** Indiana State Board of Nursing**

**402 West Washington Street, Room W072**

**Indianapolis, Indiana 46204**

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**Governor Mitchell E. Daniels, Jr.**

**ANNUAL REPORT FOR PROGRAMS IN NURSING**

**Guidelines**: An Annual Report, prepared and submitted by the faculty of the school of nursing, will provide the Indiana State Board of Nursing with a clear picture of how the nursing program is currently operating and its compliance with the regulations governing the professional and/or practical nurse education program(s) in the State of Indiana. The Annual Report is intended to inform the Education Subcommittee and the Indiana State Board of Nursing of program operations during the academic reporting year. This information will be posted on the Board’s website and will be available for public viewing.

**Purpose**: To provide a mechanism to provide consumers with information regarding nursing programs in Indiana and monitor complaints essential to the maintenance of a quality nursing education program.

**Directions**: To complete the Annual Report form attached, use data from your academic reporting year unless otherwise indicated. An example of an academic reporting year may be: August 1, 2011 through July 31, 2012. Academic reporting years may vary among institutions based on a number of factors including budget year, type of program delivery system, etc. Once your program specifies its academic reporting year, the program must utilize this same date range for each consecutive academic reporting year to insure no gaps in reporting. You must complete a **SEPARATE report** for each PN, ASN and BSN program.

This form is due to the Indiana Professional Licensing Agency by the close of business on October 1st each year. The form must be electronically submitted with the original signature of the Dean or Director to: [PLA2@PLA.IN.GOV](mailto:PLA2@PLA.IN.GOV). Please place in the subject line “Annual Report (Insert School Name) (Insert Type of Program) (Insert Academic Reporting Year). For example, “Annual Report ABC School of Nursing ASN Program 2011.” The Board may also request your most recent school catalog, student handbook, nursing school brochures or other documentation as it sees fit. It is the program’s responsibility to keep these documents on file and to provide them to the Board in a timely manner if requested.

Indicate Type of Nursing Program for this Report: PN\_\_\_\_\_ ASN\_\_\_\_\_\_ BSN\_\_\_X\_\_\_

Dates of Academic Reporting Year: 10/01/2013 to 9/30/2014

Name of School of Nursing: Western Governors University – Indiana

Department of Nursing, College of Health Professions

Address: 10 West Market Street, Suite 1020, Indianapolis, IN 46204

Dean/Director of Nursing Program:

Name and Credentials: Margaret (Peggy) Keen, RN, MSN

Title: State Director of Nursing Email; [pkeen@wgu.edu](mailto:pkeen@wgu.edu)

Nursing Program Phone #: 877-435-7948 (toll free) Fax: 317-423-3246

Website Address: [www.indiana.wgu.edu](http://www.indiana.wgu.edu/)

Social Media Information Specific to the SON Program (Twitter, Facebook, etc.):

www.**facebook**.com/**wgu**.edu [not specific to nursing]

CCNE: Reaccreditation one day site visit (December 3, 2013) to WGU Indiana Prelicensure BSN followed by 3-day site visit (December 4-6, 2013) to all nursing programs at WGU main campus in Utah. Granted full reaccreditation for 10 years in April 2014.

If you are not accredited by NLNAC or CCNE where are you at in the process? WGU’s nursing programs are accredited by CCNE.

**SECTION 1: ADMINISTRATION**

**Using an “X” indicate whether you have made any of the following changes during the preceding academic year. For all “yes” responses you must attach an explanation or description.**

1) Change in ownership, legal status or form of control Yes\_\_\_\_\_ No \_X\_

2) Change in mission or program objectives Yes \_\_\_\_\_ No\_\_X\_

3) Change in credentials of Dean or Director Yes\_\_\_\_\_ No X\_

4) Change in Dean or Director Yes \_\_\_\_\_ No \_\_X\_\_

5) Change in the responsibilities of Dean or Director Yes \_\_\_\_\_ No \_\_X\_\_

6) Change in program resources/facilities Yes \_\_\_\_\_ No \_\_X\_\_

7) Does the program have adequate library resources? Yes \_\_X\_\_ No \_\_\_\_\_

8) Change in clinical facilities or agencies used (list both Yes \_\_X\_\_ No \_\_\_\_\_

additions and deletions on attachment)

9) Major changes in curriculum (list if positive response) Yes\_\_\_\_\_ No \_X\_\_\_

**SECTION 2: PROGRAM**

1A.) How would you characterize your program’s performance on the NCLEX for the most recent academic year as compared to previous years? Increasing \_\_\_\_\_\_ Stable \_\_X\_\_\_\_\_ Declining \_\_\_\_\_\_

Note: Indiana WGU has had 14 graduates to date. Of those 14 graduates, 13 have passed NCLEX on first attempt. The one no-pass used the Utah program code rather than Indiana, so her result is not yet showing up on Indiana’s quarterly report. The program director has provided Toni Herron the correct information and NCSBN has rectified the error.

1B.) If you identified your performance as declining, what steps is the program taking to address this issue? N/A

2A.) Do you require students to pass a standardized comprehensive exam before taking the NCLEX? Yes \_\_\_\_\_X\_\_\_ No \_\_\_\_\_\_\_\_\_

2B.) If **not**, explain how you assess student readiness for the NCLEX.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2C.) If **so,** which exam(s) do you require?

ATI Comprehensive Predictor is incorporated into the final term of the program.

2D.) When in the program are comprehensive exams taken: Upon Completion: \_\_\_\_X\_\_\_\_\_\_\_ As part of a course: \_\_\_X\_\_\_\_\_ Ties to progression or thru curriculum: \_\_\_\_\_X\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2E.) If taken as part of a course, please identify course(s):

* Caring Arts and Sciences Across the Lifespan (CASAL) I
* Chronic Care
* Care of the Developing Family
* Nursing Care of Children
* Psych/Mental Health
* Community Health
* Nursing Role Transition – Comprehensive Predictor

3.) Describe any challenges/parameters on the capacity of your program below:

A. Faculty recruitment/retention: We have been able to fully staff all teaching positions,

including theory, lab and clinical.

B. Availability of clinical placements: Clinical partnerships support clinical placements; partners have been integrally involved in facilitating the coach-based learning model through coach recruitment, collaboration in planning and debriefing post clinical experiences, and planning future clinical needs. Clinical placements opportunities are expanding statewide to support students.

C. Other programmatic concerns (library resources, skills lab, sim lab, etc.): Skills labs have been exceptionally supported through our partnership with Ivy Tech Community College with contractual arrangements for faculty, lab access, and resources. Library resources are robust in the WGU online environment.

4.) At what point does your program conduct a criminal background check on students?

Criminal background checks are conducted during the Pre-nursing term prior to admission to the Clinical Nursing Program.

5.) At what point and in what manner are students apprised of the criminal background check for your program? Potential students are able to view all admission requirements, including the criminal background check requirement, on the WGU website. Additionally, after enrollment into the Pre-Nursing Term, students receive a letter further delineating the requirements for admission into the Clinical Nursing Program and the process for submission of background checks, drug screens and other required documentation.

**SECTION 3: STUDENT INFORMATION**

1.) Total number of students admitted in academic reporting year: (see explanation below)

Summer\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fall\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Spring\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

WGU-IN does not admit in the traditional semester format. Our terms are six months long and we enroll approximately every seven months for each cohort location.

November 2013 IN010 - 10 students (Eskenazi Health cohort)

January 2014 IN011 - 8 students (Hancock Regional/Henry County cohort)

February 2014 IN012 - 10 students (VA cohort)

June 2014 IN013 - 12 students (Eskenazi cohort)

2.) Total number of graduates in academic reporting year: \_\_\_14\_\_\_\_\_\_

3.) Please attach a brief description of all complaints about the program, and include how they were addressed or resolved. For the purposes of illustration only, the CCNE definition of complaint is included at the end of the report. No complaints filed.

4.) Indicate the type of program delivery system:

Semesters\_\_\_\_\_\_\_\_\_ Quarters\_\_\_\_\_\_\_\_\_ Other (specify):\_\_\_6 month terms\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SECTION 4: FACULTY INFORMATION**

A. Provide the following information for **all faculty new** to your program in the academic reporting year (attach additional pages if necessary):

|  |  |
| --- | --- |
| **Faculty Name:** | Jean (Jeannie) Matsche |
| **Indiana License Number:** | 28215092A |
| **Full or Part Time:** | FT |
| **Date of Appointment:** | 4/24/14 |
| **Highest Degree:** | MSN |
| **Responsibilities:** | Student Mentor |

|  |  |
| --- | --- |
| **Faculty Name:** | Judy Corey |
| **Indiana License Number:** | 28116774A |
| **Full or Part Time:** | FT |
| **Date of Appointment:** | 7/1/14 |
| **Highest Degree:** | MSN, MPH |
| **Responsibilities:** | Student Mentor |

|  |  |
| --- | --- |
| **Faculty Name:** | Colleen Welch |
| **Indiana License Number:** | 28212890A |
| **Full or Part Time:** | FT |
| **Date of Appointment:** | 4/10/14 |
| **Highest Degree:** | MSN |
| **Responsibilities:** | Student Mentor |

|  |  |
| --- | --- |
| **Faculty Name:** | Theresa-Anne Heyer-Schmidt |
| **Indiana License Number:** | 28214175A |
| **Full or Part Time:** | FT |
| **Date of Appointment:** | 11/1/13 |
| **Highest Degree:** | ND |
| **Responsibilities:** | Course Mentor |

|  |  |
| --- | --- |
| **Faculty Name:** | Bette Bogdan |
| **Indiana License Number:** | 28212917A |
| **Full or Part Time:** | FT |
| **Date of Appointment:** | 10/1/13 |
| **Highest Degree:** | MSN |
| **Responsibilities:** | Course Mentor |

|  |  |
| --- | --- |
| **Faculty Name:** | Lynnell Fulkerson |
| **Indiana License Number:** | 28198414A |
| **Full or Part Time:** | FT |
| **Date of Appointment:** | 10/1/13 |
| **Highest Degree:** | MSN |
| **Responsibilities:** | Course Mentor |

B. Total faculty teaching in your program (IN Prelicensure BSN only) in the academic reporting year:

1. Number of full time faculty: 8

2. Number of part time faculty: 0

3. Number of IN full time clinical faculty: 0

4. Number of IN part time clinical faculty/instructors:

a. Clinical instructors: 10 (MSN)

b. Lab instructors: 11 (MSN)

5. Number of IN adjunct faculty/clinical coaches: 54

C. Faculty education, by highest degree only (IN Prelicensure BSN only) in the academic reporting year:

1. Number with an earned doctoral degree: 3

2. Number with master’s degree in nursing: 5

3. Number with baccalaureate degree in nursing: Clinical Coaches PT IN only: 38

4. Other credential(s). Please specify type and number:

a. Clinical Coaches PT IN only: ASN and > 3 years clinical experience: 16

b. Sim Techs (Simulation Lab) PT IN only: 2 (degree in Computer Technology field)

D. Given this information, does your program meet the criteria outlined in **848 IAC 1-2-13**?

Yes \_\_\_X\_\_\_\_ No\_\_\_\_\_\_\_\_\_\_\_

E. Please attach the following documents to the Annual Report in compliance with **848 IAC 1-2-23**:

1. A list of faculty no longer employed by the institution since the last Annual Report:

Tara Slagle – remains full-time faculty; no longer working with Indiana students

Nancy Curtis Dush – remains full-time faculty; no longer working with Indiana students

Christine Golden – remains full-time faculty; no longer working with Indiana students Samara Robertson - remains full-time faculty; no longer working with Indiana students

Sandi Frankie - remains full-time faculty; no longer working with Indiana students

Shari Lind - remains full-time faculty; no longer working with Indiana students

2. An organizational chart for the nursing program and the parent institution. (attached)

I hereby attest that the information given in this Annual Report is true and complete to the best of my knowledge. This form **must** be signed by the Dean or Director. No stamps or delegation of signature will be accepted.

 \_\_\_\_9/8/2014\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Dean/Director of Nursing Program Date

\_\_Margaret (Peggy) Keen\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name of Dean/Director of Nursing Program

Please note: Your comments and suggestions are welcomed by the Board. Please feel free to attach these to your report.

Definitions from CCNE:

**Potential Complainants**

A complaint regarding an accredited program may be submitted by any individual who is

directly affected by the actions or policies of the program. This may include students,

faculty, staff, administrators, nurses, patients, employees, or the public.

**Guidelines for the Complainant**

The CCNE Board considers formal requests for implementation of the complaint process

provided that the complainant: a) illustrates the full nature of the complaint in writing,

describing how CCNE standards or procedures have been violated, and b) indicates

his/her willingness to allow CCNE to notify the program and the parent institution of the

exact nature of the complaint, including the identity of the originator of the complaint.

The Board may take whatever action it deems appropriate regarding verbal complaints,

complaints that are submitted anonymously, or complaints in which the complainant has

not given consent to being identified.

**Attachment 1: Clinical Site Additions**

1. Heart City Health Center, Elkhart, Indiana

2. Indiana Health Center, South Bend, Indiana

3. St. Vincent Hospital, Indianapolis, Indiana

4. Family Health Center of Southern Indiana, Jeffersonville, Indiana

5. Community Health Network, Indianapolis, Indiana

**Attachment 2: Organizational Charts**

Attached separately.