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

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, 2012 through July 31, 2013. 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_____ ASN_____ BSN__x____

Dates of Academic Reporting Year:_____August 1, 2012 to July 31, 013_____
(Date/Month/Year) to (Date/Month/Year)

Name of School of Nursing: _____Goshen College _____

Address:____1700 S. Main, Goshen, IN 46526_____

Dean/Director of Nursing Program

Name and Credentials:_Brenda J. Srof, Phd, RN, __

Title:_Professor & Chair, Department of Nursing Email;__brendajs@goshen.edu

Nursing Program Phone #:_574-535-7370__Fax:_____574-535-7259

Indiana Professional Licensing Agency

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

Michael R. Pence, Governor
Nicholas Rhoad, Executive Director

Website Address:____www.goshen.edu/nursing_____

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:_CCNE March 12-14, 2012, awarded 10 year accreditation_

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

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 _____ No __x

9) Major changes in curriculum (list if positive response) — Yes_x_ No_____

The curriculum changes were presented to the Indiana State Board of Nursing and approved by the Board on Feb. 21, 2013 (see attachments)

Indiana Professional Licensing Agency

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

Michael R. Pence, Governor
Nicholas Rhoad, Executive Director

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?

_____

_____

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? Students are required to achieve a minimum score of 72% on the RN Comprehensive Predictor Exam. If not met on the second attempt, an "incomplete" grade is given until an approved review course is taken. The review course required is the ATI Live Review.

2D.) When in the program are comprehensive exams taken: Upon Completion_____
As part of a course ____x Ties to progression or thru curriculum__Incomplete grade in Nurs 409 if a minimum score of 72% not achieved._____

2E.) If taken as part of a course, please identify course(s):__Nurs 410_____

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

A. Faculty recruitment/retention:____Although we are able to hire faculty for all of our course needs, we do not have sufficient numbers of applicants with the terminal degree.

B. Availability of clinical placements:_Although clinical placements are tight, we have been able to secure adequate clinical placements. We would be interested in growing the numbers of undergraduate students that we can accept, but we are somewhat limited by the availability of clinical placements. We have very positive working relationships with the clinical agencies as well as other baccalaureate programs in our region.

C. Other programmatic concerns (library resources, skills lab, sim lab, etc.):_The faculty have a goal of exploring options to enhance our sim lab. We have recently purchased a new simulation manikin, Chloe, who has realistic simulation features such as heart/lung sounds, blood pressure, CPR. We are also exploring options for increased sim lab space with our on-

campus Space Planning Committee. Finally, we have invited ATI to demonstrate the Real Scenarios feature and faculty members will be piloting this feature in the following month.

4.) At what point does your program conduct a criminal background check on students? After admission to the program and prior to the first clinical experience, in December of the 200 level.

5.) At what point and in what manner are students apprised of the criminal background check for your program?_We use Verified Credentials, Inc. for our criminal background check provider. Students and faculty are notified within a few days. To date, we have not had a positive occurrence. _

SECTION 3: STUDENT INFORMATION

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

Summer___7__Fall_____ Spring_____25

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

Summer_____ Fall_____ Spring____27_____

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 were reported.

4.) Indicate the type of program delivery system:

Semesters____x__ Quarters_____ Other (specify):__RN-to-BSN is an evening module format

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:	Barb Clem
Indiana License Number:	71003757A
Full or Part Time:	Adjunct

Date of Appointment:	12/20/2012
Highest Degree:	MSN, family nurse practitioner
Responsibilities:	Clinical instruction for 200 level

Faculty Name:	Lori Gibson
Indiana License Number:	28107969A
Full or Part Time:	Adjunct
Date of Appointment:	10/16/12
Highest Degree:	MSN, Psychiatric CNS & NP
Responsibilities:	Nurs 405: Psych/Mental Health Theory

Faculty Name:	Carol Frisbie
Indiana License Number:	28084752A
Full or Part Time:	Adjunct
Date of Appointment:	10/11/12
Highest Degree:	BSN
Responsibilities:	Nurs 405: Psych/Mental Health Nursing Clinical Instruction

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

1. Number of full time faculty:____9_____
2. Number of part time faculty:2 with load of 50-75%,

3. Number of full time clinical faculty: 7 of 9 of the faculty listed in #1 are also responsible for the clinical instruction. We do not have full time faculty who are exclusively clinical faculty.

4. Number of part time clinical faculty:_Of those listed in #2, the two part-time faculty are responsible for theory and clinical instruction. Of those listed in #5, two of the three adjunct faculty had clinical assignments.

5. Number of adjunct faculty:___ 3 adjunct (less than 50%) in Basic BSN, 2 adjunct in RN-to-BSN. Two of the three adjunct faculty in the Basic BSN were hired to cover for a full-time faculty member on maternity leave.

C. Faculty education, by highest degree only:

1. Number with an earned doctoral degree:_4_

2. Number with master's degree in nursing:__9

3. Number with baccalaureate degree in nursing:1 full-time with MPH working on MSN, 1 part-time working on MSN, 1 adjunct with BSN

4. Other credential(s). Please specify type and number:_1 FT faculty with MPH

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

hgYes_____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.

Indiana Professional Licensing Agency

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

Michael R. Pence, Governor

Nicholas Rhoad, Executive Director

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.

____ Brenda Srof _____ _____10/3/13_

Signature of Dean/Director of Nursing Program Date

____Brenda Srof _____

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.