



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: 01/January/2013 to 31/December/2013  
(Date/Month/Year) to (Date/Month/Year)

Name of School of Nursing: : Medtech College Fort Wayne Campus

Address: 7230 Engle Road Suite 200 Fort Wayne Indiana, 46804

Dean/Director of Nursing Program

Name and Credentials: Debra Horoho PhD, RN

Title: Program Director of Nursing Email: dhoroho@medtech.edu

Nursing Program Phone #: 260-463-3272 ext 1356 Fax: 260-432-0139

Website Address: www.medtech.edu



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Social Media Information Specific to the SON Program (Twitter, Facebook, etc.): Facebook Page: Medtech College

Please indicate last date of NLNAC or CCNE accreditation visit, if applicable, and attach the outcome and findings of the visit: Not Applicable

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 X No \_\_\_
- 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 X No \_\_\_
- 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 \_\_\_ Declining X

1B.) If you identified your performance as declining, what steps is the program taking to address this issue? Medtech College is devoted to the improvement of our student outcomes and experience. Since January 2014, we've implemented several initiatives to address curriculum and programmatic concerns. In February 2014, Medtech acquired a Regional Vice President (RVP) of Nursing, Natalie Hall, MSN, RN. Subsequently, we adjusted the organizational structure of the nursing program whereas the Program



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Director of Nursing (PDON) reports directly to the RVP of Nursing. This allows for enhanced quality of nursing leadership in the Registered Nursing program.

In April 2014 Medtech increased the passing standard for the Test of Essential Academic Skills (TEAS) V examination. Medtech requires candidates for the Registered Nursing program to successfully pass the TEAS V examination with the passing standard as established by the college. Medtech presented these changes to the Indiana State Board of Nursing in March 2014, and received approval to implement the updated TEAS V testing policy. Also, Medtech updated several policies to enhance curriculum rigor and structure. These changes include an increase to the passing standard for all core nursing courses from 70% to 78%, and for all general education courses from 70% to 75%. In addition, we enhanced the evaluation measures for each core-nursing program to the following: Examinations – 50%; Final Examination – 30%; ATI – 10%; Homework/Quizzes – 5% (10% for non-ATI courses); Papers/Projects 5% (10% for non-ATI courses). Other student policy changes include lessened number of course attempts allowed and more rigorous clinical and didactic attendance requirements. The policy changes also include changes to the program completion requirements, including requirements that students complete an NCLEX Review and Content Review as provided and funded by Medtech College. Medtech presented these changes to the Indiana State Board of Nursing in March 2014, and received approval to implement the updated policies and nursing student handbook.

In June 2014, the nursing faculty and administration reviewed the curriculum for the Registered Nursing Program. Nursing faculty collaborated with Dr. Linda Caputi, Nursing Education Consultant, to review the curriculum for currency and rigor. Medtech presented the curriculum changes to the Indiana State Board of Nursing during the June and July 2014 public meetings. The Indiana State Board of Nursing approved the curriculum changes in July 2014. Medtech submitted the curriculum for review and approval to the Accrediting Commission for Independent Schools and Colleges (ACICS) in August 2014. We plan to fully implement the enhanced curriculum in January 2015.

2A.) Do you require students to pass a standardized comprehensive exam before taking the NCLEX?  
Yes  No

2B.) If **not**, explain how you assess student readiness for the NCLEX. \_\_\_\_\_

2C.) If **so**, which exam(s) do you require? Assessment Technology Institute's (ATI) Comprehensive Predictor and the Kaplan Readiness Test

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

2E.) If taken as part of a course, please identify course(s): RN 206/Acute Care Skills II; RN 180/Pharmacology; RN 240/Nursing Care of the Infant & Child; RN 43/Nursing Care of the Childbearing



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Family; RN 254/Medical Surgical Nursing III; RN 286/Psychiatric Mental Health Nursing Care; RN 298/Transition to Nursing Practice

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

A. Faculty recruitment/retention Clinical placements continue to be adequate for medical surgical, gerontology, and fundamental nursing skills. We continue to try and add in the areas of maternity and pediatric clinical sites for evening and day students. Enhancements have also been made to the nursing simulation lab. The program continues to use a high fidelity birthing simulator to enhance the maternity simulation experience

This includes orientation to learning and instructor resources prior to teaching the first class and assignment of a faculty mentor to assist with the onboarding/training process. In addition, Medtech acquired a Regional Nursing Faculty Development Specialist; this role includes the responsibilities of new hire orientation and ongoing faculty development.

B. Availability of clinical placements: While barriers existed related to availability of maternity and pediatric clinical sites for evening and day students, the program has experienced an increased number of pediatric clinical rotations. Since the last annual report, the program acquired two additional pediatric observation sites. In addition, enhancements have been made to the nursing simulation lab throughout the clinical rotation. The program continues to use a high fidelity birthing simulator to enhance the maternity simulation experience. Both pediatric and maternity clinical simulations enhance the clinical experiences in these courses as students.

C. Other programmatic concerns (library resources, skills lab, sim lab, etc.):

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

The program submits a criminal background check for each student prior to enrollment to the Associates Degree in Nursing program, and then again if required by clinical rotation sites.

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

Students receive information regarding criminal background check prior to enrollment during the admissions process via enrollment documentation and discussion with the admissions representative. If a clinical facility requires an additional background check, the nursing staff provides students with notice approximately 4 weeks prior to the start of the clinical rotation.



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**SECTION 3: STUDENT INFORMATION**

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

Winter 2013 29 Spring 2013 33 Summer 2013 36 Fall 2013 20

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

Winter 2013 13 Spring 2013 10 Summer 2013 5 Fall 2013 14

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.

4.) Indicate the type of program delivery system:

Semesters \_\_\_\_\_ Quarters X 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:</b>	Patsy Pfister
<b>Indiana License Number:</b>	28041369A
<b>Full or Part Time:</b>	Full-time
<b>Date of Appointment:</b>	7/29/13
<b>Highest Degree:</b>	MSN
<b>Responsibilities:</b>	Didactic and clinical instruction; lesson plan development & implementation; ongoing participation in faculty governance; implementation of scholarly activities; curriculum review & development through governance participation.



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<b>Faculty Name:</b>	Tara Grier
<b>Indiana License Number:</b>	28167386A
<b>Full or Part Time:</b>	Part-Time
<b>Date of Appointment:</b>	5/13/13
<b>Highest Degree:</b>	MSN
<b>Responsibilities:</b>	Didactic and clinical instruction; lesson plan development & implementation; ongoing participation in faculty governance; implementation of scholarly activities; curriculum review & development through governance participation.

<b>Faculty Name:</b>	Reginna Campbell
<b>Indiana License Number:</b>	28074041A
<b>Full or Part Time:</b>	Part-time
<b>Date of Appointment:</b>	4/11/13
<b>Highest Degree:</b>	BSN
<b>Responsibilities:</b>	Didactic and clinical instruction; lesson plan development & implementation; ongoing participation in faculty governance; implementation of scholarly activities; curriculum review & development through governance participation.



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<b>Faculty Name:</b>	Kimberly Fulkerson
<b>Indiana License Number:</b>	28145196A
<b>Full or Part Time:</b>	Part-time
<b>Date of Appointment:</b>	4/11/13
<b>Highest Degree:</b>	MSN
<b>Responsibilities:</b>	Didactic and clinical instruction; lesson plan development & implementation; ongoing participation in faculty governance; implementation of scholarly activities; curriculum review & development through governance participation.

<b>Faculty Name:</b>	Andrea C. Howard
<b>Indiana License Number:</b>	28206918A
<b>Full or Part Time:</b>	Full-time
<b>Date of Appointment:</b>	9/3/2013
<b>Highest Degree:</b>	MSN
<b>Responsibilities:</b>	program chair



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<b>Faculty Name:</b>	Monick Davis
<b>Indiana License Number:</b>	28161918A
<b>Full or Part Time:</b>	Part-Time
<b>Date of Appointment:</b>	4/11/13
<b>Highest Degree:</b>	BSN
<b>Responsibilities:</b>	Didactic and clinical instruction; lesson plan development & implementation; ongoing participation in faculty governance; implementation of scholarly activities; curriculum review & development through governance participation.

<b>Faculty Name:</b>	CIESLIK, CHRISTINA L
<b>Indiana License Number:</b>	28119898A
<b>Full or Part Time:</b>	Part Time
<b>Date of Appointment:</b>	1/08/2013
<b>Highest Degree:</b>	MSN
<b>Responsibilities:</b>	Didactic and clinical instruction; lesson plan development & implementation; ongoing participation in faculty governance; implementation of scholarly activities; curriculum review & development through governance participation.



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

1. Number of full time faculty: 8
2. Number of part time faculty:
3. Number of full time clinical faculty:
4. Number of part time clinical faculty:
5. Number of adjunct faculty: 16

C. Faculty education, by highest degree only:

1. Number with an earned doctoral degree: 0
2. Number with master's degree in nursing: 18
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** or **848 IAC 1-2-14**?

Yes        No    X   

All faculty teaching in the ADN program are not master's-prepared as required per criteria outlined in **848 IAC 1-2-13** or **848 IAC 1-2-14**. Recruitment efforts are underway to attain MSN-prepared clinical faculty in the area of medical-surgical nursing. In addition, three of the seven bachelor's-prepared faculty are actively pursuing the MSN degree, and two have a Master's in Business Administration (MBA) degree.

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.



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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.

Debra Horono

9-18-14

Signature of Dean/Director of Nursing Program

Date

Debra Horono

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.

**Indiana State Board of Nursing**  
**2014 Annual Report for Associate Degree Nursing Program**

**Section 1: Administration**

7. Does the program have adequate library resources? Yes. Library resources include over 7,000 online journals and articles as well as print material and resources. Students have access to approximately 80 computers as well as advising from the National

4. Change in Dean or Director. Yes Andrea Howard became the PDON in 9/3/2013

8. Change in clinical facilities or agencies used.

Agency Name	Addition or Deletion Since Last Report
Crossroads	Addition
Dupont OB/GYN Associates	Addition
Lutheran Life Villages	Addition
Paulding County Hospital	Addition
Pediatric Associates	Addition
Vernon Manor Children's Home	Addition
Warsaw Meadows	Addition

**Section 4: Faculty Information**

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;

<b>Faculty Name:</b>	Monick Davis
<b>Indiana License Number:</b>	28161918A
<b>Full or Part Time:</b>	Part-Time
<b>Date of Appointment:</b>	4/11/13
<b>Highest Degree:</b>	MSN
<b>Responsibilities:</b>	Didactic and clinical instruction; lesson plan development & implementation; ongoing participation in faculty governance; implementation of scholarly activities; curriculum review & development through governance participation.
<b>Faculty Name:</b>	Patsy Pfister
<b>Indiana License Number:</b>	28041369A
<b>Full or Part Time:</b>	Full-time
<b>Date of Appointment:</b>	7/29/13
<b>Highest Degree:</b>	MSN
<b>Responsibilities:</b>	Didactic and clinical instruction; lesson plan development & implementation; ongoing participation in faculty governance; implementation of scholarly activities; curriculum review & development through governance participation.

<b>Faculty Name:</b>	Tara Grier
<b>Indiana License Number:</b>	28167386A
<b>Full or Part Time:</b>	Part-Time
<b>Date of Appointment:</b>	5/13/13
<b>Highest Degree:</b>	MSN
<b>Responsibilities:</b>	Didactic and clinical instruction; lesson plan development & implementation; ongoing participation in faculty governance; implementation of scholarly activities; curriculum review & development through governance participation.

<b>Faculty Name:</b>	Marie Bauer
<b>Indiana License Number:</b>	28092635A
<b>Full or Part Time:</b>	Full-Time
<b>Date of Appointment:</b>	4/5/10
<b>Highest Degree:</b>	MSN
<b>Responsibilities:</b>	Didactic and clinical instruction; lesson plan development & implementation; ongoing participation in faculty governance; implementation of scholarly activities; curriculum review & development through governance participation.

<b>Faculty Name:</b>	Terri Farr
<b>Indiana License Number:</b>	28103190A
<b>Full or Part Time:</b>	Part-Time
<b>Date of Appointment:</b>	10/03/11
<b>Highest Degree:</b>	MSN
<b>Responsibilities:</b>	Didactic and clinical instruction; lesson plan development & implementation; ongoing participation in faculty governance; implementation of scholarly activities; curriculum review & development through governance participation.

<b>Faculty Name:</b>	Sidney Morgan
<b>Indiana License Number:</b>	28110356A
<b>Full or Part Time:</b>	Part-Time
<b>Date of Appointment:</b>	7/18/11
<b>Highest Degree:</b>	BSN
<b>Responsibilities:</b>	Didactic and clinical instruction; lesson plan development & implementation; ongoing participation in faculty governance; implementation of scholarly activities; curriculum review & development through governance participation.

<b>Faculty Name:</b>	Richard Cain
<b>Indiana License Number:</b>	28173909A
<b>Full or Part Time:</b>	Part-Time
<b>Date of Appointment:</b>	7/05/11
<b>Highest Degree:</b>	MSN
<b>Responsibilities:</b>	Didactic and clinical instruction; lesson plan development & implementation; ongoing participation in faculty governance; implementation of scholarly activities; curriculum review & development through governance participation.
<b>Faculty Name:</b>	Shavon Fitts
<b>Indiana License Number:</b>	28155931A
<b>Full or Part Time:</b>	Part-Time
<b>Date of Appointment:</b>	4/11/11
<b>Highest Degree:</b>	MSN
<b>Responsibilities:</b>	Didactic and clinical instruction; lesson plan development & implementation; ongoing participation in faculty governance; implementation of scholarly activities; curriculum review & development through governance participation.

<b>Faculty Name:</b>	Phyllis Bragg
<b>Indiana License Number:</b>	28156070A
<b>Full or Part Time:</b>	Full-Time
<b>Date of Appointment:</b>	2/07/11
<b>Highest Degree:</b>	MSN
<b>Responsibilities:</b>	Program Director of Nursing

<b>Faculty Name:</b>	Cathern Book
<b>Indiana License Number:</b>	28165647A
<b>Full or Part Time:</b>	Full-Time
<b>Date of Appointment:</b>	10/31/12
<b>Highest Degree:</b>	MSN
<b>Responsibilities:</b>	Didactic and clinical instruction; lesson plan development & implementation; ongoing participation in faculty governance; implementation of scholarly activities; curriculum review & development through governance participation.

E. Please attach the following documents to the Annual Report in compliance with 848 IAC 1-2-23:

2. An organizational chart for the nursing program and the parent institution.

