



Michael R. Pence, Governor

Nicholas Rhoad, Executive Director

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, 2013 through July 31, 2014. 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 2013.” 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 X ASN BSN

Dates of Academic Reporting Year: September 1, 2013-September 30, 2014
(Date/Month/Year) to (Date/Month/Year)

Name of School of Nursing: Brown Mackie College-South Bend

Address: 3454 Douglas Rd. South Bend, IN

Dean/Director of Nursing Program

Name and Credentials: Barbara Ann Borkowski, MSN, RN, MBA

Title: Practical Nursing Program Administrator Email: bborkowski@brownmackie.edu

Nursing Program Phone #: 574-323-2687 Fax: 574-237-3585



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Website Address: www.brownmackie.edu

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

Please indicate last date of NLNAC or CCNE accreditation visit, if applicable, and attach the outcome and findings of the visit. _____

N/A

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

The Brown Mackie College-South Bend practical nurse program is in the self study process and a candidate for NLNAC accreditation.

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 additions and deletions on attachment) Yes X No ___
- 9) Major changes in curriculum (list if positive response) Yes ___ No X

SECTION 2: PROGRAM



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1A.) How would you characterize your program's performance on the NCLEX for the most recent academic year as compared to previous years? **Increasing**

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

Brown Mackie College- South Bend continues to maintain 90-100% quarterly pass rates for the first time NCLEX-PN test taker. 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. **The Brown Mackie College-South Bend PN program utilizes ATI proctored exams to assess the probability of the student passing the NCLEX-PN on the first time attempt. Students are provided with continuing remediation and focused reviews if the learner demonstrates less than a proficient score in the ATI assessment testing.**

Brown Mackie College-South Bend will be implementing the HESI assessment testing within the second quarter of 2015.

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

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):

Comprehensive exams are given at the end of the Fundamentals of Nursing, Medical Surgical, Maternity and Pediatrics, and Preceptor Leadership courses.

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

A. Faculty recruitment/retention: **Continued difficulty in finding adjunct faculty holding MSN degrees.**

B. Availability of clinical placements: **The Brown Mackie-South Bend PN program has a variety of acute care, long term care, and skilled rehab clinical facilities teaching facilities utilized.**

C. Other programmatic concerns (library resources, skills lab, sim lab, etc.): _____



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4.) At what point does your program conduct a criminal background check on students?
Criminal background checks are completed on admission and prior to preceptor class.

5.) At what point and in what manner are students apprised of the criminal background check for your program? **Students are advised of the criminal background results within the first month of enrollment in an individual meeting with the program administrator.**

SECTION 3: STUDENT INFORMATION

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

Summer 7 Fall 11 Spring 14

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

Summer 6 Fall 3 Spring 7

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 about the program.**

4.) Indicate the type of program delivery system:

Semesters _____ Quarters X 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): **No new faculty hired in the academic 2013-2014 report year.**

Faculty Name:	
Indiana License Number:	
Full or Part Time:	



**Indiana
Professional
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Agency**

Indiana State Board of Nursing
402 West Washington Street, Room W072
Indianapolis, Indiana 46204
Phone: (317) 234-2043
Website: PLA.IN.gov

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Date of Appointment:	
Highest Degree:	
Responsibilities:	

Faculty Name:	
Indiana License Number:	
Full or Part Time:	
Date of Appointment:	
Highest Degree:	
Responsibilities:	

Faculty Name:	
Indiana License Number:	
Full or Part Time:	
Date of Appointment:	
Highest Degree:	
Responsibilities:	

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

1. Number of full time faculty: 3

2. Number of part time faculty: none



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3. Number of full time clinical faculty: none

4. Number of part time clinical faculty: none

5. Number of adjunct faculty: 1

C. Faculty education, by highest degree only:

1. Number with an earned doctoral degree: none

2. Number with master's degree in nursing: 3

3. Number with baccalaureate degree in nursing: 1

4. Other credential(s). Please specify type and number: NONE

D. Given this information, does your program meet the criteria outlined in 848 IAC 1-2-13 or 848 IAC 1-2-14?

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.



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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.

Barbara Ann Borkowski MSN RN *September 23, 2014*

Signature of Dean/Director of Nursing Program Date

Barbara Ann Borkowski MSN RN MBA

Printed Name of Dean/Director of Nursing Program

Barbara Ann Borkowski, MSN, RN

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



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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.