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:_____September 1, 2011 through August 31, 2012_____
(Date/Month/Year) to (Date/Month/Year)

Name of School of Nursing: _____Brown Mackie College-Indianapolis_____

Address:_____1200 N. Meridian Street, Suite 100 Indianapolis, IN 46204-1017_____

Dean/Director of Nursing Program

Name and Credentials:___Karen Stewart, MSHSA, RN, IBCLC_____

Title:__Interim Nursing Administrator____ Email;____ksstewart@brownmackie.edu_____

Nursing Program Phone #:_____317-532-0790_____Fax:_____317-532-0816_____

Website Address:_____www.brownmackie.edu_____

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?____ ___Writing the candidacy presentation._____

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 _____

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 _____ Stable _____ Declining __X____

1B.) If you identified your performance as declining, what steps is the program taking to address this issue? _____*Implemented: NCLEX Pass Rate Action Plan, 2012 See attached document.*____

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? _____ATI PN Comprehensive Predictor 2011_____

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

2E.) If taken as part of a course, please identify course(s): *ATI CARP is used throughout the program in various courses . The ATI comprehensive predictor is given in PN2995 Preceptorship and Practicum. See attached ATI grid.*

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

A. Faculty recruitment/retention:_*The program has filled most faculty openings that have occurred throughout the reporting year and continues to advertise in local and national markets. The program also continues to strive to meet the regulations of the ISBON and NLNAC accreditation by hiring RNs with MSN's.*

B. Availability of clinical placements:__*No problems with clinical placements*

_____

C. Other programmatic concerns (library resources, skills lab, sim lab, etc.): *No concerns*

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

Students are apprised of the need for the CBC during the admissions process. Students sign a disclosure form stating they have been notified. Additionally the background check is completed prior to entering the first clinical course.

5.) At what point and in what manner are students apprised of the criminal background check for your program?___*The students are counseled with a face to face meeting with the nurse administrator upon receipt of the CBC results.*

SECTION 3: STUDENT INFORMATION

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

Summer_____35_____ Fall_____40_____Winter____ 38____ Spring__32_____

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

Summer____17_____ Fall_____18_____Winter____26_____ Spring____23_____

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):*One course is delivered per month with quarter credit hours being earned.*

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:	Lisa Farhar
Indiana License Number:	28129523A
Full or Part Time:	PT-Adjunct
Date of Appointment:	5/25/2012
Highest Degree:	MSN
Responsibilities:	Clinical Instructor

Faculty Name:	Deborah Rogers
Indiana License Number:	28131797A
Full or Part Time:	PT-Adjunct
Date of Appointment:	11/28/2011
Highest Degree:	BSN
Responsibilities:	Clinical Instructor

Faculty Name:	Tara Weaver
Indiana License Number:	28185826A
Full or Part Time:	PT-Adjunct
Date of Appointment:	5/29/2012
Highest Degree:	MSN
Responsibilities:	Clinical Instructor

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

1. Number of full time faculty:_____4_____
2. Number of part time faculty:_____0_____
3. Number of full time clinical faculty:_____0_____
4. Number of part time clinical faculty:_____0 _____
5. Number of adjunct faculty:_____13_____

C. Faculty education, by highest degree only:

1. Number with an earned doctoral degree:_____1_____
2. Number with master's degree in nursing:_____2_____
3. Number with baccalaureate degree in nursing:__12_____
4. Other credential(s). Please specify type and number: _MSHSA__1__MSEd___1__

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

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.

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.

Karen S. Stewart, PhD

Signature of Dean/Director of Nursing Program

9/17/2012

Date

Karen S. Stewart

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.