interpreting and instituting agency policies and procedures, evaluation of Registered Nurses/Practical Nurses/Home Health Aides.
- Accountable for budgetary management, quality assurance, implementation of client care and monthly evaluation and interpretation of services rendered.

**Nurse Manager** Visiting Nurses Association Dayton, OH  
Southeastern Health Services College Park, GA  
Baltimore Medical Systems Baltimore, MD

- Responsibilities include: overall clinical and managerial operations:
  - o Visiting Nurses Association: Responsible for ½ of clients serviced in the county and 8-10 Registered Nurses/2-3 Practical Nurses/10-15 Home Health Aides.
  - o Southeastern Health Services: Serviced 1700-1900 clients per month. Responsible for 30 employees (Registered Nurses/Practical Nurses/Medical Assistants/Internal Medicine Physicians). Decreased budgetary spending by 15% and increased employee productivity and efficiency.
  - o Baltimore Medical Systems: Responsible for 3 outpatient care centers (Medical/Maternal Health/Pediatrics), 20 employees (Registered Nurses/Medical Assistants). Interaction with 16 Physicians on a daily basis.
- Accountable for budget, goal identification, attainment of goals, leadership, progressive discipline and ensuring that the plan of care is developed in cooperation with the members of the health care team.
- Active involvement with physicians and responsible for monthly evaluation of services, integration of new services, maintenance of current services and interpretation of client health care usage.

**CLINICAL PRACTICE EXPERIENCES (7 years)**

**Case Manager** Visiting Nurses Association Dayton, OH  
Central Home Health Decatur, GA  
South Fulton Medical Center East Point, GA

- Responsibilities include: overall management of an established group of clients within a geographical location to include direct care and case management of interdisciplinary service coordination at Visiting Nurses Association and Central Home Health.
- Responsibilities include: intervention strategies for utilization management and discharge planning of clients serviced in the emergency department at South Fulton Medical Center.
  - Coordinator of hospital denials and appeals. Responsible for monthly meetings with directors, physicians and peers. Agenda included data and case presentation, medical record review data, information required from attending physician and/or consulting physicians and follow up data with conclusionary information related to cases actively in the appeals process.
  - Developed and implemented denials/appeals process for data assessment, analysis, evaluation and recuperation of lost finance for the hospital.

**Staff RN**

St. Elizabeth Medical Center

Dayton, OH

- Responsibilities include: provided continuity of care to hospitalized clients using the nursing process.
- Applied fundamentals of nursing science (IV therapy, medication administration, biopsychosocial assessments, development and implementation of the plan of care.

**AWARDS/PRESENTATIONS**

**Awards:**

- Recipient of the Nightingale Award for Excellence in Nursing (2008)

**Presentations:**

- Collaboration of Interdisciplinary Simulation Experiences between Nursing Students and Medical Laboratory Technicians (2014)
- Simulation Based Evaluations (2015)
- Cancer Awareness Caregiver Luncheon: Keynote Speaker (2015)



## Licensee Details

### Demographic Information

Full Name:	DEBORAH ANN SMITH	Home State:	Compact State
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### License Information

Lic #:	R145632	Profession:	Nursing	Type:	REGISTERED NURSE
Status:	Active	Issue Date:	7/30/1999	Expiration Date:	12/28/2017
Date Renewed:	10/19/2015				
Obtained by:	Endorsement US - Active	State:			

### Education Information

School:		
Profession:	Nursing	BACCALAUREATE IN NURSING
Specialty:		
Type:	RN	
School:		
Profession:	Nursing	MASTER'S IN NURSING
Specialty:		
Type:	RN	

### Employment Information

No Employment Information
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### License CSR Information

No License CSR Information
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### CheckList Information

No CheckList Information
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### Public Orders

No Related Documents
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June 13, 2016

Dr. Mary Kay Goetter  
Executive Director  
Maryland Board of Nursing  
4140 Patterson Avenue  
Baltimore, MD 21215

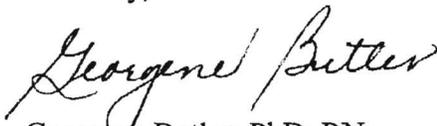
Dear Dr. Goetter,

This letter is written to inform you that effective June 24, 2016, Deborah Smith, MS, RN, will assume the role of Chair and Director of Nursing for the Nurse Education Program at Howard Community College. Mrs. Smith has been a part of the nursing faculty since 1999 and brings a wealth of knowledge and experience to our nursing program. In 1983 she graduated from Ohio State University. Since that time she has earned a Master of Science from Wright State University. In her professional history, Ms. Smith has received the Florence Nightingale Award for Excellence in Nursing.

We are pleased that Ms. Smith has assumed this role, and believe in her visionary and leadership abilities. Please note, that future correspondence regarding board reports should be addressed to Ms. Smith, [dsmith@howardcc.edu](mailto:dsmith@howardcc.edu). Her direct phone line is 4430518-4301.

As always, I will support both our Nurse Education Program and the Maryland Board of Nursing. If you have any questions or concerns, please feel free to contact me.

Sincerely,



Georgene Butler, PhD, RN  
Dean, Health Sciences  
Professor, Nursing  
443-518-4414  
[gbutler@howardcc.edu](mailto:gbutler@howardcc.edu)

cc: Dr. Patricia Kennedy

2E

**\*MEMORANDUM\***

**To:** Maryland Board of Nursing  
**From:** Patricia Kennedy, Director, Education and Examination  
**Re:** Johns Hopkins University School of Nursing, MSN Entry into Practice Program  
**Date:** July 27, 2016

The Johns Hopkins University School of Nursing MSN Pre-licensure Program was visited by the Maryland Board staff April 28, 2015 prior to admission of the first class (COMAR 10.27.03.18A(2)). The first class is projected to begin in the fall semester 2015. The program provided all of the items specified in the Nurse Practice Act for new programs—letter of intent (p. 3), proposal submitted to the Maryland Higher Education Commission (MHEC) (pp. 17ff), program and curriculum details (pp. 19ff & 26ff) (COMAR 10.27.03.18(A)(1)(a)-(d)).

The program, a five (5) semester master's level generalist program provides a basic nursing curriculum at the graduate level and prepares students for the National Council Licensure Examination for Registered Nurses (NCLEX-RN)<sup>®</sup>. The program admits students with baccalaureate or higher degrees in fields other than nursing. Graduates enter practice as novice nurses. Those wishing to become advanced practice nurses have access to seven (7) courses (five required and two which can be taken as electives) that meet the requirements for advanced practice nursing.

Johns Hopkins University School of Nursing has an established history of providing and evaluating the quality of its nursing education programs (pp. 34ff). Additionally, the quality of its education is validated by its NCLEX-RN<sup>®</sup> consistently high range of pass rates (89.1%-97.8%) since 2010, a team that makes academic services available to all students including high achievers, a system for early engagement of students who fall below academically acceptable performance, its provision of inter-profession health team practice, and attention to prevention of "elitist" attitudes relative to class issues and the delivery of nursing care.

Recommendation: Extend the initial program approval until the graduation of the first class (COMAR 10.27.03.18C(3)).



Johns Hopkins University School of Nursing  
2015 Application for New Program Approval of the  
Master of Science in Nursing (MSN)  
(Entry into Practice) Program to the  
Maryland Board of Nursing  
April 17, 2015

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## INTRODUCTION

### **Application for New Program Approval of the Master of Science in Nursing (MSN) (Entry into Practice) Program**

Johns Hopkins School of Nursing (JHSON) is pleased to submit a proposal for New Program Approval for the Master of Science in Nursing (MSN) (Entry into Practice) Program (MHEC Program 1203-01). This MSN program endorsed by the Maryland Higher Education Commission (MHEC), is a Master's level generalist program that provides a basic nursing curriculum at a graduate level [American Association of Colleges of Nursing (AACN), 2014], which will prepare students for the National Council Licensure Examination for Registered Nurses (NCLEX-RN).

Graduates will receive knowledge and skills to deliver and direct care to patients with complex conditions on interprofessional teams in a hospital, primary care, or community health setting. This contrasts with the existing MSN program that prepares registered nurses for specialty roles such as nurse practitioner and clinical nurse specialist (MHEC Program 1203-00). The MSN (Entry into Practice) nurse generalist program will admit students with baccalaureate or higher degrees in fields other than nursing who have completed six prerequisite science and health courses: biostatistics, human growth and development through the lifespan, nutrition, microbiology with lab, anatomy with lab, and physiology with lab.

Program graduates will enter practice as novice nurses equipped with graduate level education in quality and safety, the application of research to practice, global health, health systems management, ethics, and health policy. This unique curriculum will allow graduates to advance more rapidly toward positions as expert clinicians, leaders and managers as they progress in their career. Graduates will collaborate in practice as members of interprofessional teams when communicating, planning, and implementing care with other health care professionals, including physicians, pharmacists, physical therapists, social workers, and advanced practice nurses. For those graduates who wish to continue their education to become advanced practice nurses, this program provides up to seven courses (five required and two which can be taken as electives) that meet the requirements for advanced practice nursing established by the Advanced Practice Registered Nurse (APRN) Consensus Work Group & the National Council of State Boards of Nursing APRN Advisory Committee (2008) (biostatistics, research, ethics, context of health care for advanced practice nursing, health promotion as required courses and advanced pathophysiology and advanced health assessment as electives).

**a. LETTER OF INTENT**



**Patricia M. Davidson, PhD, MEd, RN, FAAN  
Dean & Professor**

Johns Hopkins School of Nursing  
525 N. Wolfe Street, Baltimore, MD 21205  
P. 410-955-7544 | F. 410-955-4890 | E. pdavidson@jhu.edu  
nursing.jhu.edu/dean | LinkedIn | Follow me @nursingdean

Mary Kay Goetter, PhD, RN, NEA-BC  
Executive Director, Maryland Board of Nursing  
4140 Patterson Avenue  
Baltimore, MD 21215-2254

April 12, 2015

RE: Letter of Intent to Start new pre-licensure Master of Science in Nursing (Entry into Practice) Program at Johns Hopkins University School of Nursing Fall, 2015, Requesting Initial Approval of the Maryland Board of Nursing

Dear Dr. Goetter and Maryland Board of Nursing Members:

This letter is to inform the Maryland Board of Nursing of our intent to seek Initial Board approval for a new pre-licensure, Master of Science in Nursing (MSN) (Entry into Practice) Program at Johns Hopkins University School of Nursing starting in the Fall of 2015. The primary goal of this program is to prepare a nurse generalist with graduate level knowledge and competencies to deliver, direct and coordinate care to patients with complex conditions on interprofessional teams in a hospital, primary care, or community health setting. The program addresses the American Association of Colleges of Nursing (AACN) Essentials for Baccalaureate and Master's Education and was approved by the Maryland Higher Education Commission (MHEC) on August 28, 2013. We are writing now to request Initial Approval for this program from the Maryland Board of Nursing. The application for approval of a new program according to COMAR 10.27.03.18 is attached.

Yours sincerely,

A handwritten signature in black ink, appearing to read "Patricia M. Davidson".

**Dr. Patricia Davidson BA MEd PhD FAAN FAHA  
Dean & Professor**

**b. PROOF OF REGIONAL ACCREDITATION**

Middle States Commission on Higher Education, Reaffirmed Accreditation November 20, 2014



MIDDLE STATES COMMISSION ON HIGHER EDUCATION  
3624 Market Street. Philadelphia, PA 19104-2680. Tel: 267-284-5000. Fax: 215-662-5501  
[www.msche.org](http://www.msche.org)

STATEMENT OF ACCREDITATION STATUS

JOHNS HOPKINS UNIVERSITY

3400 North Charles Street 265 Garland

Baltimore, MD 21218

Phone: (410) 516-8000; Fax: (410) 516-8035

[www.jhu.edu](http://www.jhu.edu)

Chief Executive

Officer:

Mr. Ronald J. Daniels, President

**INSTITUTIONAL INFORMATION**

Enrollment (Headcount): 6251 Undergraduate; 14801 Graduate

Control: Affiliation: Private (Non-Profit) None

Carnegie Classification: Research - Very High Research Activity

Approved Degree Levels: Postsecondary Certificate ( $\geq 2$  years,  $< 4$  years), Bachelor's, Postbaccalaureate Certificate, Master's, Post-Master's Certificate, Doctor's - Professional Practice, Doctor's - Research/Scholarship;

Distance Education Programs: Fully Approved

Accreditors Recognized by U.S. Secretary of Education: Commission on Accreditation of Healthcare Management Education; Commission on Collegiate Nursing Education; Council on Education for Public Health; Liaison Committee on Medical Education; National Association of Schools of Music, Commission on Accreditation,; National Council for Accreditation of Teacher Education

Other Accreditors: ABET, Accreditation Board for Engineering and Technology; CACREP, Council for the Accreditation of Counseling and Related Education Programs; AACCM, Accreditation Council for Continuing Medical Education (ACCME); ACGME, Accreditation Council for Graduate Medical Education; Maryland Board of Nursing.

**Instructional Locations**

Single Institution at Multiple Sites: (See Attached Sheet for Addresses) Branch

Campuses: None

Additional Locations: 1625 Massachusetts Avenue, Washington, DC; 1717 Massachusetts

Avenue, Washington, DC; Applied Physics Laboratory, Laurel, MD; Ball Aerospace & Technologies, Boulder, CO; Bologna, Bologna, Italy; Columbia Center, Columbia, MD; Dorsey Center, Elkridge, MD; Etz Chaim Owings Mills Center, Owings Mills, MD; Higher Education and Applied Technology Center (HEAT), Aberdeen, MD; Hopkins-Nanjing Center, Nanjing, China, Nanjing University, China; Indian Institute of Health Management Research, Jaipur, India; ITU, Herndon, VA; M.C. Dean, Inc., Dulles, VA; Mitre Corporation, McLean, VA; Montgomery County Center, Rockville, MD; National Institutes of Health, Bethesda, MD (ANYA); Naval Sea Systems Command (NAVSEA), Century City II, Crystal City, VA; Northrop Grumman Corp., Linthicum, MD; Northrop Grumman Corp., Rolling Meadows, IL; Northrop Grumman Corporation, Azusa, CA; Northrop Grumman Corporation, Woodland Hills, CA; Raytheon Integrated Defense System, Tewksbury, MA; Raytheon Missile Systems, Tucson, AZ; Raytheon Space and Airborne Systems, El Segundo, CA; Raytheon Space and Airborne Systems, Dallas, TX; Raytheon Space and Airborne Systems, Goleta, CA; Raytheon Space and Airborne Systems, Salt Lake City, UT; Southern Maryland Higher Education Ctr, California, MD; United States Secret Service/ James J. Rowley Training Center, Laurel,, MD.

**Other Instructional Sites:** Central High School, Capitol Heights, MD; EDC, 13F-13, No. 77, Shihjheng N 1st Road, Taichung City Taipei 407, Taiwan; EDC, Kowloon, Hong Kong; HAAD, 33rd St, Abu Dhabi, UAE, United Arab Emirates; IDEC, Universitat Pompeu Fabra, Balmes, 132, Barcelona 08008, Spain; Loch Raven Academy, Baltimore, MD; Lockheed Martin Corporation, Middle River, MD; Lockheed Martin/Integrated Systems Solutions, Gaithersburg, MD; Lockheed Martin/Transportation & Security Systems, Rockville, MD; National Institutes of Health, Bethesda, MD; The Hawaii International Conference at East- West Center, Honolulu, HI; Timonium Center, Timonium, MD; Yong Siew Toh Conservatory of Music National University of Singapore, 3 Conservatory Drive, Singapore 117376, Singapore.

## **ACCREDITATION INFORMATION**

**Status:** Member since 1921

**Last Reaffirmed:** November 20, 2014

### **Most Recent Commission Action:**

November 20, 2014: To reaffirm accreditation. To commend the institution for the quality of the self-study process and report. The Periodic Review Report is due June 1, 2019.

### **Brief History Since Last Comprehensive Evaluation:**

November 19, 2009: To accept the Periodic Review Report, to reaffirm accreditation, and to commend the institution for the quality of the report and the periodic review process. The next evaluation visit is scheduled for 2013-2014.

January 4, 2010: To acknowledge receipt of the substantive change request and to include the following additional locations within the scope of the institution's accreditation: (1) Howard County Board of Education Building, 10910 Route 108, Ellicott City, MD 21042; (2) Talbot County Board of

Education Building, 12 Magnolia Street, Easton, MD 21601; (3) Thomas S. Wootton High School, 2100 Wootton Parkway, Rockville, MD 20850; (4) River Hill High School, 12101 Route 108, Clarksville, MD 21029; (5) Mount Royal Elementary/ Middle School, 121 McMechen Street, Baltimore, MD 21217; (6) Rognel Heights Elementary/ Middle School, 4300 Sidehill Road, Baltimore, MD 21229; (7) Ner Israel Rabbinical College, 3209 Fallstaff Road, Baltimore, MD 21215; (8) United States Secret Service/ James J. Rowley Training Center, 9200 Powder Mill Road, Laurel, MD 20708; (9) Sussex Elementary School, 515 South Woodward Drive, Baltimore, MD 21221; (10) Greenbelt Elementary School, 66 Ridge Road, Greenbelt, MD 20770; (11) Heather Hills Elementary School, 12605 Henning Lane, Bowie, MD 20716; and (12) Southgate Elementary School, 290 Shetlands Lane, Glen Burnie, MD 21061. The next evaluation visit is scheduled for 2013-2014.

March 3, 2010:

To acknowledge receipt of the substantive change request and to include the following additional locations within the scope of the institution's accreditation: (1) Raytheon Missile Systems, Building M-10, 3360 E. Hemisphere Loop, Tucson, AZ 85706; and (2) Raytheon Space and Airborne Systems, 2000 E. El Segundo Blvd., El Segundo, CA 90245. The Commission requires written notification within thirty days of the commencement of operations at these additional locations. In the event that operations at these additional locations do not commence within one calendar year from the approval of this action, approval will lapse. The next evaluation visit is scheduled for 2013-2014.

June 29, 2010:

To acknowledge receipt of the substantive change request and to include the following additional locations within the scope of the institution's accreditation: (1) Walter Johnson High School, 6400 Rock Spring Drive, Bethesda, MD 20814; (2) Center for Technology Innovations, 4 Choke Cherry Road, Rockville, MD 20850; (3) Kennedy Krieger Institute, 3825 Greenspring Avenue, Baltimore, MD 21211; (4) Maryland Correctional Institution for Women, 7943 Brockbridge Road, Jessup, MD 20794; and (5) Carey Business School, 100 International Drive, Baltimore, MD 21202. To accept the institution's decision to close the additional location at Carey Business School, 10N. Charles St., Baltimore, MD 21201 and to remove the additional location from the scope of the institution's accreditation. The next evaluation visit is scheduled for 2013-2014.

November 2, 2010:

To acknowledge receipt of the substantive change request and to include the following additional locations within the scope of the institution's accreditation: (1) Meade Heights Elementary School, 1300 Reece Road, Ft. Meade, MD 20755; (2) Colonel Zadok Magruder High School, 5939 Muncaster Mill Road, Rockville, MD 20855; (3) Rockville High School, 2100 Baltimore Road, Rockville, MD 20851; and (4) Kenmoor Middle School, 2500 Kenmoor Drive, Landover, MD 20785. The next evaluation visit is scheduled for 2013-2014.

- March 3, 2011: To acknowledge receipt of the substantive change request and to include the additional location at University of Bahrain, P.O. Box 32038, Sakhir, Bahrain within the scope of the institution's accreditation. The Commission requires written notification within thirty days of the commencement of operations at the additional location. In the event that operations at this additional location do not commence within one calendar year from the approval of this action, approval will lapse. The next evaluation visit is scheduled for 2013-2014.
- May 5, 2011: To acknowledge receipt of the substantive change request and to include the following additional locations within the scope of the institution's accreditation: (1) Northrop Grumman Corp., 1580-A West Nursery Road, Linthicum, MD 21090-2202; (2) Northrop Grumman Corp., 600 Hicks Rd, Rolling Meadows, IL 60008-1015; and (3) Northrop Grumman Corp., 10 Norden Place #A, Norwalk, CT 06855-1495. The Commission requires written notification within thirty days of the commencement of operations at these additional locations. In the event that operations at these additional locations do not commence within one calendar year from the approval of this action, approval will lapse. The next evaluation visit is scheduled for 2013-2014.
- June 28, 2011: To acknowledge receipt of the substantive change request and to include the additional location at Etz Chaim Owings Mills Center, 7920 McDonogh Road, Suite 203, Owings Mills, MD 21117 within the scope of the institution's accreditation. To note the institution's decision to close the additional locations at Booz Allen Hamilton, 13200 Woodland Park Road, Herndon, VA 20171 and Booz Allen Hamilton, 8283 Greensboro Drive, McLean, VA 22102 and to remove the locations from the scope of the institution's accreditation. The next evaluation visit is scheduled for 2013-2014.
- August 30, 2011: To acknowledge receipt of the substantive change request, to note the institution's decision to close the following additional locations and remove the locations from the scope of the institution's accreditation: (1) Board of Education, 125 N. Court Street, Westminster, MD 21157; (2) Carver Center, 2571 Carver Road, Gambrills, MD 21054-1716; (3) Centennial High School 4300 Centennial Lane, Ellicott City, MD 21042; (4) Cockran Middle School, 7600 Quarterfield Road, Glen Burnie, MD 21061; (5) Col. Zadok Magruder High School, 5939 Muncaster Mill Road, Rockville, MD 20855; (6) Crossroads Center, 11650 Crossroads Circle, White Marsh, MD 21220; (7) Earle B. Wood Middle School, 14615 Bauer Drive, Rockville, MD 20853; (8) Einstein High School, 11135 Newport Mill Road, Kensington, MD 21044; (9) Faulkner Ridge Center, 10598 Marble Faun Court, Columbia, MD 21044; (10) George Fox Middle School, 7922 Outing Avenue, Pasadena, MD 21122; (11) Greenbelt Elementary School, 66 Ridge Road, Greenbelt, MD 20770; (12) Heather Hills Elementary School, 12605 Henning Lane, Bowie, MD 20717; (13) Howard County Board of

Education Building, 10910 Route 108, Ellicott City, MD 21042 (14) Kenmoor Middle School, 2500 Kenmoor Drive, Landover, MD 20785; (15) Kennedy Krieger Institute, 3825 Greenspring Avenue, Baltimore, MD 21211; (16) Meade Heights Elementary School, 1300 Reece Road, Ft. Meade, MD 20755; (17) Mount Royal Elementary/Middle School, 121 McMechen Street, Baltimore, MD 21217; (18) River Hill High School, 12108 Rt. 108, Clarksville, MD 21029; (19) Rockville High School, 2100 Baltimore Road, Rockville, MD 20851; (20) Rognel Heights Elementary/Middle School, 4300 Sidehill Road, Baltimore, MD 21229; (21) School for the Arts in Learning, 1100 16th Street, NW, Washington, DC 20036; (22) Shipley's Choice Elementary School, 310 Governor Stone Parkway, Millersville, MD 21108; (23) Southgate Elementary School, 290 Shetlands Lane, Glen Burnie, MD 21061; (24) Sussex Elementary School, 515 South Woodward Drive, Baltimore, MD 21221; (25) Talbot County Board of Education Building, 12 Magnolia Street, Easton, MD 21601; (26) Thomas S. Wootton High School, 2100 Wootton Parkway, Rockville, MD 20850; (27) Tildon Middle School, 11211 Old Georgetown Road, Rockville, MD 20852; (28) Upcounty Regional Services Center, 12900 Middlebrook Road, Germantown, MD 20874; (29) Walker Mill Middle School, 800 Karen Boulevard, Capitol Heights, MD 20743; and (30) Winters Mill High School, 560 Gorsuch Road, Westminster, MD 21286. The next evaluation visit is scheduled for 2013-2014.

- November 1, 2011: To acknowledge receipt of the substantive change request and to include the following additional locations within the scope of the institution's accreditation: (1) National Academic Foundation Middle School, 500 N. Caroline Street, Baltimore, MD 21205; (2) National Academic Foundation High School, 500 N. Caroline Street, Baltimore, MD 21205; (3) Tench Tilghman Elementary/Middle School, 600 N. Patterson Park Avenue, Baltimore, MD 21205; and (4) Patterson Park Charter School, 27 N. Lakewood Avenue, Baltimore, MD 21224. The Commission requires written notification within thirty days of the commencement of operations at the additional locations. In the event that operations do not commence within one calendar year from the approval of this action, approval will lapse. The next evaluation visit is scheduled for 2013-2014.
- May 1, 2012: To acknowledge receipt of the substantive change request and to include the contractual agreement with the Yong Siew Toh Conservatory of Music, 21 Lower Kent Ridge Road, Singapore 119077 within the scope of the institution's accreditation. The next evaluation visit is scheduled for 2013-2014.
- May 17, 2012: To note the institution's decision not to open additional location at University of Bahrain, P.O. Box 32038, Sakhir, Bahrain and to remove the site from the institution's accreditation.
- August 27, 2012: To acknowledge receipt of the substantive change request and to include

the additional locations at M.C. Dean, Inc., 22461 Shaw Road, Dulles, VA 20166 and Northrop Grumman Corporation, 1100 West Hollyvale Street, Azusa, CA 91702 within the scope of the institution's accreditation. The Commission requires written notification within thirty days of the commencement of operations at these additional locations. In the event that operations at the additional location do not commence within one calendar year from the approval of this action, approval will lapse. The next evaluation visit is scheduled for 2013-2014.

October 31, 2012: To acknowledge the substantive change request and to include the contractual agreement with the Indian Institute of Health Management Research and additional location at 1 Probhudayal Marg, Sanganer Airport, Jaipur - 30211, India within the scope of the institution's accreditation. The Commission requires written notification within thirty days of the commencement of operations at this additional location. In the event that operations at the additional location do not commence within one calendar year from the approval of this action, approval will lapse. The next evaluation visit is scheduled for 2013-2014.

November 1, 2012: To recognize the institution's decision not to open the following additional locations: (1) National Academic Foundation Middle School, 500 N. Caroline Street, Baltimore, MD 21205; (2) National Academic Foundation High School, 500 N. Caroline Street, Baltimore, MD 21205; (3) Tench Tilghman Elementary/Middle School, 600 N. Patterson Park Avenue, Baltimore, MD 21205; and (4) Patterson Park Charter School, 27 N. Lakewood Avenue, Baltimore, MD 21224 and to remove locations from the institution's accreditation.

January 2, 2013: To acknowledge receipt of the substantive change request and to include the following additional locations within the scope of the institution's accreditation: Northrop Grumman Corporation, 21240 Burbank Boulevard, Woodland Hills, CA 91367; and Ball Aerospace & Technologies, 1600 Commerce Street, Boulder, CO 80301. The Commission requests written notification within thirty days of the commencement of operations at these additional locations. In the event that operations at the additional locations do not commence within one calendar year from the approval of this action, approval will lapse.

January 2, 2013: To acknowledge receipt of the substantive change request and to include the contractual agreements with Teach for America and Laureate Education, Inc. within the scope of the institution's accreditation. The next evaluation visit is scheduled for 2013-2014.

July 1, 2013: To acknowledge receipt of the substantive change request. To include the additional location at Raytheon Integrated Defense System, 50 Apple Hill Drive, Tewksbury, MA 01876 within the scope of the institution's accreditation. The Commission requires written notification within thirty days of the commencement of operations at this additional location. In the event that operations at the additional location do not commence within one calendar year from the approval of this action, approval will

lapse.

July 1, 2013:

To acknowledge receipt of the substantive change request. To approve the reclassification of the additional locations at (1) Loch Raven Academy, 8101 LaSalle Road, Baltimore, MD 21286; and (2) Timonium Center, 1946-0 Greenspring Road, Timonium, MD 21093 as instructional sites and to include the change within the scope of the institution's accreditation. To note that the institution has closed the following additional locations: (1) Center for Technology Innovations, 4 Choke Cherry Road, Rockville, MD 20850; (2) Walter Johnson High School, 6400 Rock Spring Drive, Bethesda, MD 20814; (3) Maryland Correctional Institute for Women, 7943 Brockbridge Road, Jessup, MD 20794; (4) BAE, 65 Split Brook Road, Nashua, NH 03061; and (5) MITRE, 202 Burlington Road, Bedford, MA 01730 and to remove the locations from the scope of the institution's accreditation. The next evaluation visit is scheduled for 2013-2014.

September 3, 2013:

To acknowledge receipt of the substantive change request and to include the additional location at Raytheon Space and Airborne Systems, Raytheon North Building, Texas Instruments Campus, 13500 N. Central Expressway, Dallas, TX 75243 within the scope of the institution's accreditation. The Commission requires written notification within thirty days of the commencement of operations at this additional location. In the event that operations at the additional location do not commence within one calendar year from the approval of this action, approval will lapse. The next evaluation visit is scheduled for 2013-2014.

October 28, 2013:

To acknowledge receipt of the substantive change request. To include the additional locations at (1) Raytheon Space and Airborne Systems, 6380 Hollister Avenue, Goleta, CA 93117-3114 and (2) Raytheon Space and Airborne Systems, 1128 W. 2400 Street, Salt Lake City, UT 84119 within the scope of the institution's accreditation. The Commission requires written notification within thirty days of the commencement of operations at these additional locations. In the event that operations at the additional locations do not commence within one calendar year from the approval of this action, approval will lapse.

October 28, 2013:

To acknowledge receipt of the substantive change request. To note that the institution has closed its additional locations at (1) MITRE, 1155 Academic Park Loop, Colorado Springs, CO 80910; and (2) Northrop Grumman Corp., 10 Norden Place #A, Norwalk, CT 06855. To also note that the institution never opened the additional location at Ner Rabbinical College, 3209 Fallstaf Road, Baltimore, MD 21215. To remove these additional locations from the institution's accreditation. The next evaluation visit is scheduled for 2013-2014.

October 27, 2014:

To acknowledge receipt of the substantive change request. To note the institution's decision to close its additional location at MITRE Corporation, 7515 Colshire Drive, McLean, VA 22102. The Commission requires notification within thirty days of the closure of this

additional location. To note that the evaluation visit occurred and will be acted on at the November Commission meeting.

October 27, 2014: To acknowledge receipt of the substantive change request. To include the additional location at National Institutes of Health, 31 Center Drive- MSC 2073, Building 31, Room B1B36, Bethesda, MD 20814-2073 within the scope of the institution's accreditation. The Commission requires written notification within thirty days of the commencement of operations at this additional location. In the event that operations at the additional location do not commence within one calendar year from the approval of this action, approval will lapse.

October 27, 2014: To acknowledge receipt of the substantive change request. To approve the relocation of the additional location from ITU, 1041 Electric Avenue, Plaza A, Vienna, VA 22150 to ITU, 13900 Air and Space Museum Parkway, Herndon, VA 20171 and to include the new additional location within the scope of the institution's accreditation.

Next Self-Study Evaluation: 2023 - 2024

Next Periodic Review Report: 2019 Date

Printed: November 21, 2014

## DEFINITIONS

**Branch Campus** - A location of an institution that is geographically apart and independent of the main campus of the institution. The location is independent if the location: offers courses in educational programs leading to a degree, certificate, or other recognized educational credential; has its own faculty and administrative or supervisory organization; and has its own budgetary and hiring authority.

**Additional Location** - A location, other than a branch campus, that is geographically apart from the main campus and at which the institution offers at least 50 percent of an educational program. ANYA ("Approved but Not Yet Active") indicates that the location is included within the scope of accreditation but has not yet begun to offer courses. This designation is removed after the Commission receives notification that courses have begun at this location.

**Other Instructional Sites** - A location, other than a branch campus or additional location, at which the institution offers one or more courses for credit.

**Distance Education Programs** - Fully Approved, Approved (one program approved) or Not Approved indicates whether or not the institution has been approved to offer diploma/certificate/degree programs via distance education (programs for which students could meet 50% or more of the requirements of the program by taking distance education courses). Per the Commission's Substantive Change policy, Commission approval of the first two Distance Education programs is required to be "Fully Approved." If only one program is approved by the Commission, the specific name of the program will be listed in parentheses after "Approved."

## EXPLANATION OF COMMISSION ACTIONS

An institution's accreditation continues unless it is explicitly withdrawn or the institution voluntarily allows its accreditation to lapse. In addition to reviewing the institution's accreditation status at least every 5 years, the

Commission takes actions to approve substantive changes (such as a new degree or certificate level, opening or closing of a geographical site, or a change of ownership) or when other events occur that require review for continued compliance.

Any type of report or visit required by the Commission is reviewed and voted on by the Commission. Reports submitted for candidacy, self-study evaluation, periodic review or follow-up may be accepted, acknowledged, or rejected.

The Commission "Accepts" a report when its quality, thoroughness, and clarity are sufficient to respond to all of the Commission's concerns, without requiring additional information in order to assess the institution's status.

The Commission "Documents receipt of" a letter or report when it addresses the Commission's concerns only partially because the letter or report had limited institutional responses to requested information, did not present evidence and analysis conducive to Commission review, were of insufficient quality, or necessitated extraordinary effort by the Commission's representatives and staff performing the review. Relevant reasons for not accepting the letter or report are noted in the action. The Commission may or may not require additional information in order to assess the institution's status.

The Commission "Rejects" a letter or report when its quality or substance are insufficient to respond appropriately to the Commission's concerns. The Commission requires the institution to resubmit the report and may request a visit at its discretion. These terms may be used for any action (reaffirm, postpone, warn, etc.).

#### Types of Follow-Up Reports:

**Accreditation Readiness Report (ARR):** The institution prepares an initial Accreditation Readiness Report during the application phase and continually updates it throughout the candidacy process. It is for use both by the institution and the Commission to present and summarize documented evidence and analysis of the institution's current or potential compliance with the Commission's accreditation standards.

**Progress Report:** The Commission needs assurance that the institution is carrying out activities that were planned or were being implemented at the time of a report or on-site visit.

**Monitoring Report:** There is a potential for the institution to become non-compliant with MSCHE standards; issues are more complex or more numerous; or issues require a substantive, detailed report. A visit may or may not be required. Monitoring reports are required for non-compliance actions.

**Supplemental Information Report:** This report is intended only to allow the institution to provide further information, not to give the institution time to formulate plans or initiate remedial action. This report is required when a decision is postponed. The Commission may request a supplemental information report at any time during the accreditation cycle.

#### Commendations:

Periodically, the Commission may include commendations to the institution within the action language. There are three commendations. More than one commendation may be given at the same time:

To commend the institution for the quality of the [Self-Study or PRR] report. The document itself was notably well-written, honest, insightful, and/or useful.

To commend the institution for the quality of its [Self-Study or PRR] process. The Self-Study process was notably inclusive.

To recognize the institution's progress to date. This is recognition for institutions that had serious challenges or problems but have made significant progress.

#### Affirming Actions

Grant Candidate for Accreditation Status: This is a pre-accreditation status following a specified process for application and institutional self-study. For details about the application process, see the MSCHE publication, *Becoming Accredited*. The U.S. Department of Education labels Candidacy as "Pre-accreditation" and defines it as the status of public recognition that an accrediting agency grants to an institution or program for a limited period of time that signifies the agency has determined that the institution or program is progressing toward accreditation but is not assured of accreditation) before the expiration of that limited period of time. Upon a grant of candidate for accreditation status, the institution may be asked to submit additional Accreditation Readiness Reports until it is ready to initiate self study.

Grant Accreditation: The Commission has acted to grant accreditation to a Candidate institution and does not require the submission of a written report prior to the next scheduled accreditation review in five years.

Grant Accreditation and request a Progress Report or Monitoring Report: The Commission has acted to grant accreditation to a Candidate institution but requires the submission of a written report prior to the next scheduled accreditation review to ensure that the institution is carrying out activities that were planned or were being implemented at the time of the report or on-site visit.

Reaffirm Accreditation via Self Study or Periodic Review Report: The Commission has acted to reaffirm accreditation and does not require the submission of a written report prior to the next scheduled accreditation review in five years. The action language may include recommendations to be addressed in the next Periodic Review Report or Self Study. Suggestions for improvement are given, but no written follow-up reporting is needed for compliance.

Reaffirm Accreditation via Self Study or Periodic Review Report and request a Progress Report or Monitoring Report: The Commission has acted to reaffirm accreditation but requires the submission of a written report prior to the next scheduled accreditation review to ensure that the institution is carrying out activities that were planned or were being implemented at the time of the report or on-site visit.

#### Administrative Actions

Continue Accreditation: A delay of up to one year may be granted to ensure a current and accurate representation of the institution or in the event of circumstances beyond the institution's control (natural disaster, U.S. State Department travel warnings, etc.). The institution maintains its status with the Commission during this period.

#### Procedural Actions

Defer a decision on initial accreditation: The Candidate institution shows promise but the evaluation team has identified issues of concern and recommends that the institution be given a specified time period to address those concerns. Institutions may not stay in candidacy more than 5 years.

Postpone a decision on (reaffirmation of) accreditation: The Commission has determined that there is insufficient information to substantiate institutional compliance with one or more standards. The Commission requests a supplemental information report.

Voluntary Lapse of Accreditation: The institution has allowed its accreditation to lapse by not completing required obligations. The institution is no longer a member of the Commission upon the determined date that accreditation will cease.

#### Non-Compliance Actions

Warning: A Warning indicates that an institution has been determined by the Commission not to meet one or more standards for accreditation. A follow-up report, called a monitoring report, is required to demonstrate that the institution has made appropriate improvements to bring itself into compliance.

Probation: Probation indicates that an institution has been determined by the Commission not to meet one or more standards for accreditation and is an indication of a serious concern on the part of the Commission regarding the level and/or scope of non-compliance issues related to the standards. The Commission will place an institution on Probation if the Commission is concerned about one or more of the following:

1. the adequacy of the education provided by the institution;
2. the institution's capacity to make appropriate improvements in a timely fashion; or
3. the institution's capacity to sustain itself in the long term.

Probation is often, but need not always be, preceded by an action of Warning or Postponement. If the Commission had previously postponed a decision or placed the institution on Warning, the Commission may place the institution on Probation if it determines that the institution has failed to address satisfactorily the Commission's concerns in the prior action of postponement or warning regarding compliance with Commission standards. This action is accompanied by a request for a monitoring report, and a special visit follows. Probation may, but need not always, precede an action of Show Cause.

By federal regulation, the Commission must take immediate action to withdraw accreditation if an institution is out of compliance with accreditation standards for two years, unless the time is extended for good cause.

Show Cause: An institution is asked to demonstrate why its accreditation should not be withdrawn. A written report from the institution (including a teach out plan) and a follow-up team visit are required. The institution has the opportunity to appear before the Commission when the Commission meets to consider the institution's Show Cause status. Show Cause may occur during or at the end of the two-year Probation period, or at any time the Commission determines that an institution must demonstrate why its accreditation should not be withdrawn (i.e. Probation is not a necessary precursor to Show Cause).

#### Adverse Actions

Withdrawal of Accreditation: An institution's candidate or accredited status is withdrawn and with it, membership in the association. If the institution appeals this action, its accreditation remains in effect until the appeal is completed.

Denial of Accreditation: An institution is denied initial accreditation because it does not meet the Commission's requirements of affiliation or accreditation standards during the period allowed for candidacy. If the institution appeals this action, its candidacy remains in effect until the appeal is completed.

Appeal: The withdrawal or denial of candidacy or accreditation may be appealed. Institutions remain accredited (or candidates for accreditation) during the period of the appeal.

Other actions are described in the Commission policy, "Range of Commission Actions on Accreditation."

STATEMENT OF ACCREDITATION STATUS  
(Attachment)

JOHNS HOPKINS UNIVERSITY  
3400 North Charles Street  
Baltimore, MD 21218

List of Addresses for Single Institutions at Multiple Sites

Applied Physics Laboratory  
11100 Johns Hopkins Road  
Laurel, MD 20723

Bloomberg School of Public Health  
615 N. Wolfe Street Baltimore,  
MD 21205

Carey Business School  
100 International Drive  
Baltimore, MD 21202

Columbia Center  
6740 Alexander Bell Drive  
Columbia, MD 21046

Dorsey Center  
6810 Deerpath Road  
Elkridge, MD 21075

Krieger School of Arts and Sciences and Whiting School of Engineering  
3400 N. Charles Street  
Baltimore, MD 21218

Montgomery County Campus 9601  
Medical Center Drive Rockville, MD  
20850

Mt. Washington Campus  
5811 Smith Avenue  
Baltimore, MD 21209

Nitze School of Advanced International Studies  
1740 and 1619 Massachusetts Avenue, N.W.  
Washington, D.C. 20036

Peabody Institute  
1 East Mt. Vernon Place  
Baltimore, MD 21202

School of Education 2800  
N. Charles Street  
Baltimore, MD 21218

School of Medicine  
733 North Broadway  
Baltimore, MD 21205

School of Nursing  
525 N. Wolfe Street Baltimore,  
MD 21205-3008

Washington, D.C. Center  
1717 and 1625 Massachusetts Avenue, N.W.  
Washington, D.C. 20036

c. A COPY OF THE PROSPECTUS SUBMITTED TO MHEC

See Appendix A

d. ADDENDUM THAT DESCRIBES IN DETAIL

i. TYPE AND LENGTH OF NURSING PROGRAM

The Master of Science in Nursing (MSN) (Entry into Practice) Program is a five-semester nurse generalist program that provides a basic nursing curriculum at a graduate level [American Association of Colleges of Nursing (AACN), 2014], which will prepare students for the National Council Licensure Examination for Registered Nurses (NCLEX-RN).

ii. CURRICULUM PLAN

Students will complete in five semesters, 71 semester credit hours including 18 credits (1,008 hours) of clinical experience in a program of study that meets the Baccalaureate and Master's Essentials of the American Association of Colleges of Nursing (AACN).

**Table I. Summary of Master of Science in Nursing (MSN) (Entry into Practice) Program Curriculum**

Semester	Course	Didactic	Clinical	Lab	Total
1 <sup>st</sup> Semester 15 credits	Professionalism for Nursing in Health Care; with <b>Hopkins Nursing Seminar – Ethics and Cultural Humility</b>	2 credits			2
	Foundations of Nursing Practice	2 credits		1	3
	Integrated Clinical Management: Common Health Alterations	2 credits	2 credits		4
	Health Assessment I	2 credits		1 credit	3
	Pathophysiology I	3 credits			3
2 <sup>nd</sup> Semester 15 credits	Integrated Clinical Management: Chronic Health Alterations	2 credits	2 credits		4
	Pharmacology	3 credits			3
	Biostatistics for Evidence-Based Practice	3 credits			3
	Promoting Health in Older Adults	3 credits			3
	Health Promotion and Risk Reduction Across the Lifespan; with <b>Hopkins Nursing Seminar – Person-Centered Care and</b>	2 credits			2

	Health Care Decision Making				
3 <sup>rd</sup> Semester 13 credits	Integrated Clinical Management: Complex Health Alterations	2 credits	2 credits		4
	Leadership for Professional Nursing; with <b>Hopkins Nursing Seminar – EBP and Quality</b>	3 credits			3
	Psychiatric Mental Health	1 credits	2 credits		3
	The Research Process and its Application to Evidence-Based Practice	3 credits			3
4 <sup>th</sup> Semester 16 credits	Maternal and Newborn Health	2 credits	2 credits		4
	Child Health	2 credits	2 credits		4
	Public Health; with <b>Hopkins Nursing Seminar – Global Nursing and Infectious Diseases</b>	1 credits	2 credits		3
	Philosophical, Theoretical and Ethical Perspectives of Advanced Nursing Practice	3 credits			3
	Leadership for Population Health Management	2 credits			2
5 <sup>th</sup> Semester 12 credits	Context of Health Care for Advanced Practice Nursing	3 credits			3
	Transition to Professional Practice: Nursing Residency; With <b>Hopkins Nursing Seminar –Crucial Conversations/Safety for Care Transitions</b>	2 credits	4 credits		6
	Elective	3 credits			3 credits required from these 3 choices
	Health Assessment II for Advanced Practice Nursing	2 credits	1 credit		
	Pathophysiology II for Advanced Practice Nursing	3 credits			
<b>TOTAL REQUIRED CREDITS</b>					<b>71 credits</b>

### **iii. PROGRAM OBJECTIVES, OUTCOMES OR COMPETENCIES**

#### **Outcomes of the MSN (Entry into Practice) Program**

The primary goal of the MSN (Entry into Practice) Program is to prepare a nurse generalist with graduate level knowledge and competencies to deliver, direct and coordinate care to patients with complex conditions on interprofessional teams in a hospital, primary care, or community health setting. The program outcomes are listed below.

- 1) Integrates knowledge from the sciences, the humanities, public health, genetics, and organizational sciences into nursing practice across diverse settings and populations.
- 2) Applies nursing process to provide care to and advocate for individuals, families, groups, systems, communities, and populations.
- 3) Models effective, respectful therapeutic communication in the practice of nursing.
- 4) Integrates knowledge and skills of organizational and systems leadership for critical decision making, to improve health and health care delivery.
- 5) Incorporates quality and safety principles to improve care in organizations across diverse settings.
- 6) Utilizes knowledge of the research process to critique evidence and translate findings to clinical practice.
- 7) Analyzes information management, information systems and enabling technologies for the delivery of quality, coordinated, and safe care.
- 8) Applies knowledge of healthcare policies, financing and regulations to influence political/policy making for nursing practice and healthcare delivery.
- 9) Coordinates increasingly complex care to improve outcomes and transitions of care through collaboration with interprofessional health care teams.
- 10) Integrates health promotion and disease prevention principles to provide patient and family-centered care for individuals, families, groups, systems, communities, and populations.
- 11) Embodies inherent values of the profession into ethical and legal practice of nursing.
- 12) Exhibits the highest level of personal and professional value-based behaviors.
- 13) Incorporates knowledge of ecological and social determinants of health into care for individuals, families, groups, communities, systems and populations.
- 14) Critically evaluates health issues within a global context.
- 15) Demonstrates cultural humility in the provision of care to individuals, families, groups, systems, communities and populations.

- 16) Synthesizes practice-based knowledge to exercise advanced clinical reasoning OR integrated clinical management in nursing practice.

### Definitions

Patient includes the individual, family, group, system, community and population

Nursing Care encompasses four major patient/client needs that are fundamental to the practice of nursing (NCLEX) – nursing process, caring, communication/documentation and teaching/learning; OR defined as direct patient care (nursing process), patient education, advocacy, care coordination, communication, documentation.

Management of Care (NCLEX) OR Integrated Clinical Management refers to advance directives; advocacy; assignment, delegation and supervision; case management; client rights; collaboration with interdisciplinary team; concepts of management; confidentiality/information security; continuity of care; establishing priorities; ethical practice; informed consent; information technology; legal rights and responsibilities; performance improvement (quality improvement); and referrals. What about safety and infection control; health promotion and maintenance.

Global refers to an area of health care practice that places a priority on improving health and achieving equity in health for all people worldwide. Global health emphasizes transnational health issues, determinants, and solutions; involves many disciplines within and beyond the health sciences and promotes inter- disciplinary collaboration; and is a synthesis of population- based prevention with individual-level clinical care (Koplan, 2009).

Inherent values refer to the Johns Hopkins School of Nursing values: integrity, diversity, accountability, respect and excellence; and professional values of human dignity, integrity, altruism, non-discrimination, and the ethical principles of, autonomy, fairness and social justice; and the profession's core values of respect for human dignity, keeping patients' safe, amelioration of human suffering, and elimination of discrimination

#### iv. DESCRIPTION OF AVAILABLE CLINICAL RESOURCES

Johns Hopkins Medicine includes six academic and community hospitals, four suburban health care and surgery centers, more than 30 primary health care outpatient sites, as well as programs for national and international patient activities. In addition to the resources of Johns Hopkins Medicine, the MSN (Entry into Practice) Program will benefit greatly from, clinical placement opportunities available to us within fifty clinical agencies throughout Maryland, DC, Virginia, and Pennsylvania. These sites include, but are not limited to, private, local, state and federal hospitals, school systems, community/public health agencies and clinics. Contacts from clinical sites communicate directly with the Senior Clinical Placement Administrator whose responsibilities include contacting agencies for pre-licensure and graduate student placements and evaluating placements. The Senior Clinical Placement Administrator meets regularly with the course coordinators and program directors to relay feedback from clinical sites. In addition, the Associate Dean for Academic Affairs meets with Johns Hopkins Hospital nursing leadership

team on a quarterly basis to discuss issues that apply to both the school of nursing and the hospital such as graduate preparation for practice, recruitment, and major program changes.

**e. EVIDENCE PROPOSED PROGRAM IS BASED ON SOUND**

**EDUCATIONAL PRINCIPLES**

The MSN (Entry into Practice) Program is based on the principles of adult learning. Clear descriptions of program outcomes and statements on each course syllabi explain to students how this program and each course will contribute to their development as a nurse. Student-elected representatives of the program will serve on the MSN Curriculum Committee to provide input into the program evaluation and ongoing development from the student perspective. Faculty elected representatives serve on the MSN curriculum committee and review each course every two years to ensure that the course description and objectives remain current and to address any concerns about the course as reflected in student course evaluations and faculty peer review.

**f. MATERIALS VALIDATING THAT THE EDUCATION INSTITUTION IS PREPARED TO MEET THE REQUIREMENTS SPECIFIED IN THIS CHAPTER**

The organizational chart for the School of Nursing is in Appendix B. Faculty credentials are in Appendix C and Faculty organization is in Appendix D.

The School of Nursing has a rigorous and ongoing Learning Assessment Plan which is reviewed annually. This includes the assessment of individual student outcomes and faculty teaching performance. See Appendix E for the full Learning Assessment Plan.

## APPENDIX A.

### THE PROSPECTUS SUBMITTED TO MHEC WITH APPENDICES

#### A. Centrality to institutional mission statement and planning priorities

##### 1. Program Description and Alignment with Mission

The Johns Hopkins School of Nursing (JHSON) is pleased to submit a proposal to modify the existing and previously endorsed Master of Science in Nursing (MSN) degree (HEGIS code 1203-00; CIP code 51.3801) to offer a Master of Science in Nursing (MSN) (Entry into Practice) option. This substantial modification to the existing MSN program would add a Master's level generalist option that provides a basic nursing curriculum at a graduate level [American Association of Colleges of Nursing (AACN), 2014], which will prepare students for the National Council Licensure Examination for Registered Nurses (NCLEX-RN).

Graduates will receive knowledge and skills to deliver and direct care to patients with complex conditions on interprofessional teams in a hospital, primary care, or community health setting. This contrasts with the existing specialty MSN option that prepares registered nurses for specialty roles such as nurse practitioner and clinical nurse specialist. The MSN (Entry into Practice) nurse generalist program differs from the specialty program in the following ways:

- a) *Admission Criteria:* Students with baccalaureate or higher degrees in fields other than nursing are eligible for admission. Additionally, there are six prerequisite science and health courses (See B.1).
- b) *Curriculum:* The curriculum includes MSN (Entry into Practice) courses with advanced content focusing in several key areas, including quality and safety, interprofessional practice, health promotion, global health, ethics, informatics, and leadership. Table 1 provides a plan of study for the proposed program. The first cohort of the proposed MSN (Entry into Practice) Program will be enrolled in the fall semester of 2015.

The mission of The Johns Hopkins University is to educate its students and cultivate their capacity for life-long learning, to foster independent and original research, and to bring the benefits of discovery to the world. In addition, the mission of the Johns Hopkins School of Nursing is to improve the health of individuals and diverse communities locally and globally through leadership and excellence in nursing education, research, practice, and service. The MSN (Entry into Practice) program is aligned with both of these missions; graduates will enter practice as novice nurses equipped with graduate level education in quality and safety, the application of research to practice, global health, health systems management, ethics, and health policy. This unique curriculum will allow graduates to advance more rapidly toward positions as expert clinicians, leaders and managers as they progress in their career. Graduates will collaborate in practice as members of interprofessional teams when communicating,

planning, and implementing care with other health care professionals, including physicians, pharmacists, physical therapists, social workers, and advanced practice nurses. For those graduates who wish to continue their education to become advanced practice nurses, this program provides up to six courses (five required and one which can be taken as an elective) that meet the requirements for advanced practice nursing established by the Advanced Practice Registered Nurse (APRN) Consensus Work Group & the National Council of State Boards of Nursing APRN Advisory Committee (2008) (biostatistics, research, ethics, context of health care for advanced practice nursing, health promotion as required courses and advanced pathophysiology as an elective).

## **2. Alignment with Institutional Strategic Goals**

The proposed MSN (Entry into Practice) Program is aligned with the JHSON strategic goals as follows:

*Goal 1: To enhance excellence in research, teaching, and practice*

The JHSON has a strong team of primarily doctorally prepared faculty with diverse clinical, research, and teaching expertise. The proposed program will incorporate student-centered and evidence-based teaching strategies to prepare graduates who excel in the practice of nursing. Students will be taught to synthesize and evaluate current research about clinical problems and will be guided to apply this evidence to nursing practice.

*Goal 2: To cultivate an environment that embodies the School of Nursing values of excellence, respect, diversity, integrity, and accountability*

The JHSON values have guided the curriculum design for the proposed program and continue to guide all aspects of the JHSON community that includes faculty, staff and students.

*Goal 3: To position Johns Hopkins Nursing as a Global leader in nursing and health care*

Dimensions of global health both local and abroad have been integrated throughout the curriculum and student learning experiences. Many of the clinical sites in East Baltimore and nearby communities offer the opportunity for students to care for persons whose country of origin is outside the U.S. There are also opportunities for some students to travel abroad to participate in faculty-led practice and research activities.

*Goal 4: To achieve planned growth that is strategically driven, innovative, and financially sound*

The JHSON will strategically plan for enrollment to address market and societal demands for graduates prepared to practice in the ever-evolving complex health care environments.

## B. Adequacy of curriculum design and delivery to related learning outcomes

### 1. Program Outline and Requirements

A full course listing, with course titles and descriptions, is provided in Appendix A. Pre-requisite requirements are listed in Appendix B. To be eligible for the program, student applicants must demonstrate completion of introductory or higher-level post-secondary courses in: statistics, nutrition, microbiology (with laboratory experience), anatomy and human physiology I and II (with labs), and human growth and development; completion of a baccalaureate degree (bachelor's degree) in a general discipline other than nursing with a minimum cumulative grade point average (GPA). The baccalaureate degree must be conferred no later than the end of the spring semester before the fall start date (example: May 2015 for fall 2015 start date). Other requirements include the Graduate Record Examination (GRE) completed within 5 years of the application deadline; three letters of recommendation/ reference; official transcripts from all post-secondary institutions; test of English as a Foreign Language (TOEFL) if English is not the first language; and a written goal statement which must be in concert with the JHSON mission.

Students will complete 76 semester credit hours and 18 credits (1,008 hours) of clinical experience in a program of study that meets the Baccalaureate and Master's Essentials of the American Association of Colleges of Nursing (AACN).

The plan of study is summarized in Table 1.

#### *Prerequisites*

The following are prerequisites for the MSN (Entry into Practice) Program, which may be taken at other accredited colleges and universities or online at JHSON:

- Biostatistics
- Human Growth and Development Through the Lifespan
- Nutrition
- Microbiology with virtual lab
- Anatomy with virtual lab
- Physiology with virtual lab

**Table 1.** Plan of Study and Credit Distribution

Semester	Course	Didactic	Clinical	Lab	Total
1) 15 credits	Dimensions of the Profession: Nursing	3 credits			3
	Foundations in Nursing	1 credit		1 credit	2
	Nursing Practice I	2 credits	2 credits		4
	Health Assessment I	2 credits		1 credit	3
	Pathophysiology I	3 credits			3
2) 16 credits	Nursing Practice II	2 credits	2 credits		4
	Pharmacology	3 credits			3
	Biostatistics for Nursing Research	3 credits			3
	Nursing Care for Older Adults across the Health Care Continuum	3 credits			3
	Leadership for Professional Nursing	3 credits			3
3) 14 credits	Nursing Practice III	2 credits	2 credits		4
	Leadership for Population Health Management	3 credits			3
	Psychiatric Mental Health Nursing	2 credits	2 credits		4
	The Research Process and its Application to Evidence-Based nursing Practice	3 credits			3
4) 17 credits	Maternal and Newborn Health	2 credits	2 credits		4
	Child Health	2 credits	2 credits		4
	Public Health Nursing	2 credits	2 credits		4
	Philosophical, Theoretical and Ethical Perspectives of Advanced Practice Nursing	3 credits			3
	Health Promotion: Local to Global	2 credits			2
5) 15 credits	Context of Health Care for Advanced Practice Nursing	3 credits			3
	Socialization to the Professional Practice of Nursing	2 credits	4 credits		6
	Health Assessment II for Advanced Practice Nursing (or elective)	2 credits		1 credit	3
	Pathophysiology II for Advanced Practice Nursing (or elective)	3 credits			3
		56	18	3	77

## **2. Educational Objectives and Student Learning Outcomes**

The primary goal of the MSN (Entry into Practice) Program is to prepare a nurse generalist with graduate level knowledge and competencies to deliver, direct and coordinate care to patients with complex conditions on interprofessional teams in a hospital, primary care, or community health setting. The program outcomes are listed below.

### **Outcomes of the MSN (Entry into Practice) Program:**

- 17) Integrates knowledge from the sciences, the humanities, public health, genetics, and organizational sciences into nursing practice across diverse settings and populations.
- 18) Applies nursing process and best evidence to provide care to and advocate for individuals, families, groups, systems, communities, and populations.
- 19) Models effective, respectful communication in the practice of nursing.
- 20) Applies, integrates, and analyzes knowledge and skills of organizational and systems leadership for critical decision making, quality improvement, and patient safety to improve health and health care delivery.
- 21) Applies and integrates quality principles to improve care in organizations across diverse settings.
- 22) Utilizes knowledge of the research process to critique evidence and translate findings to clinical practice.
- 23) Applies, integrates and analyzes information management, information systems and enabling technologies for the delivery of quality, coordinated, and safe care.
- 24) Applies, integrates and analyzes knowledge of healthcare policies, financing and regulations to influence political/policy making for nursing practice and healthcare delivery.
- 25) Communicates, collaborates and leads interprofessional health care teams to coordinate increasingly complex care to improve outcomes.
- 26) Integrates health promotion and disease prevention principles to provide patient and family-centered care for individuals, families, groups, systems, communities, and populations.
- 27) Exhibits the profession's core values to respect human dignity, keep patients safe, ameliorate human suffering and eliminate discrimination by embodying core ethical principles and critically applying ethical frameworks to nursing practice and research.
- 28) Exhibits the highest level of personal and professional behaviors.
- 29) Integrates knowledge of ecological and social determinants of health into care for individuals, families, groups, communities, systems and populations.

- 30) Critically evaluates health issues within a global context and demonstrates cultural humility when applying knowledge to practice.
- 31) Synthesizes practice-based knowledge to exercise advanced clinical reasoning in nursing practice.

### **3. General Education Requirements**

Not applicable.

### **4. Specialized Accreditation/Certification Requirements**

Not applicable

### **5. Contractual Agreements with Other Institutions**

The JHSON has existing contracts with multiple hospitals and community and public health agencies to provide students with ideal clinical sites and preceptors to achieve the competencies of this program. These partnerships, which include but are not limited to hospitals and outpatient clinics of the Johns Hopkins Medical Institutions (JHMI), have been carefully chosen to provide opportunities for students to learn with expert preceptors in the appropriate area of practice for each clinical course. Hospitals within the JHMI system include The Johns Hopkins Hospital, Johns Hopkins Bayview Medical Center, Howard County General Hospital, Sibley Memorial Hospital, and Suburban Hospital. Additional hospitals and community sites outside the JHMI system are also long-standing partners of the School of Nursing in preparing nursing students for entry into practice.

## **C. Critical and compelling regional or statewide need as identified in the State Plan**

### **1. Demand and Need for Program**

In 2013, Registered Nurses represented the occupation with the fifth highest employment in the U.S. (U.S. Bureau of Labor Statistics, 2014). In the state of Maryland, 43% of nurses are approaching retirement age (Who Will Care, 2014). Our communities of interest, including many chief nurse officers of hospitals in Maryland, primary care providers in community clinics, and others have told us of their need for nurses prepared to deliver and direct care in complex acute and community settings who can advance quickly into leadership positions. Graduates of our MSN (Entry into Practice) Program will advance to leadership positions more rapidly than nurses at the Baccalaureate level, enabling them to fill the gap left by the nurses in these positions who will soon retire.

The Institute of Medicine (IOM) report, *The Future of Nursing*, highlighted the significant need to produce bedside nurses who have the skills and knowledge to deliver care to increasingly complex patient populations (IOM, 2010).

## 2. Alignment with Maryland State Plan for Postsecondary Education

The need for nurse generalists to deliver and direct care at the unit level in a hospital, primary care or community health setting is consistent with the five goals of the Maryland State Plan for Postsecondary Education: 1) quality and effectiveness; 2) access and affordability; 3) diversity; 4) student-centered learning; and 5) economic growth and vitality.

*Quality and Effectiveness.* The JHSON has a record of excellence in post-secondary education. It is ranked #1 by *U.S. News & World Report* among graduate programs in nursing schools in the U.S. The 2013 graduation rate was 98.2% for Baccalaureate students and 88.3% for Master's students. In 2013, 94.8% of the 248 students taking the NCLEX exam for RN licensure passed on the first time tested.

*Access and Affordability.* The MSN (Entry into Practice) Program will promote access and affordability. Potential applicants will be provided with information about opportunities for financial aid at the Federal and Institutional levels. The JHSON holds several open house events each year that are widely advertised. Both faculty and students participate in these events to talk about the career opportunities for those entering a nursing career as well as what is needed for a complete application for entry into our academic programs. Students discuss the challenges of student life and strategies for success. The school also plans to identify financially disadvantaged students and assist them in seeking financial options to make this program affordable. Financial aid specialists are available at these open houses to provide information on financial aid opportunities. The MSN (Entry into Practice) Program will graduate nurses who will have access to more employment opportunities in healthcare settings. The full-time format is accelerated and will allow students to graduate in five semesters (first cohort will graduate in May of 2017). Spring is the time of the year that nurse executives in our partnering institutions tell us that the need is greatest for newly graduated nurses. Input and recommendations derived from meetings with our partnering institutions, including nurse executives in the JHMI system, have contributed to the design of this program. These executives state that they are eager to hire our graduates of this program.

*Diversity.* The JHSON has a strategic and focused approach to recruiting culturally diverse students. We anticipate a diverse group of students, similar to those whom we have been able to recruit into our current Baccalaureate program (see Table 2). The JHSON has a commitment to cultural competence, diversity and equity; threading cultural humility emphasizing respect for diverse cultures and points of view into all courses. Similarly, we strive to achieve diversity in the faculty population.

*Student-Centered Learning.* From the outset, the MSN (Entry into Practice) Program will promote student-centered learning using approaches designed for adult learners. A range of educational strategies tailored and targeted to the needs of the adult learner will address both formative and summative competency development. Access to assigned readings, online resources and facility based resources and equipment will be augmented by blended learning techniques. This will include didactic lectures, case studies, multi-media presentations, structured and outcome focused simulations,

problem-based learning, interactive exercises and clinical site experiences. This will be supported by evolving classroom simulations, podcasts, lecture capture, group application exercises, learning application activity plans, and use of an online course management system. Small group work will focus on case studies and clinical scenarios linked to course material. The JHSON will be instrumental in assisting students in learning the evidence-based practice process to foster the development of life-long learning. Faculty are supported by a team of instructional designers and experts in educational program development and delivery.

*Economic Growth and Vitality.* The plan for continued sustainability is grounded in the following outcomes and processes of excellence following distinct recommendations of the Institute of Medicine and leading nursing organizations:

- Established clinical training partnerships, particularly in the hospitals and community and public health sites of Baltimore underserved areas.
- Provision of education to nurses through the novel and high quality methods of education described above.
- A tailored pathway to graduate education for those entering into nursing.
- An increased number of nurses entering into practice prepared to deliver and direct highly complex care and equipped with the skills and knowledge to advance more rapidly into leadership roles in practice.
- Programs to increase faculty and student diversity and broad societal representation in nursing.

#### **D. Quantifiable and reliable evidence and documentation of market supply and demand in the region and State**

##### **1. Market Demand**

In September 2013, JHSON worked with the consulting group, Art & Science Group LLC, who conducted extensive interviews with nursing professional organizations, academic medical centers, community hospitals and peer universities with Master's entry nursing programs. There was widespread support for this program for its ability to prepare nurses to practice in complex health systems as interprofessional partners with physicians, pharmacists, social workers and others.

Our communities of interest, including chief nurse officers (CNO) at several hospitals and directors of community clinics in Maryland stated that nurses prepared to manage patients with complex conditions through transitions of care were greatly needed. These CNOs and directors of nursing are enthusiastic about hiring the graduates of our program.

The American Association of Colleges of Nursing (AACN), reports that there are currently 65 programs in the U.S. that prepare those with degrees other than nursing for entry into nursing at the Master's level. Peer institutions that have nurse generalist programs at the Master's level include: Rush University in Chicago; The University of California, Los Angeles; The University of Illinois in Chicago; The University of Iowa; The University of Maryland; The University of Rochester; and The University of

Virginia. Several of these universities, for example, the University of Maryland, also aim to prepare their graduates for eligibility to take a certification exam as a “Clinical Nurse Leader (CNL).” Our consultation with our clinical partners, particularly nurse executives in our partnering hospitals revealed great support for a nurse generalist with advanced skills in delivering and directing care at the unit level but they did not find the CNL certification to be the desired focus of the Master’s entry nurse. Because of this feedback, the JHSON has chosen not to offer a CNL program that targets certification at this time.

## **2. Educational and Training Needs in the Region**

The Institute of Medicine (IOM) *Future of Nursing* report (2010) has called for nurses to achieve higher levels of education and training through an improved education system that promotes seamless academic progression. The report emphasizes that nurses need to be prepared to function as full partners, with physicians and other health care professionals, in redesigning health care in the United States.<sup>1</sup>

Other Federal reports have also emphasized the need for nurses to be prepared for interprofessional practice with skills and competencies which will enable them to collaborate as members of interprofessional teams. Interprofessional education (IPE): Core Competencies for Interprofessional Collaborative Practice is a report prepared by the six health professional organizations, including AACN, citing that a higher level of interprofessional practice is demanded in increasingly complex U.S. health care system.<sup>2</sup>

## **3. Prospective Graduates**

The JHSON expects to recruit 120 students for the first cohort beginning in the fall 2015 semester. We anticipate a diverse group of students, similar to those whom we have been able to consistently recruit into our current Baccalaureate entry into practice program. See Table 2 for the demographic data on the Baccalaureate students from our summer 2013 cohort. The second cohort of the MSN (Entry into Practice) students will be enrolled in the spring of 2016. Students will fulfill their clinical experiences in hospitals as well as public health and community health settings in and around Maryland. The proposed MSN (Entry into Practice) Program will continue to maintain the standard contractual relationships with clinical sites and preceptors that we currently utilize for the Baccalaureate Program. We will monitor and report recruitment, retention, and post-graduation outcomes of NCLEX pass rates, employment (e.g. hospital, primary, and community settings. Annual reports will be filed with the Maryland Board of Nursing.

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<sup>1</sup> <http://www.iom.edu/Reports/2010/The-future-of-nursing-leading-change-advancing-health.aspx#sthash.GdpV38Y4.dpuf>

<sup>2</sup> <http://www.aacn.nche.edu/education-resources/ipereport.pdf>

**Table 2.** Demographic Data from Summer 2013 Cohort of Baccalaureate Students

Gender	Summer 2013
Male	16 (13%)
Female	106 (87%)
Average Age	28
Race/Ethnicity	
American Indian/Alaskan Native	3 (02%)
Asian/American	17 (14%)
Black/African American	10 (08%)
Hispanic/Latino	9 (07%)
White	79 (65%)
Unknown	4 (03%)

**E. Reasonableness of program duplication**

**1. Similar Programs**

As stated in section D.1 above, according to the AACN, there are currently 65 programs in the U.S. that prepare those with degrees other than nursing for entry into nursing practice at the Master's level. In the state of Maryland, the University of Maryland School of Nursing offers a Clinical Nurse Leader Master's Entry program enrolling students with baccalaureate degrees other than nursing. There are no other Maryland universities that have a similar MSN (Entry into Practice) Program. Other universities in the region including Catholic University of America, Coppin State University, Georgetown University, George Washington University, Notre Dame University of Maryland, and Towson University do not offer this particular proposed program. Therefore, this program will address a need in Maryland for generalist nurses who are prepared to deliver and direct care to patients with complex conditions on interprofessional teams in a hospital, primary care, or community health setting.

**2. Program Justification**

As discussed in D.2, the Institute of Medicine (IOM) *Future of Nursing* report (2010) has called for nurses to achieve higher levels of education and training through an improved education system that promotes seamless academic progression. The report emphasizes that nurses need to be prepared to function as full partners, with physicians and other health care professionals, in redesigning health care in the United States.<sup>3</sup>

The National Council of State Boards of Nursing (2014) recommends that new models of education are needed with increased content on interprofessional education and new content to complement the biological sciences, including ethics, quality improvement,

<sup>3</sup> <http://www.iom.edu/Reports/2010/The-future-of-nursing-leading-change-advancing-health.aspx#sthash.GdpV38Y4.dpuf>

patient safety, population health and the social determinants of disease. The proposed modification of the existing MSN degree program to offer a new MSN (Entry into Practice) Program addresses all of these essential areas.

**F. Relevance to Historically Black Institutions (HBIs)**

Not applicable

**G. Evidence of the Principles of Good Practice**

Not applicable. This is not a distance program.

**H. Adequacy of faculty resources**

The implementation and quality of academic programs in the JHSON is monitored by program directors who report to the Associate Dean for Academic Affairs, who has responsibility for the integrity of academic programs at the school. The faculty in the MSN (Entry into Practice) Program will report to the MSN (Entry into Practice) Program Director and/or the Associate Dean for Academic Affairs. There are currently 64 full-time faculty members in the JHSON.

See Appendix B for additional information about JHSON faculty.

**I. Adequacy of library resources**

The JHSON boasts current and comprehensive library resources at a variety of sites on the Johns Hopkins University East Baltimore and Homewood campuses and full access to other libraries' resources across the country. The William H. Welch Medical Library is the central resource providing services and resources that support research, teaching, and patient care within the JHMI system. WelchWeb guides users to a rich array of electronic information resources and library services.

Welch's online medical collection includes subscriptions to more than 7,000 electronic journals, 8,500 electronic books and 400 databases; it is tailored to medicine, public health and nursing; and it is available to Johns Hopkins faculty, students and staff anywhere in the world. Because all the Johns Hopkins libraries share a common online library, Welch patrons also enjoy full access to an additional 100,000 journal subscriptions, 1,300 databases, 900,000 electronic books and a total of 3.7 million print volumes. For patrons who need materials in the print collection, the Document Delivery service scans the print versions and delivers electronic copies to patrons at their desktops. Materials outside of the library's collections are requested through the Interlibrary Loan service.

The Welch Library offers a full range of information services including consultation with patrons on their literature and data needs, classes, online tutorials and interlibrary loan. Welch offers a customized information specialist service, delivered wherever patrons are outside of the library building. From July 1, 2009 through June 30, 2012, there were 515 separate service encounters with JHSON students, faculty and staff for 581 hours of service. Included in these contacts are offices hours, which are provided twice a week, 235

discrete literature searches or literature search assistance session, and 27 lectures or in-class search presentations. More than 400 of the service encounters were provided to students, the remainder to faculty and staff.

#### **J. Adequacy of physical facilities, infrastructure and instructional equipment**

The Anne Pinkard Building, built in 1997 specifically for the JHSON, comprises six levels with 88,500 square feet. It consolidates the school's teaching, research and administrative activities and includes:

- Two adjoining, 63-seat classrooms
- Three 110-seat lecture halls (two with capacity for distance learning)
- Three 12-bed practice laboratories (one with capacity for distance learning)
- Research space with state-of-the-art laboratories
- One 40-seat computer classroom
- One 45-seat classroom (with capacity for distance learning)
- Three 18-seat seminar rooms
- Two 15-seat group study rooms
- Three 16-seat computer/interactive video labs
- A 230-seat auditorium
- Simulation Center

#### *Teaching Resources*

The Office for Teaching Excellence (OTE) is designed to help faculty with innovation and scholarship in teaching, focusing on the changing learning styles of our students and optimizing the use of today's more flexible and engaging learning options. It is expected that the OTE will also provide important guidance and consultation in the development and evaluation phase of this program.

#### *Instructional Design Resources*

The JHSON Instructional Design Team (IDT), a subgroup of the Office for Teaching Excellence, is currently staffed by two instructional designers, two instructional technologists, and an instructional design manager. The IDT staff is responsible for development of all online courses as well as support and management of the online Blackboard learning platforms. The group consults closely with faculty members on academic projects impacting teaching, learning, and research. Over the past three years, the IDT has trained hundreds of faculty and staff on effective use of instructional technologies, and constructed a multimedia studio used for high quality audio and video recording. The continuous updating of the JHSON instructional technology infrastructure and staff has primed the School to be a global leader in collaborative continuing health care education and to provide effective delivery of education programs in face-to-face and blended formats.

**K. Adequacy of financial resources with documentation**

See Appendix C for financial information for the first five years of program implementation.

**L. Adequacy of provisions for evaluation of program**

The goals of curriculum evaluation are to ensure academic excellence in the face to face and online learning environments and to foster continuous improvement.

*Methodologies*

The JHSON has a comprehensive evaluation plan that includes both process and outcome measures. These include completion rates and student satisfaction. There is also an Evaluation Steering Committee to ensure that the all aspects of the evaluation are carried out in a timely manner using rigorous evaluation methods.

Methods used to monitor and evaluate the program as it is introduced will include a comprehensive assessment of enrollment and delivery of courses; precepted clinical experiences; use of technology; faculty; preceptors; and delivery of the courses in relation to the broader curricular outcomes. Reports from the Evaluation Steering Committee will be provided to the MSN Curriculum Committee at the end of each of the first two semesters and then annually. They will include data on recruitment and retention; grades and completion rates across courses; student satisfaction with courses and teaching strategies; and faculty recommendations for quality improvement.

*Outcomes*

Evaluation of outcomes of the proposed MSN (Entry into Practice) Program modification to the MSN program is detailed below. Specific outcome data to be collected and the associated time frames are identified. The courses in the curriculum will be evaluated annually to foster continuous improvement and ensure academic excellence.

**Table 4:** MSN (Entry into Practice) Data, Source, Data Collection Process and Expected Outcomes/Benchmarks

Data	Source	Data Collection Process	Expected Outcomes
MSN Graduation	Office of Enrollment Management and Student Affairs	Enrollment Database	95% of students who matriculate will graduate after five semesters.
NCLEX-RN Pass Rates	Maryland Board of Nursing	Annual Report from MBON	90% of graduates will pass NCLEX on the first attempt.
End of Program Student Surveys	Evaluation Steering Committee	Educational Benchmark Indicator (EBI)	Program satisfaction will be at a level of 80% for students.

Data	Source	Data Collection Process	Expected Outcomes
Employment Rates upon Graduation (6 months post-graduation)	Office of Marketing and Communication	Online Survey of Graduates	At least 95% of graduates who seek employment will obtain jobs or pursue further educational preparation within 6 months of graduation.
Post-employment Performance (1 year post-graduation)	Office of Marketing and Communication	Online Survey of Employers	Satisfaction with graduate performance will be at a level of 80% for employers.

**M. Consistency with the State’s minority student achievement goals**

The goal of the MSN (Entry into Practice) Program is to prepare an advanced nurse generalist to deliver and direct care at the unit level in a hospital, primary care, or community health setting. It is anticipated that the JHSON will continue to draw in an ethnically and geographically diverse student body.

**N: Relationship to low productivity programs identified by the Commission:**

Not applicable

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## MHEC Prospectus Appendix A

### Course List and Descriptions

#### **Dimensions of the Profession: Nursing**

3 credits

This course focuses on professional role development in nursing. Content is organized into three modules: 1) the profession of nursing; 2) healthcare competencies, including quality and safety education for nurses; and 3) the healthcare delivery system. An overview of the nursing profession, its history, current trends and the future of nursing, nursing education, and the role of the nurse in an interdisciplinary health care setting will be emphasized. The concepts will be described in the context of building the students' role as a health professional. Healthy People 2020 Goals and Objectives will provide the framework for understanding the complexity of health care delivery and improving years of healthy life for all. Students will develop their nursing practice by acquiring a basic understanding of healthcare competencies through two frameworks, the IOM competencies for health care professionals and the Quality and Safety Education in Nursing (QSEN) competencies. Healthcare delivery concepts, such as patient centered care, healthcare delivery systems, healthcare policy and financing, and an overview of public health, health promotion, disease prevention, health disparities, healthcare reform, and population health will be emphasized in course material and learning experiences.

#### **Foundations of Nursing**

2 credits

Pre- or co-requisites: Co-requisites include Introduction to the Profession of Nursing; Health Assessment; Pathophysiology; Nursing Practice I

This course addresses the knowledge and skills needed to provide safe and effective care to patients. Scientific principles related to nursing interventions will be explored. Practice in the psychomotor skills needed to safely and effectively implement these interventions will be provided. Knowledge, skills and attitudes based on QSEN competencies, including patient centered care, use of evidence-based guidelines, quality improvement, safety and informatics will be incorporated into laboratory practice.

#### **Nursing Practice I**

4 credits (Theory 2/Clinical 2)

Pre- or co-requisites: Co-requisites include Introduction to the Profession of Nursing; Foundations of Nursing; Health Assessment; Pathophysiology

This course introduces the student to the practice of nursing and prepares the student to integrate knowledge, skills and attitudes needed to implement the nursing process.

#### **Health Assessment I**

3 credits

This course provides students with the skills to complete a comprehensive health assessment including the physical, psychological, and social aspects of health. Integrated in this assessment is the collection and analysis of data which are essential in planning safe and effective patient

care. Lectures are designed to help the students apply their knowledge of health assessment to both primary and acute care settings. Emphasis is placed on gathering reliable and relevant information; recognizing variations of normal findings; and identifying abnormal findings using common health problems as exemplars.

### **Pathophysiology I**

3 credits

Pre- or co-requisites: Health Assessment I

This course focuses on the interrelationship between normal physiology and pathophysiology across the lifespan. Students will extend their knowledge of anatomy and physiology to advance their physiologic concepts. The goal is student's understanding of the pathophysiology underlying dysfunction in selected diseases that nurses are likely to encounter including inherited conditions. Using an integrative approach, representative alternations in physiologic function common throughout the lifespan are addressed. Weekly discussions are organized based on systems and cover topics from the cellular level up to major organ systems.

### **Nursing Practice II**

4 Credits (Theory 2/Clinical 2)

Pre-Requisites: Introduction to the Profession of Nursing; Foundations of Nursing; Nursing Practice I; Health Assessment; Pathophysiology

Co-Requisites: Pharmacology; Aging; Bio-statistics; Health Systems Leadership I; Epidemiology

This course focuses on major chronic diseases impacting health of patients and families. Students will use the nursing process to provide care for adults with chronic health problems in the acute care setting. They will use beginning skills to provide patient and family education in planning continuity of care across health care settings.

### **Pharmacology**

3 credits

Pre- or co-requisites: Pathophysiology I; Health Assessment I

Nursing students develop an understanding of essential content and best practices associated with safe, effective medication administration, patient/family education, and monitoring for efficacy, interactions (drug, food, medical condition), and unintended effects of medication administration. Information on core patient variables (age, sex/gender, genetic background, culture, health status, lifestyle, and environment) and patient assessment in drug therapy are also presented. Nursing management of drug therapy is emphasized including maximizing therapeutic effects, minimizing adverse effects, patient/family education, and interprofessional communication). Course content provides a foundation of pharmacology necessary for nursing practice upon entry into the profession.

### **Biostatistics for Nursing Research**

3 credits

Pre- or co-requisites: At least one undergraduate level statistics

This course is intended to apply standard statistical methods to develop knowledge and skills, enabling students to understand data collection and analysis methods, interpretation and reporting of statistical results, and critically read and evaluate nursing and the healthcare

literature. The emphasis is on understanding the relevance and use of statistical methods in nursing research. Published nursing research articles in peer reviewed nursing and healthcare journals, and computing lab experiences are used to motivate topics covered in classes.

### **Nursing Care for Older Adults across the Health Care Continuum**

3 credits

Pre requisites: Introduction to Profession of Nursing, Foundations of Nursing, Nursing Practice I, Health Assessment, Pathophysiology;

Co-requisites: Pharmacology, Nursing Practice II, Health Systems and Leadership, Biostatistics

This course is designed to promote understanding of the aging process and the role of the nurse with implications for promoting healthy aging and providing care across a continuum of care settings. Students will learn about U.S. and global demographic aging trends as well as other factors impacting physical, psychological, social and spiritual well-being of individuals, families and populations. Class discussions will include age-related changes and nursing strategies for promoting health, screening, and providing evidence-based care for older adults with complex co-morbidities, polypharmacy and major geriatric syndromes, while managing health outcomes in various care settings and across transitions of care; economic and policy implications of health care provided by interprofessional teams for older adults; as well as national/international models of care. Course activities are designed to enhance student critical thinking in providing care and promoting health and independence in older adults.

### **Leadership for Professional Nursing**

3 credits

This course focuses on concepts central to the development of the beginning leadership role within the interprofessional team in the health care delivery system. Students will review key elements of management and leadership theory and roles, and will examine strategies and processes that address professionalism, improvement of care delivery; facilitation of change, quality and safety principles of patient-centered care evidence-based practice, decision making and problem solving; legal and ethical issues and use of information technologies. Opportunities to apply knowledge to clinical case studies will be a major course focus.

### **Nursing Practice III**

4 credits (Theory 2/Clinical 2)

Pre-Requisites: All courses in Semester 1 & 2

Co-requisites: Mental Health Nursing; Leadership for Population Health Management; Research and Evidence Based Practice

This course focuses on individuals and groups of clients experiencing complex medical surgical problems requiring therapeutic and restorative care. Student learning opportunities will occur in the classroom and in selected complex care clinical environments. Students will collaborate with members of the health care team in planning, implementing and evaluating care to clients with complex needs. Students will synthesize curriculum concepts to guide decision-making for individuals and families. This course builds on ANA Code of Ethics and the theories and the underlying principles involved in the planning and implementation of nursing interventions appropriate for adults with various complex health problems. The need for patient teaching and continuity of care will also be emphasized as the patient returns to the community.

### **Leadership for Population Health Management**

3 credits

Pre- or co-requisites: Leadership for Professional Nursing

This course focuses on the development of skills and knowledge necessary to manage the health of populations. In this context, population health is a proactive, organized, and cost effective approach to health care that considers the distribution of health outcomes within a population, the health determinants that influence distribution of care, and the policies and interventions that impact the determinants, with the ultimate goal of reduced morbidity and improved health status, health service utilization, and personal productivity of individuals in defined populations. Population health management is the strategic process of addressing population health needs. The course will focus on an interprofessional team approach to transform health systems for accountable care. Content will be organized around the four pillars of population health: chronic care management, quality and safety, health policy and public health, and including health outcomes, patterns of health drivers and the policies and interventions that link these two. Additional course content as they apply to population health management will include health systems theory, evidence-based practice principles, epidemiological concepts, and enabling informatics concepts including analytics of population health data. Students will have the opportunity to apply the course content to case studies and will assess and analyze a population health problem in groups.

### **Psychiatric Mental Health Nursing**

4 credits (Theory 2/Clinical 2)

Prerequisites: Semester 1 and 2 courses

Co-requisites: Psychiatric Mental Health Nursing Theory and Clinical are concurrent courses

This course focuses on the application of the standards of psychiatric mental health nursing in promoting health and caring for health care consumers (defined as individuals, groups, and populations) with alterations in mental health. The major mental disorders are examined relative to etiology, clinical manifestations, and approaches to treatment, and considering variations among individuals and populations. Theories and principles underlying the provision of evidence-based patient-centered care are addressed. The human and economic impacts of mental disorders on the individual, family, and society are examined relative to ethical and legal considerations, health policy and health care financing.

### **The Research Process and its Application to Evidence-Based Practice**

3 credits

Pre- or co-requisites: Biostatistics for Nursing Research

This course prepares students for clinical leadership roles in health care through translation of the best available scientific evidence into practice within organizations and application of research for nursing practice. Students will develop skills and knowledge needed to review, critique, and synthesize the strength of available evidence, and recommend practice changes if indicated.

### **Maternal and Newborn Health**

4 credits (Didactic 2/Clinical 2)

Pre- or co-requisites:

This course emphasizes evidence-based nursing care for women and newborns. The course uses common maternal and newborn care issues as a context in which to develop evidence-based nursing skills with a focus on patient-centered care, interprofessional communication and practice, promotion of patient autonomy and advocacy, and strategies to translate evidence into practice. Students will consider the physiological, sociocultural, ethical, and environmental factors that influence reproductive health both in the US and abroad. With an emphasis on clinical care, the course considers the influence of persistent concerns for both US and global disparities in maternal and newborn morbidity and mortality and the myriad strategies for addressing them.

### **Child Health**

4 credits (Didactic 2/Theory 2)

In this course and accompanying clinical, the student will study the unique health and developmental needs of infants, children and adolescents. The course is designed to develop perspectives on wellness and illness in children, emphasizing family centered care from infancy to 21 years of age. The student will incorporate principles involved in assessment, planning and implementation of nursing interventions appropriate for the well child as well as the child with complex health care needs, both congenital and acquired. The student will apply this knowledge in a variety of care settings and use the nursing process to provide safe and comprehensive care across the care continuum.

### **Public Health Nursing**

4 credits (Clinical 2/Theory 2)

Pre- or co-requisites: Biostatistics, public health science for the promotion of health, all semester 3 clinical courses including maternal and child health as a co-requisite.

This course provides students with the fundamental concepts and skills for the care of populations. A nursing and public health perspective is applied to the provision of care to families, communities, and populations. Students synthesize their nursing education and apply new knowledge and skills towards a community and population perspective. The course is grounded in public health sciences that address global health issues such as health promotion and disease prevention, epidemiology, and environmental health, social determinants of health, social justice, evidenced based interventions, public health nursing infrastructure and leadership. Students will learn the necessary steps for conducting a community assessment and developing and implementing community interventions in partnership with communities. Important current topics are presented to illustrate public health nursing concepts. Students will learn to apply public health nursing to all areas of nursing practice incorporating a global health perspective and vision.

### **Philosophical, Theoretical, and Ethical Basis of Advanced Practice Nursing**

3 credits

This course will explore the conceptual, theoretical, and ethical bases of nursing. Selected conceptual models and frameworks of nursing and ethics will be analyzed with emphasis on

implications for nursing practice. This course is designed to provide students with frameworks, concepts, and personal and professional exercises for approaching nursing practice issues and to enhance the student's understanding of ethical issues in nursing and in health care and to respond to them specifically.

### **Health Promotion: Local to Global**

2 credits

Pre- or co-requisites: Biostatistics, Research Methods

This course introduces students to current issues, theories and research in health promotion and disease prevention. The course uses public health sciences including epidemiology, environmental health science, and social behavioral science to improve the health of individuals, families and populations. Content will be applied to examples of domestic and global health issues using an ecological perspective.

### **Pathophysiology II for Advanced Practice Nursing**

3 credits

Pre- or co-requisites: Pathophysiology I; Pharmacology; Health Assessment I

This course focuses on the interrelationship between normal physiology and pathophysiology across the lifespan. Students will build on their knowledge from the Pathophysiology I course to apply concepts to increasingly complex health conditions across the lifespan. It is designed to expand the student's understanding of the pathophysiology underlying dysfunction in selected diseases that advanced practice nurses may commonly encounter in their patient populations. Using an integrative approach, representative alternations in physiologic function common throughout the lifespan will be addressed. Completion of this course will enable the student to analyze and address physiologic challenges of practice. In addition, it will provide foundational knowledge for use in research involving issues that impact clinical practice. Weekly discussions are organized based on systems and cover topics from the cellular level up to major organ systems

### **Socialization to the Professional Practice of Nursing**

6 credits (Clinical 4/ Specialty Project 2)

Pre- or co-requisites: Maternal Child Health; Public Health

This final clinical course incorporates both didactic, seminar and clinical experiences. Students will be assigned to one of a variety of types of care settings to complete 200 precepted clinical practice hours under the supervision of course faculty. Emphasis is placed on the synthesis of previous coursework and knowledge as students perform the role of an entry-level professional nurse. Students will develop independence in nursing practice, skill in clinical reasoning, and demonstrate accountability for autonomous professional practice. They will synthesize and apply principles of management theory to their nursing practice and demonstrate entry level skills in nursing leadership.

### **Context of Health Care for Professional Practice of Nursing**

3 credits

This 3 credit course examines the scope and status of professional roles and responsibilities of nurses prepared to assume accountability for quality care outcomes, navigate and integrate care services across the healthcare system, collaborate with and build interprofessional care teams, design innovative nursing practices and facilitate the translation of evidence into practice. This course focuses on personal leadership and the associated skills and knowledge to practice as a contemporary professional nurse.

Course content and activities focus on understanding the forces driving contemporary health care, as well as, efficient and effective function in a continuously changing health care environment.

### **Health Assessment II for Advanced Practice Nursing**

3 credits

Pre- or co-requisites: Pathophysiology II

This 3 credit course examines the scope and status of professional roles and responsibilities of nurses prepared to assume accountability for quality care outcomes, navigate and integrate care services across the healthcare system, collaborate with and build interprofessional care teams, design innovative nursing practices and facilitate the translation of evidence into practice. This course focuses on personal leadership and the associated skills and knowledge to practice as a contemporary professional nurse.

Course content and activities focus on understanding the forces driving contemporary health care, as well as, efficient and effective function in a continuously changing health care environment.

## MHEC Prospectus Appendix B

### Faculty

Name	Credentials & Certifications	Rank	Degrees	Institution Granting Degree	Focus of Program of Scholarship
1. Allen, Jerilyn K.	ScD, RN, FAAN	Professor (tenured)	ScD MS BSN	Johns Hopkins University University of Maryland Pennsylvania State University	Cardiovascular disease prevention and lifestyle modifications
2. Andrews, Martha	PhD	Practice Faculty Associate	PhD MS BS	Florida State University University of Tennessee University of California	Nutrition assessment and nutritional needs of infants and children
3. Appling, Sue	PhD, MS, RN	Assistant Professor	PhD MS BSN RN	University of Maryland, Baltimore County University of Maryland, Baltimore University of Maryland, Baltimore Johns Hopkins Hospital School of Nursing	Women's Health and Wellness, Nursing Education
4. Baptiste, Diana	DNP, MSN, RN	Rank Pending	DNP MSN BSN	Johns Hopkins University University of Phoenix, Columbia Maryland University of Phoenix, Columbia Maryland	Cardiovascular health. Nurse preceptor education; promoting academic advancement and improving competencies of nurses in the acute care setting
5. Belcher, Anne	PhD, RN, AOCN, ANEF, FAAN	Associate Professor	PhD MN BSN	Florida State University University of Washington University of North Carolina	Oncology Spirituality
6. Budhathoki, Chakra	PhD	Assistant Professor	PhD MS BS	Oklahoma State University University of Reading, Reading UK Tribhuvan University, Nepal	Mixed-effects modeling, longitudinal data analysis, research synthesis and meta-analysis, statistical consulting; HIV/AIDS, cardiovascular disease
7. Carbo, Cynthia	MSN, RN	Instructor	MSN MS BSN	Catholic University Johns Hopkins University University of Maryland	Affective disorders: depression and suicide, Geriatric mental health nursing
8. Davidson, Patricia	PhD, Med, FAAN	Dean	PhD MS BA	University of Wollongong University of Wollongong University of Newcastle	Cardiovascular care, transitional care; underserved populations
9. Dennison-Himmelfarb, Cheryl	PhD, CRNP, FAAN, FAHA	Associate Professor	PhD MS BS	Johns Hopkins University Johns Hopkins University Texas Women's University	Cardiovascular risk and chronic illness management; provider behavior and decision support

Name	Credentials & Certifications	Rank	Degrees	Institution Granting Degree	Focus of Program of Scholarship
10. Donnelly, Mary	DNP, MS, MPH, ACNP-BC, ANP-BC	Instructor	DNP MPH MSN BSN	Chatham University Johns Hopkins University SUNY at Buffalo Villanova University	Decreasing Cardiovascular Risk Factors in the Urban Population
11. Finnell, Deborah	DNS, PMHNP-BC, CARN-AP, FAAN	Associate Professor	DNS MS BS	University at Buffalo University of Rochester Roberts Wesleyan College	Prevention, treatment, and recovery, substance use disorders, addictions nursing, psychiatric mental health nursing
12. Foronda, Cynthia	PhD, RN, CNE	Assistant Professor	PhD MS BS	Marquette University College of Nursing Cardinal Stritch University College of Nursing Virginia Commonwealth Univ. School of Nursing	Nurse education; virtual simulation; simulation; interdisciplinary education; online teaching and learning; educational technology; study abroad in developing countries
13. Gaston-Johansson, Fannie	PhD, RN	Professor (tenured)	PhD MSN BS	University of Gothenburg, Sweden University California San Francisco Winston-Salem State	Symptom management with a special focus on pain in cancer and at end of life, and quality of life; health disparity research
14. Gerson, Linda D.	PhD, RN, PMHCNS-BC	Assistant Professor	PhD MS BSN	University of Maryland University of Maryland University of Maryland	Psychiatric Nursing Human Development
15. Goldstein, Nancy	DNP, MS, ANP-BC, RNC	Instructor	DNP MS BSN	University of Maryland University of Maryland University of Maryland	Women's health; oncology. Addictions disorders
16. Gross, Deborah	DNSc, RN, FAAN	Professor (tenured)	DNSc MS BSN	Rush University University of Michigan University of Michigan	Prevention research, parenting, early childhood development
17. Hodgson, Nancy	PhD, RN	Assistant Professor	PhD MS BS	University of Pennsylvania University of Pennsylvania Widener University	Applied gerontology, dementia care, palliative care, biosocial models
18. Hudson, Krysia	DNP, MSN, RN, BC	Instructor	DNP MS BS	University of Maryland University of Maryland University of Maryland	Healthcare informatics; critical care; decision support systems; healthcare economics
20. Kozachik, Sharon	PhD, RN	Assistant Professor	PhD MSN BSN AND	Johns Hopkins University Michigan State University University of Michigan, Flint Lansing Community College	Mechanisms of pain and sleep disturbance, management of cancer and chemotherapy-induced symptoms, aging, geriatrics
21. Kushto-Reese, Kathryn	MSN, RN	Instructor	MS BSN	University of Maryland Towson State University	School health nursing; caring for children with asthma; underserved populations/children

Name	Credentials & Certifications	Rank	Degrees	Institution Granting Degree	Focus of Program of Scholarship
22. Kverno, Karan	PhD, PMHCNS-BC, PMHNP-BC	Assistant Professor	PhD MS BSN	The George Washington University University of Washington University of Colorado	Psychiatric Mental Health Nursing; Dementia care; Integrative mental health care
23. Lynn, Shari	MSN, RN	Instructor	MSN BSN BS	University of Phoenix Johns Hopkins University Temple University	Adult health; hospice/palliative care
24. Mudd, Shawna	DNP, CPNP-AC, PNP-BC	Assistant Professor	DNP MSN BSN	Johns Hopkins University University of Pennsylvania George Mason University	Pediatric asthma care; acute pain management
25. Nolan, Marie T.	PhD, MPH, RN, FAAN	Professor (tenured)	PhD MPH MS (Ed) MS (Nsg.) BS	Catholic University of America George Washington University Johns Hopkins University Boston College Niagara University	Patient and Family Health Care Decision Making in Critical Illness and at the end of life
26. Page, Gayle G.	DNSc, RN, FAAN	Professor (tenured)	DNSc MN BSN	University of California at Los Angeles University of California at Los Angeles California State College, Bakersfield	Impact of stress on neuroendocrine and immune function; impact of stress responsivity on susceptibility to the development of persistent pain
27. Schram, Andrea Parsons	DNP, CRNP, FNP-BC	Assistant Professor	DNP MS BS	Johns Hopkins University Georgetown University Indiana University	Patient-centered medical home; nurse practitioner education; prevention and behavioral management of chronic disease; diabetes
28. Rushton, Cynda H.	PhD, RN, FAAN	Professor	PhD MSN BSN	Catholic University Medical University of South Carolina University of Kentucky	Bioethics; palliative care; ethical issues in clinical practice, particularly end-of-life decision making
29. Silbert-Flagg, Joanne	DNP, CPNP, IBCLC	Assistant Professor	DNP MS BSN	Columbia University University of Maryland University of Maryland	Pediatric nurse practitioner, lactation, primary care to pediatric patients, newborns, and childbirth
30. Sloand, Elizabeth	PhD, CPNP, FAAN	Associate Professor	PhD MS BS	Johns Hopkins University University of Maryland University of Rochester	International health, child health and survival in developing countries, vulnerable and immigrant populations, pediatric primary care, asthma
31. Stanik-Hutt, Julie	PhD, CRNP, ACNP-BC, GNP-BC, ACNS-BC, CCNS, FAANP, FAAN	Associate Professor	PhD MSN MA BSN	University of Maryland University of California San Francisco San Diego State University University of Iowa	Acute Care

Name	Credentials & Certifications	Rank	Degrees	Institution Granting Degree	Focus of Program of Scholarship
32. VanGraafeiland, Brigit	DNP, CRNP	Assistant Professor	DNP MS BSN	University of Maryland University of Rochester University of Rochester	Foster and kinship care, underserved and vulnerable populations, immunizations, asthma, adolescents health care, clinical simulation
33. Velez, Roseanne	DNP, FNP-BC	Rank Pending	DNP MSN BSN	Chatham University New York University Wagner College	Patient and Family-Centered Care, Orthopedics, family practice, CA-MRSA, NPAM legislation
34. Wenzel, Jennifer	PhD, RN, CCM	Assistant Professor	PhD MS BSN	Southern Adventist University University of Maryland University of Virginia	Oncology; health disparities; managed care; case management; treatment decision making; qualitative data analysis
35. White, Kathleen M.	PhD, RN, NEA-BC, FAAN	Associate Professor	PhD MS BSN	University of Maryland University of Maryland University of Cincinnati	Health Policy, Health systems management
36. Wilson, Marisa	DNSc, MHSc, RN-BC	Rank Pending	DNSc RN MHSc BA	Johns Hopkins School of Nursing Union Memorial Hospital School of Nursing Johns Hopkins School of Hygiene and Public Health College of Notre Dame of Maryland	Technology implementation, Process evaluation, health information technology, computational terminology development
<b>Department of Community Public Health</b>					
Name	Credentials & Certifications	Rank	Degrees	Institution Granting Degree	Focus of Program of Scholarship
37. ALEXANDER, Kamila	PhD, MPH, RN	Assistant Professor	PhD MSN/MPH BSN	University of Pennsylvania Johns Hopkins University Johns Hopkins University	Health intersection of intimate partner violence and HIV risk, healthy sexuality, emerging adulthood, reproductive coercion, community-based research
38. ALHUSEN, Jeanne	PhD, CRNP, RN	Assistant Professor	PhD MSN BSN	Johns Hopkins University School of Nursing Duke University Villanova University SON	Maternal mental health, attachment, early childhood intervention, health disparities

Name	Credentials & Certifications	Rank	Degrees	Institution Granting Degree	Focus of Program of Scholarship
39. ALVAREZ, Carmen	PhD, RN, CRNP, CNM	Assistant Professor	Postdoc PhD MS BSN	George Washington University University of Michigan Emory University Emory University	Family and Community/Public Health
40. BECKER, Kathleen	DNP, MSN, RN, CRNP	Assistant Professor	DNP MSN BSN	Chatham University University of Maryland at Baltimore University of Maryland at Baltimore	Interprofessional education and practice, homelessness, substance abuse, NP education and faculty practice
41. BERG, Janet	MS, RN, PMHCNS-BC	Instructor	MS BSN	University of Maryland University of Texas	Psychiatric Nursing; education of nursing students
42. BOWER, Kelly	PhD, MSN/MPH, RN, APHN-BC	Assistant Professor	PhD MPH MSN BSN BS	JHU Bloomberg School of Public Health JHU Bloomberg School of Public Health Johns Hopkins University School of Nursing Johns Hopkins University School of Nursing University of Richmond	Health disparities; racial residential segregation; food store availability; obesity; fetal and infant mortality; public health; program evaluation; social determinants of health
43. CAMPBELL, Jacquelyn	PhD, RN, FAAN	Professor	PhD MSN BSN	University of Rochester School of Nursing Wright State University Duke University	Intimate partner violence and health outcomes, abuse during pregnancy, health inequities related to IPV, dating violence, workplace violence and intimate partner homicide
44. FARLEY, Jason	PhD, MPH, MSN, CRNP, FAAN	Associate Professor	PhD MSN MPH BSN	Johns Hopkins University School of Nursing Johns Hopkins University School of Nursing University of Alabama Birmingham University of Alabama Capstone College of Nursing	Epidemiology, prevention and management of drug-resistant infections; international infection control; HIV/AIDS
45. FOWLER, Carolyn	PhD, MPH	Assistant Professor	MPH PhD BSc	Johns Hopkins University University of Cape Town University of Cape Town	Injury prevention; child death review; program evaluation; public health workforce development; community-based program planning and evaluation

Name	Credentials & Certifications	Rank	Degrees	Institution Granting Degree	Focus of Program of Scholarship
46. GITLIN, Laura	PhD	Professor	PhD MA BA	Purdue University Purdue University Purdue University	Nonpharmacologic treatment in dementia care; family caregiving; aging in place; functional disability; adaptation to chronic illness; geriatrics, depression and health disparities
47. GLASS, Nancy	PhD, MPH, RN, FAAN	Professor	PhD MS MPH BSN BS	University of Maryland at Baltimore Johns Hopkins University Johns Hopkins University Johns Hopkins University School of Nursing Furman University	Ending violence against women and girls in US and global settings; intimate partner violence; housing and public policy affecting the health and well-being of women and children; health disparities; social determinants of health
48. HAMILTON, Jill	PhD, RN	Associate Professor	Postdoc PhD MSN BSN	Oregon Health and Sciences University The University of North Carolina at Chapel Hill The University of North Carolina at Chapel Hill The University of North Carolina at Chapel Hill	Promoting the psychological well-being of African Americans; social support and spirituality; social and cultural factors
49. HAN, Hae Ra	RN, PhD, FAAN	Associate Professor	PhD MSN BSN	University of Maryland Seoul National University Seoul National University	Community-based participatory research; health disparities; cancer control; cardiovascular risk reduction; chronic disease management; minority and immigrant health; cross-cultural instrumentation
50. HILL, Martha	PhD, RN, FAAN	Professor	PhD MSN BSN	JHU Bloomberg School of Public Health University of Pennsylvania Johns Hopkins University	Hypertension in African-Americans; primary & secondary prevention of cardiovascular related diseases: hypertension, diabetes, ESRD, & CHF; patient & provider compliance; patient education & behavior change strategies; health promotion; disease prevention; adherence to medications

Name	Credentials & Certifications	Rank	Degrees	Institution Granting Degree	Focus of Program of Scholarship
51. KUB, Joan	PhD, MA, PHCNS, BC	Associate Professor	MA PhD MSN BSN	St. Mary's Seminary and University JHU Bloomberg School of Public Health University of Maryland at Baltimore South Dakota State University	Substance abuse and violence; dating violence; domestic violence; tuberculosis; end-of-life care and spirituality; public health nursing
52. MARK, Hayley	PhD, MPH, RN	Associate Professor	MSN PhD BSN MPH BA	Johns Hopkins University School of Nursing University of Pennsylvania Johns Hopkins University School of Nursing University of North Carolina Connecticut College	Sexually transmitted disease prevention; stigma; herpes simplex viruses; risk behavior; psychosocial and behavioral impact of disease
53. RAY, Ellen	DNP, RN, CNM	Assistant Professor	DNP MS BSN	Johns Hopkins University School of Nursing Georgetown University Florida State University	Quality and safety in labor and delivery, promoting natural birth, improving access to prenatal care for socially high-risk women, quality and safety education in nursing, spirituality and healthcare
54. SAVAGE, Christine	PhD, RN, CARN, FAAN	Professor	PhD MS BS	University of Maryland School of Nursing University of Maryland School of Nursing Boston College	Alcohol abuse prevention; early intervention aimed at reducing adverse consequences related to risky alcohol use
55. SHARPS, Phyllis	PhD, RN, FAAN	Professor	PhD MSN BSN	University of Maryland University of Delaware School of Nursing University of Maryland	Perinatal health disparities; domestic violence and physical and mental health consequences for African American women, especially in community settings; infant mortality; parenting
56. STEWART, Jennifer	PhD, RN		PhD MS BS	University of Illinois at Chicago DePaul University University of Illinois at Urbana-Champaign	HIV/AIDS risk reduction, community based mixed methods, faith based interventions, implementation science
58. SYLVIA, Martha	PhD, MBA, MSN, BS, RN	Assistant Professor	PhD MSN MBA BS	Johns Hopkins University School of Nursing Johns Hopkins University School of Nursing Johns Hopkins University University of Vermont	Population Health Management, Clinical Data Management, Chronic Illness Management

Name	Credentials & Certifications	Rank	Degrees	Institution Granting Degree	Focus of Program of Scholarship
59. SZANTON, Sarah	BSN, MSN, CRNP, PhD	Associate Professor	PhD MSN BSN	The Johns Hopkins University University of Maryland The Johns Hopkins University	Gerontology; aging in place; racial and socioeconomic health disparities
60. TANNER, Elizabeth	PhD, RN, FNGNA	Associate Professor	PhD BA	University of Maryland, College Park Harvard College	Gerontology and health promotion; volunteerism in older adults; the relationship between social factors and health outcomes
61. TERHAAR, Mary	RN, DNSc	Associate Professor	DNSc MSN BSN	The Catholic University of America The Catholic University of America Emmanuel College	Doctor of Nursing Practice Education; Administration and Leadership; Collaborative Practice Improvement; Translation; Neonatal, Perinatal, and Pediatric Nursing
62. VEENEMA, Tener Goodwin	RN, PhD, MPH, MS, FAAN	Associate Professor	PhD MPH MS BSN	University of Rochester School of Nursing University of Rochester School of Nursing University of Rochester School of Nursing University of Rochester School of Nursing	Disaster Nursing, Public Health Emergency Preparedness, Public Policy and Environmental Health, Health Policy, Leadership & Decision-Making, Clinical Decision Support Systems
63. WALTON MOSS, Benita	PhD, FNP-BC, RN	Associate Professor	PhD MS MA BS	University of California, San Francisco University of Rochester School of Nursing Central Michigan University Johns Hopkins University School of Nursing	Cardiovascular health, substance abuse, and partner violence
64. WARREN, Nicole	PhD, MPH, CNM	Assistant Professor	PhD MSN MPH BS BS	University of Illinois at Chicago University of Illinois at Chicago JHU Bloomberg School of Public Health Johns Hopkins University School of Nursing Ohio University	Maternal mortality in sub-Saharan Africa (Mali); auxiliary midwives in low-resource settings; active management of third stage of labor; caring for women affected by female genital cutting
65. WOODRUFF, Kathleen	DNP, MS, RN, ANP-BC	Instructor	DNP MSN BSN	University of Maryland at Baltimore University of Maryland at Baltimore University of Maryland at Baltimore	

## MHEC Prospectus Appendix C

### Finance Information

<b>TABLE 1: RESOURCES</b>					
Resource Categories	2014	2015	2016	2017	2018
1. Reallocated Funds	-	-	-	-	-
2. Tuition/Fee Revenue (c + g below)	\$8,566,704	\$20,801,028	\$22,418,663	\$22,979,129	\$23,554,222
a. Number of F/T Students	240	480	480	480	480
b. Annual Tuition/Fee Rate	\$35,694	\$43,335	\$46,705	\$47,873	\$49,071
c. Total F/T Revenue (a x b)	\$8,566,704	\$20,801,028	\$22,418,663	\$22,979,129	\$23,554,222
d. Number of P/T Students	-	-	-	-	-
e. Credit Hour Rate	-	-	-	-	-
f. Annual Credit Hour Rate	-	-	-	-	-
g. Total P/T Revenue (d x e x f)	-	-	-	-	-
3. Grants, Contracts & Other External Sources	-	-	-	-	-
4. Other Sources	-	-	-	-	-
<b>TOTAL (Add 1 – 4)</b>	<b>\$8,566,704</b>	<b>\$20,801,028</b>	<b>\$22,418,663</b>	<b>\$22,979,129</b>	<b>\$23,554,222</b>

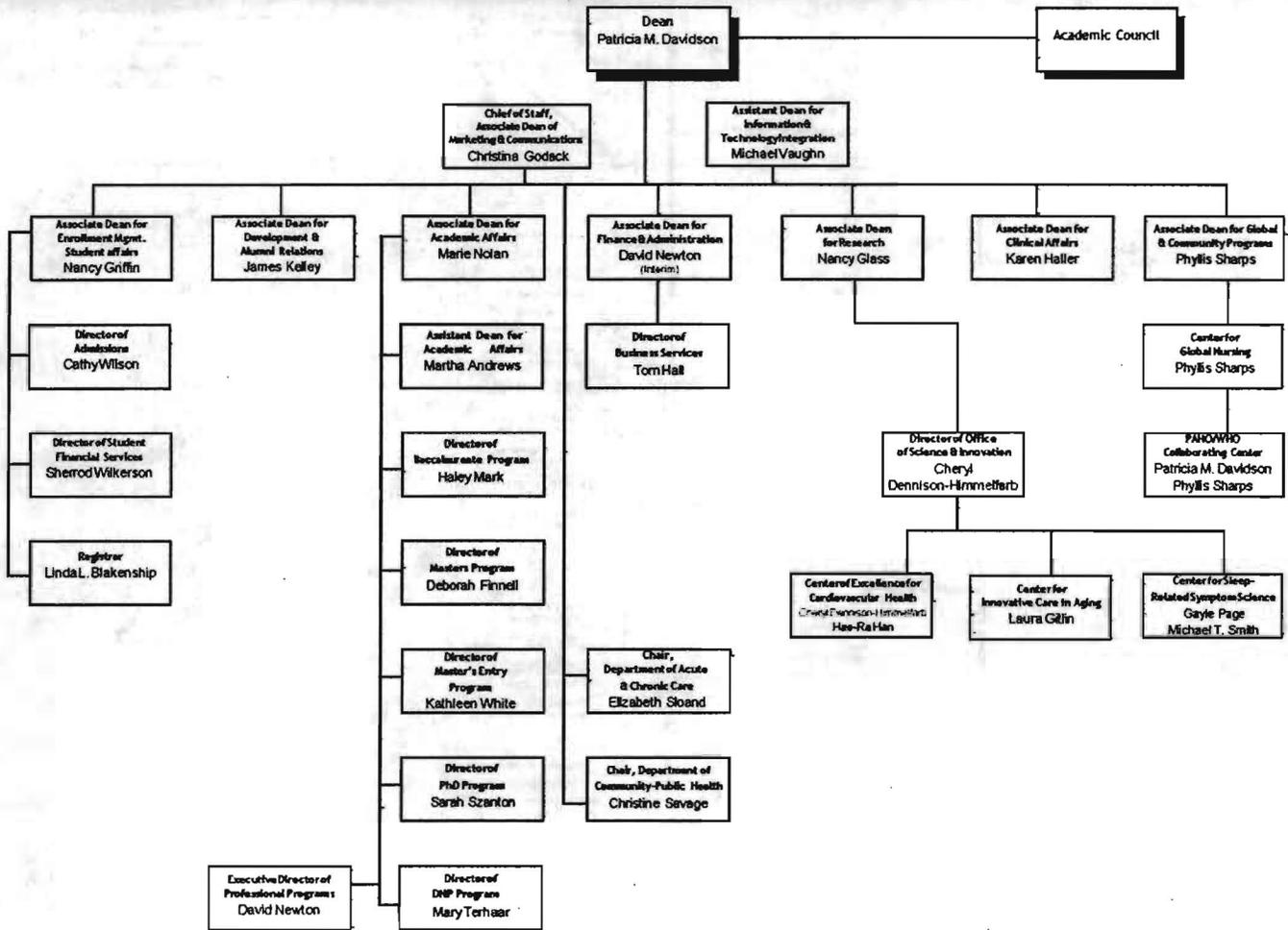
Resources narrative:

1. Reallocated Funds: N/A
2. Tuition and Fee Revenue: The resources table consists of the new student tuition resources starting in year one (FY 16) for each cohort of 120 students starting in the fall and spring entry date. For Year 2 and beyond, we will maintain one new cohort (120 students) starting in fall and spring and will complete the existing cohort from prior year(s).
3. Grants and Contracts: N/A
4. Other Sources: N/A

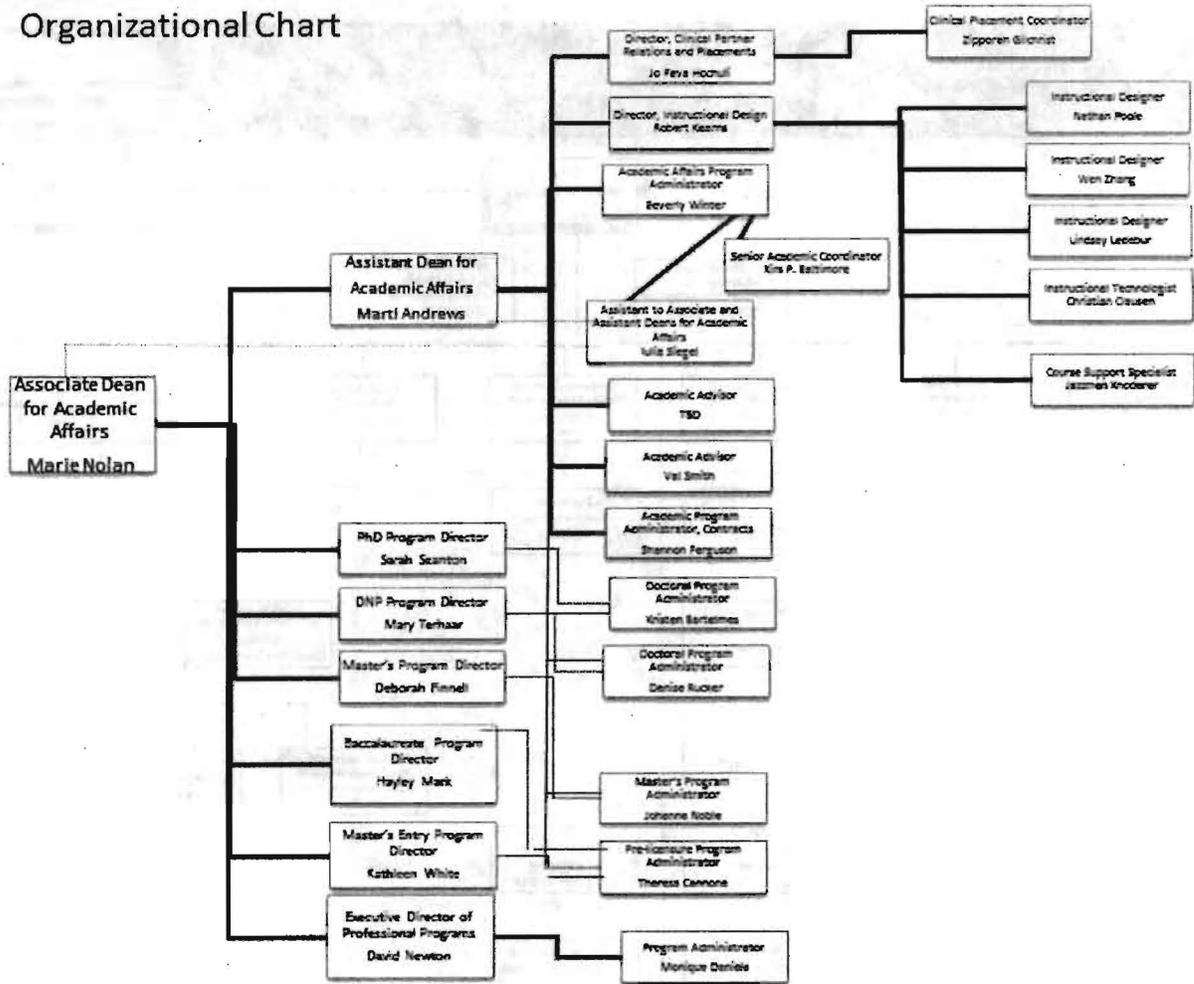
<b>TABLE 2: EXPENDITURES</b>					
<b>Expenditure Categories</b>	<b>2014</b>	<b>2015</b>	<b>2016</b>	<b>2017</b>	<b>2018</b>
1. Faculty (b + c below)	1,127,465	3,033,661	3,234,986	3,332,035	3,431,996
#FTE	10.7	29.5	30.5	30.5	30.5
a. # Sections offered	1	1	1	1	1
b. Total Salary	923,193	2,512,845	2,679,969	2,760,368	2,843,179
c. Total Benefits	204,272	520,816	555,017	571,667	588,817
2. Admin. Staff (b + c below)	317,756	825,769	850,543	876,059	902,341
a. # FTE	5	12.5	12.5	12.5	12.5
b. Total Salary	236,250	613,955	632,374	651,345	670,885
c. Total Benefits	81,506	211,814	218,169	224,714	231,455
3. Support Staff (b + c below)	855,133	2,300,910	2,369,938	2,441,036	2,514,267
a. # FTE	9.7	26.0	26.0	26.0	26.0
b. Total Salary	635,787	1,710,714	1,762,035	1,814,896	1,869,343
c. Total Benefits	219,346	590,196	607,902	626,139	644,923
4. Equipment	15,540	42,000	43,260	44,558	45,895
5. Library	138,750	375,000	382,500	390,150	397,953
6. New or Renovated Space					
7. Other Expenses	\$564,157	\$785,560	\$809,127	\$833,401	\$858,403
<b>TOTAL (Add 1 - 7)</b>	<b>\$3,018,802</b>	<b>\$7,362,900</b>	<b>\$7,690,353</b>	<b>\$7,917,238</b>	<b>\$8,150,854</b>

APPENDIX B. SCHOOL OF NURSING ADMINISTRATION AND ORGANIZATION

SCHOOL OF NURSING AND DEPARTMENT OF ACADEMIC AFFAIRS  
 ORGANIZATIONAL CHARTS



# Office of Academic Affairs Organizational Chart



Revised 3/9/2015

**APPENDIX C. FACULTY CREDENTIALS** (See APPENDIX B in MHEC PROSPECTUS ABOVE).

**APPENDIX D. FACULTY ORGANIZATION**

**Faculty Participation in Program Governance**

The role of faculty in SON governance is clearly defined in the SON Faculty Assembly Bylaws. All full-time faculty members holding the rank of Professor, Associate Professor, Assistant Professor, or title of Instructor have voting privileges on the Faculty Assembly. The Faculty Assembly Steering Committee is elected by the faculty and meets with the Dean and the Associate Dean of Academic Affairs as needed on all matters related to academic affairs. The Faculty Assembly is made up of 15 Committees. Each academic program has its own committee structure to facilitate full engagement of the faculty in decisions about admissions, curriculum development and implementation, progressions and evaluation. These are the decision-making bodies of the Faculty Assembly. Faculty members who teach in a program comprise membership of the respective curriculum committees and constitute the body that makes decisions about curriculum, refinement, and operations. Initially, the Dean charged the MSN (Entry into Practice) Task Force with exploring the MSN (Entry into Practice) Program as a new program option. Once the decision was made to create this program, a separate planning committee was charged with developing the curriculum. Once the curriculum was developed, the existing MSN Curriculum Committee reviewed and approved the Curriculum. Each step of the work was reported to the Dean, the Academic Leadership Team, and the full Faculty Assembly. The chair of the MSN Curriculum Committee is recommended by the Program Director and appointed by the Dean and the Associate Dean for Academic Affairs. The MSN Curriculum Committee is responsible for the integrity of the MSN (Entry into Practice) Program. Members review evaluation data, student performance, and achievement of program outcomes. The Committee discusses proceedings of professional organizations to assure the relevance and the outcomes of the program. Any programmatic changes are reviewed and approved by the curriculum committee and reflected in revisions in the program handbook.

## APPENDIX E. SCHOOL OF NURSING LEARNING ASSESSMENT PLAN

### JOHNS HOPKINS UNIVERSITY SCHOOL OF NURSING LEARNING ASSESSMENT PLAN

Assessment of student learning and achievement demonstrates that the institution's students have accomplished educational goals consistent with their program of study, degree level, the institution's mission, and appropriate expectations for institutions of higher education.

An organized and sustained assessment process (an "Assessment Plan") includes:

- Leadership, coordination, and management
- Schedule and description of assessment activities and initiatives that are presently underway
- Integration with planning and budgeting, use of results
- Resources and support for assessment
- Plans to develop and implement future assessment activities and initiatives

#### **Organization and Leadership**

The School of Nursing offers degree programs of varying lengths. Each degree program has different clinical requirements.

- a. Bachelor of Science (BS) in Nursing Degree Program  
13 and 17-month accelerated cohorts. Students enter with an earned Bachelor's degree or higher in fields other than nursing. The final cohort of BS students will matriculate June 2015.
- b. Master of Science in Nursing (MSN) (Entry into Practice) Degree Program  
A pre-licensure program of 5 semesters duration will admit its first cohort of students in September 2015. Students enter with an earned Bachelor's degree or higher in fields other than nursing.
- c. Master of Science in Nursing (MSN) Degree Program  
Includes four nurse practitioner tracks, four clinical nurse specialist tracks and tracks in Health Systems Management and Public Health Nursing. In collaboration with the School of Business, the MSN/MBA and in collaboration with the School of Public Health, the MSN/MPH degrees are also offered. Students enter with an earned Bachelor's degree in Nursing.
- d. A Doctor of Nursing Practice (DNP) Degree Professional

### Doctorate Program

Nurses enter with an earned Master's degree in Nursing or related field.

e. **A Doctor of Philosophy (PhD) Degree Program**

Research doctoral degree. Students enter with an earned Bachelor's degree or higher in Nursing or related field.

Although final responsibility for the assessment of teaching and learning at the School of Nursing rests with the Dean, the Associate Dean for Academic Affairs and Assistant Dean for Academic Affairs take responsibility for different aspects of the evaluation as delegated:

#### **Curriculum**

Responsibility for assessing the integrity of program and course curricula rests with program level curriculum committees. Alignment with national accreditation and professional licensing requirements is evaluated; as well as appropriateness of course content, learning objectives, learning assessment methods, and course evaluations.

#### **Program-Level Outcomes**

Final responsibility for assigning course faculty, evaluating program outcomes (student progress, graduation rates, professional licensing exam pass rates, and satisfaction with the program) rests with the program directors. They are assisted by the registrar's office, student progressions committees, program level and/or track coordinators etc., and the program administrator.

#### **Individual Student Outcomes**

Responsibility for monitoring individual student performance rests with the student's academic advisors. Students who under-perform during courses receive letters from course faculty and begin remediation to improve course outcomes. Students who are not meeting academic standards and are at risk for delayed or non-completion of the degree are referred to the program progressions committee. The registrar's office maintains data on individual and cohort-level outcomes. Graduating students complete exit surveys: the Educational Benchmarking Incorporated (EBI) and Program Assessment Questionnaire (PAQ) data are summarized yearly and presented to the respective program directors and curriculum committees for analysis and development of recommendations.

#### **Faculty Teaching Performance**

Responsibility for individual full-time faculty member's teaching performance rests with the Department Chairs. Program-level teaching performance of full-time and part-time faculty rests with the Program Director.

#### **Cycle of Assessment Activities**

#### **Student Progression**

Each degree program has a student progressions committee which addresses student challenges in achieving the intended academic outcomes. Progressions committees meet at the end of each seven-week clinical period in the BS Program and as needed ad hoc in the other programs. The student's adviser uses academic performance data during regular advising meetings with students. JHUSON now uses professional advisers for students in the BS and MSN (Entry into Practice) Programs; students in the other programs have faculty advisers.

### **Curriculum**

Master's and Doctoral Curriculum Committees meet monthly to review course evaluation data (courses are reviewed at least once every two years) and assess curricula integrity of proposed courses. The Baccalaureate Curriculum Committee meets twice monthly. The additional meeting is used to assess integration of student learning across the four progression levels, assure students' readiness to progress to the next level and minimize content redundancy among courses. Each programmatic level in the Baccalaureate Program meets 1-2 times per semester to address student progression and the coordination of course integration and delivery.

As a professional school, the SON must also assure the integrity of all curricula in meeting national training standards including the American Association of Colleges of Nursing (AACN) curriculum standards. This responsibility is assumed by program-specific curriculum committees. The syllabus, objectives, educational activities, assessment methods, academic outcomes, and student satisfaction for every course are reviewed every two years. Curriculum committees also assure that inclusion of content required for professional licensing and/or inter-divisional dual degree programs (e.g., MSN/MPH). Recent foci include systematic review of content integration in courses across educational levels (Baccalaureate) or in graduate curricula, and the addition of Assessment Technologies Institute® (ATI) testing to assess pre-licensure student competencies and readiness to take the National Council Licensing (NCLEX) exam.

### **Integration with Planning and Budgeting**

Academic and financial planning in the School of Nursing relies on several different types of information about teaching and learning to establish course schedules and teaching assignments. Learning assessment data factor into changes in curriculum, course design, and faculty performance evaluations.

### **Teaching performance**

Monitored by Academic Affairs and Department Chairs using student evaluations and, if requested by faculty or deemed necessary based on evaluation reports, peer review. Teaching performance is discussed with faculty semi-annually during their mid-year and annual performance review. Clinical faculty performance is monitored by the clinical course coordinator and program director, and informs hiring decisions.

### **Teaching improvement**

Course evaluation data are used by ad hoc and standing evaluation working groups to improve course design and delivery, support excellence in teaching (including training for faculty), and inform future assessment and evaluation activities. Additionally, several members of faculty are engaged in grant-funded research and programs that focus on teaching and learning improvement.

### **Course scheduling and teaching assignments**

Data on course enrollment and student performance are used by academic leadership to determine the scheduling of courses (timing, how often each course is offered annually, number of clinical sections, maximum students per course, number of faculty assigned, etc.)

### **Supporting Resources**

Several administrative offices support the evaluation plan for the School of Nursing. The supporting offices include the following:

#### **Academic Affairs**

Curriculum, need for number and qualifications of faculty, teaching performance evaluation, learner satisfaction, academic outcomes. Support for instructional design, course implementation, quality evaluation, and faculty teaching development programs.

#### **Student Affairs**

Student recruitment and services, monitoring of student progressions and graduation data

#### **Information Technology**

Evaluation of new educational technologies, audiovisual services and support and course evaluation infrastructure

#### **Future Plans**

Design and implement a program evaluation data base in a computerized systematic decision support program to guide continuous course/faculty/program evaluation and improvement.

#### **For the Baccalaureate and Master's Programs:**

Develop a strategic plan for the integration of clinical simulation into the Baccalaureate and Master's Curriculum with formative as well as summative assessments.

Develop assessments that are competency-based using high stakes testing with clinical simulation.

4/18/14

APPENDIX F. UPDATED CURRICULUM SYLLABI

1. 2018  
2. 2019  
3. 2020  
4. 2021  
5. 2022  
6. 2023  
7. 2024  
8. 2025  
9. 2026  
10. 2027



MEMORANDUM

6A

**FROM:** Jill Callan, BSN, RN  
Nurse Program Consultant I  
Maryland Board of Nursing

**TO:** The Board

**DATE:** July 27, 2016

**IN RE:** Updated Programs for Nurse Aide Training Programs

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The following Nurse Aide Training Program renewals were inventoried and have been brought up to date. The programs highlighted in green have been closed or are inactive. The "Approved CNA Training Programs" list on the MBON website have also been made current.

Programs that have been updated

<b>Last Renewed</b>	<b>Renewal Date</b>	<b>Name of CNA/GNA Training Program</b>
01/2014	1/2016	Anne Arundel Medical Center
09/2013	9/2015	Baltimore City Community College
06/2013	6/2015	Bel Air Health & Rehabilitation Center Inactive
01/2014	1/2016	Cecil College
11/2013	11/2015	Columbia Nursing Assistant Academy, Inc.
8/2012	8/2014	Crossland High School
12/2013	12/2015	Edmondson-Westside High School
12/2013	12/2015	Frostburg Village of Allegany County
08/2013	8/2015	Goldenstar Education Center
01/2014	1/2016	Hagerstown Community College
12/2013	12/2015	Hagerstown Community College
06/2014	6/2016	Healthcare Training Solutions
01/2014	1/2016	Heritage Care
07/2013	7/2015	Johns Hopkins Bayview Geriatric Center
01/2012	1/2014	Maryland Center for Adult Training
06/2013	6/2015	MISS Health Care Training Institute
07/2012	7/2014	Montgomery College-Takoma Park
01/2014	1/2016	Northern Garret High School
12/2013	12/2015	Prince George's Community College
12/2013	12/2015	Sage Point formerly, Charles County Nursing & Rehabilitation Center
01/2014	1/2016	Southern Garrett High School
03/2013	3/2015	St. Elizabeth Rehabilitation & Nursing Center
01/2014	1/2016	Stein Academy
05/2013	5/2015	TLC Nursing Aide Training Program
1/2014	1/2016	Anne Arundel Medical Center
5/2013	5/2015	Deer's Head Hospital Center
02/2014	2/2016	Bethel Healthcare Institute
7/2013	7/2015	Western Maryland Hospital Center
11/2013	11/2015	Allegany College of MD
03/2013	3/2015	Anne Arundel Community College
07/2013	7/2015	Center for Applied Technology South
05/2012	5/2014	Center for Career & Technical Education
03/2013	3/2015	Charlotte Hall Veterans Home
04/2013	4/2015	Chesapeake College
04/2013	4/2015	Forest Hill Health & Rehabilitation Center

## **Recommendations to Maryland Board of Nursing**

### **RE: Requirements for nurse faculty licensure for non-compact out of state and on-line Nurse Practitioner programs**

**Reason for work:** The number of predominantly on line graduate level education for advanced practiced nurses has grown over the last decade and the regulations and statutes governing education and faculty requirements are antiquated and simply do not address on line distance education. No problems have surfaced because of the silent regulations and statutes, but increase in states, schools, and individual applicants questioning Maryland faculty licensure requirements in on line distance learning circumstances.

**COMAR:** Faculty requirements are silent regarding out of state nurse faculty overseeing clinical students from advance practice programs.

**National Council State Boards of Nursing (NCSBN):** Found on their website-“Faculty who only teach didactic content for a prelicensure nursing education program by means of distance education shall hold a current and active nursing license or privilege to practice, which is not encumbered, and meet licensure requirements in the home state where the program is approved”.

This addresses prelicensure programs and does not address advanced practice programs which can be confusing to those seeking clarification.

**Maryland Hospital Education Commission (MHEC):** Out-of-state nurse clinical faculty/preceptors, nursing program officials who visit/consult with students or facility personnel must be licensed in Maryland.

**National Council for State Authorization Reciprocity Agreements ( NC-SARA):** Voluntary agreement among its member states and U.S. territories that establishes comparable national standards for interstate offering of postsecondary distance-education courses and programs.

**Accreditation of online nursing programs:** The two most common organizations for NP program accreditation include the Commission on Collegiate Nursing Education (CCNE) and the Accreditation Commission for Education in Nursing, Inc. (ACEN)

**NCSBN Survey (attached):** The response rate was 53% and all of the questions were answered by each respondent. 63% of respondents were nursing compact states. In the questions regarding whether or not they had Nurse Practitioner clinical students from out of state non compact or online non-compact states, 67 % and 43% responded "Unsure". Only 2 (or 7%) responded no, they did not.

When asked whether nursing faculty was required to hold a nursing license in the host state 39% responded yes for the online programs and 45% said yes for the brick and mortar programs. Those unsure responded 14% and 28% respectively.

7A

The final question asked was if the requirements were different for brick and mortar versus online faculty and 63% responded no.

*Summary of survey: This issue is common among many other states. Almost half of the respondents were unsure of the types of students they had in their state.*

**States that require licensure from out of state faculty:**

Louisiana: Out of state faculty has active unencumbered RN and APRN Louisiana licensure

Oregon: A current active unencumbered Oregon Nurse Practitioner state certificate

Alabama: Meeting minimal qualifications for faculty, including RN licensure in Alabama.

**Informal Survey to APRN Faculty who oversee clinical students in another state:** 1 out of 6 thought they should be required to have a host state nursing license.

**Recommendations:**

- 1. Ensure that the nursing program in which the student is enrolled is on the list of US Department Of Education approved accrediting agencies, however, if clinical students are in Maryland and their programs are within the NC- SARA compact, the individuals programs not likely come before the Maryland Board of Nursing for approval.**
- 2. Clarify the language that nursing faculty from non-compact, out of state or on-line Nurse Practitioner programs who are providing strictly didactic education not be required to hold a Maryland nursing license.**



HOME



CREATE SURVEY



REPORTS



HELP



EXIT



Email Lists



Users

## Survey Results -- Overview

Survey Responses    Export Data

### Survey Properties

Survey Title	Faculty Licensure Requirements
Respondents	27 out of 51 boards
Survey Status	Closed
Launched Date	Thursday, June 23, 2016
Closed Date	Thursday, July 07, 2016

#### 1. Are you a Compact State?

	Response Count	Response Percent
Yes	19	63%
No	11	37%
<b>Total Respondents</b>	<b>27</b>	<b>100%</b>

#### 2. Are Nurse Practitioner Students performing clinical hours in your state who are enrolled in a "brick and mortar" program originating from a NON COMPACT state?

	Response Count	Response Percent
Yes	8	27%
No	2	7%
Unsure	20	67%
<b>Total Respondents</b>	<b>27</b>	<b>100%</b>

#### 3. Are Nurse Practitioner Students performing clinical hours in your state who are enrolled in an ONLINE ONLY program originating from a NON COMPACT state?

	Response Count	Response Percent
Yes	15	50%
No	2	7%
Unsure	13	43%
<b>Total Respondents</b>	<b>27</b>	<b>100%</b>

#### 4. Are the Nursing Faculty associated with ONLINE ONLY nurse practitioner programs from a non-compact state required to hold a license in your state?

	Response Count	Response Percent
Yes	11	39%
No	13	46%
Unsure	4	14%
<b>Total Respondents</b>	<b>27</b>	<b>100%</b>

#### 5. Are the Nursing Faculty associated with "brick and mortar" nurse practitioner programs from a non-compact state required to hold a license from your state?

Response    Response

	Count	Percent
Yes	13	45%
No	8	28%
Unsure	8	28%
<b>Total Respondents</b>	<b>27</b>	<b>100%</b>

**6. Are the requirements different for faculty teaching in a program from a "brick and mortar" facility v. ONLINE ONLY?**

	Response Count	Response Percent
Yes	3	10%
No	19	63%
Unsure	5	17%
Other—specify below	1	3%
Other, please specify	2	7%
<b>Total Respondents</b>	<b>27</b>	<b>100%</b>



**7B**

**MEMORANDUM**

**TO:** Maryland Board of Nursing

**FROM:** Michelle Duell, DNP, CRNA  
Deputy Director & Director of Advanced Practice

**DATE:** July 27, 2016

**RE:** Nurse Practitioner Delegation Question

The issue of Nurse Practitioners delegating to Medical Assistants (MAs) has come to the attention of the Maryland Board of Nursing. Stakeholders have asked the Board for clarification regarding delegation to Medical Assistants and its potential barrier to care for Maryland residents. This issue was brought before the Practice Committee on two separate meeting dates. A decision was made by the committee to bring the issue before the Board and allow vested stakeholders to address the Board with their concerns.

The professional organization that represents nurse practitioners in Maryland, The Nurse Practitioner Association of Maryland (NPAM), has raised concern regarding the ability for Nurse Practitioners in the state of Maryland to delegate duties to a Medical Assistant. Historically, they have been told that Nurse Practitioners could not delegate tasks to MAs. Because the MBON did not oversee their training and certification, MAs are considered unlicensed personnel and would fall under the COMAR Delegating Nurse regulations.

Beverly Lang, the Executive Director for NPAM, will be representing Nurse Practitioners of Maryland and how they are negatively affected by the inability to delegate to MAs. More independent practices are opening, especially in rural areas where there is no physician on site and no medical director. These practices are struggling to handle the volume of patients and provide care. Beverly Lang will speak to this being a barrier to expanding independent practice for Nurse Practitioners.

The second presenter is Carmel McComisky. She is the Director of Nurse Practitioners and Physician Assistants at the University of Maryland Medical Center. Ms. McComisky is reaching out to the Board because of the expansion of Nurse Practitioners working independently in outpatient centers under the University of Maryland umbrella. She has expressed concern about her ability to efficiently run these centers due to the inability of Nurse Practitioners to delegate to MAs.



## 8. a. 1.

**FROM:** Shirley A. Devaris, RN, JD  
Director of Legislation  
**TO:** The Board  
**IN RE:** Amendments for CNA- DT regulations  
COMAR 10.39.01.08 (D)  
Request for approval and authority to publish  
**DATE:** July 27, 2016

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These regulations will bring the Board into compliance with the Code of Federal Regulations that requires national certification for dialysis technicians. In 2009 the Director of Nursing Practice was granted authority by the Board to recognize the certifications in this amended regulation. In 2009 the Board eliminated the recognition of the BONENT certification from the regulations but did not add a requirement for national certification. Adding national certification was considered in 2009 but not adopted. These regulations specify the national certifications the Board will recognize. They are the same national certifications approved by the Board in March, 2009. The attached agenda Item 8.a.2 describes the certifications.

### **Draft amendments to COMAR 10.39.01.08 D.**

#### **.08 Categories of CNA.**

A. – C. text unchanged

D. Dialysis Technician.

(1) An applicant for certification as a CNA shall have the status of Dialysis Technician on the CNA certificate if the applicant has completed the following requirements:

- (a) Is *certified* as a CNA; [and]
- (b) Has successfully completed a Dialysis Technician training program *that is*:
  - (i) [approved] *Approved* by the Board:
  - (ii) *Prepares the applicant for national certification in accordance with*  
42 CFR 494.140(e); and

*(c) Obtains national certification upon eligibility.*

*(2) The following national dialysis technician certifications are recognized by the Board:*

*(a) Certified Clinical Hemodialysis Technician (CCHT) by the Nephrology Nursing Certification Commission (NNCC);*

*(b) Clinical Nephrology Technician (CNT) by the National Nephrology Certification Organization (NNCO); and*

*(c) Certified Hemodialysis Technician (CHT) by the Board of Nephrology Examiners Nursing Technology (BONENT).*

*(2) (3) The status as a CNA-Dialysis Technician shall end on expiration of the CNA certificate unless the applicant verifies at the time of renewal that the applicant:*

*(a) Has completed 16 hours of practice as a dialysis technician in the 2 years before renewal; and*

*(b) Has completed a 3-hour continuing education course approved by the Board; and*

*(c) Has an active national certification from one of the approved certification bodies listed in paragraph (2) of this section.*

*(d) A dialysis technician:*

*(i) Is required to have an active national certification at the time of renewal; and*

*(ii) Shall ensure that the Board has a record of renewed national certification if a certification expires before the renewal date for the dialysis technician.*

*(e) Certification will be deemed to have lapsed if the Board does not have a record of current active national certification at the time of renewal.*

*(f) The dialysis technician certification shall be made inactive if the renewal applicant fails to provide evidence of current active national certification.*

*(g) An applicant who has let their national certification lapse and does not qualify for recertification must re-apply for a national certification for dialysis technician.*



MEMORANDUM

8.a.2

**FROM:** Cheyenne Redd, MSN, RN  
Director of Licensure & Certification  
Maryland Board of Nursing

**TO:** The Board

**DATE:** July 27, 2016

**IN RE:** CNA-DT National Certification/Accrediting Bodies

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**Nephrology Nursing Certification Commission (NNCC)**  
*Certified Clinical Hemodialysis Technician (CCHT)*

The Nephrology Nursing Certification Commission (NNCC), formerly the Nephrology Nursing Certification Board (NNCB), was established in 1987. The purpose of the NNCC is institute a credentialing mechanism for nephrology nursing. The NNCC independently collaborates with the Center for Nursing Education and Testing (C-NET) for testing support (development, administration and evaluation). The NNCC also collaborates with the American Nephrology Nurses' Association (ANNA) to offer the examination. ANNA also endorses all of the certification examinations offered by NNCC.

The NNCC offers six examinations:

- The Certified Dialysis Nurse examination
- The Certified Dialysis LPN/LVN examination
- The Certified Nephrology Nurse examination
- **The Certified Clinical Hemodialysis Technician**
- **The Certified Clinical Hemodialysis Technician-Advanced**
- The Certified Nephrology Nurse-NP

The Certified Clinical Hemodialysis Technician (CCHT) exam is administered by computer-based testing or paper and pencil. The exam contains 150 questions. The applicant has 180 minutes to complete the exam. They are required to score at least 74% to pass the exam. The exam fee is \$225.00. The applicant must renew every three years. Applicants are given the option to renew their certification by continuing education/clinical experience or retaking the exam. If they renew by continuing education, the renewal fee is \$100.00. The renewal fee by exam is \$225.00.

## **National Nephrology Certification Organization (NNCO)**

### *Clinical Nephrology Technician (CCNT)*

The National Nephrology Certification Organization (NNCO) was established in 1998 for purpose of progressing the professional principles of nephrology technicians. NNCO collaborates with experts in the nephrology field to develop certification examinations. Professional Testing Corporation (PTC) is contracted to ensure that the process is psychometrically sound.

The NNCO offers three examinations:

- Certification Examination in Biomedical Nephrology Technology
- **Certification Examination in Clinical Nephrology Technology**
- Certification Examination for Dialysis Water Specialists

The Clinical Nephrology Technology (CCNT) examination is a computer-based exam composed of a maximum of multiple choice, objective questions. Applicants are allowed three hours to complete the exam. The exam fee \$225.00. The applicant must renew every four years. Applicants are able to renew by submitting continuing education (30 contact hours). The fee for renewal is \$150.00.

## **Board of Nephrology Examiners Nursing Technology (BONENT)**

### *Certified Hemodialysis Technician (CHT)*

The Board of Nephrology Examiners Nursing Technology (BONENT) was established to function as a representative in the legislature, to take an initiative to move toward better training, certification and credentialing of all nephrology practitioners. BONENT requires exam applicants to first complete training at a BONENT approved training program. Currently, there are no BONENT approved training programs in Maryland.

The BONENT offers four examinations:

- **Certified Hemodialysis Technologist/Technician**
- Certified Hemodialysis Nurse
- Certified Hemodialysis Bio-Medical Technician
- Certified Peritoneal Dialysis Nurse

The Certified Hemodialysis Technologist/Technician (CHT) examination is comprised of 150 multiple-choice questions. There is a computer-based examination and a paper and pencil examination available to applicants. Applicants have a maximum of three hours to complete the exam. The fee for exam by paper and pencil is \$220.00. The fee for exam by computer is \$250.00. To maintain the CHT certification, applicants are required to pay an Annual Certification of \$60.00 or pay in advance \$200.00 (for four years). The applicant must recertify every four years. An applicant has three options for renewal: Contact Hours/CEUs, Re-examination, or One-time Waiver. There is no fee assessed for recertification.



8. b.

**FROM: Shirley A. Devaris, RN, JD**  
**Director of Legislation**  
**TO: The Board**  
**IN RE: Amendment for Direct-Entry Midwife (DEM) regulations**  
**COMAR 10.27.64.02 Scope**  
**Request for approval and authority to publish**  
**DATE: July 27, 2016**

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After review of the proposed regulations by the Deputy Secretary for public and the Director and staff for Women's Health it was suggested that a provision be added to the Regulation .02 that adds a travel history to the patient history. It is preferable to add this amendment prior to publication of the regulations for the DEMs. The addition is highlighted in the partial text below.

*.02 Scope*

*A. The practice of direct–entry midwifery includes:*

- (1) Providing the necessary supervision, care, and advice to a patient during a low–risk pregnancy, labor, delivery, and postpartum period;*
- (2) Newborn care authorized under this subtitle that is provided in a manner that is:*
  - (a) Consistent with national direct–entry midwifery standards; and*
  - (b) Based on the acquisition of clinical skills necessary for the care of pregnant women and newborns, including antepartum, intrapartum, and postpartum care.*
- (3) Obtaining informed consent to provide services to the patient;*
- (4) Discussing:*
  - (a) Any general risk factors associated with the services to be provided;*
  - (b) Any specific risk factors pertaining to the health and circumstances of the individual*

*patient;*

*(c) Conditions that preclude care by a licensed direct–entry midwife; and*

*(d) The conditions under which consultation, transfer of care, or transport of the patient must be implemented;*

*(5) Obtaining a health history of the patient, including a travel history, and performing a physical examination;*



**8. c.**

**FROM: Shirley A. Devaris, RN, JD  
Director of Legislation**  
**TO: The Board**  
**IN RE: Amendments to COMAR 10.27.01.05(D). 10.39.01.04.(A)(2) and  
(D)(2), and 10.39.04.04(A)(2)(b)  
Repeal requirement for photographs on applications  
Request for approval and authority to publish**  
**DATE: July 27, 2016**

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The requirement to provide a photograph with initial applications for licensed nurses, certified nursing assistants (CNA), and medication technicians and for endorsement applications for CNAs are no longer useful for identification purposes, have delayed applicant's applications if they have to be verified by school staff, do not scan well on the Board's scanning equipment, and are being replaced by more advanced and accurate technology such as fingerprint and eye scans. The amendments are highlighted.

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**07/20/2106**

**10.27.01.05 - Licensed Nurses**

**.05 Application for Licensure by Examination.**

A. An applicant shall submit to the Board:

- (1) An application on forms the Board requires;
- (2) An application to the National Council of State Boards of Nursing on the form required;
- (3) The required fees; and
- (4) Written, verified evidence satisfactory to the Board that the applicant has completed the application for a criminal history records check by submitting the following:
  - (a) Two sets of fingerprints, as required by the Central Repository and the FBI; and
  - (b) All fees required by the Central Repository and the FBI.

B. Each application shall be signed by the nurse administrator of the school or program or an officer of the school to whom this responsibility has been designated.

C. Applications may be signed before graduation and it shall be the responsibility of the person signing the

application to submit written verification of program completion before the licensure examination.

[D. Each application shall have attached one passport photograph of the applicant. ]

[E] D. Applicants making application for examination shall:

- (1) Submit a completed application to the Board;
- (2) File and submit a completed application to the National Council of State Boards of Nursing; and
- (3) Pay all required fees to the Board and the National Council of State Boards of Nursing.

[F] E. Applicants whose applications are complete and who, for any reason, fail to take the examination within 6 months shall be required to reapply and pay all fees.

[G] F. The authorization to test card shall be valid for a period of 6 months. If the applicant fails to complete the examination within that time frame the applicant is required to re-register and pay the NCLEX testing fee.

[H] G. An application which remains incomplete for 12 months may be considered abandoned and may be destroyed.

[I] H. A license may not be issued until the Board has:

- (1) Received and reviewed the criminal history records information; and
- (2) Approved the application.

#### **10.39.01.04 – Certified Nursing Assistants**

### **.04 Application for Certification.**

A. An applicant shall submit to the Board:

- (1) A completed application on the form required by the Board;

[ (2) A current passport photograph; ]

[ (3) ] (2) The required fee; and

[ (4) ] (3) Written, verified evidence satisfactory to the Board that the applicant has completed the application for a criminal history records check by submitting the following:

- (a) Two sets of fingerprints, as required by the Central Repository and the FBI; and
- (b) All fees required by the Central Repository and the FBI.

B. Each application for certification shall be signed by the administrator or faculty of the nursing assistant training program.

C. Applications may be signed before graduation. The person signing the application is responsible for submitting written verification of program completion to the Board within 5 business days of program completion.

D. Certification by Endorsement. An applicant certified as a nursing assistant in another state or territory is eligible for certification if the applicant:

- (1) Submits an application on the form required by the Board;

**[(2) Attaches a current passport photograph;]**

**[(3)](2)** Pays the required fee; and

**[(4)](3)** Submits the following verifications directly to the Board from the appropriate authority:

(a) A certificate in good standing from another state or territory with requirements that are essentially similar to the requirements in this State;

(b) A certificate from an approved nursing assistant training program in that state or territory;

(c) A statement that the applicant has not committed any act or omission that would be grounds for discipline or denial of certification;

(d) A statement that the applicant has no record of abuse, negligence, or misappropriation of a client's property or any disciplinary action taken or pending in any state or territory of the United States against the certification of the CNA; and

(e) Written, verified evidence that the applicant has completed a criminal history records check under §A(4) of this regulation.

E. A certificate may not be issued until the Board has:

(1) Received and reviewed the criminal history records information; and

#### **10.39.04.04 – Certified Medication Technicians**

### **.04 Qualifications for Applicants for Certification.**

A. An applicant for MT certification shall:

(1) Be 18 years old or older; and

(2) Submit to the Board:

(a) An application to the Board on the form required by the Board and signed by the RN that taught the applicant's medication technician training program;

**[(b) A current passport photograph;]** and

**[(c)](b)** The required fee;

(3) Be of good moral character; and

(4) Except for individuals listed on the medication assistant registry before October 1, 2004, provide evidence satisfactory to the Board of successful completion of a Board-approved MT training program.

B. An applicant for MT certification may not have:

(1) Committed any act or omission that would be grounds for discipline or denial of certification under this subtitle; or

(2) A record of abuse, negligence, misappropriation of a resident's property, or any disciplinary action taken or pending in any state or territory of the United States against any certificate or license issued to the applicant.

C. An applicant for MT certification from any other state, territory, or country shall meet all requirements of this chapter.



**8. d.**

**FROM: Shirley A. Devaris, RN, JD**  
**Director of Legislation**  
**TO: The Board**  
**IN RE: Amendments to COMAR 10.27.21**  
**Forensic Nurse Examiners**  
**Request for approval and authority to publish**  
**DATE: July 27, 2016**

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Board held 2 stakeholder meetings on June 24, 2016 and July 15, 2016, at the request of the Forensic Nurse Examiners. These amendments, for the most part, are based on the stakeholder requests to clarify provisions for the FNE training program, instructors, and required exams. Other amendments clarify the terms and conditions for biennial renewals beginning in January of this year. Until this year we were renewing the FNE annually instead of biennially at the time of the RN renewal. Amendments are highlighted.

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**10.27.21.00**

Title 10 DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Subtitle 27 BOARD OF NURSING

**Chapter 21 Registered Nurse — Forensic Nurse Examiner**

**.02 Definitions.**

A. In this chapter, the following terms have the meanings indicated.

B. Terms Defined.

*(1) "Alternate light source" (ALS) means use of equipment that produces visible and invisible light at various wave lengths to enhance the visualization of evidence.*

[1)] (2) "Board" means the Board of Nursing.

[(2)](3) "Chain of custody" means a written list identifying, without interruption or lapse, every individual having control or possession of specified items or evidence.

[(3)](4) "Chaperone" means an individual who does not perform any part of the forensic examination but is present during the course of that examination.

[(4)](5) "Clinical preceptor" means an RN-FNE or [physician] *licensed provider* who has credentials and experience in forensic examinations.

[(5)](6) "Education" means:

- (a) Giving presentations, including mentored clinical presentations;
- (b) Attending conferences or seminars;
- (c) Completing accredited professional computerized or periodical learning modules; and
- (d) Participating in the facility evaluation or audit process.

[(6)](7) "Forensic evidentiary examination" means an examination for the purpose of gathering, labeling, preserving, and handling evidence that includes, but is not limited to:

- (a) Photographic and written descriptive documentation of the findings;
- (b) A general health and assault history interview; and
- (c) A physical assessment which may include, but is not limited to:
  - (i) Skin surface examination;
  - (ii) Oral examination;
  - (iii) Genital examination;
  - (iv) Anal examination; and
  - (v) Speculum vaginal examination.

(8) "*FNE program*" means a facility authorized by the Department of Health and Mental Hygiene to provide *forensic nursing services*.

[(7)](9) "Gynecological Urological teaching associate (GUTA)" means an adult who is trained to teach techniques for performing gender-specific physical examination to health care trainees, using self as a demonstration and practice model with emphasis on teaching from the patient perspective.

10) "Licensed provider" means a registered nurse licensed in this or a compact state, an advanced practice registered nurse certified in Maryland, or a physician licensed in this state with an unencumbered license and is credentialed and experienced in forensic examinations.

[(8)](11) "Peer review" means a process by which an RN-FNE's clinical examination and documentation is reviewed by one or more peers who are authorized to perform the duties of an RN-FNE.

[(9)](12) "Physician" means an individual licensed to practice medicine in this State.

[(10)](13) "Practice guideline" means a written documentation that details the standards of care and practice protocols the facility has established to guide the practice of the RN-FNE.

[(11)](14) "Program coordinator" means an RN-FNE designated by the facility to manage and oversee the [SAFE] FNE program.

[(12)](15) "Proper authority" means a representative of law enforcement, adult or child protective services, or the jurisdictional authority for a minor or mentally incapacitated individual.

[(13)](16) "Refresher course" means a curriculum that:

- (a) Includes didactic and clinical education; and
- (b) Meets the practice requirements for reinstatement of certification as an RN-FNE.

[(14)](17) "RN-FNE" means a registered nurse forensic nurse examiner certified by the Board.

[(15)](18) "RN-FNE Educator" means an individual who is:

- (a) Currently licensed and certified in Maryland as a:
  - (i) Registered Nurse Forensic Examiner — Adult (RN-FNE-A);
  - (ii) Registered Nurse Forensic Examiner — Pediatric (RN-FNE-P); or
  - (iii) Registered Nurse Forensic Examiner — Adult and Pediatric (RN-FNE-AP); and
- (b) Qualified to teach the theoretical and clinical portions of the RN-FNE training program.

[(16)](19) "RN-FNE-A" means a registered nurse certified by the Board to practice as a forensic nurse examiner with respect to forensic examinations performed on adults and individuals 13 years old or older.

[(17)](20) "RN-FNE-P" means a forensic nurse examiner-pediatric who is certified by the Board to practice as a forensic nurse examiner with respect to examinations of children who are younger than 13 years old.

[(14)](21) "RN-FNE-AP" means a registered nurse certified by the Board to practice as a forensic nurse examiner with respect to examinations of individuals of all ages.

[(19)](22) "SAFE" means a registered nurse who was certified by the Board before December 13, 1999, as a sexual assault forensic examiner under this chapter.]

[(20) "SAFE FNE program" means a facility authorized by the Department of Health and Mental Hygiene to provide forensic nursing services. ]

[(21)](23) "SANE" means a registered nurse who has successfully completed a program which meets the Sexual Assault Nurse Examiner Standards of Practice established by the International Association of Forensic Nurses.

[(22)](24) "SANE-A" means a forensic nurse examiner certified by the International Association of Forensic Nurses (IAFN) to perform a forensic evidentiary examination on adults and individuals 13 years old or older.

[(23)](25) "SANE-P" means a forensic nurse examiner certified by the IAFN to perform a forensic evidentiary examination on children who are younger than 13 years of age.

[(24)](26) "Simulation" means the utilization of an adult anatomically correct manikin or a GUTA in the performance of a forensic evidentiary examination.

[(25)](27) "Training program" means the instructional process utilizing the standardized curriculum approved by the Board.

### **.03 Authorization to Practice.**

A. An individual may be certified as:

- (1) A registered nurse forensic nurse examiner-adult (RN-FNE-A);
- (2) A registered nurse forensic nurse examiner-pediatric (RN-FNE-P); or
- (3) A registered nurse forensic nurse examiner-adult/pediatric (RN-FNE-AP).

B. An applicant for certification to practice as an RN-FNE-A, RN-FNE-P or RN-FNE-AP shall:

- (1) Hold a current license to practice as a registered nurse in Maryland;
- (2) Have at least 18 months of continuous clinical experience as a registered nurse;
- (3) Complete a training program that includes a standardized curriculum approved by the Board and designed for the RN-FNE-A;

(4) An applicant for certification as an RN-FNE-P or RN-FNE-AP, shall complete a training program that includes the following standardized curricula approved by the Board:

- (a) The standardized curriculum designed for the RN-FNE-A; and
  - (b) The standardized curriculum designed for the RN-FNE-P;
- (5) Complete in full the application for certification in the category selected; and
- (6) Pay all fees established by the Board in COMAR 10.27.01.02.

C. A registered nurse who has been certified by the Board as a [SAFE]

*FNE*

on or after December 13, 1999 may be certified to practice as an RN-FNE-A, RN-FNE-P, or RN-FNE-AP if the individual:

- (1) Submits a form required by the Board attesting that the individual has:
  - (a) Served in the role of [SAFE] *FNE* for 200 hours in the previous 12 months;
  - (b) Obtained a total of 8 education clock hours in forensic science or forensic nursing in the previous 12 months;
  - (c) Completed three sexual assault evidentiary examinations in the previous 12 months with respect to:
    - (i) Adults and individuals 13 years old or older if applying for RN-FNE-A;
    - (ii) Children who are younger than 13 years old if applying for RN-FNE-P; or
    - (iii) Each category, if applying for RN-FNE-AP, for a total of six examinations; and
- (2) Complies with all other requirements of this chapter.

D. The Board shall:

- (1) Maintain an up-to-date list of all RNs certified to practice as RN-FNEs in the State; and
- (2) Include on the RN's license an indication that the licensee is certified to practice as an RN-FNE, and a designation of the RN-FNE's [SAFE] area of specialization.

#### **.04 Scope and Standards of Practice.**

A. An RN-FNE may perform the following tasks and functions with respect to the age group for which the RN-FNE is certified under Regulation .03 of this chapter:

- (1) Perform forensic evidentiary examinations on victims and alleged perpetrators in connection with physical, sexual, or domestic assaults, whether chronic or acute;
- (2) Before the forensic evidentiary examination, obtain consent from the individual being examined, from the parent or guardian of a minor individual, or from the proper authority for photographing and evidence collection;
- (3) Prepare and document the assault history interview;
- (4) Perform the forensic evidentiary physical assessment *which may include an ALS*;
- (5) Complete the physical evidence kit provided by law enforcement;
- (6) Gather, preserve, handle, document, and label forensic evidence, including but not limited to:
  - (a) Labeling evidence collection containers with the patient's identifying data per local jurisdiction requirements;
  - (b) Placing evidence in the evidence collection container and sealing the container;
  - (c) Signing the evidence collection container as the collector of the evidence;
  - (d) Taking photographs; and
  - (e) Obtaining swabs, smears, and hair and body fluid samples;
- (7) Maintain the chain of custody;
- (8) Provide immediate health interventions using clinical practice guidelines;
- (9) Obtain consultations and make referrals to health care personnel and community agencies;
- (10) Provide immediate crisis intervention at the time of the examination;
- (11) Provide discharge instructions;
- (12) Participate in forensic proceedings including courtroom testimony;
- (13) Interface with law enforcement officials, crime labs, and State attorney's offices; and
- (14) Assist the licensed physician in performing a forensic evidentiary examination.

B. Clinical Practice Guidelines. An RN-FNE may practice only in a clinical setting in which clinical policy and practice guidelines:

- (1) Have been approved by the facility's medical and nursing departments;
- (2) Designate the availability of qualified physician resources;
- (3) Identify the department in which an RN-FNE shall function; and

(4) Designate a program coordinator who has experience in forensic evidentiary examinations to administer the RN-FNE training program.

C. The program coordinator:

- (1) Is responsible for obtaining Board approval of the curriculum before conducting a training program;
- (2) Has responsibility for oversight and administration of the facility's RN-FNE training program and the practice of the facility's RN-FNE's;
- (3) Verifies the qualifications and certifications of any RN-FNE practicing in the facility;
- (4) Administers and manages the RN-FNE practice;
- (5) Approves practice protocols and standards of care for RN-FNE practice;
- (6) Shall develop a peer review process that includes, but is not limited to:
  - (a) Coordinating the peer review of cases;
  - (b) Ensuring that the peer review is consistent with the standardized data collection process;
  - (c) Ensuring that a peer reviewer meets the qualifications in Regulation .05 of this chapter; and
  - (d) Using the standardized form for peer review that is required by the Board;
- (7) Interfaces with law enforcement, the State's attorney, and community resource groups;
- (8) Implements the facility's Board-approved RN-FNE curricula; and
- (9) Facilitates reimbursement for RN-FNE services by cooperating with the facility's billing department and interacting with the State reimbursement system.

D. An RN-FNE shall comply with all State and federal statutes and regulations related to the RN-FNE practice.

## **.05 Standards for Training Programs.**

A. The Board shall approve two RN-FNE standardized curricula as follows:

- (1) An RN-FNE-Adult curriculum for the examination of adults and individuals 13 years old or older; and
- (2) An RN-FNE-Pediatric curriculum for the examination of children who are younger than 13 years old.

B. The RN-FNE training programs shall:

*(1) Be approved by the Board prior to implementation of the FNE training program;*

*(2) Be aligned with an existing FNE program;*

(1)(3) Teach the Board-approved curriculum in forensic nurse practice and forensic evidentiary examinations;  
[and]

(2)(4) Submit the qualifications and curriculum vitae of each faculty member to the Board for review before implementation of the training program; *and*

*(5) An application for a new FNE program shall be submitted to the Board at least 6 months before the date of the first class.*

C. The successful completion of the RN-FNE-Adult training program shall be a prerequisite to admission to the RN-FNE-Pediatric training program.

D. The RN-FNE-Adult training program shall include a minimum of 80 clock hours that includes:

(1) A minimum of 40 clock hours of theory; and

(2) A minimum of 40 clock hours of clinical experience with adults and individuals 13 years old or older.

E. The RN-FNE-Pediatric training program shall include a minimum of 62 clock hours that includes:

(1) A minimum of 30 clock hours of theory; and

(2) A minimum of 32 clock hours of pediatric clinical experience.

F. All clinical requirements for an FNE training program shall be completed within a 12-month period.

G. Faculty Qualifications.

(1) An RN-FNE educator who meets the requirements of this section or a physician whose credentials demonstrate experience in the skills required in forensic evidentiary examinations is qualified to teach both theory and clinical portions of the curriculum and may serve as clinical preceptor for the clinical practicum of the **FNE** training program.

(2) An RN-FNE educator who teaches in an RN-FNE training program or is the clinical preceptor of the training program shall:

(a) *[Possess at least:] Be approved by the coordinator of the FNE program; and*

(i) *Have* 2 years experience as an RN-FNE or as a SANE, if from another state; [or]

(ii) *Have 1 year of FNE experience* with ten forensic examinations performed; *or*

*(iii) Shall be deemed by the FNE program coordinator to have the necessary FNE experience and competencies.*

(b) Have experience teaching the adult learner;

(c) Possess broad knowledge and experience in the multidisciplinary treatment approach to family or sexual interpersonal violence, including intervention techniques; and

(d) Have either:

(i) Qualified as a forensic nurse examiner expert witness in a criminal proceeding; or

(ii) Obtained trial preparation experience with the State's attorney's office.

(3) The clinical preceptor for the clinical practicum of the **FNE** training program shall document the clinical competency of the RN-FNE candidate at the completion of the clinical practicum.

H. The Board shall approve all changes, additions, or deletions to the course before implementation.

*I. All Changes, additions or deletions to the FNE course shall be submitted to the Board for approval 3 months before the date of the first class.*

## **.07 Renewal of Certification.**

A. Certification to practice as a FNE expires at the same time as the RN license.

B. Beginning January 1, 2016, renewal requirements will change to reflect the 2-year biennial license renewal that was fully implemented during 2015.

C. Beginning January 1, 2016, an FNE who has an even-numbered birth year shall be required:

*(1) [at] At their next renewal to complete the renewal requirements under §[F] E of this regulation; and*

*(2) Beginning January 1, 2018, to complete the renewal requirements under §F of this regulation.*

D. Beginning January 1, 2017, an FNE who has an odd-numbered birth year shall be required to complete the renewal requirements under §[G] F of this regulation.

[E. After January 1, 2019, an FNE with an odd -numbered birth year will be required to complete the renewal requirements under §F of this regulation.]

**[F] E.** Before the certification to practice as an RN-FNE expires, the individual **[with a birth year ending in an odd-numbered year]** may renew for an additional term, if the RN-FNE:

(1) Is otherwise entitled to be certified;

(2) Has practiced in the role of RN-FNE for a minimum of 400 hours in the previous 24 months in a facility recognized to perform sexual assault forensic evidentiary examinations;

(3) Has completed the following evidentiary examinations:

(a) If applying for renewal as an RN-FNE-A, three evidentiary examinations on adult patients 13 years of age or older by simulation;

(b) If applying for renewal as an RN-FNE-P, three evidentiary examinations on children who are younger than 13 years old; or

(c) If applying for renewal as an FNE-AP, three evidentiary examinations on children who are younger than 13 years old, and an additional three evidentiary examinations on adult patients 13 years of age or older by simulation, for a total of six evidentiary examinations performed; or

(d) Completed the following requirements:

(i) If applying for renewal as an RN-FNE-A, performed ten speculum examinations and observed three evidentiary examinations on adult patients 13 years of age or older;

(ii) If applying for renewal as a RN-FNE-P, has observed three evidentiary examinations on children who are younger than 13 years old;

(iii) If applying for renewal as an FNE-AP, has observed three evidentiary examinations on children who are younger than 13 years old, has observed an additional three evidentiary examinations on adult patients 13 years of age or older, and performed ten speculum examinations on adult patients 13 years of age or older, for a total of six evidentiary examinations observed and ten speculum examinations performed; and

(iv) Have a minimum number of cases submitted to peer review annually in accordance with §

**[H]** *F.* of this regulation;

(4) Provides evidence of having obtained a minimum of 8 education clock hours per year in forensic science or forensic nursing;

(5) Pays all appropriate renewal fees set forth by the Board in COMAR 10.27.01.02; and

(6) Submits an application for renewal of the certification on the form the Board requires.

**[G]** *F.* Before the certification to practice as an RN-FNE expires, the individual may renew for an additional term, if the RN-FNE:

(1) Is otherwise entitled to be certified;

- (2) Has practiced in the role of RN-FNE for a minimum of 400 hours in the previous 24 months in a facility recognized to perform sexual assault forensic evidentiary examinations;
- (3) Has completed the following evidentiary examinations;
- (a) If applying for renewal as an RN-FNE-A, six evidentiary examinations on adult patients 13 years old or older by simulation;
- (b) If applying for renewal as an RN-FNE-P, six evidentiary examinations on children who are younger than 13 years old;
- (c) If applying for renewal as an FNE-AP, six evidentiary examinations on children who are younger than 13 years old, and an additional six evidentiary examinations on adult patients 13 years old or older by simulation, for a total of twelve evidentiary examinations performed; or
- (d) Completed the following requirements:
- (i) If applying for renewal as an RN-FNE-A, performed twenty speculum examinations and observed six evidentiary examinations on adult patients 13 years old or older;
- (ii) If applying for renewal as an RN-FNE-P, has observed six evidentiary examinations on children who are younger than 13 years old, or if applying for renewal as an FNE-AP, has observed six evidentiary examinations on children who are younger than 13 years old, has observed an additional six evidentiary examinations on adult patients 13 years old or older, and performed ten speculum examinations on adult patients 13 years old or older, for a total of twelve evidentiary examinations observed and **[twenty]ten** speculum examinations performed; and
- (iii) Have a minimum number of cases submitted to peer review annually in accordance with § **[H]G** of this regulation;
- (4) Provides evidence of having obtained a minimum of 16 education clock hours per 24 months in forensic science or forensic nursing;
- (5) Pays all appropriate renewal fees set forth by the Board in COMAR 10.27.01.02; and
- (6) Submits an application for renewal of the certification on the form the Board requires.

**[H] G.** Peer Review.

- (1) As a condition of renewal, the following number of cases shall be submitted annually to peer review:
- (a) Three cases for an RN-FNE-A;

(b) Three cases for an RN-FNE-P; and

(c) Three adult cases and three pediatric cases for a total of six cases for an RN-FNE-AP.

(2) An examination done by simulation may be included in the cases for peer review.

[I] H. If the individual does not meet the requirement of §§[F] E(2) and [G] F(2) of this regulation, the individual shall complete a Board-approved course before becoming eligible for renewal of the certification.

[J] I. With respect to the requirement set forth in §§[F] E (3) and [G] F (3) of this regulation, an examination performed on a live model or by simulation may substitute for evidentiary examinations for the purpose of certificate renewal.



## COMMITTEE REPORT

**TO:** The President and Members of the Board  
Mary Kay Goetter, PhD, RN, NEA-BC, Executive Director

**FROM:** Keva S Jackson McCoy, MSN RN  
Director, Discipline and Compliance  
Tonya Spruill, Monitoring Coordinator, Discipline and Compliance

**DATE:** July 27, 2016

**RE:** Rehabilitation Committee (Impaired Practice)  
Reporting Period: Reporting Period: April-June 2016

- A. Committee meetings are held on the first three Thursdays of the month for in-person third quarter meetings, new participant intakes and in-person meetings for non-compliant participants. Quarterly report is based on coordinator's monthly report to Director at the end of each month and submission of committee notes after each meeting.

**Meetings Scheduled per Quarter/Meetings Held this Quarter: 9/9**

**Average number of days for new intake to meet with committee: 21 days**

- B. Status Report:

Committee Activity	April	May	June	Qtr. Total
Scheduled for committee meeting	32	31	30	93
New Agreements Given				
• CNAs/CMTs	1	1	0	
• LPN	1	0	0	
• RN	6	2	1	
• Total	8	3	1	12
Expelled for Non Compliance	2	2	1	5
Discharged from Program	1	2	1	4
Recommended for No Action by the Board	4	3	5	12
Referred to CID for investigation/ Not Appropriate for program monitoring	0	3	5	8
Maintained	11	18	17	46
No Show/Rescheduled	6	0	1	7
Record Reviews	11	5	10	26

- C. Update from Board's Impaired Practice Subcommittee



## PROGRAM REPORT

**TO:** The President and Members of the Board  
 Mary Kay Goetter, PhD, RN, NEA-BC, Executive Director

**FROM:** Keva Jackson McCoy, MSN RN, Director, Discipline and Compliance

**DATE:** July 27, 2016

**RE:** Discipline and Compliance Programs (probation and discipline)  
 Reporting Period: April-June 2016

### Discipline Status Report:

Board Activity	April	May	June	Qtr. Total
Scheduled for Case Resolution Committee	12	11	10	33
Consent Orders Executed	9	11	8	28
Surrenders	7	3	4	14
Rescinded and Dismissed	2	2	2	6
Hearings Resolved (Show Cause and Evidentiary)	7	14	8	24
Default Cases Sanctioned	32	19	11	62
Cases Charged and transferred to OAG				59
Summary Suspensions Issued				20

### Probation Status Report:

Program Activity	April	May	June	Qtr. Total
Scheduled with Program Case Managers	1	5	5	11
Probation Orders Initiated	5	5	5	15
Reprimands with Conditions Initiated	4	5	2	11
Orders Terminated	4	0	0	4
Cases presented to the Board for Violation of Probation	1	1	0	2
Total cases on Probation with the Board	115	120	125	125

DIRECT ENTRY MIDWIVES ADVISORY COMMITTEE

9 C

To: Board Members, Maryland Board of Nursing

From: Direct Entry Midwives Advisory Committee

Date: July 27, 2016

The Chair of the Direct Entry Midwife Committee (DEM Committee), and the lobbyist for the DEMs requested a meeting with Dr. Haft, Deputy Secretary of Public Health at DHMH. The meeting was held on July 19, 2016. The purpose of the meeting was to introduce the Committee to the Department. Also present were members of the Public Health Department and the Board of Nursing.

Ms. Devaris explained that the revisions to the regulations for the practice of Direct Entry Midwives were to be presented to the Board today. Those regulations are to include the requirement of CDC recommended questions regarding travel. The reason for this is that there are major concerns about the Zika virus and its effect on newborns in the State of Maryland.

The Direct Entry Midwives Committee is currently working on an informational packet for new licensees to include CDC recommended questions.

ELECTROLOGY COMMITTEE

MICHELLE DUELL, DEPUTY DIRECTOR, ACTING COMMITTEE DIRECTOR  
ANN TYMINSKI, CONTRACT ADMINISTRATOR III, ACTING STAFF SUPPORT

JULY 27, 2016

COMMITTEE MEMBERS: DEBRA LARSON, LE, CHAIR;

MARGARET CARNATHAN, LE; AND

MICHELE SPERATO, CONSUMER MEMBER

ALL SEATS ARE FILLED. NO SEATS PAST TERM LIMIT

MEETINGS: 4 TIMES A YEAR OR AS NEEDED. LAST MEETING WAS MARCH 30, 2016.

STATUS OF WORK:

On June 13, 2016 the renewal applications received in October 2015 were audited to ensure compliance with the Continuing Education regulations for electrologists found at COMAR 10.53.04. Twelve (12) electrologists were found to be non-compliant. Letters were sent to those electrologists on June 24, 2016 giving them 90 days to from the date of that letter to become compliant.

Recently, the Electrology Practice Committee has received two new applications. One of those applicants has taken the national examination as well as the clinical Examination and has passed both examinations.

PROBLEMS: One of the renewal applicants had received a letter from the Electrology Practice Committee dated August 24, 2007 indicating that the Committee had excused her indefinitely from submitting CEUs because of her ongoing medical conditions.

Under the law, the Committee does not have the right to make such a decision.

This electrologist will be sent a letter giving her the option to become an inactive electrologist until such time as she can become compliant with her continuing education or, she can become inactive because of her ongoing medical problems.

## CNA ADVISORY COMMITTEE

Cheyenne Redd, Director of Licensure & Certification

July 26, 2016

### Participant roster indicating which seat the individual fills and date assigned to committee:

MEMBER	DATE ASSIGNED
• Etih Atud, RN member	12/15, 2014
• Nina Scheppske, Consumer member	12/15/2014
• Demetri Gambrill, CNA member	2/26/2013
• Annie White-Mason, CNA, Union rep	2/1999*
• Susan Tandy, RN member, DHMH rep	10/23/2012
• Karen Evans, RN member	10/23/2012
• Marjorie Taylor, CNA, Union rep	2/23/2010*
• Ella Scovens, CNA (retired) member	1/26/1999*
• Barbara Gough, RN member	12/15/2014
• Debra Rowe	12/2003*
• Sylvia Bunyasi, CMT member	7/2016

Recruitment efforts are underway to obtain new members.

- Posted on website.
- Flyers to facilities.
- Three potential candidates
  - CNA designee
  - Acute RN designee
  - Representative of DHMH-RN designee

### Number of times per year the committee is required to meet:

8-6A-13(e)-The advisory committee shall meet at least once a month.

Committee meets monthly on 2<sup>nd</sup> Thursday at 9:30 am. (changes to 1<sup>st</sup> Thursday in November and December due to early Board mtg.

### Number of times in last month/quarter/year the committee has actually met:

3 times in last quarter

All reports of investigation on the Board agenda regarding certificate holders are reviewed.

- April 5 reports
- May 8 reports
- June 6 reports

Total of 19.

Statistical Data

164,825 CNAs in Maryland

74,106 GNAs in Maryland

4,536 Certified Medicine Aides in Maryland

545 Home Health Aides in Maryland

2,490 CNA-Dialysis Technicians in Maryland

138,084 Medication Technicians in Maryland

916 CNA-School Health Aides in Maryland