

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](mailto: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  X  BSN \_\_\_\_\_

Dates of Academic Reporting Year:  5/28/2013 – 5/10/2014   
(Date/Month/Year) to (Date/Month/Year)

Name of School of Nursing:  Ivy Tech Community College - Southwest

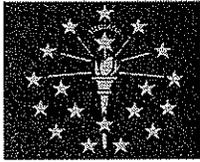
Address:  3501 N. First Avenue Evansville, IN 47710

Dean/Director of Nursing Program

Name and Credentials:  Susan Dye RN, MSN

Title:  School of Nursing Dean and Professor  Email:  sdye@ivytech.edu

Nursing Program Phone #:  812-429-1394  Fax:  812-429-9805



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Website

Address: www.ivytech.edu/nursing

Social Media Information Specific to the SON Program (Twitter, Facebook, etc.): None

Please indicate last date of NLNAC or CCNE accreditation visit, if applicable, and attach the outcome and findings of the visit: ACEN (formerly NLNAC) 2010 – see attached notification of outcomes and findings

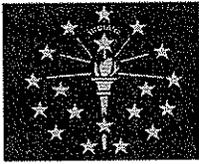
If you are not accredited by NLNAC or CCNE where are you at in the process? N/A

**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 _____ No <u>X</u> |
| 9) Major changes in curriculum (list if positive response)  | Yes _____ No <u>X</u> |

**SECTION 2: PROGRAM**



**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

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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 \_\_\_\_\_ 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.

**Students are required to complete the ATI comprehensive NCLEX-RN Predictor. A live or virtual ATI NCLEX review course is presented based on the Comp Predictor results. Students also create a plan of study for NCLEX as part of the review course.**

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  X  Ties to progression or thru curriculum \_\_\_\_\_

2E.) If taken as part of a course, please identify course(s):  **NRSG 208 Practice Issues for Associate Degree Nursing**

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

A. Faculty recruitment/retention:  **Continued difficulty getting credentialed faculty both full-time and part time (adjunct).**

B. Availability of clinical placements:  **None**

C. Other programmatic concerns (library resources, skills lab, sim lab, etc.):  **Need for someone, at least part-time, dedicated to the simulation lab to allow students more opportunity to practice skills/do simulation exercises.**

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

**Criminal background checks, through CertifiedBackground.com may be done before enrollment in the professional courses or just prior to the first day of clinicals. Students who are not continuously enrolled in the program until completion may be required to**



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**complete additional checks upon re-entry to the program. Clinical sites or the College may request additional background checks or drug screenings at their discretion.**

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

**Students are informed of the need for a background check through the online or face to face nursing information meetings. Upon admission to the program students receive information on how to complete their background check prior to the first day of their semester. Students receive results online by directly accessing through CertifiedBackground.com using a password assigned by the company. The student has full access to their background data within the website, are encouraged to review the background search findings for accuracy and appeal any issues that are found to be incorrect. Background checks are done annually for all continuing students that are in the program for more than one year.**

**SECTION 3: STUDENT INFORMATION**

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

Summer 0 Fall 45 Spring 21

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

Summer 0 Fall 14 Spring 17

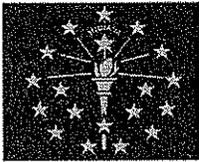
3.) Please attach a brief description of all complaints about the program, and include how they were addressed or resolved. For the purposes of illustration only, the CCNE definition of complaint is included at the end of the report. **None**

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):



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Professional  
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**Indiana State Board of Nursing**  
402 West Washington Street, Room W072  
Indianapolis, Indiana 46204  
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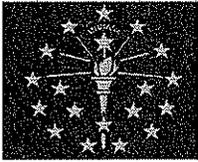
Nicholas Rhoad, Executive Director

<b>Faculty Name:</b>	<b>Danette Culver</b>
<b>Indiana License Number:</b>	<b>28190722A</b>
<b>Full or Part Time:</b>	<b>Part Time</b>
<b>Date of Appointment:</b>	<b>August 19, 2013</b>
<b>Highest Degree:</b>	<b>MSN</b>
<b>Responsibilities:</b>	<b>Medical Surgical Nursing I (NRSG 105) Clinical</b>

<b>Faculty Name:</b>	<b>Mary Ellen Jarvis</b>
<b>Indiana License Number:</b>	<b>28086841A</b>
<b>Full or Part Time:</b>	<b>Part Time</b>
<b>Date of Appointment:</b>	<b>January 14, 2014</b>
<b>Highest Degree:</b>	<b>MSN</b>
<b>Responsibilities:</b>	<b>Medical Surgical Nursing II (NRSG 111) Clinical; Mental Health (NRSG 127) Clinical</b>

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

1. Number of full time faculty: 10 (6 of 10 shared with PN program)
2. Number of part time faculty: 7
3. Number of full time clinical faculty: 9 of 10
4. Number of part time clinical faculty: 5 of 7
5. Number of adjunct faculty: N/A (we refer to our adjuncts as part time faculty)



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C. Faculty education, by highest degree only:

1. Number with an earned doctoral degree: 0
2. Number with master's degree in nursing: 15
3. Number with baccalaureate degree in nursing: 2
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** 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.

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.

Susan Dye RN, MSN

Signature of Dean/Director of Nursing Program

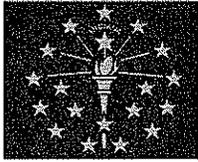
September 23, 2014

Date

Susan Dye RN, MSN

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.



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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.

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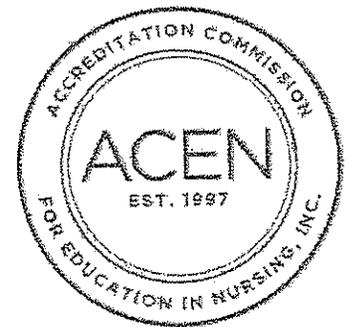
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Buffalo, New York



August 2, 2013

Thomas Snyder, MBA  
President  
Ivy Tech Community College of Indiana  
50 West Fall Creek Parkway North Drive  
Indianapolis, IN 46202

Dear Mr. Snyder:

This letter is formal notification of the action taken by the Accreditation Commission for Education in Nursing (ACEN) at its meeting on July 11-12, 2013. The Board of Commissioners received, reviewed, and accepted the Follow-Up Report of the associate nursing program and affirmed the next visit for Fall 2018. The details of the decision put forth by the Commission have been sent to the program's nurse administrator.

On behalf of the Commission, we thank you and your colleagues for your commitment to quality nursing education. If you have questions about this action or about ACEN policies and procedures, please contact me.

Sincerely,

A handwritten signature in black ink that reads "Sharon J. Tanner". The signature is fluid and cursive.

Sharon J. Tanner, EdD, MSN, RN  
Chief Executive Officer

# NLNAC

National League for Nursing Accrediting Commission, Inc.

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LEE E. WURSTER, JD  
Retired Attorney  
Dublin, Ohio

March 24, 2011

Gail Sprigler, MSN, RN  
Assistant Vice Provost for Nursing Education  
Associate of Science in Nursing/Practical Nursing  
Ivy Tech Community College of Indiana  
50 West Fall Creek Parkway North Drive  
Indianapolis, IN 46202

Dear Ms. Sprigler:

This letter is formal notification of the action taken by the National League for Nursing Accrediting Commission (NLNAC) at its meeting on March 3-4, 2011. The Board of Commissioners granted the associate nursing program continuing accreditation with the condition that your program submit a Follow-Up Report in 2 years. If the Follow-Up Report is accepted by the Commission, the next evaluation visit will be scheduled for Fall 2018. The Board of Commissioners granted the practical nursing program continuing accreditation and scheduled the next evaluation visit for Fall 2018.

Deliberations centered on the Self-Study Report, the School Catalog, the Site Visitors' Report, and the recommendation for accreditation proposed by the Program Evaluators and the Evaluation Review Panel. (See Summary of Deliberations and Recommendation of the Evaluation Review Panel.)

The Board of Commissioners identified the following evidence of non-compliance, strengths, and areas needing development:

#### Evidence of Non-Compliance by Accreditation Standard and Criterion

##### **Standard 2 Faculty and Staff, Criterion 2.1**

- All full-time faculty are not credentialed with a minimum of a master's degree with a major in nursing. (A)

Ivy Tech Community College of Indiana  
Page 1

## **Areas of Strength by Accreditation Standard**

### **Standard 1 Mission and Administrative Capacity**

- Strong institutional, faculty, and student support for the role of the Vice Provost for Nursing Education through the restructuring of the School of Nursing (A/P)

## **Areas Needing Development by Accreditation Standard**

### **Standard 1 Mission and Administrative Capacity**

- Provide mechanisms to ensure comprehensive representation of students in program and College governance. (A/P)

### **Standard 2 Faculty and Staff**

- Ensure support for continued achievement of a master's degree with a major in nursing for the full- and part-time faculty. (A/P)
- Provide for sufficient numbers and utilization of program support staff to achieve the program goals and outcomes. (A/P)

### **Standard 3 Students**

- Review and revise public documents (paper and electronic) to ensure that information intended to inform the public is current, clear, accurate, and consistent, including NLNAC contact information. (A)

### **Standard 4 Curriculum**

- Ensure the incorporation of professional standards, guidelines, and competencies throughout the curriculum. (A/P)

### **Standard 5 Resources**

- Implement strategies to ensure the equitable state-wide distribution of learning resources, office facilities, and equipment to meet faculty and student needs. (A/P)

### **Standard 6 Outcomes**

- Implement strategies to ensure local campus and faculty engagement in the implementation of the evaluation plan. (A/P)
- Improve the processes for analysis and dissemination of program- and campus-specific data in order to facilitate the accomplishment of strategic initiatives and ongoing program improvement. (A/P)
- Continue to monitor and respond to licensure exam pass rates that are below the national mean. (A/P)
- Ensure ongoing and systematic evaluation of outcomes, particularly graduate satisfaction and job placement. (A/P)
- Identify and assess specific graduate competencies for role preparation. (A)

A Follow-Up Report requires the nursing education unit to demonstrate compliance with a specific Accreditation Standard or Standards. The Follow-Up Report for the associate program is to address Standard 2 Faculty and Staff. The report is to be submitted to NLNAC in the Spring 2013 Cycle by February 15, 2013. At the time of its review of the Follow-Up Report, the Commission will either affirm the time of the next evaluation visit or deny continuing accreditation and remove the nursing program from the list of accredited programs. We recommend contacting a member of the NLNAC professional staff after reviewing this decision letter.

On behalf of the Commission, we thank you and your colleagues for your commitment to quality nursing education. If you have questions about this action or about Commission policies and procedures, please write or call me or a member of the professional staff.

Sincerely,



Sharon J. Tanner, EdD, RN  
Chief Executive Officer

cc: Marilyn Smidt, Program Evaluator  
Jo Ann Baker, Program Evaluator  
Nancy Becker, Program Evaluator  
Martha Ann Hofmann, Program Evaluator  
Joan Becker, Program Evaluator  
Reitha Cabaniss, Program Evaluator  
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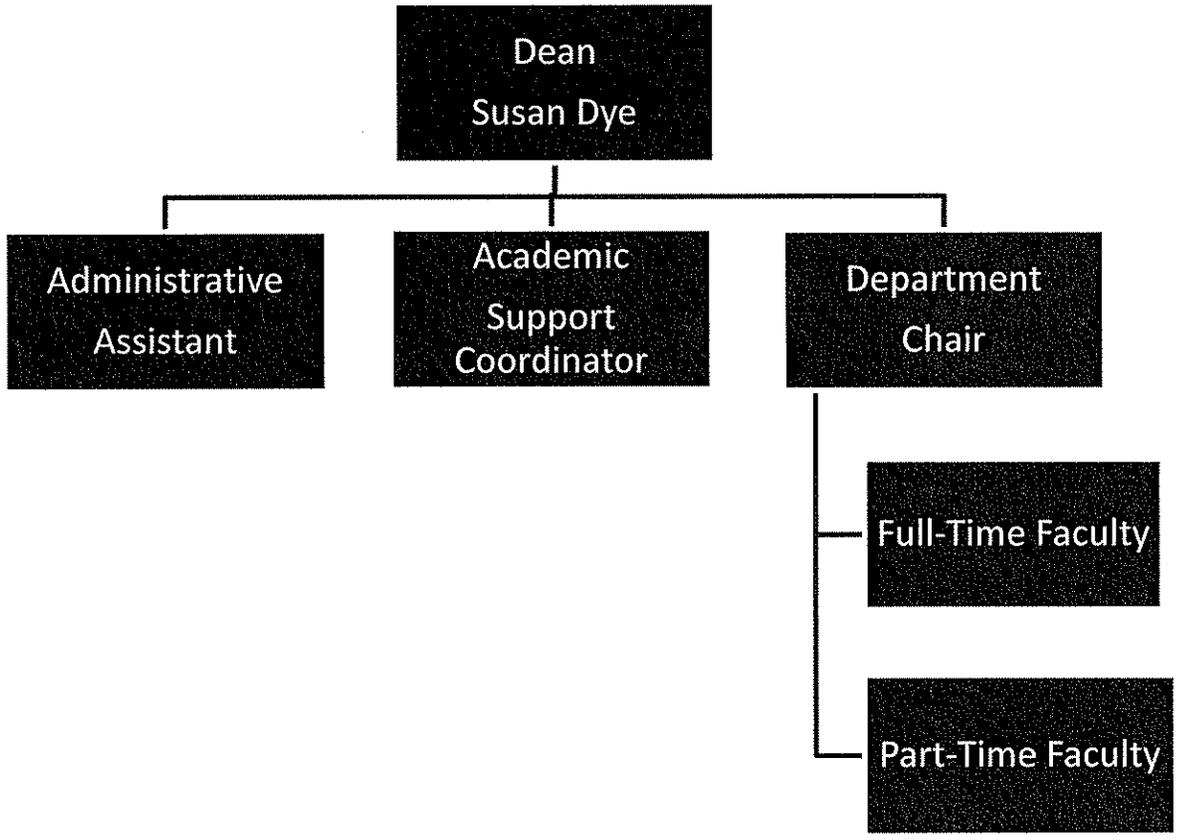
Enc. Summary of Deliberations of the Evaluation Review Panel

**Clinical Facility/Agency Additions and Deletions**

Clinical Facility/Agency Name	Address	Addition (X)	Deletion(X)
None			

**Faculty No Longer Employed by the Institution Since Last Annual Report**

Name	Credentials	Full-time (X)	Part-time (X)
Susanne Matthews	BSN		X



Statewide School of Nursing Organizational Chart

