

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   X        ASN             BSN       

Dates of Academic Reporting Year:   August 1, 2012 through July 31, 2013    
(Date/Month/Year) to (Date/Month/Year)

Name of School of Nursing:   Vincennes University Associate Degree Program (Vincennes)  

Address:   1002 N. First St., Vincennes, IN 47591  

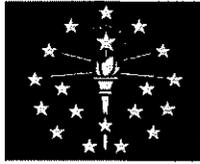
Dean/Director of Nursing Program

Name and Credentials:   Betty J. Ryan RN, MSN  

Title:   Program Chair        Email:   bjryan@vinu.edu  

Nursing Program Phone #:   812-888-5090        Fax:   812-888-4550  

Website Address   www.vinu.edu/content/nursing



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

Please indicate last date of NLNAC or CCNE accreditation visit, if applicable, and attach the outcome and findings of the visit: \_\_\_\_\_ NLNAC Sept. 25-27, 2012 \_\_\_\_\_

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 <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> _____ |

### SECTION 2: PROGRAM



**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

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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 \_\_\_\_\_ No  X

2B.) If **not**, explain how you assess student readiness for the NCLEX. Students must complete ATI comprehensive predictor form B with a 70%. Students who do not meet the benchmark are required to complete Form A of the test. Counseled on remediation and encouraged to take a review course.  
Counseled on remediation and encouraged to take a review course \_

2C.) If **so**, which exam(s) do you require?  
\_\_\_\_\_

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

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

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

A. Faculty recruitment/retention: Faculty salaries are lower than nursing salaries outside of education. Applicants have expressed disappointment in faculty salaries. Once nursing faculty full-time and part-time complete MSN they leave education into other fields because of salary difference. \_\_\_\_\_

B. Availability of clinical placements: Finding clinical experiences for nursing students during pediatric rotations. At this time faculty are using more community resources for clinical experiences. Competing with other nursing programs and health care programs for space in the hospitals. Consolidation of hospital resources has limited clinical space. \_\_\_\_\_  
\_\_\_\_\_

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



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4.) At what point does your program conduct a criminal background check on students? After students are selected for admission but before being accepted into the nursing program. \_\_\_\_

5.) At what point and in what manner are students apprised of the criminal background check for your program?\_\_ Requirements are posted on VU website and in the catalog. In addition when students are selected for admission the student receives detailed information explaining the steps to complete the process.

**SECTION 3: STUDENT INFORMATION**

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

Summer \_\_\_\_\_ Fall 40 Spring \_\_\_\_\_

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

Summer 33 Fall \_\_\_\_\_ Spring \_\_\_\_\_

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.

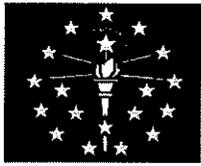
4.) Indicate the type of program delivery system:

Semesters 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>	Marla Small
<b>Indiana License Number:</b>	28100603A
<b>Full or Part Time:</b>	Full time
<b>Date of Appointment:</b>	August 2012



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<b>Highest Degree:</b>	BSN, enrolled and progress towards MSN
<b>Responsibilities:</b>	Fundamentals of Nursing Lecture, college lab and clinical

<b>Faculty Name:</b>	Terri Hamilton
<b>Indiana License Number:</b>	28137500A
<b>Full or Part Time:</b>	Part Time Adjunct
<b>Date of Appointment:</b>	January 2013
<b>Highest Degree:</b>	BSN
<b>Responsibilities:</b>	Clinical in Spring semester

<b>Faculty Name:</b>	Tina Kelly
<b>Indiana License Number:</b>	28141000A
<b>Full or Part Time:</b>	Part Time Adjunct
<b>Date of Appointment:</b>	August 2012
<b>Highest Degree:</b>	BSN
<b>Responsibilities:</b>	Fundamentals clinical fall 2012

See page 9

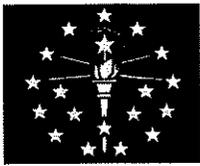
B. Total faculty teaching in your program in the academic reporting year:

1. Number of full time faculty:   3  

2. Number of part time faculty:   0  

3. Number of full time clinical faculty:   0





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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.

Betty J Ryan, RN, MSN

9/25/2013

Signature of Dean/Director of Nursing Program

Date

Betty J Ryan, 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:

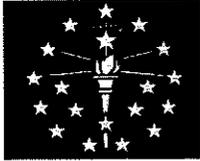
### **Potential Complainants**

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.



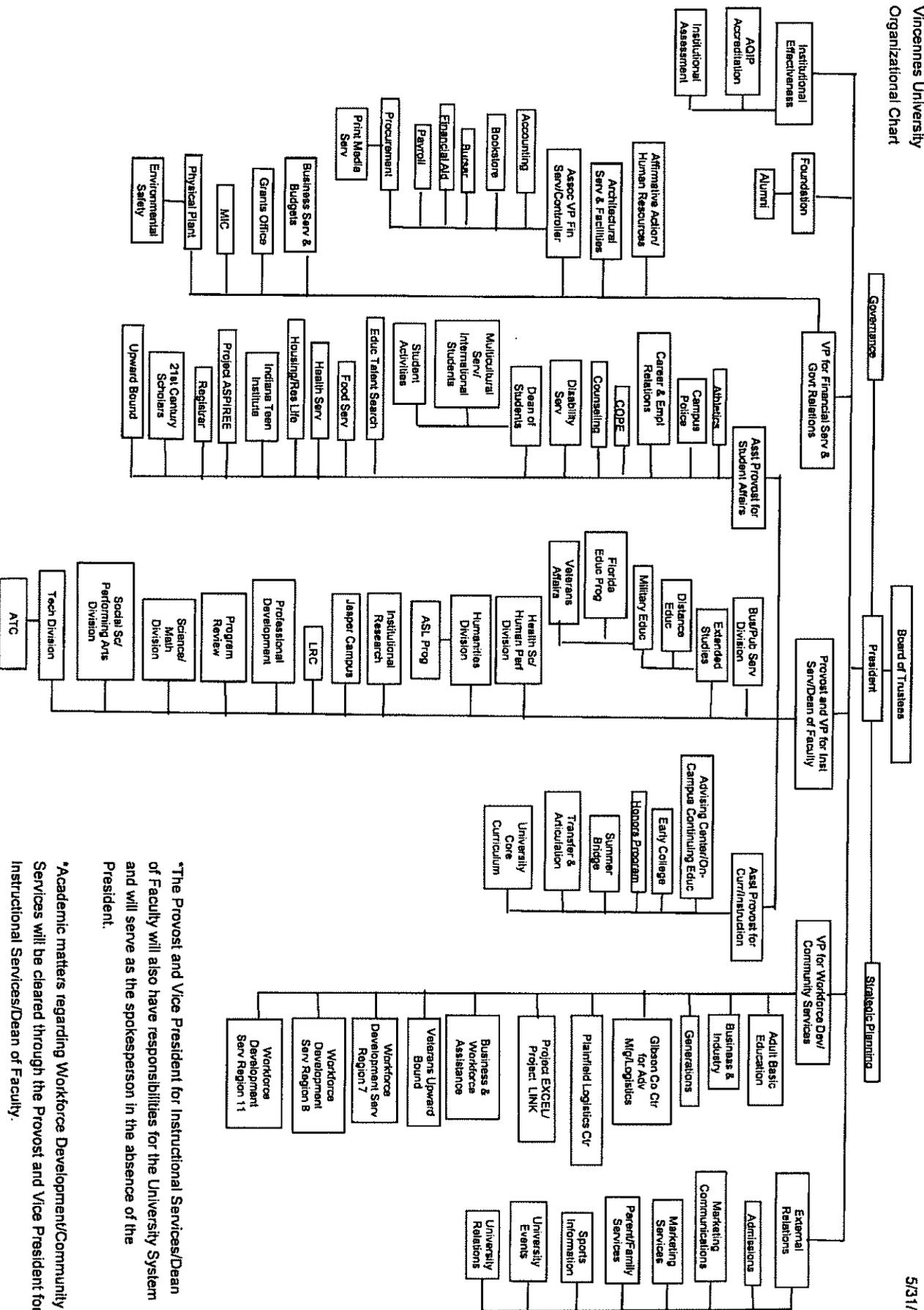
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<b>Faculty Name:</b>	Zondra Myers
<b>Indiana License Number:</b>	28063564 A
<b>Full or Part Time:</b>	Part time Adjunct
<b>Date of Appointment:</b>	January 2013
<b>Highest Degree:</b>	MSN
<b>Responsibilities:</b>	Lecture Geriatric Nursing



\*The Provost and Vice President for Instructional Services/Dean of Faculty will also have responsibilities for the University System and will serve as the spokesperson in the absence of the President.

\*Academic matters regarding Workforce Development/Community Services will be cleared through the Provost and Vice President for Instructional Services/Dean of Faculty.

\*Each Vice President shall have budgetary responsibilities and accountability in his/her respective area.

# Final: Revised - July 2012

