



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. 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: 08/01/2011 to 07/31/2012

Name of School of Nursing: Ball State University School of Nursing

Address: 2000 W. University Ave., CN 418
Muncie, IN 47306-0265

Dean/Director of Nursing Program: Linda Siktberg, PhD, RN, ANEF

Title: Director

Email: lsiktber@bsu.edu

Nursing Program Phone #: 765.285.5571

Fax: 765.285.2169

Website Address: <http://bsu.edu/nursing>

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

<http://www.facebook.com/#!/ballstatenursing>

Please indicate last date of NLNAC or CCNE accreditation visit, if applicable, and attach the outcome and findings of the visit: BS & MS Programs: 11/17/2010
DNP Program: 11/18/2011

If you are not accredited by NLNAC or CCNE where are you at in the process? _____

N/A

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 <u>X</u> |
| 2) Change in mission or program objectives | Yes ___ No <u>X</u> |
| 3) Change in credentials of Dean or Director | Yes ___ No <u>X</u> |
| 4) Change in Dean or Director | Yes ___ No <u>X</u> |
| 5) Change in the responsibilities of Dean or Director | Yes ___ No <u>X</u> |
| 6) Change in program resources/facilities | Yes ___ No <u>X</u> |
| 7) Does the program have adequate library resources? | Yes <u>X</u> No ___ |
| 8) Change in clinical facilities or agencies used (list both additions and deletions on attachment) | Yes <u>X</u> No ___ |
| 9) Major changes in curriculum (list if positive response) | Yes ___ No <u>X</u> |

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 ___

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 _____ No X

2B.) If **not**, explain how you assess student readiness for the NCLEX: As a course requirement for NUR 423, seminar, all second-semester seniors are required to attend a live, four-day NCLEX review in order to complete the course. The NCLEX-RN review is currently conducted by Kaplan.

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

N/A

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

2E.) If taken as part of a course, please identify course(s): All clinical nursing courses: NUR 230, 231, 330, 340, 350, 370, 402, 404, 406, 425, 430.

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

A. Faculty recruitment/retention: Difficulty in recruiting qualified tenure-track faculty.

B. Availability of clinical placements: As clinical sites continue to reduce the number of student spaces available and an increasing number of schools of nursing request clinical space, it is becoming a challenge to find a sufficient number of spaces at clinical facilities. Thus far, the School has been successful in obtaining clinical sites, but this a long-term concern.

C. Other programmatic concerns (library resources, skills lab, sim lab, etc.): N/A

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

Seven-year check conducted at time of application; one-year check annual thereafter.

5.) At what point and in what manner are students apprised of the criminal background check for your program?

The criminal background check requirement is noted in the admission policies, undergraduate catalogue, School of Nursing website, and other public documents. Applicants are advised of the requirement at the time of application. Students are reminded of the requirement annually.

SECTION 3: STUDENT INFORMATION

1.) Total number of students admitted in academic reporting year:

Summer 15 Fall 75 Spring 83

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

Summer 29 Fall 46 Spring 89

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. NA

4.) Indicate the type of program delivery system:

Semesters: X Quarters _____ Other (specify): _____

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:	Janelle Wendel
Indiana License Number:	28171731A
Full or Part Time:	Full-Time
Date of Appointment:	Aug. 2011
Highest Degree:	MS
Responsibilities:	Undergraduate Teaching

Faculty Name:	Jessica Houchen
Indiana License Number:	28174531A
Full or Part Time:	Part-Time
Date of Appointment:	Aug. 2011
Highest Degree:	MS
Responsibilities:	Graduate Teaching

Faculty Name:	Shannon Craig
Indiana License Number:	28161105A
Full or Part Time:	Part-Time
Date of Appointment:	Jan. 2012
Highest Degree:	MS
Responsibilities:	Undergraduate Teaching

Faculty Name:	S. Renee Gregg
Indiana License Number:	28157588A
Full or Part Time:	Full-Time
Date of Appointment:	Aug. 2011
Highest Degree:	MS
Responsibilities:	Undergraduate and Graduate Teaching

Faculty Name:	Brandy Renz
Indiana License Number:	28157189A
Full or Part Time:	Part-Time
Date of Appointment:	Jan. 2012
Highest Degree:	MS
Responsibilities:	Undergraduate Teaching

Faculty Name:	Rachel Waltz
Indiana License Number:	28098798A
Full or Part Time:	Part-Time
Date of Appointment:	Jan. 2012
Highest Degree:	DNP
Responsibilities:	Graduate Teaching

B. Total faculty teaching in your program in the academic reporting year:

1. Number of full time faculty: 37
2. Number of part time faculty: 18
3. Number of full time clinical faculty: Some: 15 Only: 11
4. Number of part time clinical faculty: Some: 2 Only: 8
5. Number of adjunct faculty: 1

C. Faculty education, by highest degree only:

1. Number with an earned doctoral degree: 15
2. Number with master's degree in nursing: 56
3. Number with baccalaureate degree in nursing: 56
4. Other credential(s). Please specify type and number: N/A

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;
2. An organizational chart for the nursing program and the parent institution.

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.

Linda S. Siktberg

9/26/12

Signature of Dean/Director of Nursing Program

Date

Linda Siktberg, PhD, RN, ANEF

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.

On page 6, B3 and B4 contain typos.