



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 \_\_\_\_\_      ASN \_\_\_\_\_      BSN XX

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

Name of School of Nursing: Indiana University Kokomo

Address: 2300 South Washington, P.O. Box 9003, Kokomo, IN 46904-9003

Dean/Director of Nursing Program

Name and Credentials: Linda S. Wallace, EdD, RN, CNE, NEA-BC

Title: Dean, School of Nursing      Email: lwallace@iuk.edu

Nursing Program Phone #: 765.455.9288      Fax: 765.455.9421

Website Address: http://vwww.iuk.edu/academics/majors/nursing/index.shtml



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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: April 7-9, 2010, see attached letter—Appendix A

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 X No \_\_\_\_\_  
**Dean earned two certifications—CNE and NEA-BC**
- 4) Change in Dean or Director Yes \_\_\_\_\_ No X
- 5) Change in the responsibilities of Dean or Director Yes X No \_\_\_\_\_  
**Dean now serves as interim dean for Public Administration/Health Management**
- 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—**See Appendix B**) 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 \_\_\_\_\_

\*Expect drop in 2013 pass rates in line with anticipated drop in 2013 nationwide first-time pass rates.



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

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

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

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

2E.) If taken as part of a course, please identify course(s): B248, H351, H353, H361, H363, S470, S472, S481, & S483 \_\_\_\_\_

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

A. Faculty recruitment/retention: \_\_\_\_\_

B. Availability of clinical placements: Still encounter competition with other educational facilities for limited clinical sites.

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?  
Background checks are required as part of the application process to the major, as well as an annual re-check. \_\_\_\_\_

5.) At what point and in what manner are students apprised of the criminal background check for your program?  
Students are made aware of the requirement at their first advising appointment

**SECTION 3: STUDENT INFORMATION**

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

Summer N/A Fall Pre-Licensure = 44, RN-BSN = 75 Spring Pre-Licensure = 46



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

Summer Pre-Licensure = 2, RN-BSN = 47      Fall Pre-Licensure = 28, RN-BSN = 4

Spring Pre-Licensure = 42, RN-BSN = 5

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>           | Carrie Hill                     |
| <b>Indiana License Number:</b> | 28169763A                       |
| <b>Full or Part Time:</b>      | Part                            |
| <b>Date of Appointment:</b>    | Fall 2012                       |
| <b>Highest Degree:</b>         | BSN                             |
| <b>Responsibilities:</b>       | H364 Developing Family Clinical |



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|                                |  |
|--------------------------------|--|
| <b>Faculty Name:</b>           | J. Haven Hutchens                          |
| <b>Indiana License Number:</b> | 28186546A                                  |
| <b>Full or Part Time:</b>      | Part                                       |
| <b>Date of Appointment:</b>    | Fall 2012                                  |
| <b>Highest Degree:</b>         | BSN  |
| <b>Responsibilities:</b>       | S482/S483 Management and Capstone Clinical |

|                                |  |
|--------------------------------|--|
| <b>Faculty Name:</b>           | Shawna Lewis                           |
| <b>Indiana License Number:</b> | 28179382A                              |
| <b>Full or Part Time:</b>      | Part                                   |
| <b>Date of Appointment:</b>    | Fall 2012                              |
| <b>Highest Degree:</b>         | BSN                                    |
| <b>Responsibilities:</b>       | H362 Alterations in Health II Clinical |

|                                |                                 |
|--------------------------------|---------------------------------|
| <b>Faculty Name:</b>           | Dawn Walker                     |
| <b>Indiana License Number:</b> | 28141512A                       |
| <b>Full or Part Time:</b>      | Part                            |
| <b>Date of Appointment:</b>    | Spring 2013                     |
| <b>Highest Degree:</b>         | BSN                             |
| <b>Responsibilities:</b>       | H364 Developing Family Clinical |



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

1. Number of full time faculty: 17 (17 FTE)
2. Number of part time faculty: 18 (7 FTE)
3. Number of full time clinical faculty: 0
4. Number of part time clinical faculty: 18 (See #2 above)
5. Number of adjunct faculty: 18 (See #2 above)

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

1. Number with an earned doctoral degree: 5
2. Number with master's degree in nursing: 20
3. Number with baccalaureate degree in nursing: 10 (Part-time lab & clinical faculty only)
4. Other credential(s). Please specify type and number: \_\_\_\_\_

**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 \_\_\_\_\_

\*Courses in which BSN prepared adjunct/part-time faculty instruct are labs and clinicals, and are overseen by a full-time MSN or doctorally prepared faculty member.

**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;

**Tali Harris**

2. An organizational chart for the nursing program and the parent institution. **See Appendix C for organizational chart for the school of nursing. The organizational chart for the campus is currently under revision and not available.**



**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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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 S. Wallace*

10-4-13

Signature of Dean/Director of Nursing Program

Date

Linda S. Wallace, EdD, RN, CNE, NEA-BC

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.

## Appendix A

November 15, 2010

RECEIVED NOV 15 2010



Serving the  
Public Interest  
Through Quality  
Accreditation

Linda Wallace, EdD, RN  
Dean  
School of Nursing  
Indiana University Kokomo  
2300 South Washington Street  
Kokomo, IN 46904-9003

Dear Dr. Wallace:

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 October 14-16, 2010, to grant accreditation of the baccalaureate degree program in nursing at Indiana University Kokomo for the term of 10 years, extending to December 31, 2020. The accreditation action is effective as of April 7, 2010, which was 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 spring of 2020.

At its meeting, the Board determined that the program met all four accreditation standards. However, the Board additionally determined that there are compliance concerns with respect to Key Elements II-A and II-D.

As is required for all accredited programs, the Board requested that the program submit a Continuous Improvement Progress Report (CIPR) at the mid-point of the accreditation term. The CIPR should address the nursing program's continued compliance with all accreditation standards. The report should focus, in particular, on the following compliance concerns for the baccalaureate program:

1. Demonstrate that fiscal and physical resources are sufficient to enable the program to fulfill its mission, goals, and expected outcomes. Adequacy of resources is reviewed periodically and resources are modified as needed (Key Element II-A); and
2. Demonstrate that faculty members are:
  - sufficient in number to accomplish the mission, goals, and expected student and faculty outcomes;
  - academically prepared for the areas in which they teach; and
  - experientially prepared for the areas in which they teach (Key Element II-D).

The deadline for submitting the progress report to CCNE is December 1, 2015. The Report Review Committee, and then the Board of Commissioners, will review the progress report in the spring 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.

One Dupont Circle, NW  
Suite 530  
Washington, DC  
20036-1120  
202-887-6791  
fax 202-887-8476  
[www.aacn.nche.edu](http://www.aacn.nche.edu)

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 Indiana University Kokomo. 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 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 your 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 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 spring of 2010. The Commissioners join me in expressing our best wishes as you proceed with tasks important to the future of your nursing program.

Sincerely,



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

cc: Chancellor Michael Harris  
CCNE Board of Commissioners  
CCNE Accreditation Review Committee  
CCNE Evaluation Team

## **Appendix B**

**Clinical sites added since the last annual report:**

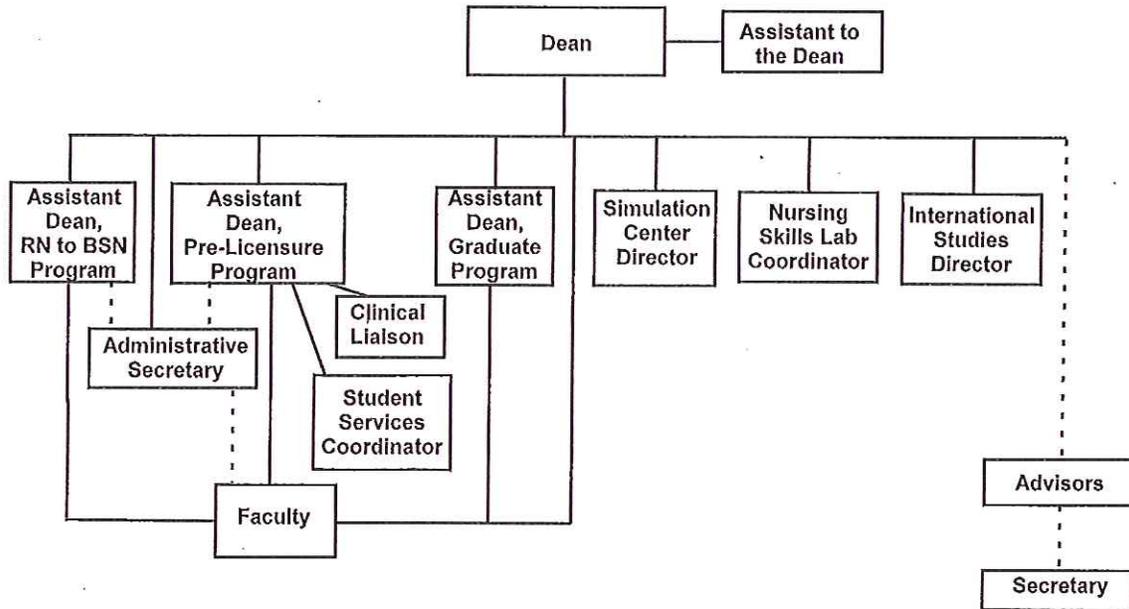
**Wesleyan Manor Retirement Community**

**Clinical sites no longer used since the last annual report:**

**Manor Care Health Services**

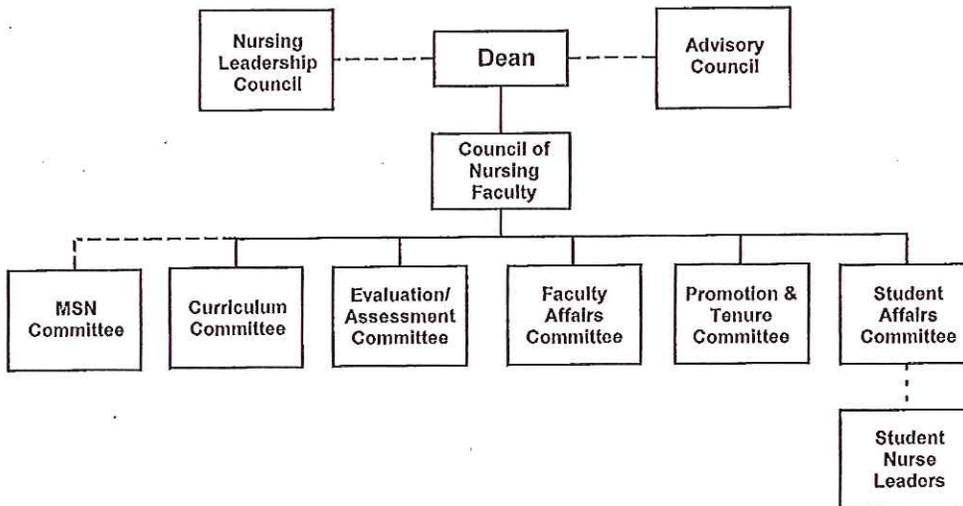
Appendix C

Indiana University Kokomo School of Nursing  
Administrative Structure



/smm, 7/11

Indiana University Kokomo School of Nursing  
Governance Structure



/smm, 8/13