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_____ ASN_____ BSN_X___

Dates of Academic Reporting Year: 08.01.2012 to 07.31.2013

Name of School of Nursing: Ball State University School of Nursing

Address: 2000 W. University Ave.

Muncie, IN 47306-0265

Director of Nursing Program

Name and Credentials: Linda L. Siktberg Linda Siktberg, PhD, RN, ANEF

Title: Director Email: lsiktber@bsu.edu
Please indicate last date of NLNAC or CCNE accreditation visit, if applicable, and attach the outcome and findings of the visit:

BS & MS Programs: 11/17/2010
DNP Program: 11/18/2011

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____ No____ X____
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____ No____ X____
8) Change in clinical facilities or agencies used (list both
    additions and deletions on attachment)
   Yes____ No____ X____
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 XXX Declining _____

1B.) If you identified your performance as declining, what steps is the program taking to address this issue?

While NCLEX performance during the January 1 – December 31, 2012 year remained stable, the School of Nursing has noted a decline in NCLEX performance of the December 2012 and May 2013 graduates. The School of Nursing is taking the following steps.

1. Changed NCLEX review provider for July 2013 graduates and December 2013 graduates.

2. Analyzing data of NCLEX failures to identify early and late predictors for passing NCLEX on the first attempt.

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.

   During week four of the semester or week three of summer session, each student is required to take the HESI Assessment RN Exit Exam. Based on the student’s HESI exit examination score, the student develops a review plan using NCLEX-RN exam review books and other selected review sources.

2C.) If so, which exam(s) do you require? N/A

2D.) When in the program are comprehensive exams taken: Upon Completion_______

   As part of a course ________ Ties to progression or thru curriculum_______X_________

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

   A. Faculty recruitment/retention: Difficulty in recruiting qualified doctoral prepared tenure-track faculty.

   B. Availability of clinical placements: As clinical sites continue to reduce the number of student spaces available and an increasing number of schools of nursing request clinical space, it is becoming a challenge to find a sufficient number of spaces at clinical
facilities. Thus far, the School has been successful in obtaining clinical sites, but this a long-term concern.

C. Other programmatic concerns (library resources, skills lab, sim lab, etc.): Not another programmatic concerns at the present time.

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

Seven-year check conducted at time of admission; one-year check annual thereafter.

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

The criminal background check requirement is noted in the admission policies, undergraduate catalogue, School of Nursing website, and other public documents. Applicants are advised of the requirement at the time of application. Students are reminded of the requirement annually.

SECTION 3: STUDENT INFORMATION

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

Summer______ 14 _______ Fall______ 75 __________ Spring______ 90 __________

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

Summer______ 29 _______ Fall______ 60 __________ Spring______ 90 __________

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. N/A

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):

<table>
<thead>
<tr>
<th>Faculty Name:</th>
<th>Marilyn Ryan</th>
</tr>
</thead>
<tbody>
<tr>
<td>Indiana License Number:</td>
<td>28046806A</td>
</tr>
<tr>
<td>Full or Part Time:</td>
<td>Part-Time</td>
</tr>
<tr>
<td>Date of Appointment:</td>
<td>January 2013</td>
</tr>
<tr>
<td>Highest Degree:</td>
<td>PhD</td>
</tr>
<tr>
<td>Responsibilities:</td>
<td>Online Graduate Classes</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Faculty Name:</th>
<th>Joanna Hurd</th>
</tr>
</thead>
<tbody>
<tr>
<td>Indiana License Number:</td>
<td>28150494A</td>
</tr>
<tr>
<td>Full or Part Time:</td>
<td>Part-Time</td>
</tr>
<tr>
<td>Date of Appointment:</td>
<td>January 2013</td>
</tr>
<tr>
<td>Highest Degree:</td>
<td>MSN</td>
</tr>
<tr>
<td>Responsibilities:</td>
<td>LPN Transition Lab</td>
</tr>
<tr>
<td>Faculty Name</td>
<td>Margie Pyron</td>
</tr>
<tr>
<td>-------------------</td>
<td>-------------------------------------</td>
</tr>
<tr>
<td>Indiana License Number</td>
<td>28150950A</td>
</tr>
<tr>
<td>Full or Part Time</td>
<td>Part-Time</td>
</tr>
<tr>
<td>Date of Appointment</td>
<td>January 2013</td>
</tr>
<tr>
<td>Highest Degree</td>
<td>MS</td>
</tr>
<tr>
<td>Responsibilities</td>
<td>Undergraduate Teaching</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Faculty Name</th>
<th>Karrie Osborne</th>
</tr>
</thead>
<tbody>
<tr>
<td>Indiana License Number</td>
<td>28151418A</td>
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<tr>
<td>Full or Part Time</td>
<td>Part-Time</td>
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<tr>
<td>Date of Appointment</td>
<td>January 2013</td>
</tr>
<tr>
<td>Highest Degree</td>
<td>MS</td>
</tr>
<tr>
<td>Responsibilities</td>
<td>Undergraduate Teaching</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Faculty Name</th>
<th>Theresa Thompson</th>
</tr>
</thead>
<tbody>
<tr>
<td>Indiana License Number</td>
<td>IL – 041251028</td>
</tr>
<tr>
<td>Full or Part Time</td>
<td>Part-Time</td>
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<tr>
<td>Date of Appointment</td>
<td>January 2013</td>
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<tr>
<td>Highest Degree</td>
<td>MS</td>
</tr>
<tr>
<td>Responsibilities</td>
<td>Online, Distance classes only</td>
</tr>
<tr>
<td>Faculty Name:</td>
<td>Nancy Fernandes</td>
</tr>
<tr>
<td>----------------------</td>
<td>--------------------------</td>
</tr>
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<td>Indiana License Number:</td>
<td>28161651A</td>
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<tr>
<td>Full or Part Time:</td>
<td>Part-Time</td>
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<td>Date of Appointment:</td>
<td>August 2012</td>
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<tr>
<td>Highest Degree:</td>
<td>MS</td>
</tr>
<tr>
<td>Responsibilities:</td>
<td>Undergraduate Clinicals</td>
</tr>
</tbody>
</table>

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

1. Number of full time faculty: ___________ 38 ____________
2. Number of part time faculty: ___________ 19 ____________
3. Number of full time clinical faculty: Some: ___________ 16 ___________ Only: ___________ 7 ___________
4. Number of part time clinical faculty: Some: ___________ 2 ___________ Only: ___________ 5 ___________
5. Number of adjunct faculty: ___________ 1 ___________

C. Faculty education, by highest degree only:

1. Number with an earned doctoral degree: ___________ 13 ___________
2. Number with master’s degree in nursing: ___________ 44 ___________
3. Number with baccalaureate degree in nursing: ___________ 1 ___________
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 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;

   Effective as of August 2013
   Elick, Camille
   Foster, Margaret
   Goldsby, Beth
   Harber, Lisa
   Hurd, Joanna
   Lightner, Tammy
   Renz, Brandy
   Fernandes, Nancy
May 12, 2011

Linda L. Siktberg, PhD, RN
Director
School of Nursing
Ball State University
2000 University Avenue - Cooper Building
Muncie, IN 47306-0265

Dear Dr. Siktberg:

On behalf of the Commission on Collegiate Nursing Education (CCNE), I am pleased to advise you that the CCNE Board of Commissioners acted at its meeting on April 14-16, 2011, to grant accreditation to the baccalaureate and master’s degree programs in nursing at Ball State University for the term of 10 years, extending to June 30, 2021. These accreditation actions are effective as of November 15, 2010, which is the first day of the programs’ recent CCNE on-site evaluation. You should plan for the next on-site evaluation to take place in the fall of 2020.

At its meeting, the Board determined that the programs met all four accreditation standards. The Board additionally determined that there are no compliance concerns with respect to the key elements.

As is required for all accredited programs, the Board requested that the programs submit a Continuous Improvement Progress Report (CIPR) at the mid-point of the accreditation term. The CIPR should address the nursing programs’ continued compliance with all accreditation standards. The deadline for submitting the progress report to CCNE is June 1, 2016. The Report Review Committee, and then the Board of Commissioners, will review the progress report in the fall of 2016. For more information about CIPRs, please refer to the CCNE Procedures for Accreditation of Baccalaureate and Graduate Degree Nursing Programs, available at http://www.aacn.nche.edu/Accreditation/pdf/Procedures.pdf.

Please note that the aforementioned CIPR will need to address the CCNE standards that are in effect at the time of submission. In the reminder letter sent approximately 5 months prior to the CIPR due date, CCNE will inform the program of the specific standards to be used and will provide guidance for the preparation of the report.

A copy of the accreditation report that was sent to you earlier, along with your response to it, is being transmitted to the institution’s chief executive officer as the Commission’s official report to Ball State University. We hope that both the results of your self-study process and the accreditation report will be useful to the continued growth and development of the nursing programs. Certificates of accreditation are enclosed.

As a reminder, programs are expected to continue to comply with the CCNE standards and procedures throughout the period of accreditation. This includes advising CCNE in the event of any substantive change in the nursing programs or of any major organizational changes that may affect the programs’ administration, scope, or quality. Substantive change notifications must be submitted to CCNE no earlier than 90 days prior to implementation or occurrence of the change, but no
later than 90 days after implementation or occurrence of the change. These reporting requirements are discussed further in the CCNE Procedures.

We appreciate the many courtesies and the helpfulness extended to the CCNE evaluation team in the fall of 2010. The Commissioners join me in expressing our best wishes as you proceed with tasks important to the future of your nursing programs.

Sincerely,

Carol Ledbetter, PhD, FNP, BC, FAAN
Chair, Board of Commissioners

cc: President Jo Ann M. Gora
CCNE Board of Commissioners
CCNE Accreditation Review Committee
CCNE Evaluation Team
May 25, 2012

Linda L. Siktberg, PhD, RN
Director
School of Nursing
Ball State University
2000 University Avenue - Cooper Building
Muncie, IN 47306-0265

Dear Dr. Siktberg:

The Commission on Collegiate Nursing Education’s (CCNE) Board of Commissioners acted at its meeting on April 26-28, 2012, to grant accreditation to the Doctor of Nursing Practice (DNP) program at Ball State University for 5 years, extending to June 30, 2017. The accreditation action is effective as of November 16, 2011, which is the first day of the program’s recent CCNE on-site evaluation. You should plan for the next on-site evaluation to take place in the fall of 2016.

At its meeting, the Board determined that the program met all four accreditation standards. The Board additionally determined that there are no compliance concerns with respect to the key elements.

As is required for all accredited programs, a Continuous Improvement Progress Report (CIPR) must be submitted at the mid-point of the accreditation term. The CIPR must address the nursing program’s continued compliance with all accreditation standards. The deadline for submitting the progress report to CCNE is December 1, 2014. The Report Review Committee, and then the Board of Commissioners, will review the progress report in the summer of 2015. For more information about CIPRs, please refer to the CCNE Procedures for Accreditation of Baccalaureate and Graduate Degree Nursing Programs, available at http://www.aacn.nche.edu/ccne-accreditation/Procedures.pdf.

Please note that the aforementioned CIPR needs to address the CCNE standards that are in effect at the time of submission. In the reminder letter sent approximately 5 months prior to the CIPR due date, CCNE will inform the program of the specific standards to be used and will provide guidance for the preparation of the report.

A copy of the accreditation report that was sent to you earlier, along with your response to it, is being transmitted to the institution’s chief executive officer as the Commission’s official report to Ball State University. We hope that both the results of your self-study process and the accreditation report will be useful to the continued growth and development of the nursing program. A certificate of accreditation is endorsed.

If a program or institution elects to make a public disclosure of a program’s accreditation status with CCNE, the program or institution must disclose that status accurately. The program or institution disclosing the information must identify the nursing degree program and its affiliation with CCNE. The U.S. Department of Education requires that this statement include the accrediting agency’s full name, address, and telephone number. CCNE has approved the following statement for disclosure of the accreditation status to the public:

*The (baccalaureate/master's/DNP program) at (institution) is accredited by the Commission on Collegiate Nursing Education, One Dupont Circle, NW,

As a reminder, programs are expected to continue to comply with the CCNE standards and procedures throughout the period of accreditation. This includes advising CCNE in the event of any substantive change in the nursing program or of any major organizational changes that may affect the program’s administration, scope, or quality. Substantive change notifications must be submitted to CCNE no earlier than 90 days prior to implementation or occurrence of the change, but no later than 90 days after implementation or occurrence of the change. These reporting requirements are discussed further in the CCNE Procedures.

We appreciate the many courtesies and the helpfulness extended to the CCNE evaluation team in the fall of 2011. The Commissioners join me in expressing our best wishes as you proceed with tasks important to the future of your nursing program.

Sincerely,

Linda M. Caldwell, DNSc, ANP-BC
Chair, Board of Commissioners

cc: President Jo Ann M. Gora
    CCNE Board of Commissioners
    CCNE Accreditation Review Committee
    CCNE Evaluation Team
2. An organizational chart for the nursing program and the parent institution.
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.

**Linda L. Sikkberg**

Signature of Dean/Director of Nursing Program

Date: 9.26.13

Linda L. Sikkberg, PhD, RN

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.