



**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](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: 8/1/2013 to 7/31/2014

Name of School of Nursing: University of Saint Francis

Address: 2701 Spring St. Fort Wayne, IN 46808

Dean/Director of Nursing Program

Name and Credentials: Mindy Yoder DNP, FNP-BC, RN

Title: Dean, School of Health Sciences Email: [myoder@sf.edu](mailto:myoder@sf.edu)

Nursing Program Phone #: 260-399-7700      Fax: 260-399-8167

Website Address [www.sf.edu](http://www.sf.edu)



**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

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: October 2, 2012 ACEN continuing accreditation with follow-up report due Feb 1, 2015; Accreditation letter attached below



NLNAC 3-27-2013 approval

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> |



**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

## 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? N/A

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, with a score of 82%, then successful completion of Virtual ATI or NCLEX review course if cut score not met

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

2E.) If taken as part of a course, please identify course(s): Comprehensive final exam taken in each NURS didactic course; Final comprehensive exam in Critical Thinking Seminar – NURS 292

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

A. Faculty recruitment/retention: None.

B. Availability of clinical placements: None.

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? Prior to first clinical experience and annually thereafter while enrolled in the program.

5.) At what point and in what manner are students apprised of the criminal background check for your program? Students are apprised when receiving clinical requirements (annually).



**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

**SECTION 3: STUDENT INFORMATION**

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

Summer 2014 5                      Fall 2013            27                      Spring 2014        6

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

Summer 2014 0                      Fall 2013            31                      Spring 2014        13

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.



ASN Academic Student Complaint 1

4.) Indicate the type of program delivery system:

Semester 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):

<b>Faculty Name:</b>	<b>Kathy Buck</b>
<b>Indiana License Number:</b>	28074862A
<b>Full or Part Time:</b>	FT
<b>Date of Appointment:</b>	8/15/2013
<b>Highest Degree:</b>	MSN
<b>Responsibilities:</b>	Med-Surg nursing clinical



**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

<b>Faculty Name:</b>	<b>Danette Courts</b>
<b>Indiana License Number:</b>	28194973A
<b>Full or Part Time:</b>	adjunct
<b>Date of Appointment:</b>	1/15/2014
<b>Highest Degree:</b>	BSN
<b>Responsibilities:</b>	Mental Health Nursing clinical
<b>Faculty Name:</b>	<b>Patsy Hall</b>
<b>Indiana License Number:</b>	28084251A
<b>Full or Part Time:</b>	adjunct
<b>Date of Appointment:</b>	8/15/2013
<b>Highest Degree:</b>	MSN
<b>Responsibilities:</b>	Fundamentals and Meg-Surg nursing clinicals
<b>Faculty Name:</b>	<b>Rhonda Jones</b>
<b>Indiana License Number:</b>	28156158A
<b>Full or Part Time:</b>	adjunct
<b>Date of Appointment:</b>	1/15/2013
<b>Highest Degree:</b>	MSN
<b>Responsibilities:</b>	Mental Health Nursing clinical

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

1. Number of full time faculty: \_\_\_\_\_ 7 \_\_\_\_\_



**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

- 2. Number of part time faculty \_\_\_\_\_ 1 (half time) \_\_\_\_\_
- 3. Number of full time clinical faculty: \_\_\_\_\_ 4 \_\_\_\_\_
- 4. Number of part time clinical faculty: \_\_\_\_\_ 0 \_\_\_\_\_
- 5. Number of adjunct faculty: \_\_\_\_\_ 7 \_\_\_\_\_

C. Faculty education, by highest degree only:

- 1. Number with an earned doctoral degree: \_\_\_\_\_ 1 Full time faculty \_\_\_\_\_
- 2. Number with master's degree in nursing: \_\_\_\_\_ 10 Full time, 1 Part Time, and 7 Adjunct \_\_\_\_\_
- 3. Number with baccalaureate degree in nursing: \_\_\_\_\_ 0 \_\_\_\_\_
- 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  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;  
Melissa Somerville, MSN, RN
- 2. An organizational chart for the nursing program and the parent institution.



2014-2015 admin  
chart 2014 07 08.xls>



SOHS  
Organizational Char



**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

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.

A handwritten signature in black ink that reads "Mindy Yoder". The signature is written in a cursive, flowing style.

9/24/2014

Signature of Dean/Director of Nursing Program

Date

Mindy Yoder DNP, FNP-BC, RN  
Dean, School of Health Sciences

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.