



Indiana State Board of Nursing 402 West Washington Street,
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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: **ASN**

Dates of Academic Reporting Year: **July 1, 2011-June 30, 2012**

Name of School of Nursing: **Breckinridge School of Nursing/ITT Technical Institute-Merrillville IN Campus**

Address: **8488 Georgia Street; Merrillville, IN 46410-6940**

Director of Nursing Program

Name and Credentials: **Kimberly A McIntyre-Borum RN, MSN, ECRN**

Title: **Nursing Program Chair** Email: **kmcintyreborum@itt-tech.edu**

Nursing Program Phone #: **219-738-6135**, Fax: **219-738-6150**

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

None specific to this school of nursing location.

Please indicate last date of NLNAC or CCNE accreditation visit, if applicable, and attach the outcome and findings of the visit: **11-16-2011**

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

First cohort of nursing students graduated in March of 2012, pending results of entire class of first time passes of the NCLEX examination. The second cohort will graduate in September of 2012 and pending this classes NCLEX passage numbers.

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 Director _____ 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 _____ No X 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 _____

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 _____ No _____
N/A at this time.

2B.) If **not**, explain how you assess student readiness for the NCLEX.. **The students take HESI Comprehensive Examination and pass with the score 850. Students receive class instruction, an on-campus HESI review; have access to other review resources (ATI & Saunders) via text and computer, and excellent tutoring and mentorship from the faculty.**

2C.) If **so**, which exam(s) do you require? **HESI-RN (Health Education Systems, Inc.)**

2D.) When in the program are comprehensive exams taken? : Upon Completion of every nursing course. As part of a course X Ties to progression or thru curriculum **X percentage of final course grade.** 2E.) If taken as part of a course, please identify course(s):**Nursing Roles I, Fundamentals I, II; Adult Health I, II, Gerontology, Mental Health, Maternal Child, Complex Care & Nursing Roles II 3.)** Describe any challenges/parameters on the capacity of your program below:

A. Faculty recruitment/retention: **Faculty have been consistent in their mission to provide educational materials and instruction to the students of the highest quality.**

B. Availability of clinical placements: **There are many schools in the area using some of the same hospitals for clinical rotations. Coordinating, organizing, and arranging student clinical days and sites has been somewhat of a challenge but the task is attainable.**

C. Other programmatic concerns (library resources, skills lab, sim lab, etc.): **No concerns in these areas. The LRC is spacious and clean allowing the student an environment that is conducive for learning. The skills lab with the use of the SIM man, woman, and babies provide the students with hands on activities to practice skills in a safe environment.**

4.) At what point does your program conduct a criminal background check on students? **The student's criminal background check is performed during NU 110 (Clinical Nursing Concepts/Techniques I) course in quarter 2 of 9. The information is evaluated and the students receive feedback on any issues found from the inquiry.**

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

During the Information Session for interested students, Nursing Orientation the week before the start of courses for that quarter, and during quarters I and II before the clinical courses begin in quarter.

SECTION 3: STUDENT INFORMATION

1.) Total number of students admitted in academic reporting year: **120 student's total; enrollment periods are March, June, September and December.** 2.) Total number of graduates in academic reporting year:

Summer _____ Fall _____ Spring _____ **9 students**

2.) 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.

3.) Indicate the type of program delivery system: N/A

Semesters _____ 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):

B.

Faculty Name:	Evlayne Ramirez
Indiana License Number:	28135130A
Full or Part Time:	Part Time
Date of Appointment:	March 2011
Highest Degree:	MSN
Responsibilities:	Instructor for the NU130 and NU 250 clinical students

Faculty Name:	Karen Helmecy
Indiana License Number:	28099652A
Full or Part Time:	Full Time
Date of Appointment:	March 2011
Highest Degree:	MSN
Responsibilities:	Instructor for the NU 240 student's theory and clinical sections.

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

1. Number of full time faculty: _____ 6 _____
2. Number of part time faculty: _____ 0 _____
3. Number of full time clinical faculty: _____ 3 _____
4. Number of part time clinical faculty: _____ 0 _____
5. Number of adjunct faculty: _____ 1 _____

C. Faculty education, by highest degree only:

1. Number with an earned doctoral degree: _____ 0 _____
2. Number with master's degree in nursing: _____ 6 _____
3. Number with baccalaureate degree in nursing: _____ N/A _____
4. Other credential(s). Please specify type and number: **APN-1; CCNS-1, RNC-1, ECRN-1**

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

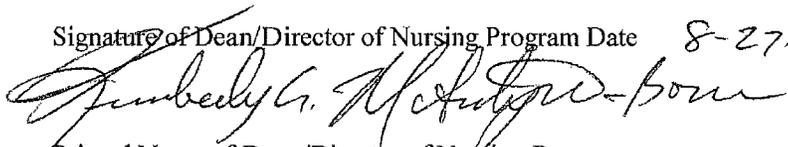
No _____

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.

Signature of Dean/Director of Nursing Program Date 8-27-12



Printed Name of Dean/Director of Nursing Program

Kimberly A. McIntyre-Born

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