

I. Executive Summary

At its June 22, 2006 session, the Middle States Commission on Higher Education (MSCHE) acted “To reaffirm accreditation and to commend the institution (University of Maryland, Baltimore) for the quality of the self-study report and process. The Periodic Review Report is due June 1, 2011¹.”

The final report of the accreditation team visit (April 23-26, 2006) stated that “the conclusion of the evaluation team is that the University of Maryland, Baltimore fully meets the accreditation standards of the Middle States Commission on Higher Education. The team has made a few suggestions to the university, and has no recommendations to submit to the Commission².”

Overview of the Institution

The University of Maryland, Baltimore (UMB), one of 11 degree granting institutions of the public University System of Maryland (USM), is housed on a 61 acre campus located in West Baltimore³ with over six million square feet in 65 buildings.

The state’s only public academic health, law, and human services university, UMB features a unique mix of professional schools and a graduate school. Established as the College of Medicine in 1807, UMB is the founding campus of the USM. In Fall 2010 UMB had 6,349 students enrolled in 44 degree programs⁴. The university is also a major biomedical research institution with \$567 million in extramural funding in FY 11. UMB’s FY 2010 combined, all-funds budget was \$938,396,979⁵.

¹ Letter dated June 23, 2006 from Jessica S. Kozloff, Chair Middle States Commission on Higher Education to Dr. David J. Ramsay, President University of Maryland, Baltimore.

² 2006 Report to Faculty, Administration, Trustees, Students of University of Maryland, Baltimore by Middle States Commission on Higher Education p. 21.

³ In addition to the West Baltimore location, UMB also offers its Bachelor and Master of Science in Nursing, Master of Social Work, and Doctor of Pharmacy degree programs at the Universities at Shady Grove (USG). USG is one of two regional centers operated by USM, offering 60+ undergraduate and graduate degree programs from nine USM institutions in Montgomery County, Maryland. <http://www.shadygrove.umd.edu/>.

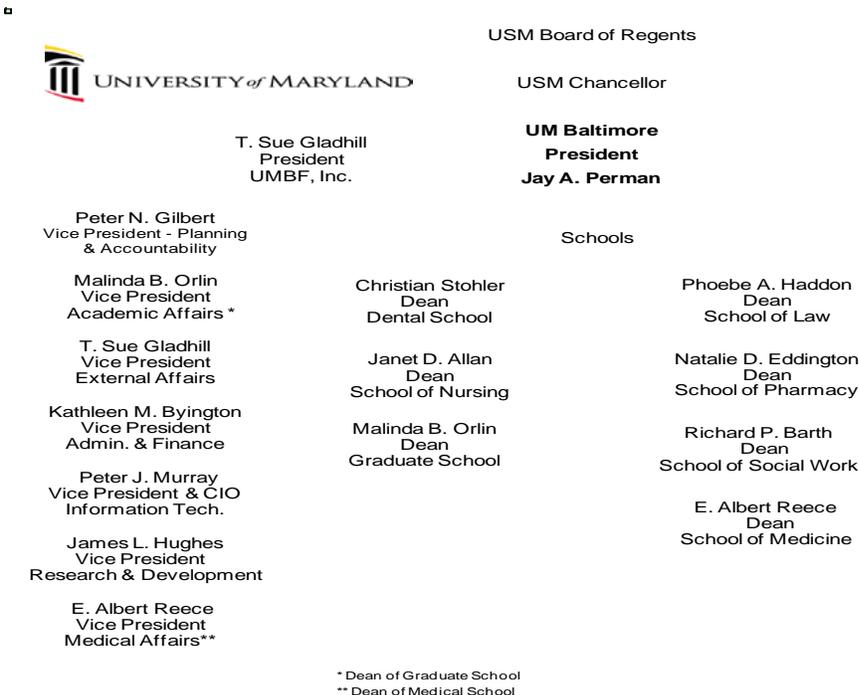
⁴ UMB is one of approximately 30 public institutions in the U.S. whose official Carnegie Classification is “Special Focus Institution – Medical Schools and Medical Centers”. This classification is used for institutions that include a medical school and other health related professional schools, and do not have large comprehensive undergraduate programs. UMB offers the first professional degrees Doctor of Medicine (MD), Juris Doctor (JD), Doctor of Pharmacy (PharmD), Doctor of Dental Surgery (DDS); several master of science and doctor of philosophy degree programs in health, biomedical science, nursing, and social work; baccalaureate programs in nursing, dental hygiene, and medical and research technology; and other degree programs including the Doctor of Nursing Practice (DNP), Masters in Genetic Counseling, Masters of Social Work (MSW), Doctor of Physical Therapy (DPT); the Master of Laws (LLM), and eight post-baccalaureate certificate programs.

⁵ Just under 20% is from State appropriations, almost 11% from tuition, while 45% is from external grants and contracts. As is appropriate for an academic medical center, 21.4% comes from the physician and dental service plans and the contract with the University of Maryland Medical Center (UMMC). The remaining 3.4% is auxiliary services and other.

In February 2011, as part of its five year review of its institutions' mission statements, the USM Board of Regents approved UMB's updated mission statement. That mission statement, the executive summary of which follows, did not vary in any meaningful way from the mission statement approved five years before.

The University of Maryland, Baltimore (UMB) is the State's public health, law and human services university devoted to excellence in professional and graduate education, research, patient care, and public service. As a diverse community of outstanding faculty, staff and students, and using state-of-the-art technological support, we educate leaders in health care delivery, biomedical science, global health, social work and the law. We emphasize interdisciplinary education and research in an atmosphere that explicitly values civility, diversity, collaboration, teamwork and accountability. By conducting internationally recognized research to cure disease and to improve the health, social functioning and just treatment of the people we serve, we foster economic development in the City, State and nation. We are committed to ensuring that the knowledge we generate provides maximum benefit to society and directly enhances our various communities⁶.

The academic structure of UMB is six professional schools – Schools of Dentistry, Law, Medicine, Nursing, Pharmacy, and Social Work – and an interdisciplinary Graduate School.



⁶Full text of the mission and goals statement is available at: <http://www.usmd.edu/regents/agendas/fb021111.html>.

Each School is led by a dean who reports directly to the president and serves as chief academic officer of the school. UMB's administrative structure is composed of six vice presidencies – academic affairs, external affairs, finance and administration, information technology, planning and accountability, and research and development. Led by the president, the group of deans and vice presidents constitutes the executive leadership committee of the university.

Major Institutional Changes and Developments

The most significant change at the institution since 2006 was the appointment of Jay A. Perman, MD as president of the university effective July 1, 2010. Dr. Perman followed David J. Ramsay, DM, DPhil, who retired from the university in 2010 after serving 15 years as UMB's president. Dr. Perman's appointment at UMB was a return to the university. From 1999 to 2004 he chaired the Department of Pediatrics in the University of Maryland School of Medicine. Dr. Perman left Baltimore in 2004 to become dean and vice president for clinical affairs at the University of Kentucky College of Medicine from 2004 to 2010.

Dr. Perman's first administrative action was to establish a new university-wide office – the Office of Planning and Accountability (OPA), to be headed by a Vice President for Planning and Accountability (VPPA). Establishment of the OPA was essential to achieve Dr. Perman's goals of meaningful, inclusive strategic planning, strengthening accountability, and enhancing institutional effectiveness. Peter N. Gilbert was appointed VPPA in August 2010.⁷

Dr. Perman's vision for the strategic planning process, communicated to students, faculty and staff in September 2010, clearly shows his intention to leverage the collective strengths and values of each of the schools to build the university of the future.

Our University has achieved many wonderful things in its illustrious history. Still, I believe the University's greatest achievements are in its future. We need a strategic plan to assist us in reaching our collective goals. This plan cannot be the staid effort that we envision when we hear the term "strategic plan." This plan must bring our strengths and values together to make us greater than the sum of our parts.

Three important new academic facilities have opened since the site team visit in April 2006. These include a new 9-story 325,000 square foot School of Dentistry Building in 2006, the 5-story 126,000 square foot Southern Management Corporation Campus Center (SMC CC) in 2009, and the 7-story, 112,565 square foot Pharmacy Hall Addition in 2010.

The opening of the new dental school and the addition to the pharmacy school resulted in an enhancement of all aspects of those schools' missions with a positive impact on teaching,

⁷ Other changes in executive leadership since 2005 include the naming of four new deans - E. Albert Reece, Vice President for Medical Affairs and Dean of the School of Medicine; Richard P. Barth, Dean of the School of Social Work; Natalie D. Eddington, Dean of the School of Pharmacy; and Phoebe A. Haddon, Dean of the School of Law; as well as the appointment in 2008 of Kathleen M. Byington as Vice President for Finance and Administration (VPFA) due to the retirement of the prior long-serving VPFA James A. Hill.

scholarship, research, and patient care. The new facilities have also allowed for expansion of enrollment. Notwithstanding the importance of these facilities, it was the opening of the SMC CC which has been the most transformational for UMB⁸.

The SMC CC is a completely new concept for the university. It serves as a welcoming central gathering space for the entire university community. When the planning was being done for this facility, students uniformly expressed interest in a UMB “place” that was not limited to their school. They wanted to be students of the university, not just law students, nursing students, etc. In addition, they wanted more contact with students and faculty from other schools. After two years experience with the SMC CC we have been gratified with its success as a “university place”. Students and faculty have been vocal in their praise of how the SMC CC has broadened and enriched their experience at the university and of the university.

A corollary to the student life experience enhancement opportunities provided by the SMC CC’s physical space is the expansion and enhancement of Campus Life Services programming. Anticipating the opening of the SMC CC, the university created a new position – Associate Vice President for Academic Affairs (AVPAA). Dr. Roger J. Ward, hired as AVPAA in April 2009, is responsible for the management of the facility; central student services, all of which have been enhanced; and with the creation of new student services. One such new, all-student service centered in SMC CC, the Wellness Hub, opened in 2010.

<http://www.umaryland.edu/smccampuscenter/wellnesshub/index.html>. An all-campus Office of Service Learning and interprofessional initiatives will be established in summer 2011.

Preparing the Periodic Review Report

UMB’s planning and preparation for the Periodic Review Report (PRR) began in March 2010 when two staff members from the Office of Academic Affairs, Dr. Ward and Ms. Reba Cornman, Director of Geriatrics and Gerontology Education and Research Program, attended MSCHE’s accreditation training workshop in Philadelphia. In April 2010 Dr. Ward was appointed UMB’s Accreditation Liaison Officer (ALO) and was charged with developing a timeline for preparing the PRR.

The timeline for preparing the PRR coincided with a period of significant transition and unprecedented university-wide planning activity at UMB. As noted, Dr. Perman was appointed president in July 2010. In addition to review and revision of UMB’s mission and goal statement, Dr. Perman launched a broadly inclusive and action-oriented strategic planning process to develop a strategic plan that will direct UMB for the next five years and shape its future for 10 years.

Given that UMB had no recommendations from its last decennial reaccreditation by MSCHE, the university opted, for the sake of efficiency and effectiveness, to integrate the PRR planning process with that of the wider university planning initiatives. The ALO, for example, was

⁸ Inside this exceptional facility are two food locations serving healthy, sustainable products; diverse and plentiful event space with expanded technical and logistical support; lounge areas on each floor for informal gatherings; a Relaxation Room, Siesta Lounge, Lactation Center, plus three floors of state of the art fitness and recreation facility offerings through University Recreation and Fitness (URecFit).

appointed to the twenty-six-member Strategic Planning Committee and co-chaired with a faculty member from the School of Dentistry the strategic planning workgroup made up faculty, staff, and students from across campus which focused on diversity and inclusion/accountability and transparency.

As a result of UMB's integrated approach to developing the PRR, it is in many respects a forward-looking document influenced by the contributions of faculty, staff, and students who have been actively engaged in the myriad of planning activities occurring on campus – particularly the Strategic Planning Committee. The themes of the strategic planning process demonstrate its forward-looking perspective.

1. Achieve pre-eminence as an innovator in our missions of education, research, clinical care, and public service.
2. Create a culture of diversity, inclusion, transparency, and accountability.
3. Excel at interprofessionalism in education, research, clinical care, and public service.
4. Develop local and global initiatives that address critical issues.
5. Be an economic driver through entrepreneurial business development and philanthropy.
6. Create a responsible and enduring financial model for the University.
7. Create a dynamic university community.

Highlights of the PRR

Since reaccreditation by MSCHE in 2006, UMB has continued on its trajectory of growth in quality and size, building on the recognized excellence of its schools. Enrollment increased by 13%; extramural research funding increased by 40% as did the university's all-funds budget.

Growth is not always an indicator of quality. However, three of the indicators mentioned above are commonly accepted as proxies for quality: extramural funding, state operating support, and commitment of state resources for capital construction. Further evidence of continued quality is that UMB's schools continue their high national rankings⁹ and success with their specialized, professional accreditation.

Following our review of the university's approaches to the assessment of institutional effectiveness and assessment of student learning outcomes, we have concluded that both are presently effective. However, the enhanced planning and accountability capability initiated by Dr. Perman, will meaningfully improve our ability to evaluate the effectiveness of university programs and units and enable us to tighten the linkage and integration of institutional planning and budgeting processes.

Certification Statement

The completed PRR Certification Statement affirming that UMB continues to meet all of MSCHE's eligibility or affiliation requirements published in Characteristics of Excellence, and federal Title IV requirements is attached¹⁰.

⁹ Information on current rankings can be found at <http://www.umaryland.edu/institutionalresearch/rankings/index>.

¹⁰ See Appendix A.

II. Responses to Recommendations

UMB had no recommendations from the last self-study.

III. Major Challenges and/or Current Opportunities

Opportunities

As noted in the Executive Summary, by 2006 each of our schools had reach new heights of national recognition and continued success in accreditation by professional/educational bodies¹¹. Individual school success provides the essential foundation for the most frequently referenced suggestion by the site team: increasing interdisciplinary and inter-professional research and education and cross-school collaboration.

An example of how the 2006 site team discussed the opportunity for interdisciplinary research and interprofessional education at UMB came in their “suggestion” concerning Standard 10 - Faculty.

The unique configuration of UMB with its cluster of medical graduate schools, a school of social work and a law school present extraordinary opportunities for interdisciplinary collaboration in teaching and research. The central administration of UMB has exploited this potential in a cautious way largely leaving the development of interdisciplinary or multidisciplinary research and teaching endeavors to faculty and schools. Many constituencies expressed a desire for more formal incentives and support in areas that would be suitable subjects of cross-school funding initiatives or development appeals¹².

During the period between the site visit in 2006 and the appointment of Dr. Perman as President in 2010, the university took several important steps to enhance and further interdisciplinary

¹¹ Two of UMB’s Schools – the School of Dentistry and the School of Law – had their site visits in spring 2011 and are anticipating action by their accrediting bodies the Council on Dental Accreditation and the American Bar Association within the next few months. The other four core programs were reaccredited since UMB’s MSCHE reaccreditation in 2006. The Liaison Committee on Medical Education (LCME) at its June 3-5 2008 meeting voted to continue accreditation of the educational program leading to the MD degree at the UMSOM for an eight-year term. As its October 2008 meeting, the Commission on Accreditation of the Council on Social Work Education (CSWE) voted to reaffirm the accreditation of the baccalaureate and master’s social work programs at UMB for eight years, ending October 2016. The Commission on Collegiate Nursing Education Board of Commissioners acted at its meeting April 22-24, 2010, to grant accreditation of the baccalaureate degree program in nursing, master’s degree program in nursing, and Doctor of Nursing Practice (DNP) program at University of Maryland for the term of 5 years. At its June 21-25, 2006 meeting the Accreditation Council for Pharmacy Education (ACPE) Board of Directors reviewed the University of Maryland’s Doctor of Pharmacy program and decided that accreditation be continued for its customary six-year cycle. In addition to the core clinical programs’ accreditations, in April 2008 the American Board of Genetic Counseling (ABGC) granted full re-accreditation to the Graduate Program in Genetic Counseling for eight years; in October 2006 the Commission on Accreditation in Physical Therapy Education of the American Physical Therapy Association voted to reaffirm accreditation to the physical therapist education program for ten years; and, in 2009 the Commission on Education for Public Health (CEPH) voted to accredit the Master of Public Health (MPH) program for five years. This was the MPH program’s initial accreditation.

¹² Report to Faculty, Administration, Trustees, Students of University of Maryland, Baltimore by Middle States Commission on Higher Education p.17.

research¹³, interprofessional education and cross school collaboration. In addition to creation of multi-disciplinary research centers, two curricular innovations – the MPH program and the expansion of post-baccalaureate certificate programs – demonstrate the faculty driven momentum towards increased collaboration among the schools and interest in interprofessional education in that period¹⁴.

The MPH program at UMB was developed with a distinctive purpose¹⁵ - to supplement and enhance the experience of persons pursuing education and training in one of UMB's core disciplines. It was not intended to be a general public health degree program. Rather, it was designed to provide an accessible, but rigorous, way for students pursuing one of our other degree programs – i.e. MD, JD – to integrate public health with their disciplinary study. This goal has been achieved. Dual degree programs – MPH and MD, for example – exist between the MPH and all six of UMB's schools.

Obviously a commitment to the integration of the public health perspective with the core disciplines requires a new, more interdisciplinary model of public health education from the MPH program faculty, who are themselves from a diversity of disciplinary backgrounds; and a willingness on the part of non-public health faculty to value the contribution of public health to their already rigorous health care, legal and social work programs. This has been an important step.

The other evidence of cross-school collaboration has been the development of post-baccalaureate certificate programs. Five programs were authorized by the Maryland Higher Education Commission (MHEC) in 2010¹⁶ and four others are under development¹⁷. While some, such as Oncology Nursing, offer the opportunity to demonstrate specialization within a specific profession, others are intended to provide students with opportunities for educational crossover. Similar to the MPH program, the certificates are intended as supplements to the academic degree program in which a student is currently enrolled. They, too, are often taken as a dual degree program, for example the Certificate in Global Health and the MS in Nursing.

¹³ The Institute for Genome Sciences (IGS), an international research center within the University of Maryland School of Medicine (UMSOM) is led by Claire Fraser-Liggett, Ph.D. and a team of internationally recognized faculty. Comprised of an inter-disciplinary, multi-department team of investigators, the Institute uses the powerful tools of genomics and bioinformatics to understand genome function in health and disease, to study molecular and cellular networks in a variety of model systems, and to generate data and bioinformatics resources of value to the international scientific community. The scientific discoveries that are being made at IGS are helping to unravel the mysteries of biological systems and to improve healthcare for people around the world.

¹⁴ Only one new degree program, the Master of Laws (LLM) offered by the School of Law, was added to the program inventory (2008) in the period 2006-2011. The LLM did not change the direction of the university or of the School of Law. Rather, it provides an opportunity for advanced legal education for lawyers and law students seeking to develop expertise in a specialty area already in existence at the School of Law.

¹⁵ The university was authorized by the Maryland Higher Education Commission to offer the MPH degree in 2004. In 2009 the MPH program was accredited by the Council on Education for Public Health (CEPH) for five years. The MPH program has three concentrations – epidemiology, community and population health, and global health.

¹⁶ The five certificates approved in 2010 are oncology nursing, evidence-based practice in nursing, global health, environmental health, and teaching in nursing and the health professions. Under development are post-baccalaureate certificates in aging, clinical research, nursing informatics, and health disparities.

¹⁷ The certificate programs are also available to persons who are not current UMB students.

Thus from 2006 to 2010 faculty in all our schools continued to find ways to collaborate with one another in pursuit of improving the quality of their students' educational experiences; experiences that break down the silos which might exist within a particular discipline or school. When Dr. Perman was appointed president in July, 2010, he escalated interprofessional education to one of the university's top priorities. It was no longer "cautiously" approached. Interprofessional education was now a presidential priority¹⁸.

Dr. Perman was motivated by two equally important factors. First, his belief that for the university to achieve the pre-eminent success he assumed the presidency to achieve, increased on and off campus collaboration is essential. Second, he was motivated by the belief that interprofessional education is an absolute necessity for the interprofessional collaborative practice required for health care in the future.

He took four immediate actions which demonstrate his personal commitment to the importance of interprofessional education.

- Two months after assuming the presidency, he initiated a weekly President's Clinic in which students from all six schools participate with Dr. Perman, a pediatric gastroenterologist, and Elsie Stines, Nurse Practitioner, in considering health, social, and legal needs of the patients seen in the clinic.
- Proposed interprofessional education as one of the key themes of the strategic planning process.
- Established a university-wide Center for Childhood Obesity that would consider the problem from the molecular to the societal level. As Dr. Perman said regarding childhood obesity "[m]y intent is to organize our investigators, our policymakers, and our clinicians into an education and research center so that we can maximize our efforts to attack a societal ill¹⁹."
- Created the Interprofessional Education Task Force (IPE) which is composed of senior faculty from each of the professional schools. The IPE Task Force was charged with inventorying existing educational collaborations involving more than one UMB school, identifying barriers to scaling up promising programs, and with suggesting new interprofessional education initiatives.

Dr. Perman's belief in the importance of interprofessional education as a core, intentional, not ancillary or incidental outcome of preparation for health care practice, is reinforced by the work of six national health professions association, the Interprofessional Education Collaborative

¹⁸ Interprofessional education is variously defined. The World Health Organization (WHO) 2010 definition considers it "when students from two or more professions learn about, from and with each other to enable effective collaboration and improve health outcomes." World Health Organization 2010 Framework for Action on Interprofessional Education & Collaborative Practice p. 7.

http://whqlibdoc.who.int/hq/2010/WHO_HRH_HPN_10.3_eng.pdf

¹⁹ University of Maryland, Baltimore Research and Scholarship 2011 Report, p. 35.

(IPEC)) and three private foundations²⁰. These groups see interprofessional collaborative *practice* as a virtually certain outcome of national changes in health care, particularly primary care. As can be seen by the quotation below, they believe collaborative practice can only become a reality when health professions students are educated to that end.

This report is inspired by a vision of interprofessional collaborative practice as key to the safe, high quality, accessible, patient-centered care desired by all. Achieving that vision for the future requires the continuous development of interprofessional competencies by health professions students as part of the learning process, so that they enter the workforce ready to practice effective teamwork and team-based care. Our intent was to build on each profession's expected disciplinary competencies in defining competencies for interprofessional collaborative practice. These disciplinary competencies are taught within the professions. The development of interprofessional collaborative competencies (interprofessional education), however, requires moving beyond these profession-specific educational efforts to engage students of different professions in interactive learning with each other. Being able to work effectively as members of clinical teams while students is a fundamental part of that learning²¹.

This is the broader background against which UMB's vigorous exploration of the best ways to add competencies in interprofessional team practice to the disciplinary competencies in existence in our professional programs. All indications are that at least one goal emerging from the strategic planning process will involve creation of an interprofessional/interdisciplinary experience for all students.

Challenges

The primary challenge facing UMB's executive leadership team, faculty and staff, is financial. Even though the university not only survived, but grew in size and stature in the recent five years, there are strong indications that a fundamental financial realignment is underway in higher education, particularly as practiced in academic health centers. Key factors include:

- In Maryland, as elsewhere across the country, overall lowered state revenues are coupled with increasing demands for state funding from other sectors such as pension and health care costs, leaving fewer dollars available for higher education.
- State appropriations to UMB have remained static in the last three years. At least there have not been meaningful reductions. However, that apparent homeostasis masks the fact that no increase is actually a reduction due to inflation. One area of specific concern is that the university, similar to other state agencies, has been forbidden to make any cost of

²⁰ The six national health professions associations aligned as the IPEC are American Association of Colleges of Nursing, American Association of Colleges of Osteopathic Medicine, American Association of Colleges of Pharmacy, American Dental Education Association, Association of American Medical Colleges, and Association of Schools of Public Health. The three private foundations include the Josiah Macy Jr. Foundation, the Robert Wood Johnson Foundation, and the ABIM Foundation.

²¹ Core Competencies for Interprofessional Collaborative Practice, Report of an Expert Panel (sponsored by the Interprofessional Education Collaborative) May 2011 p. i.

living or merit or equity adjustments to faculty or staff salaries²². This has led to serious erosion in faculty and staff morale and put many of our most valuable faculty and staff at risk of being recruited away. In addition, we have had furloughs/temporary salary reductions for the last three years.

- Even though overall tuition has increased by 30% since 2006, there are indications that we may be nearing the upward limit of tuition as a source of income for the instructional programs. Students are concerned that the cost of tuition may not be recoverable in the present market²³. Even in the so-called high income professions – e.g. medicine, dentistry, and pharmacy – there are indications that changes in health policy coupled with changes in federal student loan policy may throw lifetime earning potential out of balance with the cost of education, particularly for those who borrow to their professional degrees²⁴. Another factor unrelated to the amount of tuition paid by students, is that in recent years, increasing percentages of tuition dollars are needed to pay for back-of-the-house mandatory expenses such as an increased contribution to employee health care costs, making those dollars unavailable for the instructional programs.
- Changes in state and federal health care delivery and reimbursement policy and practice have the possibility of reducing the university’s clinical revenues.
- Reductions in federal funding for research, particularly the National Institutes of Health budget, foreshadow reductions in the university’s extramural research support.

These factors are not unique to Maryland or to UMB; but, they do mean that a primary challenge is to find alternative sources of financial support for critical initiatives.

Dr. Perman and the executive leadership of the university are aggressively pursuing varied different approaches. They include reenergizing development and private philanthropy; seeking partnerships²⁵; and investing in infrastructure to support faculty entrepreneurial activity, including an organization of the offices of academic affairs and research and development.

Due to the retirement in June 2011 of Dr. Malinda Orlin, Vice President for Academic Affairs, a national search has begun for a Chief Academic and Research Officer (CARO) – Vice President for Academic Affairs. The CARO, working collaboratively with the deans and vice presidents, will be the focal point for academic matters – research, education and service. In addition to the existing VPAA’s portfolio of the Graduate School, Campus Life Services, Academic Services,

²² For two years there has been limited ability to increase faculty salaries in special retention situations; but, these situations have applied to a small percentage of faculty. In Academic Year 2011-12, the university will, for the first time, be able to provide limited dollars to retain “operationally critical staff.”

²³ In planning for tuition for FY 2012, a vigorous discussion arose concerning the question of the relationship of income to educational debt within the School of Law community. The primary driver of the discussion was the dramatic decline in the pool of jobs available for recent law school graduates. As a result, the dean, faculty, and students expressed concern that the cost of education, particularly as reflected in student debt, would overwhelm JD graduates.

²⁴ Over 89% of MD, DDS, and PharmD students borrow extensively to fund their educations. The average debt of these graduates is \$134,000 exclusive of undergraduate debt.

²⁵ The Maryland Department of Health and Mental Hygiene has already invested in training for team health care by providing financial support for Dr. Perman’s clinic.

and the Health Sciences and Human Services Library, the CARO will be responsible for facilitating the research mission of the university. This is accomplished by working closely with the deans, the research leadership of the schools and other individuals to enable the scientific agenda for the university, ensuring that the proper organizational supports are in place to foster successful and collaborative academic – including education and research - program development.

In addition, Mr. James Hughes, Vice President for Research and Development, will assume the revised role of Vice President and Chief Technology and Enterprise Development Officer effective July 1, 2011. In this role, Mr. Hughes will continue to be responsible for the pre-award process in research administration, technology transfer, clinical trials management, and liaison to the BioPark. In his new role, he will focus on enterprise development for the university, with an emphasis on entrepreneurial and economic development in the state and beyond.

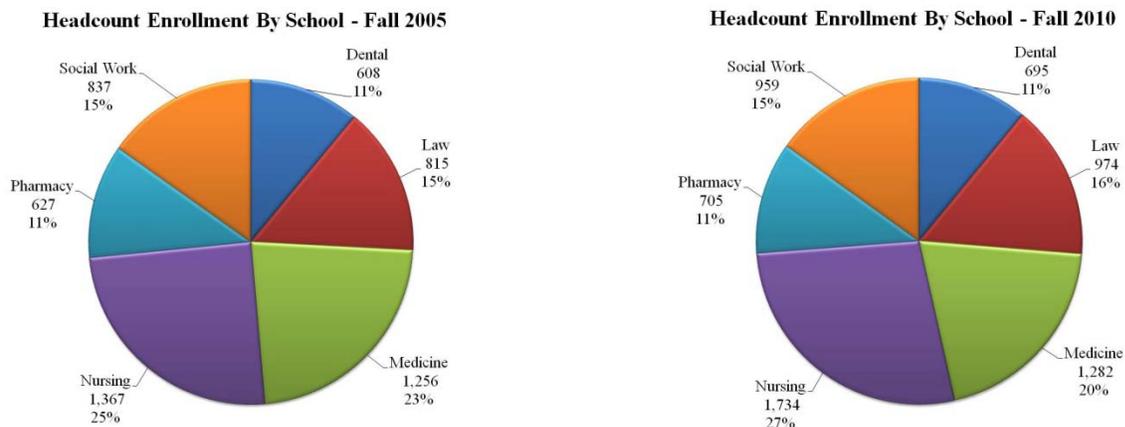
IV. Enrollment, Finance Trends, and Projections

Enrollment

Since the self-study in 2005, headcount enrollment at UMB has increased by 839 students – a 15% increase. In Fall 2005 enrollment was 5,510; while in Fall 2010 it was 6,349²⁶.

Much of the growth was due to the planned and funded expansions of university programs at USG (see footnote 3). This growth was primarily the result of the planned creation and phase-in of the Doctor of Pharmacy (PharmD) program which began admitting students in 2007, adding 40 each year through 2010, for an overall total enrollment increase of 160 students in the university’s PharmD program. This expansion was planned and primarily funded by new state appropriations to partially address the state and national pharmacy workforce shortages. The increase in pharmacists was a Board of Regents priority²⁷. In addition, the state provided partial support for an increase in nursing students at USG in both the M.S. and BSN programs.

As seen in the following charts, all six schools saw overall increases in enrollment.



Some significant enrollment trends, in addition to the increases at USG mentioned above, include:

- School of Medicine had proportionally the smallest overall increase of 2%. This small overall increase was the result of a decline in physical therapy enrollment due to planned phase out of the transition Doctor of Science in Physical Therapy program; an increase in enrollment in the MPH program which just took in its first pilot class in Fall 2005; and a small increase in enrollment in the MD program.
- The 14% increase in dental school enrollment is primarily due to meaningful increases in the DDS and dental hygiene programs, because of the opening of the new Dental School

²⁶ See Appendix B.

²⁷ Another important state commitment to mitigating the pharmacy shortage was the capital investment in the Pharmacy Hall Addition in Baltimore which will permit another increase in pharmacy enrollment.

Building in 2006. The new facility enabled increases in enrollment in these space, equipment, and facility dependent programs.

- The School of Law's 20% increase was due in small measure to the creation of the new degree program LLM, but more importantly to increased interest and demand for legal education from 2005 to 2010.
- The School of Social Work's 15% increase was in part a year-by-year enrollment anomaly – 2005 was an unusually low enrollment year and 2010 unusually high. In 2010 there was high interest in the MSW program and a higher-than-average yield for the incoming class. It is social work's intention to establish MSW enrollment below the 2010 class size.
- The School of Nursing, the school with the widest range of degree programs – baccalaureate (BSN and RN-BSN), nine MS specialties, and two doctoral programs – DNP and PhD – and the largest number of students, saw the largest enrollment growth. This increase was due to several factors. Special state funding to increase enrollment due to the nursing shortage accounted for some of the growth. In addition, there was a surge of student interest in the MS programs and the DNP, which had only just begun in 2006.

The university has submitted enrollment projections to the USM which call for a modest overall growth of 4% headcount – 242 students - by 2015. This increase will be accounted for by an increase in pharmacy enrollment enabled by the Pharmacy Hall Addition and continued planned increases in the MPH and LLM programs.

Annual modulations in headcount and FTE enrollment will occur in response to market forces, workforce needs, and increases in capacity. The primary example of response to market forces is the meaningful decline in employment opportunities for JD graduates in recent years. This has caused the university and the School of Law to consider reductions in enrollment in the near future to enable the supply of new law graduates to recalibrate with market demand.

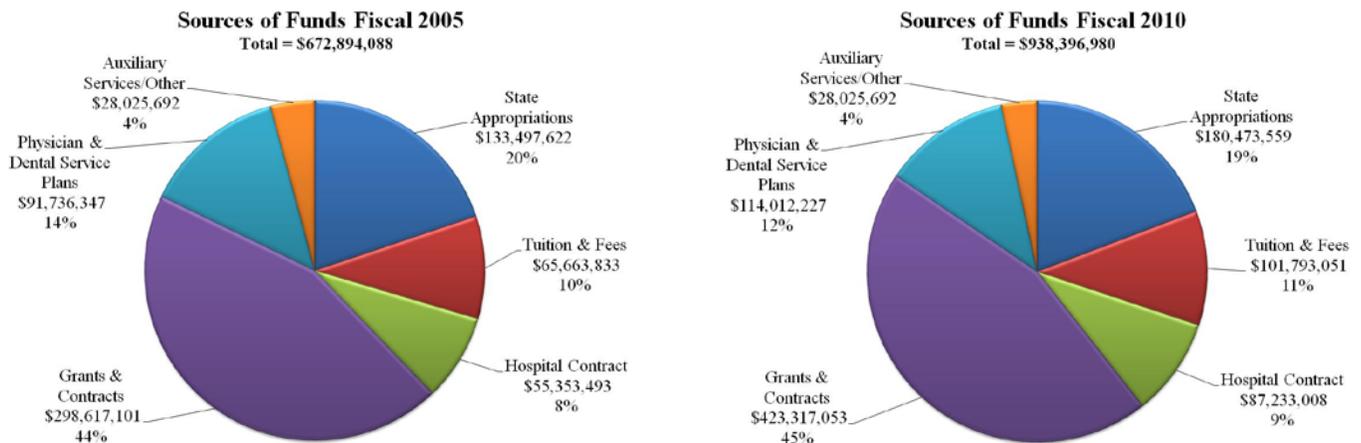
As a public academic medical center, workforce needs are always a critical variable for UMB's enrollment planning. For example, workforce shortages are chronic in nursing. Two areas of particular interest to policy makers is the shortage of entry-level nurses and nursing faculty. The SON plans additional curriculum refinement to increase the number of doctorally prepared nurses. We also anticipate expansion of the BSN program at the Universities at Shady Grove.

Finally, considering capacity, the FY 2013 Capital Improvement Program (CIP) requests funds for an addition to and renovation of the School of Nursing building and an addition to the School of Social Work building. These renovations would facilitate increases in enrollment. Further, the university is in discussion with the USM chancellor's office about additional UMB programs at USG. Any additional programs at USG would require additional state operating and capital funds.

Finance Trends and Projections

As noted in the Executive Summary, UMB's FY 10 combined, all-funds budget was \$938,396,980 with just under 20% from State appropriations; almost 11% from tuition, while 45% is from external grants and contracts. As is appropriate for an academic medical center, 21.4% (just over \$200 million) comes from the physician and dental service plans and the contract with the UMMC. The remaining 3.4% is auxiliary services and other.

As seen in the following charts, while the overall increase is approximately 40%, the balance among funding sources – state appropriation, tuition, clinical revenue, and extramural funding remained similar from FY 2005 to FY 2010.



While this increase in state appropriation is impressive, part of that increase was new state appropriations to support specific programs, including the Maryland Psychiatric Research Center, the Maryland Poison Center, The Institute for Human Virology, and the restructuring of the University of the Maryland Biotechnology Institute. Funding for these initiatives is a change in state funding strategy, not an undesignated increase in state appropriation to the university. It also does not represent new funding for these programs. In addition, another part of the state increase is to support new campus buildings. This is crucial state support for important programs, but not an increase in the university's resources for academic programs or other university priorities.

Financial Documentation Highlights

We have included as appendices to this report the following financial documents as evidence of UMB's ongoing financial viability:

- Maryland Department of Budget and Fiscal Planning Form 1 covering the period FY 2010 – FY 2012)²⁸;

²⁸ See Appendix C. This document is provided in lieu of a formal financial plan and shows how the University ended FY 2010, budgeted for FY 2011, and where we are with the development of the FY 2012 Working Budget.

- Comparative Balance Sheet for the period FY 2005 – FY 2010²⁹;
- Comparative Statement of Changes in Net Assets for the period FY 2005 – FY 2010³⁰;
- Statement of Cash Flows for the period FY 2005 – FY 2010³¹;
- The audited financial statements and management letters covering the period FY 2008 – FY 2010³²;
- The financial information submitted to IPEDS for the period FY 2009 – FY 2011³³; and
- Actual enrollment from Fall 2007 to Fall 2010 and projected enrollment through Fall 2012.

Analysis of the financial documents described above will reveal that UMB's overall financial continues to be strong and includes the following highlights for FY06 through FY10:

- Significant operating revenue growth every year (42% overall) driven by increases in Grant and Contract, Sales & Services, and Tuition & Fees revenues.
- Significant operating expense growth every year (45% overall) driven mostly by research and hospital services.
- State appropriations remained between 20 and 21 percent of operating expenses except for FY 2010 when they fell to 17% of operating expenses. The reduction was offset by an increase in operating income in FY 2010.
- Operating income was 79% of operating expenses in FY 2010, up from 76% in FY 2009.
- Operating cash flow plus noncapital cash financing (mostly the state appropriation) was positive in all of the past five years and strong in the three most recent fiscal years.
- Total assets have increased in each of the past five years, except FY 2009 because of endowment investment losses. Capital Assets and Cash and Accounts Receivable have driven asset growth over the period.
- There is little change in the makeup of the balance sheet as shown by the current ratio which has been at 2.0 or slightly above over the period, the debt-to-equity ratio which has increased slightly from .25 to .29, and Capital Assets which remained at nearly two-thirds of total assets for the last five years. The amount of long-term debt is not detrimental to UMB's financial condition.
- Total net assets increased every year except FY 2009 due to endowment investment losses. The total is up \$79 million (12%) since 6/30/2005.
- Unrestricted net assets increased every year except FY 2009. It is up \$9 million (9%) since 6/30/2005.

We are currently waiting for adjustments from the State and the USM. Once these adjustments are received, the FY 2010 Working Budget can be finalized.

²⁹ See Appendix D.

³⁰ See Appendix E.

³¹ See Appendix F.

³² See Appendices G (2008), H (2009), and I (2010). The FY 2010 management letter includes prior-year recommendations to reduce grant overspending that results in bad debt expense, and reconcile overseas grant activity to the general ledger. There is also a USM-wide prior-year recommendation to perform timely assessments of unbilled receivables which includes UMB. The notes to the audited financial statements do not identify any unusual items or concerns.

³³ See Appendices J (2009), K (2010), and L (2011).

V. Assessing Institutional Effectiveness and Student Learning

As reported in its 2006 self-study, UMB has developed and implemented an integrated assessment system to evaluate overall effectiveness in achieving its mission and goals. That plan is heavily shaped by state and USM reporting and accountability requirements and by the standards established by professional accrediting bodies. The measures in effect in 2006 have been updated and augmented by additional accountability and assessment processes developed by Dr. Perman. The assessment plan ensures that institutional processes and resources support appropriate learning and other outcomes for students and graduates.

Standard 7: Institutional Effectiveness

The university's assessment plan continues to be driven by state mandates and USM initiatives. Managing for Results (MFR), for example, is a statewide strategic planning process in which state agencies craft mission and vision statements and identify key goals supported by measurable objectives. It is a tool for state agency strategic planning, performance measurement, and budgeting that emphasizes the use of resources to achieve measurable results, accountability, efficiency, and continuous improvement in state government programs. The standards for the assessment plan are established by state law and administered by the State of Maryland's Department of Budget and Management (DBM). DBM has established the format for agency submissions and has general authority to review and approve the components of the plan. Each year, UMB submits its MFR plan to DBM together with its budget request. The Maryland General Assembly also monitors the development of the plan during the legislative session, and legislators and staff provide additional suggestions.

- **Performance Accountability Plans**

Each year, UMB submits to MHEC a performance accountability plan. MHEC has responsibility for approving the plan and presenting recommendations to the governor and the state legislature³⁴. The MHEC process looks at performance retrospectively rather than prospectively, to assess progress towards a benchmark. The latest iteration of UMB's MFR plan (for FY 2012) contains all of the elements required to meet MHEC's standards of excellence: statement of mission, vision, goals, objectives, and performance measures³⁵.

MHEC examines four years of trend data and benchmarks on each indicator. This year, MHEC analyses data for the years 2007–2010, while the MFR analysis uses data for 2009–2012. Institutions are expected to make progress toward achieving their accountability benchmarks. If an institution's performance is below its benchmarks, the institution must submit a report to MHEC identifying actions that it will take to improve performance.

³⁴ For further information on the MHEC Performance Accountability process, see <http://www.mhec.state.md.us/publications/research/index.asp>.

³⁵ See Appendix N.

- **Peer-Based Assessments**

In 1999 MHEC adopted a peer-based model for the establishment of funding guidelines for all USM institutions. The funding guidelines process includes an annual accountability component. The Commission identified a set of comprehensive, outcome-oriented performance measures by which to compare Maryland institutions with their performance peers. Maryland institutions are expected to perform at or above the level of their performance peers on most indicators³⁶.

Under the Peer Performance process, UMB compares its performance as a whole and that of each of its schools with that of defined peer institutions. Although UMB's mix of professional schools makes it unique among public academic health centers, five public universities were selected in 1999 as peers for the purpose of the State of Maryland funding guideline calculations. They are the University of California at San Francisco, the University of Alabama at Birmingham, the University of Illinois at Chicago, the University of Michigan, and the University of North Carolina at Chapel Hill. All of the peer institutions have schools of medicine, dentistry, and nursing³⁷. In the MFR process, UMB performance and state funding are compared with the performance and state funding of these peer institutions. It should be noted, however, that comparing individual professional schools presents difficulties because the sources of revenue are very different. There is a significant data collection problem as well because professional schools are reluctant to share such data as passing rates on licensure examinations.

- **BOR Efficiency & Effectiveness Initiative**

In 2004 the USM Board of Regents instituted an Effectiveness and Efficiency (E&E) Workgroup to address several challenges prevalent at that time, including declining state aid, rising costs in energy and health care, rising demands on higher education in an economy increasingly based on knowledge and information, and surging enrollment at many of the USM institutions. The workgroup which included the regents, chancellor and USM vice chancellors, and leaders from all USM institutions, identified several measures to reduce costs. These measures included centralizing services such as internal audit, construction management, and real property development; strategically leveraging USM buying power, including a pooled purchase of energy by USM schools acting as a shared entity; and implementing cost-effective energy management strategies³⁸. Because of the successes of E&E, in 2011 the BOR made the E&E Workgroup a standing regents' committee.

- **Office of Institutional Research and Accountability**

Acknowledging the importance of USM's E&E goals and performance indicators and the expectations of the state-mandated MFR process, Dr. Perman, embarked on an extensive planning and preparation program to strengthen accountability and enhance institutional

³⁶ The FY 2010 Funding Guidelines Peer Performance Analysis can be found at: <http://www.mhec.state.md.us/publications/finance/index.asp>.

³⁷ These same five public institutions are also used in the Peer Performance process. Because only two of these institutions have law schools, three additional public institutions were selected for the purpose of law school comparisons: the University of Connecticut, the University of Texas at Austin, and the University of Virginia.

³⁸ For more information on the University System of Maryland Effectiveness and Efficiency Initiative please see the following link: <http://www.usmd.edu/usm/workgroups/EEWorkGroup/eeproject/index>.

effectiveness. As mentioned in the Executive Summary, Dr. Perman established an Office of Planning and Accountability (OPA) and hired Mr. Gilbert as VPPA to lead it. The VPPA is specifically responsible for leadership in the development and implementation of a five year strategic plan for the university including mission and goals, assessment of medium and long range fiscal and facilities needs, and measures of accountability. To help the new OPA organize and perform its responsibilities, the institutional research function was relocated from Academic Affairs to the VPPA and renamed the Office of Institutional Research and Accountability (OIRA). In addition to actively supporting the development and implementation of the 2011 – 2016 Strategic Plan, the OIRA is now better positioned to assist the President in fulfilling responsibilities for ongoing strategic and long range planning, business compliance, and enhancing efficiency and effectiveness at UMB.

The OIRA will be instrumental in devising an accountability program capturing appropriate performance indicators directly informing the university's executive committee of progress made in implementing tactics supporting the major goals of the plan. Concurrently, linkages to the Regent's E&E goals will be reconciled as part of the extensive revisions to the MFR framework necessary to incorporate key benchmarks indispensable to gauging progress toward attaining fundamental components of the strategic plan. Parallel linkages to the performance accountability and peer-based assessment activities overseen by MHEC will also be identified and maintained by OIRA.

- **Enterprise Risk Management**

Even as the university pursues its strategic objectives, enhances its planning framework and processes, and strengthens its accountability and institutional effectiveness program, it is important that it does so with full knowledge of the implications of its decisions and actions. This includes ensuring that the university understands and manages the risks inherent in its activities and that it includes a balanced risk-reward analysis in evaluating potential opportunities available to it. It is with this attention to risk mitigation that Dr. Perman launched the Enterprise Risk Management (ERM) initiative.

ERM is a holistic approach to risk management that provides a framework for entity wide risk identification, for prioritization of key exposures, development of operational responses to potentially adverse events and outcomes based on a foundation of accountability and transparency. The university believes that understanding and effectively managing risks that impact our operations is critical to continued success. The ERM initiative is led by the VPPA Mr. Gilbert, who, working with other key individuals, has developed the structure and process of the program, which the university is currently in the process of implementing.

The ERM structure includes a representative 16-person Enterprise Risk Management Steering Committee and 12 Subject Area Workgroups (SAW). These 12 SAWs are: Academic Affairs; Campus Security and Public Safety; Clinical Practice; External and Internal Relations; Facilities; EHS and Campus Operations; Finance and Internal Controls; Global Activities; Government Regulatory/Compliance; Human Resources; IT Systems and Communication; Research; and Risk Management and Insurance. The SAWs will focus on its specific area and identify risks and the plans to mitigate them. Each SAW is chaired by a member of ERM Steering Committee

and includes 6 to 8 individuals from across the university who bring specific knowledge, expertise, and an institutional perspective to the SAW³⁹.

- **Professional Accreditation and Academic Processes**

In addition to the accountability, planning, and risk management processes discussed above, the president, the deans, and the VPAA continue to rely on the assessments and recommendations made in professional accreditation reports to stimulate improvements in all aspects of the schools' operations and to measure progress.

In assessing institutional effectiveness as it relates to student learning, UMB is asked to consider “how well are we collectively doing what we say we are doing?”⁴⁰ especially in regard to students and clearly articulated learning outcomes. UMB is uniquely positioned as an institution with a primary focus on professional and graduate education. Thus, in terms of “institutional effectiveness” as it relates to Standard 7, there is a broad focus on achieving and maintaining accreditation for each of the professional degree programs. Whereas, regarding Standard 14, there is objective outcome measurement in the form of pass rates on national exams. Through these exams, UMB can document that its students possess the “knowledge, skills, and competencies” expected upon successful completion of their academic program. UMB performs well in both instances.

Finally, part of UMB's assessment process at the institutional level is the review and approval by senior-level administrators of key academic processes: faculty appointment, promotion, and tenure; human subjects research protocols and projects; sabbatical leave requests; minority recruitment; faculty recruitment plans; and central oversight of research compliance and management of conflict of interest.

Standard 14: Assessment of Student Learning

As described in the self-study and affirmed by UMB's 2006 reaccreditation by MSCHE, the university relies on professional accreditation standards to insure adherence to rigorous student learning outcomes. Over 90% of UMB's students are in programs that are subject to accreditation by national, peer-based membership organizations, which insure that new graduates are prepared to enter the profession upon graduation⁴¹.

The university is confident in its reliance on accreditation standards as a mechanism for ensuring that its academic programs meet standards that are continually updated in congruence with the at-that-time professional consensus of the necessities of professional practice. The introspection and discussion within accrediting bodies and between accrediting and professional bodies results in the regular refinement of standards and competencies, including updating existing standards and creation of completely new ones.

³⁹ See Appendix O for an overview of UMB's ERM initiative.

⁴⁰ PRR Handbook Appendix 2: Assessing Student Learning and Institutional Effectiveness, Understanding Middle States Expectations p.21.

⁴¹ See, supra, note 11 at p 7.

A few examples demonstrate the strength of this continual evolution of accrediting standards and the role it plays in insuring institutional effectiveness and that desired student learning outcomes are achieved.

Law schools, for example, accredited by the American Bar Association (ABA), as a matter of custom and practice, have not traditionally focused on outcome measures other than attrition, dismissal and graduations rates along with bar passage and employment statistics. Nonetheless, the ABA Section on Legal Education and Admission to the Bar's Accreditation Policy Task Force "noted with approval the growing trend among accrediting bodies to evaluate programs on the basis of fulfillment of stated goals, as assessed by 'outcome measures'." Thereafter, the Task Force recommended that:

the ABA facilitate work on the development of additional outcome measures. A task force should be appointed to consider the development of output measures. Such a task force might, for example, consult with other accrediting bodies about their measures and how they developed them; seek advice from consultants on outcome measures; consider newly-issued reports...in an effort to develop outcome measures; sponsor workshops at AALS and ABA meetings to discuss, with members of the legal community, how to develop appropriate outcome measures; and survey law school faculty and administrators on these matters⁴².

Thus, even the ABA, typically the most reluctant of UMB's accrediting organizations to adopt the outcome measures, moved significantly forward in its discussion of moving toward including them.

In contrast, the Commission on Dental Accreditation (CODA) of the American Dental Association demonstrates a much more detailed specification of competencies than in existence for legal education. Competency exams assess the knowledge, and/or skills, and/or values required to achieve a goal (or a set of goals) relative to the profession of dentistry and/or delivering oral health care.

Two new CODA new competency requirements relate to the standards Critical Thinking and Health Promotion. With regard to Critical Thinking, students are now expected to "[e]valuate and assess emerging trends, technologies, and products in health care; and integrate best research outcomes with clinical expertise and patient values for evidence-based practice⁴³". With regard to Health Promotion, the updated expectations include understanding "the values and challenges of contributing to the improvement of oral health beyond those served in traditional practice settings⁴⁴".

⁴² American Bar Association Section of Legal Education and Admissions to the Bar, Report of the Accreditation Policy Task Force p. 8.

http://www.americanbar.org/content/dam/aba/migrated/legaled/actaskforce/2007_05_29_report_accreditation_task_force.authcheckdam.pdf

⁴³ Dental School Competency Exam Manual on file with Carroll Ann Trotman, BDS, MA, MS Professor and Associate Dean for the Office of Academic & Student Affairs.

⁴⁴ Id.

Updated competency statements have been written for several areas. For example, the prior standard for Practice Management and Informatics stated that students were expected to “[o]btain informed consent for oral health therapies⁴⁵”. The new statement requires that they “[a]pply principles of risk management, including informed consent and appropriate record keeping in patient care⁴⁶.”

These examples, while specific to dental education, demonstrate the continued evolution of professional accreditation standards to reflect new realities of professional practice.

- **School Assessment of Student Learning Outcomes**

Each of the schools has mechanisms by which student achievement is assessed and has ways in which student learning assessment information is used to improve teaching and learning and is part of institutional assessment in that discipline. Illustrative examples for each school follow.

- **School of Dentistry**

The School of Dentistry faculty carefully monitors the performance of predoctoral dental and dental hygiene students in the didactic, laboratory, and clinical components of the educational program. Internal and external measures of outcomes are used to determine the degree to which stated teaching goals and related competencies are being met.

Statements of expected competence as mandated by CODA, known as the Maryland Dental Competencies, have been developed by the dental school faculty. Taken together, the Competencies reflect the desired synthesis of educational outcomes of the biomedical, behavioral, and clinical curricula. Prior to graduation, predoctoral dental students must demonstrate that they have attained the required knowledge, skills, and values by passing each of 48 standardized Competency Exams. These exams may be case-based reports, demonstrations, oral or written exams, or presentations, and are formal didactic and practical examinations that are administered as part of the curriculum. Performance on the Maryland Competency Exams is carefully tracked to monitor student readiness and to evaluate the effectiveness of the curriculum in preparing students for independent practice.

Each predoctoral student must also pass the National Board Dental Examinations Parts I and II as a condition of graduation. Student success rates on the National Board Examinations and in regional licensure examinations are monitored over time and are critically examined in relation to the demands of the curriculum and the clinical experiences available to every student.

Graduating DDS students also self-evaluate their preparedness in relation to the Maryland Dental Competencies. The results of this survey are analyzed and constitute a formal part of the curriculum evaluation loop. In alternate years, surveys are sent to employers of dental program alumni who graduated in the previous year and to directors of educational programs in which Maryland dental graduates have enrolled. Items are structured to assess the level of knowledge, skills, and competencies developed during the educational program. Data from these questionnaires are supplemented by surveys administered one year after graduation to dental

⁴⁵ Id.

⁴⁶ Id.

school graduates, who self-appraise their knowledge, skills, and level of competence. Dental hygiene surveys are administered annually to alumni from the previous graduation year and their employers.

In 2009-2010, UMB dental students scored an average of 81.2 on Part I of the National Board Dental Examination compared to a national average of 81.4. The first attempt pass rate for UMB students was 89.5% compared to a national pass rate of 94%. For Part II of the National Board Dental Examination, 82.5% of UMB students passed on first attempt compared with 80.4% of students nationally. At the end of May 2010, 100% of UMB students passed the Dental Simulated Clinical Exercise, Periodontics and Simulated Patient Clinical Exam sections of the Northeast Regional Boards (NERB) examination on the first attempt while 99% passed the NERB Prosthodontics Clinical Exercise.

- **School of Law**

The School of Law offers a rich program of legal education that advances several curricular priorities: a rigorous core curriculum with an emphasis on small classes and a significant commitment of resources to the teaching of legal analysis, writing, and research; extensive practice-based learning opportunities with special emphasis on the lawyer's responsibility to serve the poor and other under-represented groups, specialty programs in key areas of emphasis, providing in-depth opportunities for teaching and learning; extensive seminars and advanced courses and course sequences; and interdisciplinary offerings on the cutting edge of legal and policy issues.

This program of legal education is designed to ensure that students acquire the four basic characteristics of the well-educated lawyer: knowledge; professionalism; a broad perspective on the social implications of legal issues; and the ability to communicate effectively. Fundamental to each of these characteristics is the development of certain habits of mind crucial to thinking like a lawyer: clarity, precision, and analytical skill.

Student performance is evaluated by a variety of methods including written examinations, writing assignments, and regular supervisory sessions with clinic students. The Cardin Requirement places students in professional roles and requires that they undertake their responsibilities through the supervised provision of legal services to the underrepresented⁴⁷. In the course of this supervised representation, faculty members are able to assess the analytic, writing, and problem-solving skills that students develop elsewhere in the academic program. The advanced writing requirement is met by successful completion of a substantial paper defined, in part, to be a grade of "B" or better. Students must earn 85 credits to be eligible for graduation.

Graduates of the School of Law have consistently had higher pass rates on the Maryland Bar Examination than other first-time takers. Over the period July 2006-July 2010, the pass rates on the Maryland exam for first-time takers averaged 78.5%. For the same period, the pass rate for UMB graduates taking the exam for the first time was 84%.

⁴⁷ Unique among law schools nationally, the School of Law requires every student who initially enrolls as a first year, full-time day student to fulfill the Cardin Requirement as a prerequisite to graduation. The Cardin Requirement results in more than 250 students contributing over 110,000 hours of free legal service annually.

- **School of Medicine**

Within the School of Medicine, each course within the MD program has learning objectives modeled after national norms. For medical students the AAMC format of the Medical Student Objectives Project [MSOP] is the structure used. All programs use examinations directed to those identified learning objectives, largely those of knowledge acquisition, as well as clinical evaluation in both faculty-supervised clinical settings and standardized patient sessions with Objective Structured Clinical Examinations [OSCE].

Student performance on internally produced examinations is compared to performance on national licensing tests at the level of course of individual examination. These results are provided to course-masters and discussed with curricular committees. Since each course is taught by many different faculty members, course-masters and clinical departmental clerkship directors give feedback to faculty for revision and improvement. The overall results and breakdown by subject of national examinations are presented and discussed at the level of the Executive Committee of the School of Medicine. All required clinical clerkships in the third year of medical school use an end-of-clerkship national exam with performance closely tracked by clerkship directors and the Office of Medical Education. On the USMLE 2010 Step 1, the School of Medicine's students first time pass rate was 96% compared to the national norm of 91%. On the Step 2, the first time pass for School of Medicine students was merely 1% lower (96%) than the national norm of 97%.

- **School of Nursing**

In the School of Nursing standardized, comprehensive achievement tests are administered to entry level nursing students, both traditional BSN and Clinical Nurse Leader (CNL), in all clinical courses. This Total Testing Package is conducted through a contractual relationship with Elsevier, Inc. Students receive individual reports of their results, which are again normed against national results. Results are also reviewed by the appropriate course director for reference in examining student performance in the context of course content. Students falling below the passing score receive specific direction regarding required remediation.

Prior to graduation, all traditional BSN and CNL students take a standardized examination: the HESI (Health Education Systems Inc) Comprehensive Exit Exam, provided as part of the Total Testing Package from Elsevier. The test is administered during the last semester of study, while the students are enrolled in their Clinical Emphasis Practicum. This course includes a critical thinking component that is intended to assist students in the integration of curricular content, as well as one-on-one preceptored clinical experiences that facilitate knowledge application, content synthesis, and evaluation.

The HESI Comprehensive Exit Test is used to gauge a nursing student's ability to be successful on the National Council of State Boards of Nursing Examination for Registered Nurses (NCLEX-RN), the national nursing licensing examination. This exit test is predictive of NCLEX-RN performance, according to national studies conducted by HESI/Elsevier. Individual results are returned to students and are also reviewed by the respective Assistant Deans of the Baccalaureate and Masters' programs, as well as the course directors of the courses. Based upon results of the HESI Comprehensive Exit Test, students are required to develop and complete an

individualized remediation plan. A three-day on-site NCLEX-RN review course is included in the students' tuition. All graduating students are required to complete an approved NCLEX Review course prior to being authorized to take the licensure examination.

Results of the standardized tests and the NCLEX examination are used to evaluate, inform, and revise course content and instruction. In 2005 the undergraduate curriculum was revised, with increased content integration and a redesign of courses and program plans. The Entry Level Curriculum is currently undergoing revision.

The School of Nursing carefully monitors the NCLEX results for BSN and CNL graduates, as well as the National Certification results for CNL students. Student performance while enrolled and post-graduation performance on national examinations are compared, and action based on those results is taken by the faculty committees that review the curriculum. These processes facilitate an assessment of the level of content synthesis achieved.

The NCLEX pass rate for the School of Nursing graduates has consistently exceeded the required passing rate for the State of Maryland (79.92%) and the average for all U.S. Schools of Nursing (88.8%). The pass rate for the most recently reported year (2010) was 89.71% for traditional BSN students, with 183 first-time test takers passing out of 204 total test-takers. For the CNL graduates, the pass rate was 91.30%, with 63 first-time test takers passing out of 69 total test-takers.

- **School of Pharmacy**

The School of Pharmacy's system of monitoring student performance begins as early as the first activity, quiz or exam. Underperforming students are reported by faculty to the Office of Student Affairs (OSA), who then contacts the students via a formal letter with information clearly outlining the assistance available to them. This new procedure replaces the previous method of informal phone calls which were often not returned, and guarantees that students are aware of the resources.

The School ensures that all students at both the UMB and the USG campuses have comparable access to student support services such as tutoring and faculty advising. The School's website provides information for students and faculty on Advising, and ADA accommodation policies and procedures.

The Assessment Office takes a mid-semester 'snapshot' of student performance and provides a comprehensive list of students in academic difficulty to OSA. The Assessment Office also examines performance between cohort and campus. In addition, the associate deans for students and academic affairs meet with the faculty course managers every semester to discuss student and administrative issues. Students are responsible to monitor their own grades via the electronic registration system.

The Assessment Office conducts standardized course evaluations every semester for feedback on PharmD course presentation and structure, course content, and instructor effectiveness. Faculty and department vice-chairs for education are required to document their responses to any identified issues. Students are also surveyed annually to monitor stress, satisfaction and perceptions of overall curriculum quality, as well as to assess their confidence in case-based

scenarios to perform tasks that correspond to the school's terminal performance outcomes. Outstanding issues are addressed by leadership and appropriate faculty committees. In addition, passing rates for NAPLEX® and MPJE® licensing examinations are monitored and compared to national norms. The 2010 NAPLEX passing rate was 90.91%, and the 2010 MPJE passing rate was 94.12%.

- **School of Social Work**

Numerous assessments of student learning outcomes occur on multiple levels both external and internal to the School of Social Work.

All students are required, as part of the curriculum, to complete over 1200 hours in community-based social work service delivery systems, where they are evaluated by licensed social workers, serving as field instructors. Students in the Clinical Concentration, for example, are rated on the degree to which they have attained 7 knowledge objectives, 15 skill objectives, and 5 attitude objectives. These outcomes are consistent with the reaccreditation standards of CSWE and with the MSW program goals. Feedback through these evaluations from the community-based field instructors as well as through meetings and committee representation allow the faculty to evaluate the effectiveness of the MSW program in preparing graduates for advanced practice.

Classroom evaluation of students in the form of examinations, papers, in-class presentations, and discussions allow the faculty to evaluate the competence of the student in terms of written and verbal skills as well as conceptual and critical thinking. All graduates are surveyed within six months of graduation to ascertain whether and in what setting they are working and how well they believe they were prepared by the School of Social Work for their first post-MSW position. Employers who attend the school's annual job fair are surveyed about how well prepared they believe the school's students are to enter the workforce.

A number of feedback loops exist to improve student learning. For example, an alumni survey of recent graduates is conducted and the results are used by faculty to improve the program. The Master's Program Committee monitors the curriculum to ensure that it is meeting the needs of students. Curriculum committees also review content in their areas to ensure relevancy. For example, the faculty used survey results during the curriculum modification process that began in 2004 and is ongoing. Recent feedback from the survey and from currently enrolled students resulted in a curriculum revision that led to condensing the Foundation curriculum and increasing the Advanced Curriculum by adding more elective options. More than 10 elective courses have been developed since 2007.

One way in which the success of the MSW program is measured is by comparing UMB graduates' pass rates on the social work licensing examination (LGSW) with national averages. (It should be noted, however, that peer institutions are sometimes unwilling to provide that information.) Over the last five years for which data are available (2006-2010), the average pass rate for first-time exam takers from the School of Social Work was 77.4%. By comparison, the national pass rate was 74.0% over that same period.

VI. Linked Institutional Planning and Budgeting Processes

As noted in the Executive Summary, the university is currently in the midst of a period of significant transition and unprecedented university-wide planning activity. Since Dr. Perman appointment as president in July 2010, UMB has reviewed and revised its mission and goal statement and launched a broadly inclusive and action-oriented strategic planning process to develop a strategic plan that will direct UMB for the next five years and shape its future for 10 years. Dr. Perman has also instituted a new budget and planning process that require the deans and vice presidents to engage in a transparent and iterative process to allow the university to develop a budget that allocates resources in a manner that is congruent with the institution's mission and goals, and that is linked to its planning, accountability, and institutional effectiveness programs.

Strategic Planning

Dr. Perman's vision of the future seeks to leverage the collective strengths and values of each of our schools to build a university of the future that will be a preeminent and innovative leader in real-world thinking and worldwide reach. To breathe life into this vision, Dr. Perman established a Strategic Planning Committee and charged it with developing an action-oriented five-year plan that would shape the university's future for the next 10 years while ensuring that the institution remains financially secure and accountable as it pursues its goals.

The Strategic Planning Committee is co-chaired by Mr. Gilbert, VPAA and Stephen Bartlett, MD, professor and chair, Department of Surgery in the School of Medicine. The Planning Committee is made up of a diverse group of 24 faculty, staff, students, and other members of the university community and is responsible for creating and overseeing a broadly inclusive strategic planning process. The Strategic Planning Committee through its co-chairs reports on its progress to the Strategic Planning Executive Committee of deans and vice presidents, the existing executive leadership committee of the university.

The Executive Committee and the Strategic Planning Committee developed the list of seven high-level working themes that guides the development of a forward-thinking plan to position the university to become a leader in education, research, patient care, and public service. These themes are:

1. Achieve pre-eminence as an innovator in our missions of education, research, clinical care, and public service.
2. Create a culture of diversity, inclusion, transparency, and accountability.
3. Excel at interprofessionalism in education, research, clinical care, and public service.
4. Develop local and global initiatives that address critical issues.
5. Be an economic driver through entrepreneurial business development and philanthropy.
6. Create a responsible and enduring financial model for the university.
7. Create a dynamic university community.

Seven strategic planning work groups chaired by members of the Strategic Planning Committee have been established based on these themes. The work groups are a diverse, interdisciplinary

collaboration of faculty, staff, students, and others from the university community. These groups are responsible for providing a high-level summary of our university's current expertise as it relates to one of the strategic planning themes and for identifying opportunities and key challenges we face over the next five to 10 years. The work groups are charged with seeking out internal and external experts and constituencies in a variety of ways to ensure we understand the current state, as well as being thoughtful and innovative as we create the vision for our university's future. Each workgroup, based on its environmental scan and research, has developed and recommended goals and tactics to help the university craft an innovative strategic plan.

The university's strategic planning process has been broadly inclusive with more than 140 faculty, students and staff directly involved in the planning committee and the work groups. In addition, the university has conducted the planning process in an inclusive manner with open invitations to all constituents to participate in shaping the plan through web based surveys, town hall discussions, and extensive and detailed interactive feedback sessions. The plan is also being shared with our major partners including the UMMS. By making this a plan of the university and for the university, the goals and tactics that emerge from the plan truly becomes the priority for the university. This creates a unified vision for leadership, faculty, staff and students as we collectively move forward.

As of the writing of this report, the university was entering the final phase of the strategic planning process. Each work group has drafted a set of preliminary goals and tactics and the final round of university-wide town hall meetings to receive feedback on the draft goals and tactics have been scheduled⁴⁸. Information about the strategic planning process including a timeline can be found on the university's web site <http://www.umaryland.edu/strategicplan/>.

Budget Processes

The comprehensive planning activity informs the budget process by providing agreed to priorities for which resources can be directed. This better enables funding decisions to be based on a foundation of transparency and congruency with the university's planning process. For example, pursuing global and local initiatives that address critical issues is a key theme of the strategic plan. This themes' importance to addressing the ills that affect local and global communities are fundamental to the university's social accountability. This unifying action for the university's multiple schools, now set as a initiative of institutional priority, becomes a clear funding priority during the budget process. In fact, this exact scenario happened in this year's strategic planning and budgeting processes. As the strategic plan is completed this summer, it will inform our budgetary priority setting for each of the next five years, and with a longer term vision. This will enable leadership to make informed decisions about program funding.

In addition, another of the themes is focusing on the creation of a sustainable and reasonable financial model for the university. This model is examining how in future years, the university can empower teams to identify areas for improving operational efficiency and how to achieve improved services. Critical to this segment of the strategic plan, this theme is examining a model for prioritization of funding for programs to determine what programs might be funded,

⁴⁸ See Appendix P for summary of draft goals and tactics.

those that may receive more funding, as well as those that may receive less funding or be discontinued. These elements will become a key part of the budgeting and overall financial management process.

In conducting the strategic institutional planning in a broader more inclusive manner, the university is establishing clear transparent priorities. Those priorities then become the basis for leadership decisions, and for resource decisions. The university has aligned the processes of planning and budgeting to ensure that we are consistent, focused and reasoned in our approach to management.

VII. HEOA Amendments Reporting Items

Distance Education

Pursuant to Section 602.17 of the Higher Education Opportunity Act of 2008 the University of Maryland, Baltimore has a process in place for verifying that the students who register for courses are the same students who complete the program and receive the credit. The conference report for the amended regulation states that institutions are expected to have security mechanisms, such as identification numbers or other pass code information, in place and to use them each time a student participates online. The report makes clear that the continued use of PINs and passwords is consistent with both the statutory language and the intent of the Congress. (See, Sec. 602.17(g)(1)(iii)). The breadth and inclusiveness of the UMB's information security policies and procedures makes the university compliant with the HEOA 2008 requirements on distance education. The following is a summary of the pertinent sections UMB's information security policies and procedures.

The university no longer distinguishes between on-campus, remote, and distance education when it comes to information technology security, authentication/authorization, and individual credentials used to access systems. UMB has adopted and implemented an *Information Technology Acceptable Use Policy* which applies to all students and in all programs of study and covers students who attend in-class instruction as well as those who take distance education (online) classes. The policy is available at the following link: (http://www.umaryland.edu/cits/policies/responsible_use.html)

Under the university's *Information Technology Acceptable Use Policy* authorized Users are responsible for safeguarding their identification (ID) codes and passwords and for using them for their intended purposes only. Authorized users are solely responsible for all transactions made under the authorization of their ID, and for activity involving IT Resources which originate from computing devices owned by or assigned to them.

In addition, in May 2010 the university revised its *Computer Workstation Security Policy*. This policy describes UMB's procedures for ensuring that computers connected to the university's network are managed in a secure manner. To maximize the security of computers connected to the UMB network:

- All computers are required to have a user password at startup;
- All authorized users of UMB network resources are required to "Lock Down" (or log out of) the computer each time the computer is left unattended;
- Individual user sessions must also initiate a password protected screensaver after a period of no more than thirty (30) minutes of inactivity; and
- All authorized users of UMB network resources are required to follow the strong password characteristics and management practices specified in the campus "Password Management Policy".

Information to the university's information security policies is available to students and the rest of the university community at a link added to the SURFS (i.e. students online portal) page (<http://www.umaryland.edu/heoa/>), the CITS homepage (<http://www.umaryland.edu/cits>), as well as the IT Security page (<http://www.umaryland.edu/cits/security/index.html>).

Transfer Credit Policy

Pursuant to Section 668.43 of the Higher Education Opportunity Act of 2008 the University of Maryland, Baltimore makes readily available to enrolled and prospective students the following information on the transfer of academic credit. The information is available to students at the following link: <http://www.umaryland.edu/orr/>.

a) Documents Needed for Transfer of Credit

Transfer credit is only granted when it appears on an official transcript from a regionally accredited institution. Official transcripts must be received in a sealed institutional envelope and should normally include the signature of the Registrar and the seal of the sending institution. If the sending institution does not use either of these methods, the institution must make a statement referring to some other feature that denotes an official transcript.

Transfer credit will not be granted based on a grade report, a copy of what was once an official transcript, an advisement copy of a student's record, a departmental letter, a diploma, etc. The university does not grant transfer credit based on its appearance as transfer credit on another official transcript. The standards set forth above also apply to international institutions. In cases where students are unable to produce an official transcript from an international institution, the official report from a reputable credential evaluation service may be an acceptable substitute.

b) Acceptable Transfer Credits

The acceptability of transfer credits will depend on, among other factors, where the original institution is located and whether it is public, private or has a religious affiliation.

Regardless of the institution, the university does not use remedial or ROTC coursework as transfer credit. Generally, if the credit was not counted at the sending institution it will not be acceptable by the university as transfer credit.

If the sending institution is a public school in the state of Maryland, the student must have received a D or better grade in the course. If the institution is outside Maryland, or a private school in the state of Maryland, the student must have received a C or better grade in the course. If the student has been given a grade of Pass, P, S, Satisfactory or some other indefinite term and the school is private or located outside Maryland, the university will not use the course as transfer credit unless the transcript specifically states grades such as these are at least a C. If the sending school has a religious affiliation and the course is dogmatic in nature, the university will not use the course as transfer credit. Courses that are religious in nature that are taken at public schools or private schools with no religious affiliation are acceptable.

c) Other Forms of Transfer Credit

The university grants transfer credit from sources other than schools. These sources include, but are not limited to, Advanced Placement (AP), the College Level Examination Program (CLEP), and occasionally the Defense Activity for Non-Traditional Education Support (DANTES).

The rules regarding the use of official documents apply to these test scores as well. The university uses the standards as set by our sister institution the University of Maryland Baltimore

County (UMBC) as our guidelines for acceptable scores for these tests. Those standards can be found in the UMBC catalog or at http://www.umbc.edu/catalog/appendices/Appendix_II.pdf

Students are strongly encouraged to contact the admission office of their respective school or academic program for additional information and specific guidance regarding the transfer of credit.

VIII. Conclusion

From the perspective of the institution, the relevant goal of the PRR is “to help institutions gauge their progress in achieving their own goals and objectives.”⁴⁹ This goal has definitely been met for UMB.

Following our review of the university’s approach to the assessment of student learning outcomes and institutional effectiveness (MSCHE accreditation standards 7 and 14), it is our conclusion that we continue to have confidence in our approaches to both. With standard 14 – student learning outcomes – we anticipate no change from reliance on discipline-specific accreditation and licensing to establish standards, criteria, and outcome measures to determine that when students graduate they have met the requirements for practice in that profession. Professional accreditation standards are continuously updated, using an at-the-time consensus developed by practitioners and educators. This immediacy, plus the regular rhythm of accreditations, insures that our schools of dentistry, law, medicine, nursing, pharmacy, and social work are in continual cycles of review, feedback, modification, and renewal regarding their academic degree programs.

Our approach to standard 7 – institutional effectiveness – will also remain grounded within the framework of State and USM law, regulation, policy, and expectations, as it is now. However, we are certain that one of the outcomes of Dr. Perman’s many university-level initiatives - the creation of the Office of Planning and Accountability, the reorganization of the Offices of Academic Affairs and Research and Development and the new planning processes, such as Strategic Planning and Enterprise Risk Management, will result in a significantly more systematic gathering and analysis of data and information. This enhanced planning and accountability capability will have a large, immediate, and positive impact on our ability to articulate institutional goals, implement strategies to achieve goals, assess achievement of the goals and use the results of those assessments to improve programs and services and inform planning and resource allocation decisions. These new capabilities will also enable us to improve the linkage and integration of institutional planning and budgeting processes (Accreditation Standard 2 (Planning, Resource Allocation, and Institutional Renewal)).

In summary, the PRR process enabled us to synthesize the continued successes the institution experienced subsequent to our 2006 evaluation with the forward momentum established by Dr. Perman’s vision and which will be accepted by the entire university community through adoption of the strategic plan.

⁴⁹ Handbook for Periodic Review Reports, Eleventh Edition, Middle States Commission on Higher Education, 2008, p. 2.

IX. Appendices⁵⁰

Appendix A	Certification Statement
Appendix B	Fall 2005 and Fall 2010 Enrollment
Appendix C	Budget and Fiscal Planning Form 1
Appendix D	Comparative Balance Sheet FY 2005 – FY 2010
Appendix E	Comparative Changes in Net Assets FY 2005 – FY 2010
Appendix F	Statement of Cash Flows FY 2005 – FY 2010
Appendix G	Audited Financial Statement FY 2008
Appendix H	Audited Financial Statement FY 2009
Appendix I	Audited Financial Statement FY 2010
Appendix J	IPEDS Financial Information – 2009
Appendix K	IPEDS Financial Information – 2010
Appendix L	IPEDS Financial Information – 2011
Appendix M	Enrollment Chart – Fall 2007 - 2012
Appendix N	Managing For Results Report 2012
Appendix O	ERM Process Overview
Appendix P	Strategic Planning Retreat Summary of Goals and Tactics
Appendix Q	Institutional Profile – 2011
Appendix R	Catalog Information

⁵⁰ All Appendices included on flash drive sent to Reviewer and MSCHE Evaluation Services point of contact.