Fall 2011 SURVEY OF MAINE NURSING EDUCATION PROGRAMS

Name of Program: ____________________________________________________
Name of Individual Completing this Questionnaire ____________________________________
Phone Number ___________________ email Address _____________________

INTRODUCTION
Please complete this survey on the status of Maine’s Nursing Programs. This survey, conducted annually from 2003-2009, will now be conducted bi-ennially. Supported by the University of Southern Maine, the Directors and Chairs of Maine’s Nursing Schools, the Organization of Maine Nurse Executives and the Robert Wood Johnson Foundation in partnership with the Bingham Foundation, data gathered in this survey is used to assess Maine’s capacity to educate nurses. If you have questions about what is being asked please contact Susan Sepples (sepples@usm.maine.edu). The final report will be presented at a statewide nursing meeting this spring and will be published on the University of Southern Maine School of Nursing Website. Please complete this survey no later than January 9, 2012. Thank you!

PROGRAMS OFFERED
1. Please check all the programs offered, identifying total enrolled students and total graduates for each program you offer.

<table>
<thead>
<tr>
<th>Programs at Your institution</th>
<th>Total # of students enrolled</th>
<th>Total # of students graduating from August 1 2010-July 31, 2011</th>
</tr>
</thead>
<tbody>
<tr>
<td>LPN</td>
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<tr>
<td>LPN to Associate</td>
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<tr>
<td>Associate</td>
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<tr>
<td>Baccalaureate (BS)</td>
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<tr>
<td>Accelerated BS for students with Baccalaureate Degree in Another Field</td>
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<tr>
<td>RN to BS</td>
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<tr>
<td>Master’s Degree in Nursing</td>
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<tr>
<td>Direct Entry Masters Degree in Nursing</td>
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<tr>
<td>Graduate Nursing Certificate</td>
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<tr>
<td>Post Master’s Nursing Certificate</td>
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<tr>
<td>Other (describe)</td>
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</tbody>
</table>

2. If you have entering student enrollment caps, do you have plans for increasing or decreasing the caps for the coming academic (2012-2013) year?
Do not have caps ______ Increasing by __________ decreasing by __________ no change ______
If you are increasing or decreasing explain why:

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

3. What new nursing programs are being introduced or phased out, and what is the target implementation date for these changes?

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

FULL-TIME FACULTY INFORMATION

For the following questions, please include any full-time faculty who hold an appointment in the nursing program, even if the person has administrative, research or clinical responsibilities.

4. As of fall 2011, how many faculty members are employed full-time in the nursing program(s)?

5. Of that number, how many full-time faculty members are: Please write the number in the spaces provided.
   a. Male _____ Female _____ 
   b. Nurses ______ Non-nurses _____ 
   c. Race/ethnicity:
      _____ Black/African American    _____ Asian 
      _____ Native American    _____ Pacific Islander 
      _____ White    _____ Hispanic 

6. Please fill in the following chart with the number of full-time faculty members according to the following age categories.
   _____ 30 years of age or younger   _____ 51 to 55 years of age 
   _____ 31 to 40 years of age   _____ 56 to 60 years of age 
   _____ 41 to 45 years of age   _____ 61 and older 
   _____ 46 to 50 years of age

7. Indicate the number of full-time faculty members who hold the following as their highest degree (select only one degree for each faculty member): 
   a. _____ Doctorate (Nursing)
   b. _____ Doctorate (Other)
   c. _____ Masters (Nursing)
   d. _____ Masters (Other)
   e. _____ Bachelors (Nursing)
   f. _____ Bachelors (Other)
   g. _____ Associate (Nursing)
   h. _____ Associate (Other)
8. Indicate the number of actual or anticipated vacant full-time faculty positions you have or anticipate having prior to the 2012/2013 school year? ______

For each position list: title of position, how long it has been vacant, and the qualifications for the position (e.g., highest degree required, specialty area).

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

10. Please provide the average starting salary for a new faculty member within the nursing program(s). **NOTE: faculty salaries will not be reported by program.**

   a. Doctorally prepared  $ _______________
   b. Masters prepared  $ _______________

PART-TIME FACULTY INFORMATION

11. Indicate the number of part-time faculty teaching in your nursing program for the fall 2011 semester or quarter. Include all faculty members who are not considered full-time faculty but hold a faculty appointment with the nursing program and receive some compensation from the nursing program(s).

   _____ # of part-time faculty members

12. Provide the approximate compensation for part-time clinical faculty (either as an hourly rate or per course credit and state the number of expected hours/credit) $_____

   Describe any additional compensation for part-time clinical faculty_________________________________________________________________

13. What was your experience in hiring part-time faculty members for 2008/2009/2012?

   ____________________________________________________________________________
   ____________________________________________________________________________
   ____________________________________________________________________________

APPLICATION and ADMISSIONS

14. Provide the number of applications for nursing for the 2011/2012 academic year (include students starting in summer 2011)

<table>
<thead>
<tr>
<th>Program</th>
<th>Total Applicants</th>
<th>Qualified Applicants</th>
<th>Accepted for 2011/2012</th>
<th>Accepted Accepted for 2011/2012 but deferred</th>
<th>Qualified applicants denied admission for 2011/2012</th>
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</thead>
<tbody>
<tr>
<td>LPNs</td>
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<tr>
<td>LPNs to ADNS</td>
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<tr>
<td>Program</td>
<td>Total # of credits</td>
<td>Cost/credit in-state</td>
<td>Cost/credit out of state</td>
<td>Nursing fees</td>
<td>Program fees</td>
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<tr>
<td>ADNs</td>
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<td>BSNs (Regular)</td>
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<td>Accelerated BSNs</td>
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<td>RN to BSN</td>
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<tr>
<td>MSNs (Regular)</td>
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<td>Direct Entry MSNs</td>
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</table>

**PROGRAM CREDIT HOURS AND COST**

Please provide the requested data for each type of program identified in table under question 1
UNDERGRADUATE CURRICULAR REQUIREMENTS

15. Please list the following for your undergraduate program:
   a. clinical hours___
   b. laboratory hours___
   c. didactic hours____
   d. simulation hours____

   e. what was the total number of clinical placements you requested in 2010/2011 (include all clinical group and precepted clinical placements/student/year X total number of students for fall, spring, and summer ie. Six clinical groups of eight students equals 48 placements.) ______ _____

18. 16. Estimate the percent of first time licensed nurses who found full-time nursing employment in Maine in 2010/2011

17. Estimate the percent of first time licensed nurses who found full-time nursing employment outside of Maine in 2010-2011

18. Have you adjusted admissions based on employment data? _____
   please explain_______________________________________________________

19. Has your school officially adopted the Maine Nursing Competencies as outcome criteria?

20. Describe what (if any) curricular change has been adopted to meet these requirements?
   ____________________________________________________________________
   ____________________________________________________________________
   ____________________________________________________________________

   Thank You for Completing this Survey