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IPLA

Professional Licensing Agency

Indiana State Board of Nursing

402 West Washington Street, Room W072

Indianapolis, Indiana 46204

Telephone: (317) 234-2043 Fax: (317) 233-4236

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__X____ BSN_____

Dates of Academic Reporting Year: **May 24, 2011 to May 6, 2012**

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

Address 3101 S Creasy Lane Lafayette IN 47905

Dean/Director of Nursing Program

Name and Credentials: Karen L Dolk, MSN, RN

Title Dean, School of Nursing Email: kdolk@ivytech.edu

Nursing Program Phone #:765-269-5237 Fax:765-269-5248

Website Address: www.ivytech edu

Social Media Information Specific to the SON Program (Twitter, Facebook, etc) N/A

Please indicate last date of NLNAC or CCNE accreditation visit, if applicable, and attach the outcome and findings of the visit: **NLNAC 2010 - please 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__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_____

Curriculum Revision 2011 Course Comparison
Curriculum changes were approved by the ISBN on December 10, 2010

Current Curriculum			Credit Hrs	Curriculum Revision			Credit Hrs
NRSG	106	Pharmacology for Nursing	3	NRSG	104	Introduction to Pharmacology	1
				NRSG	107	Advanced Pharmacology	2
NRSG	108	Transition for the Paramedic to Associate of Science in Nursing	5	NRSG	122	Transition to ASN	5
NRSG	109	Trans for the Paramedic to Associate of Science in Nursing Lab/Clinical	3	NRSG	123	Paramedic Transition to ASN Lab/Clinical	3
NRSG	112	Maternal Child Nursing	3	NRSG	206	Nursing Care of Childbearing and Childrearing Families	4
NRSG	113	Maternal Child Nursing Clinical	2	NRSG	207	Nursing Care of Childbearing/Childrearing Families Clinical	4
NRSG	120	Transition to Associate of Science in Nursing for the LPN	5	NRSG	122	Transition to ASN	5
				NRSG	125	LPN Transition to ASN Lab	1
NRSG	202	Nursing Care of the Complex Family Clinical	2	NRSG	206	Nursing Care of Childbearing and Childrearing Families	4
NRSG	203	Nursing Care of the Complex Family	2	NRSG	130	Principles of Health Promotion	1
NRSG	114	Health Care Concepts in Nursing	1	^NRSG	208	Practice Issues for Associate Degree Nursing	2
				NRSG	128	Practice Issues for Practical Nursing	2
NRSG	204	Psychiatric Nursing	2	NRSG	126	Mental Health Nursing	2
NRSG	205	Psychiatric Nursing Clinical	1	NRSG	127	Mental Health Nursing Clinical	1

Split pharmacology content into 2 courses -same total credits
Delete NRSG 108 & NRSG 109; add NRSG 122 (combine Paramedic to ASN and LPN to ASN course); NRSG 123 Lab/Clinical

Delete NRSG 112/113 for ASN; delete NRSG 202/203; move Maternal-Child and Family nursing content into ASN only courses; add Hea Promotion course to cover content previously in NRSG 202/203

Delete NRSG 120; NRSG 122 (combine Paramedic to ASN and LPN to ASN course); NRSG 125 Skills lab added

Replace NRSG 114 (combined ASN/PN course) with NRSG 208 specific to ASN

Delete NRSG 204/205; move Mental Health content to shared PN/ASN courses (NRSG 126/127).

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 __X____ Stable _____ 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._____**N/A**_____

2C.) If **so,** which exam(s) do you require? _____**ATI Comprehensive Predictor Examination**_____

2D.) When in the program are comprehensive exams taken: in final semester_____
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 200 and NRSG 204_____

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

A. Faculty recruitment/retention: Finding credentialed faculty remains a challenge

B. Availability of clinical placements:__ _No issues_____

C. Other programmatic concerns (library resources, skills lab, sim lab, etc.): None

4.) At what point does your program conduct a criminal background check on students? Upon admission to the nursing program, students are required to complete criminal checks and drug screens through CertifiedBackground.com. Second year students are required to repeat the background check and drug screen prior to the start of the second year.

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

Students receive results online by directly accessing through CertifiedBackground.com They have full access to data within a few days

SECTION 3: STUDENT INFORMATION

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

Summer____0_____ Fall____74_____ Spring_____15_____

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

Summer___0_____ Fall_____6 Spring_____45_____

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 processed

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:	NO new faculty
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:	

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:_____11_____
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:_____2_____

C. Faculty education, by highest degree only:

1. Number with an earned doctoral degree:____0_____
2. Number with master's degree in nursing:_____13_____
3. Number with baccalaureate degree in nursing:____0_____
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.

Signature of Dean/Director of Nursing Program

September 21, 2012
Date

Karen L Dolk
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.

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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)

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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 Tanner

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
Mary Sharon Boni, Program Evaluator
Colleen Burgess, Program Evaluator
Anita Pavlidis, Program Evaluator
Debbie C. Lyles, Program Evaluator
Kay Tupala, Program Evaluator
Shawn P. McNamara, Program Evaluator
Yvonne VanDyke, Program Evaluator

Enc. Summary of Deliberations of the Evaluation Review Panel

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Follow-Up Report

Purpose:
To provide the nursing education unit the opportunity to demonstrate compliance (paper) with one or two specific Accreditation Standard(s).

Assignment Process:
A Follow-Up Report may be recommended to the Commission by the site visit team, the Evaluation Review Panel (ERP), or a Commissioner as part of the accreditation review when it is found that the nursing program is out of compliance with one or two of the NLNAC Accreditation Standards.

The decision to assign a nursing education unit a Follow-Up Report is made by the NLNAC Board of Commissioners after review of the recommendation(s) and other documents associated with the accreditation review process.

Review Process:
Follow-Up Reports are reviewed by the ERP to establish whether the nursing education unit has demonstrated compliance with the identified one or two NLNAC Standards. The Panel recommendation regarding compliance with the NLNAC Standard(s) is forwarded to the Board of Commissioners for action.

Based on the Follow-Up Report and the recommendation of the ERP, the decision regarding the accreditation status of the nursing program is made by the Board of Commissioners. Decision options are:

- Affirm continuing accreditation; the program is in compliance with all NLNAC Standards. Next accreditation site visit in six (6) years for Clinical Doctorate, Master's, Baccalaureate, Associate, and Diploma Programs, and six and one half (6½) years for Practical Nursing Programs; or
- Deny continuing accreditation and remove the nursing program from the listings of accredited programs. The program is not in compliance with the NLNAC Standard(s).

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Guidelines for Preparing the Follow-Up Report

(1) Organization of Follow-Up Report

The report is to be presented in two sections, Introduction and Presentation of the identified NLNAC Standard(s).

(2) Content of Follow-Up Report

- Introduction
  - Name and address of the governing organization
  - Name, credentials, and title of the chief executive officer of the governing organization
  - Name of institutional accrediting body (date of last review and action taken)
  - Name and address of nursing education unit
  - Name, credentials, title, telephone number, fax number, and email address of the administrator of the nursing education unit
  - Name of State Board of Nursing (date of last review and action taken)
  - Date of most recent NLNAC accreditation visit and action taken
  - Year the nursing program was established
  - A completed Faculty Profile Form that includes the number of full-time and part-time faculty teaching in the specified nursing program with all areas of responsibility identified
  - Total number of full-time and part-time students currently enrolled in the specified nursing program
  - Length of program in semester or quarter credits, hours, or weeks

- Presentation of the identified NLNAC Standard(s) found in non-compliance.
  - State the Standard
  - State the evidence of non-compliance (from the Commission accreditation decision letter)
  - Offer a narrative addressing **all** of the current NLNAC Criteria for the **entire** Standard with emphasis on the areas of non-compliance

Note: If Standard 4 Curriculum is to be presented, include brief syllabi (2 pages) for all nursing courses. Also include clinical evaluation tool(s) with an explanation of the student evaluation process. Each course syllabus should include:

- Course title and description
- Total course hours (theory hours and, as appropriate, laboratory and/or clinical hours)
- Placement of course within the program of study
- Name(s), credentials and title(s) of faculty responsible for the course
- Student learning outcomes/course objectives

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- Teaching methods and evaluation methods
- A topical outline (for theory courses)
- Identification of the major clinical and laboratory experiences indicating the type of patient units and any other clinical experiences

Note: If Standard 6 Outcomes is to be presented, include the entire program evaluation plan with student learning outcome and program outcome data for the past three (3) years (at a minimum). Provide clear substantial evidence that the evaluation plan is being used to inform the program decision-making processes. Specific strategies and/or actions should be identified for each component as indicated.

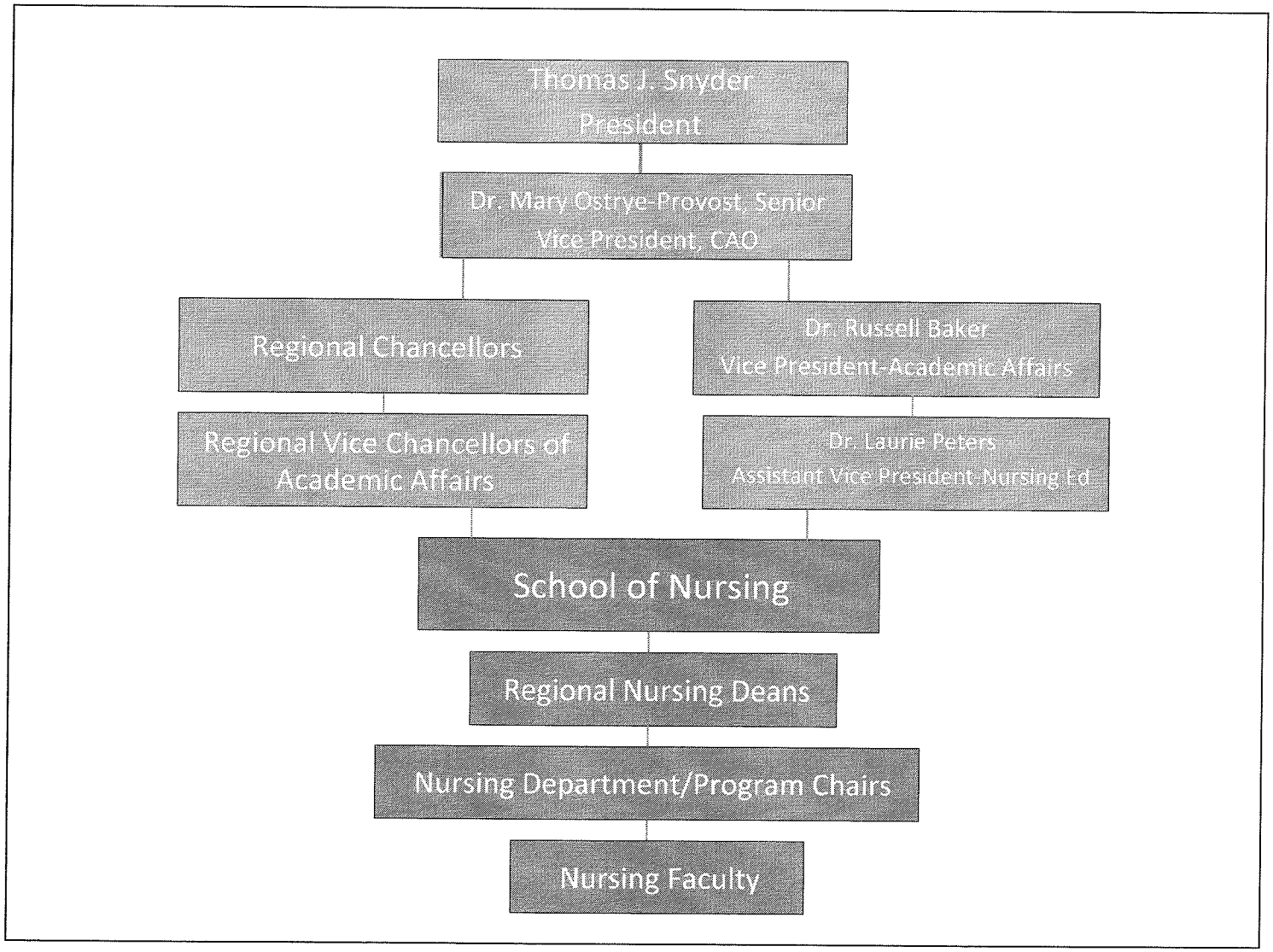
(3) Format for Follow-Up Report

- The number of text pages should not exceed fifty (50); the appendices have no page limit.
- The report should be typed on both sides of the page using 1½ or double-spacing, 1 inch margins, and bound securely.
- All pages including the appendices are to be numbered consecutively and ordered according to a table of contents.
- Each copy of the report should have a title page.
- Confidential records (e.g., faculty transcripts, student records) should **not** be included.

(4) Submission of Follow-Up Report

- Six (6) copies (paper and electronic) of the Follow-Up Report and six (6) copies (paper and electronic) of the current school catalog are to be sent to NLNAC on or before the date indicated in the NLNAC Board of Commissioners accreditation decision letter.
- Submission dates
  - Reports due in the Fall Cycle must be submitted by October 1st.
  - Reports due in the Spring Cycle must be submitted by February 15th.

The NLNAC Professional Staff are available to answer questions.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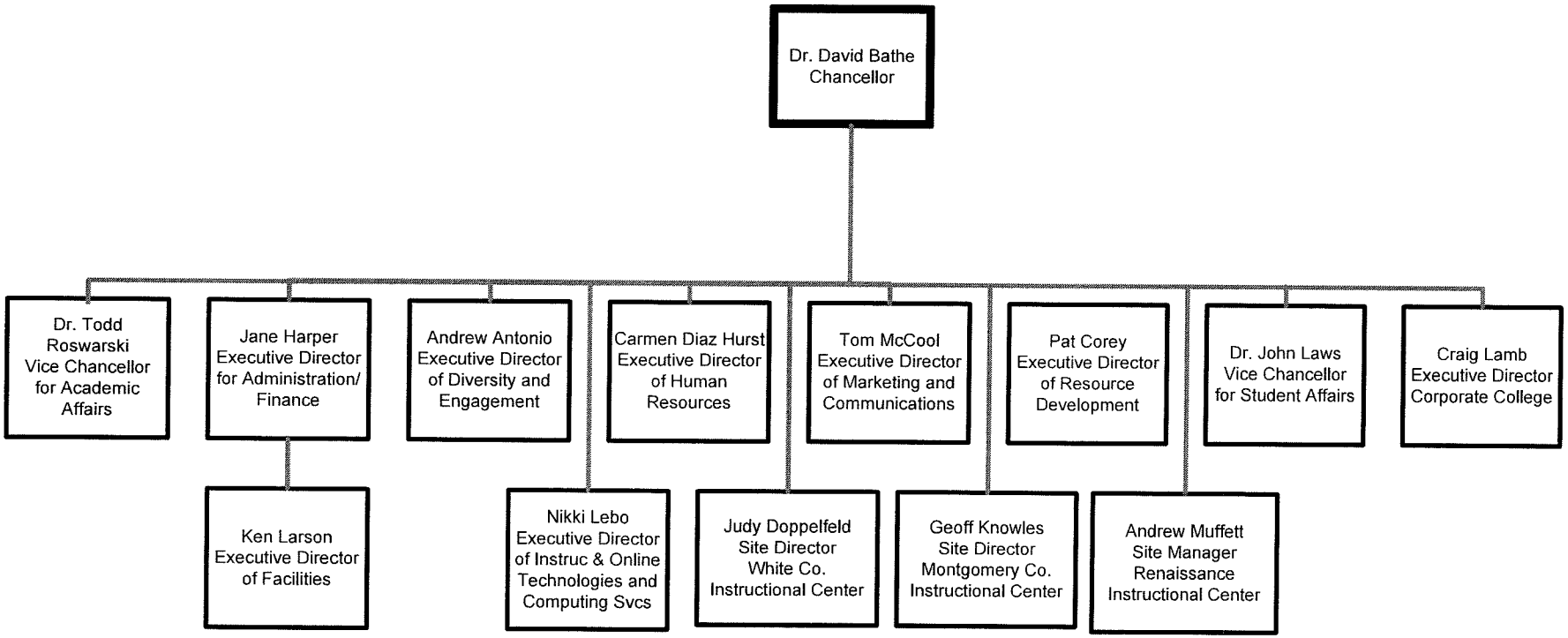
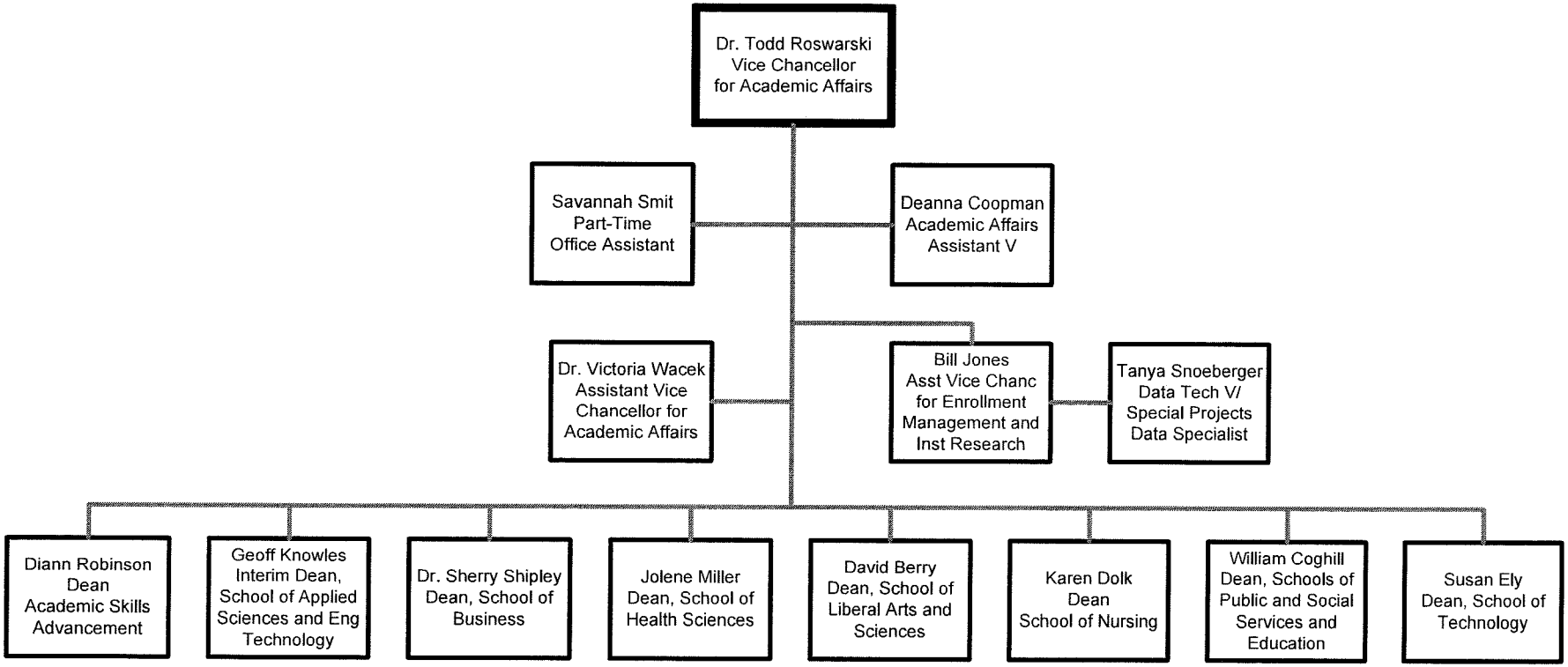
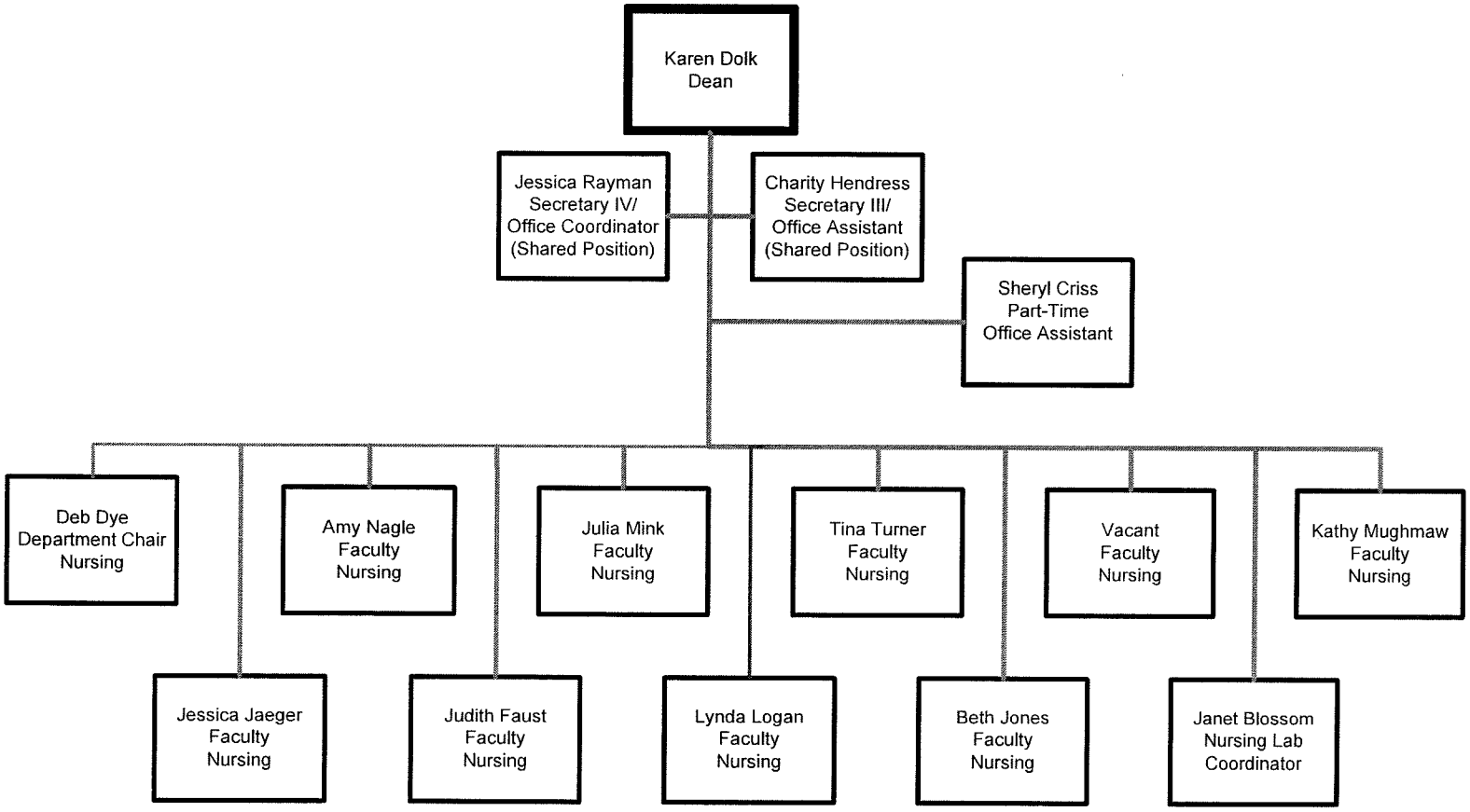
School of Nursing
Regional Nursing Deans
Nursing Department/Program Chairs
Nursing Faculty

Ivy Tech Community College – Lafayette
Summer 2012

Administration



Academic Affairs Administration Page 1



Academic Affairs
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