



Indiana State Board of Nursing
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Indianapolis, Indiana 46204
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Website: www.PLA.IN.gov Email: pla2@pla.in.gov
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: 1 July, 2012 to 30 June, 2012
(Date/Month/Year) to (Date/Month/Year)

Name of School of Nursing: Indiana University East

Address: 2325 Chester Blvd, Richmond, Indiana 47374

Dean/Director of Nursing Program

Name and Credentials: Karen Clark, Ed D, MSN, RN

Title: Dean and Associate Professor Email: krclark@iue.edu

Nursing Program Phone #: 765-973-8213 Fax: 765-973-8220

Website Address: www.iue.edu/nursing

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

Please indicate last date of NLNAC or CCNE accreditation visit, if applicable, and attach the outcome and findings of the visit: Visit 2008/approval 2009—full 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 <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 _____ Declining X

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

We are currently completing an NCLEX-RN gap analysis with our curriculum. We are looking to curriculum updates and revisions once the gap analysis has been complete. We also have task forces looking at clinical education and NCLEX success. We have implemented a stronger ATI testing and remediation policy.

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. We utilize ATI testing and remediation throughout the program. The comprehensive predictor is taken by all senior students early in their final semester. Areas of weaknesses are identified and students are required to remediate as part of a course. Students then re-take the predictor to see if there is any change in success after remediation. We do not stop progression or graduation as supported by the NLN high-stakes testing policy statement. However, our new policy requires that students not passing the predictor continue to remediate until they can pass the predictor or show evidence of significant preparation. At that time, the completion certificate will be submitted to the state board.

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

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

2E.) If taken as part of a course, please identify course(s): NURS S485: Growth and Empowerment

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

A. Faculty recruitment/retention: Currently there is no recruitment or retention issues regarding faculty.

B. Availability of clinical placements: Clinical placements remain sufficient

C. Other programmatic concerns (library resources, skills lab, sim lab, etc.): Library, skills, lab, sim lab and other resources are sufficient for our needs.

4.) At what point does your program conduct a criminal background check on students?
Students complete criminal background checks with their admissions application and annually after admission while in the program.

5.) At what point and in what manner are students apprised of the criminal background check for your program? As pre-nursing students, the academic advisor discusses the criminal background check with students. This is also in pre-nursing written information. Annual update information is in the student handbook. Students are sent reminder postcards and information is placed in the BSN information site on our course management system.

SECTION 3: STUDENT INFORMATION

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

Summer _____ Fall 90 Spring _____

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

Summer _____ Fall _____ Spring 62

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 formal complaints were filed.**

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:	Cindy Farris
Indiana License Number:	28075334A
Full or Part Time:	Full-time
Date of Appointment:	August 2012
Highest Degree:	MSN, MPH
Responsibilities:	Community Health Nursing, Medical Surgical Nursing, Career development and NCLEX-Preparation

Faculty Name:	Gloria Dixon
Indiana License Number:	28137139A
Full or Part Time:	Full-time
Date of Appointment:	August 2012
Highest Degree:	MSN
Responsibilities:	Medical-Surgical Nursing

Faculty Name:	Diana Keiser
Indiana License Number:	28132745A
Full or Part Time:	Adjunct
Date of Appointment:	August 2012
Highest Degree:	BSN

Responsibilities:	Learning Laboratory—health assessment and fundamentals
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Faculty Name:	Michele Anderson
Indiana License Number:	28203257A
Full or Part Time:	Adjunct
Date of Appointment:	August 2012
Highest Degree:	BSN
Responsibilities:	Learning Laboratory—health assessment and fundamentals, Medical-surgical clinical

Faculty Name:	Shelly George
Indiana License Number:	28168186A
Full or Part Time:	Adjunct
Date of Appointment:	August 2012
Highest Degree:	BSN
Responsibilities:	Learning Laboratory—health assessment and fundamentals

Faculty Name:	Shelly Burns
Indiana License Number:	28109378A
Full or Part Time:	Adjunct
Date of Appointment:	August 2012
Highest Degree:	BSN—MSN in progress
Responsibilities:	Learning Laboratory—health assessment

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

1. Number of full time faculty: 18
2. Number of part time faculty: 0
3. Number of full time clinical faculty: 0
4. Number of part time clinical faculty: 0
5. Number of adjunct faculty: 10

C. Faculty education, by highest degree only:

1. Number with an earned doctoral degree: 5
2. Number with master's degree in nursing: 17
3. Number with baccalaureate degree in nursing: 6
4. Other credential(s). Please specify type and number: _____

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.

Karen Clark, EdD, RN

September 25, 2012

Signature of Dean/Director of Nursing Program

Date

Karen Clark, Ed D, RN

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.

Attachments:

Changes in clinical facilities (Item 1.8)

Additions:

Community Christian School, 500 Elks Road, Richmond, Indiana 47374
Preble County General Health District, 615 Hillcrest Drive, Eaton, Ohio 45320
Randolph Eastern School Corporation, 907 N. Plum, Union City, Indiana 47390

Deletions/Changes in Status

Arbor Trace Health & Living Community 3701 Hodgkin Road, Richmond, Indiana 47374 (remains on probation with ISDH, unable to place students until reinstated, fall 2013)

Complaints regarding the program (Item 3B.)

None

Faculty no longer employed at IU East since last report (Item 4E.1)

Michele Curry, MSN, RN (retired)
Melanie Harrison, MSN, RN, FNP (resigned)
Relinda Gray BSN, RN (adjunct moved from area)
Amanda Jarrett, BSN, RN (adjunct not rehired due to program need)
Jessica Williams, MSN, RN, FNP (adjunct resigned)

Organizational Charts attached to the e-mail as separate attachments