



**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

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. 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 X ASN _____ BSN _____

Dates of Academic Reporting Year: 01/January/2013 through 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



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Website Address: www.medtech.edu

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:

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 ___



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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 _____ X _____ 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 X Ties to progression or thru curriculum _____

2E.) If taken as part of a course, please identify course(s):

PN 104 (Nursing Foundations II); HS 270 (Pharmacology for Nursing); PN 202 (Nursing Care: Maternity); PN 204 (Nursing Care: Pediatrics); PN 271 (Medical-Surg Nursing: Disease & Disorders); PN 275 (NCLEX Review)

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



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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 Practical Nursing program, then only 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, students receive notice approximately 4-weeks prior to the start of the clinical rotation.

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): _____



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

Faculty Name:	Tara Grier
Indiana License Number:	28167386A
Full or Part Time:	Part-Time
Date of Appointment:	5/13/13
Highest Degree:	MSN
Responsibilities:	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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Faculty Name:	Reginna Campbell
Indiana License Number:	28074041A
Full or Part Time:	Part-time
Date of Appointment:	4/11/13
Highest Degree:	BSN
Responsibilities:	Didactic and clinical instruction; lesson plan development & implementation; ongoing participation in faculty governance; implementation of scholarly activities; curriculum review & development through governance participation.

Faculty Name:	Kimberly Fulkerson
Indiana License Number:	28145196A
Full or Part Time:	Part-time
Date of Appointment:	4/11/13
Highest Degree:	MSN
Responsibilities:	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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Faculty Name:	Andrea C. Howard
Indiana License Number:	28206918A
Full or Part Time:	Full-time
Date of Appointment:	9/3/2013
Highest Degree:	MSN
Responsibilities:	program chair

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

Faculty Name:	CIESLIK, CHRISTINA L
Indiana License Number:	28119898A
Full or Part Time:	Part Time
Date of Appointment:	1/08/2013
Highest Degree:	MSN



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Responsibilities:	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: 5
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: 4

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: 3
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 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.



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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 Horoho

9-18-14

Signature of Dean/Director of Nursing Program

Date

Debra Horoho

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 Practical 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 campus librarian. Library resources are updated periodically, and money is budgeted to maintain library resources for faculty and students.
- 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 Villiages	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;

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

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

Faculty Name:	Marie Bauer
Indiana License Number:	28092635A
Full or Part Time:	Full-Time
Date of Appointment:	4/5/10
Highest Degree:	MSN
Responsibilities:	Didactic and clinical instruction; lesson plan development & implementation; ongoing participation in faculty governance; implementation of scholarly activities; curriculum review & development through governance participation.
Faculty Name:	Terri Farr
Indiana License Number:	28103190A
Full or Part Time:	Part-Time
Date of Appointment:	10/03/11
Highest Degree:	MSN
Responsibilities:	Didactic and clinical instruction; lesson plan development & implementation; ongoing participation in faculty governance; implementation of scholarly activities; curriculum review & development through governance participation.

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

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

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

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

Faculty Name:	Cathern Book
Indiana License Number:	28165647A
Full or Part Time:	Full-Time
Date of Appointment:	10/31/12
Highest Degree:	MSN
Responsibilities:	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.

