



**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, 2013 through July 31, 2014. 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 to 31 December 2013
(Date/Month/Year) to (Date/Month/Year)

Name of School of Nursing: Medtech College

Address: 1500 American Way
 Greenwood, IN 46143



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Nicholas Rhoad, Executive Director

Dean/Director of Nursing Program

Name and Credentials: Fawn Updike RN, MSN Ed

Title: Interim Program Director of Nursing Email: fupdike@medtech.edu

Nursing Program Phone #: 317-534-0322 ext. 125 Fax: 317-536-2199

Website Address: www.medtech.edu _____

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

Linked In and 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?

Not a candidate at this time.

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____



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8) Change in clinical facilities or agencies used (list both additions and deletions on attachment) Yes No

9) Major changes in curriculum (list if positive response) Yes No

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

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

Medtech requires candidates for the Registered Nursing program to successfully pass the TEAS V examination with the passing standard as established by the college. Also, Medtech updated several policies to enhance 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.

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



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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 Retention of full-time, MSN & BSN-prepared faculty was a challenge at times during the reporting period. Since the last reporting period, the Greenwood campus acquired 2 full-time BSN-prepared faculty in the PN program, and 2 part-time MSN-prepared faculty and 2 part-time BSN prepared faculty. Of the 2 full-time faculty acquired since the last reporting period (January 2013 to-date), 1 (50%) remain employed as full-time. Since the last reporting period, the Greenwood campus enhanced the hiring and onboarding process for full- and part-time faculty. 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 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.

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 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 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.



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SECTION 3: STUDENT INFORMATION

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

Summer 33 Fall 58 Spring 35 Winter 17

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

Summer 0 Fall 1 Spring 7 Winter 15

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):

Faculty Name:	Fawn S. Updike
Indiana License Number:	28121898A
Full or Part Time:	Full Time
Date of Appointment:	01/08/2013
Highest Degree:	MSN Ed
Responsibilities:	Clinical Coordinator & Didactic Instructor



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Faculty Name:	Bobbi Fitz
Indiana License Number:	28189858A
Full or Part Time:	Part Time
Date of Appointment:	05/10/2013
Highest Degree:	MSN
Responsibilities:	Clinical Instructor

Faculty Name:	Essie Biggs
Indiana License Number:	28189884
Full or Part Time:	Part Time
Date of Appointment:	07/08/2013
Highest Degree:	MSN
Responsibilities:	Didactic & Clinical Instructor

Faculty Name:	Vanessa D. Scott
Indiana License Number:	28195555A
Full or Part Time:	Part Time
Date of Appointment:	09/27/2013
Highest Degree:	BSN
Responsibilities:	Clinical Instructor



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Faculty Name:	Suzanne Bongiorno
Indiana License Number:	28123863A
Full or Part Time:	Part Time
Date of Appointment:	10/15/2013
Highest Degree:	BSN
Responsibilities:	Clinical Instructor

Faculty Name:	Rachel Manlief
Indiana License Number:	28127574A
Full or Part Time:	Full Time
Date of Appointment:	10/21/2013
Highest Degree:	MSN
Responsibilities:	Didactic & Clinical Instructor

Faculty Name:	Sarah E. Balsler
Indiana License Number:	28194685A
Full or Part Time:	Full Time
Date of Appointment:	10/24/2013
Highest Degree:	BSN
Responsibilities:	Didactic & Clinical Instructor



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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: 11
4. Number of part time clinical faculty: 7
5. Number of adjunct faculty: 7

C. Faculty education, by highest degree only:

1. Number with an earned doctoral degree: _____
2. Number with master's degree in nursing: 13
3. Number with baccalaureate degree in nursing: 5
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.

Fawn S Updike RN MSN

9/17/14

Signature of Dean/Director of Nursing Program

Date

Fawn S Updike 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.

Indiana State Board of Nursing
2014 Annual Report for Practical Nurse 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 75 computers as well as advising from the National Librarian. Library resources are updated periodically, and money is budgeted to maintain library resources for faculty and students.

8. Change in clinical facilities or agencies used.

Agency Name	Addition Yes = X	Deletion Yes = X
Ashford Place Health Campus	X	
Decatur Township Center	X	

Section 3: Student Information

3. Please attach a brief description of all complaints about the program, and include how they were addressed or resolved.

Complaint	Submitted To	Resolution	Resolved By
<p>LPN Student submitted a complaint to the Office of the Indiana Attorney General stating that Medtech delayed delivery of her Certificate of Completion and testing fees so that she may sit for the NCLEX exam. Student sought compensation for the delay.</p>		<p>The Attorney General closed the case.</p>	<p>Outside counsel contacted the Attorney General and explained that the delay was not outside our normal release schedule.</p>
<p>Anonymous complaint to the ISBN alleging that Medtech did not have the proper number of clinical sites.</p>		<p>The National Director of Nursing, the Program Director and the campus Executive Director researched the situation and provided documentation to the ISBN detailing the clinical sites available.</p>	<p>No further action was taken.</p>

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:	Paul E. Senecal
Indiana License Number:	28206045A
Full or Part Time:	Full Time
Date of Appointment:	06/18/2012
Highest Degree:	MSN
Responsibilities:	Clinical & Didactic Instruction

Faculty Name:	Janet Phelps
Indiana License Number:	28066515A
Full or Part Time:	Full Time
Date of Appointment:	08/21/2008
Highest Degree:	MSN
Responsibilities:	Didactic & Clinical Instruction

Faculty Name:	Mary E. Sears
Indiana License Number:	28086293A
Full or Part Time:	Full Time
Date of Appointment:	10/01/2012
Highest Degree:	MSN
Responsibilities:	Didactic & Clinical Instruction

Faculty Name:	Margaret Switzer
Indiana License Number:	28116074A
Full or Part Time:	Part Time
Date of Appointment:	05/31/2011
Highest Degree:	MSN
Responsibilities:	Didactic and Clinical Instruction

Faculty Name:	Lisa D. Shaffer
Indiana License Number:	28088370A
Full or Part Time:	Full Time
Date of Appointment:	04/11/2011
Highest Degree:	MSN
Responsibilities:	Program Director of Nursing

Faculty Name:	Lee Williams
Indiana License Number:	28163785A
Full or Part Time:	Full Time
Date of Appointment:	09/28/2009
Highest Degree:	MSN
Responsibilities:	Program Director of Nursing

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.

