Indiana State Board of Nursing

402 West Washington Street, Room W072

Indianapolis, Indiana 46204

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Governor Mitchell E. Daniels, Jr.

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, 2011 through July 31, 2012. 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 2011." 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: January 1, 2011 – December 31, 2011
(Date/Month/Year) to (Date/Month/Year)

Name of School of Nursing: Michiana College Education Corporation d/b/a/ Brown Mackie College – Fort Wayne, Indiana

Address: 3000 E. Coliseum Blvd., Fort Wayne, Indiana, 46805

Dean/Director of Nursing Program

Name and Credentials: Susan M. Holm, RN, MSN

Title: Nursing Administrator Email: sholm@brownmackie.edu

Nursing Program Phone #: (260) 481-5066 Fax: (260) 481-4398

Website Address: www.brownmackie.edu/FortWayne/

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

Please indicate last date of NLNAC or CCNE accreditation visit, if applicable, and attach the outcome and findings of the visit: N/A

If you are not accredited by NLNAC or CCNE where are you at in the process? Candidacy Presentation accepted by reviewers; in the process of responding to NLNAC on specific questions. Self study underway.

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 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

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 X Stable____ 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.

2C.) If **so,** which exam(s) do you require? Assessment Technology Institute, LLC (ATI) Comprehensive Predictor.

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

***Note**: Please see Attachment 5 which details the overview of the testing process and the expectations at each level.

2E.) If taken as part of a course, please identify course(s): PN2995 Preceptorship

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

A. Faculty recruitment/retention:

B. Availability of clinical placements:

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? During PN1000 Introduction to Nursing and prior to placement into a concentration course with a clinical component.

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

The students are first apprised of the criminal background check for the Practical Nursing program with their admissions representative. The admissions representative reviews the program disclosure form with the student and the student initials the form when the points have been reviewed. The following points are reviewed with the student:

- The student has been advised that a criminal history, including felony convictions, plea agreements or lesser included offenses, may negatively impact their ability to be placed

in a clinical site, obtain licensure through the State Nursing Board, take the licensure examination or find employment in their chosen field.

- The student is responsible for self-reporting regarding all felony convictions, all plea agreements and misdemeanor convictions of lesser-included offenses arising from felony arrests that occurs prior to enrollment and/or during enrollment to the nursing program administration. Failure to do so may result in termination of the clinical placement. The student understands that clinical sites and employers may require a criminal background check to be conducted to validate self-reports.
- The student is informed that individuals who have been found guilty of a felony, pleaded guilty to a felony or other offenses, may not be eligible to take professional licensure examinations. The State Nursing Board reviews each individual's records on a case-by-case basis and there is no assurance that the student will be able to be licensed. The student understands it is their responsibility, as a student and not that of the College, to carefully research the licensure requirements in the state(s) where they intend to seek licensure because of a conviction.
- The student is informed that certain felony convictions might prohibit them from obtaining employment in the healthcare and/or nursing field. The college has made no promises to the student about finding employment in the field of healthcare and/or nursing.
- The student understands that they will be required to have a clear drug screen in order to participate in the nursing program clinical learning activities.

The criminal background and drug screening policies are also reviewed with the new incoming students at new student orientation during the break out session with the Nursing Administrator. Any background check that comes back with a positive hit is sent to the Nursing Administrator for review. The Nursing Administrator sets up a meeting with the student and counsels the student on the potential for denial to clinical sights and program completion, the need to go before the ISBN prior to obtaining approval to take the NLCEX-PN exam, and possible future employment difficulty. At the Nursing Administrator's discretion the student's Academic Advisor is also present for the meeting. Dependent upon the severity of the charges the student may be encouraged to transfer to another program. The student's response is documented in Campus Vue, and on the background check form and placed in the students permanent academic file.

SECTION 3: STUDENT INFORMATION

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

Summer 3 Fall 1 Spring 1

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

Summer 16 Fall 15 Spring 16

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_____ Quarters_____ Other (specify):___X_

***Note:** Brown Mackie College's program delivery system is based on the quarter system with a monthly delivery of one course at a time.__

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:	Patti Moll
Indiana License Number:	28095019A
Full or Part Time:	Part Time
Date of Appointment:	March 1, 2011
Highest Degree:	Bachelor of Science Degree in Nursing
Responsibilities:	Adjunct Clinical Instructor

Faculty Name:	Patsy Hall
Indiana License Number:	28084251A
Full or Part Time:	Part Time
Date of Appointment:	March 15, 2011
Highest Degree:	Bachelor of Science Degree in Nursing
Responsibilities:	Adjunct Clinical Instructor

Faculty Name:	Dianna "Sue" Kohl
Indiana License Number:	28189455A
Full or Part Time:	Part Time

Date of Appointment:	October 3, 2011
Highest Degree:	Bachelor of Science Degree in Nursing
Responsibilities:	Adjunct Clinical Instructor

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

1. Number of full time faculty: 7
2. Number of part time faculty: 0
3. Number of full time clinical faculty: 0
4. Number of part time clinical faculty: 14
5. Number of adjunct faculty: same of #4

C. Faculty education, by highest degree only:

1. Number with an earned doctoral degree: 0
2. Number with master's degree in nursing: 5
3. Number with baccalaureate degree in nursing: 15
4. Other credential(s). Please specify type and number: (1) Bachelor of Arts Degree in Women's Studies with 30+ years of Cardiovascular & OB experience.

D. Given this information, does your program meet the criteria outlined in **848 IAC 1-2-13**?

*Yes X No

* **Note**: Not all of the 14 part time clinical faculty were employed and/or teaching at the same time. This is a comprehensive number for the academic year 2011.

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.

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.

Susan M. Holm 9-17-12

Signature of Dean/Director of Nursing Program Date

Susan M. Holm

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.