

**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

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: **ASN**

Dates of Academic Reporting Year: **July 1, 2013 to June 30, 2014**

(Date/Month/Year) to (Date/Month/Year)

Name of School of Nursing: **Breckinridge School of Nursing at ITT Technical Institute**

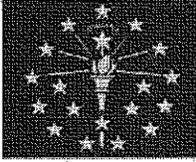
Address: **8488 Georgia Street; Merrillville, IN 46410**

Director of Nursing Program

Name and Credentials: **Daniel Faretta MSN-CNS, RN**

Title: **Nursing Program Chairperson** Email: [dfaretta@itt-tech.edu](mailto:dfaretta@itt-tech.edu)

Nursing Program Phone #: **219-738-6135** Fax: **219-738-6150**



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Website Address: <http://www.itt-tech.edu>.

Social Media Information Specific to the SON Program (Twitter, Facebook, etc.) BSNHS/Facebook and ITT/Twitter.

Please indicate last date of NLNAC or CCNE accreditation visit, if applicable, and attach the outcome and findings of the visit: **June 5-6, 2014**

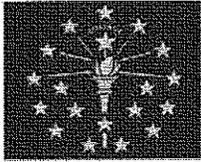
If you are not accredited by NLNAC or CCNE where are you at in the process? **Initial Provisional Accreditation**

**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 <u>X</u> No ___ |
| 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 <u>X</u> No ___ |
| 9) Major changes in curriculum (list if positive response)  | Yes <u>X</u> No ___ |

**SECTION 2: PROGRAM**



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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  Declining

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

**Upon Admission to the Nursing Program, all students are enrolled in what is called "HESI BOOTCAMP". This Bootcamp is for all students in the preparation for Specialty exams and the EXIT HESI examination as requirements for graduation from this program. All students participate. In addition there is a 3 day LIVE HESI Review provided to all graduating students as well as a 3 day LIVE NCLEX review. All students have a HESI BOOT Camp faculty mentor to assist the student in understanding any complicated nursing concepts. Students also have HESI Course modules specific to each course for students to master in preparation for the EXIT HESI exams week 3, 6, 9 of the quarter.**

2A.) Do you require students to pass a standardized comprehensive exam before taking the NCLEX?  
Yes  No

2B.) If **not**, explain how you assess student readiness for the NCLEX. \_\_\_\_\_

2C.) If **so**, which exam(s) do you require? **HESI Comprehensive Exit examination**

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

**As percentage of final course grades: NU1421, NU1426, NU2630, NU2740, NU2745, NU2840**

2E.) If taken as part of a course, please identify course(s): **NU280 and NU2899.**

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

A. Faculty recruitment/retention: **Faculty have remained consistent in their mission to provide the highest quality educational instruction to the students.**

B. Availability of clinical placements: **There are many nursing schools in the area but we have not had any difficulties obtaining adequate clinical sites for our students.**

C. Other programmatic concerns (library resources, skills lab, sim lab, etc.): **No concerns in these areas. The LRC and large computer lab are spacious and clean allowing**



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**the student an environment that is conducive for learning. The skills lab with the use of the SIM man, woman, children, and babies provide the students with hands on activities to practice skills in a safe environment.**

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

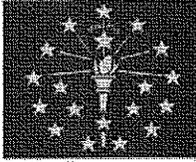
BSNHS students are required to complete a criminal background check 90 days prior to the 1<sup>st</sup> clinical rotation.

**The drug screens and background checks are initiated 90 days prior to the student's start of clinical rotations for students which is more than enough time to get the information returned to the school and clinical partners. It is imperative our school provides accurate and current information to our clinical partners regarding our students. Obtaining clinical rotations is not an issue. There has never been an issue with any clinical sites regarding our time frame for obtaining current background checks and drug screen information from our students.**

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

**The Nursing Chair meets with each student prior to the admissions process twice. The first meeting is during the tour of the campus with the Nursing Rep and second during the information session scheduled on campus for all interested students. During these meetings no student has been admitted nor has taken the HESI-A2 examination for admission. During these meetings especially at the orientation session the admissions process is discussed, drug and background check information is presented, and a question and answer session with the Chair is offered at the end of the session. Students are informed that felonies will disqualify students from being admitted into the nursing program and also being a registered nurse. This information is presented in the perspective student video by the nursing representatives.**

**After students who have passed the HESI-A2 examination and met the requirements for admission these students are accepted into the program. A Nursing Orientation is scheduled for these accepted students and again they meet with the Nursing Chair, who conducts the orientation session and the policies of the program are presented and the staff and faculty are present to meet with the entering students. The students sign paperwork needed for**



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**registration, information is presented to the students regarding background checks and drug screening, uniform policies, clinical site information, physicals, emergency contact information, contact information for faculty, tutoring sessions, and the chain of leadership of this campus prior to the start of their nursing program and are filled with the Nursing Administrative Assistant.**

**SECTION 3: STUDENT INFORMATION**

1.) Total number of students admitted in academic reporting year: **120 students; enrollment periods are March, June, September, and December quarters.**

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

**June 2013-10 students; September 2013-31 students; December 2013-7 students; March 2014-21 students; June 2014-22 students; total=91 students**

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. **None noted**

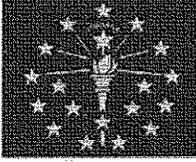
4.) Indicate the type of program delivery system:

**Quarters**

**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>	Betty Boyd
<b>Indiana License Number:</b>	28116639A
<b>Full or Part Time:</b>	Full time
<b>Date of Appointment:</b>	5/29/2014



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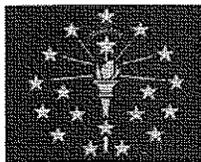
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<b>Highest Degree:</b>	MSN
<b>Responsibilities:</b>	Instructor for the NU1421 and NU2530 theory and clinical sections

<b>Faculty Name:</b>	Daniel Faretta
<b>Indiana License Number:</b>	28216480A
<b>Full or Part Time:</b>	Full time
<b>Date of Appointment:</b>	6/9/2014
<b>Highest Degree:</b>	MSN-CNS
<b>Responsibilities:</b>	Instructor for NU2530 and NU2630 theory

<b>Faculty Name:</b>	Stephanie Howard
<b>Indiana License Number:</b>	28174111A
<b>Full or Part Time:</b>	Adjunct Faculty
<b>Date of Appointment:</b>	3/17/2014
<b>Highest Degree:</b>	BSN
<b>Responsibilities:</b>	Instructor for NU1421 labs, and NU2530 clinical sections



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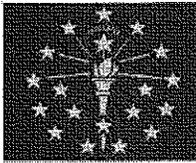
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<b>Faculty Name:</b>	Karen Fields
<b>Indiana License Number:</b>	28196163A
<b>Full or Part Time:</b>	Full time
<b>Date of Appointment:</b>	12/13/2013
<b>Highest Degree:</b>	MSN
<b>Responsibilities:</b>	Instructor for NU2530 theory and clinical sections

<b>Faculty Name:</b>	Judy Davidson
<b>Indiana License Number:</b>	28137134A
<b>Full or Part Time:</b>	Adjunct Faculty
<b>Date of Appointment:</b>	3/17/2014
<b>Highest Degree:</b>	MSN
<b>Responsibilities:</b>	Instructor for NU2740 lab and clinical sections



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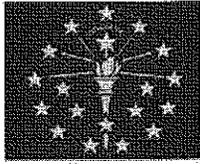
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<b>Faculty Name:</b>	Christine Sackenheim
<b>Indiana License Number:</b>	28178270A
<b>Full or Part Time:</b>	Adjunct Faculty
<b>Date of Appointment:</b>	3/17/2014
<b>Highest Degree:</b>	BSN
<b>Responsibilities:</b>	Instructor for NU2630; NU2530 clinical sections

<b>Faculty Name:</b>	Sheena Dgama
<b>Indiana License Number:</b>	28207161A
<b>Full or Part Time:</b>	Full Time
<b>Date of Appointment:</b>	3/17/2014
<b>Highest Degree:</b>	MSN
<b>Responsibilities:</b>	Instructor for NU2530 theory and clinical sections



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**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: 1
3. Number of full time clinical faculty: 7
4. Number of part time clinical faculty: 0
5. Number of adjunct faculty: 3

**C. Faculty education, by highest degree only:**

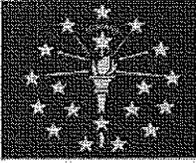
1. Number with an earned doctoral degree: 0
2. Number with master's degree in nursing: 8
3. Number with baccalaureate degree in nursing: 11
4. Other credential(s). Please specify type and number: MBA-1

**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;
2. An organizational chart for the nursing program and the parent institution.



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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.

*Daniel Ray Faretta*

*10/01/2014*

Signature of Dean/Director of Nursing Program

Date

*Daniel Ray Faretta*

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.

## Section I: Administration

4. Daniel Faretta MSN\_CNS is the new Nursing Program Chairperson; Kimberly A McIntyre-Borum MSN, RN, ECRN is the new Dean of Academic Affairs.

7. The Library has adequate resources. No changes with the resources or staffing.

### **New Clinical Agencies**

Kindred Healthcare-Dyer

Methodist Hospital-Northlake, Southlake

### 9. Curriculum changes:

The use of the HESI/Saunders Online course (Year 1). This course fits well with the capstone course NU2899. The NU2899 currently involves both an online course, a 3-day live HESI review, didactic and clinical instruction as well as a 3 day LIVE NCLEX review initiated in September 2014 quarter. Students complete modules each week along with the class instruction to help improve both HESI and NCLEX scores and take the NCLEX as soon as possible.

**Faculty no longer working at ITT**

Tamara Guterz, RN

Karen Fields, RN

Sheena Dgama, RN

Judy Davidson RN

**Clinical Agencies no longer in use**

**New Clinical Agencies**

Kindred Healthcare-Dyer

Methodist Hospital-Northlake, Southlake

Submitted by Daniel Faretta 10/1/2014

# Breckinridge School of Nursing and Health Sciences Nursing Program Organizational Chart/Merrillville (July 1, 2013 to June 30, 2014)

