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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. 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:_ 8-15-13 to 8-15-14

Name of School of Nursing: Indiana University Purdue University Fort Wayne

Address:__ 2101 E. Coliseum Blvd., Fort Wayne, IN. 46805

Dean/Director of Nursing Program Name and Credentials:_ Lee-Ellen Kirkhorn, Ph.D., RN

Title:__ Chair of Nursing Program_____ Email:_ kirkhorl@ipfw.edu_

Nursing Program Phone #:_ 260-481-5446 Fax:_ 260-481-6482

Website
Address:_ www.ipfw.edu/nursing/_____

Social Media Information Specific to the SON Program (Twitter, Facebook, etc.):_ https://www.facebook.com/IPFWNursingDept Please indicate last date of NLNAC or CCNE

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accreditation visit, if applicable, and attach the outcome and findings of the visit: <u>NLNAC 2008</u>
<u>(See Appendix A).</u>

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 (See Appendix B)   Yes__x___ No____

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   Yes _____ No ___x__

   additions and deletions on attachment)

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 __x_____ Declining _____

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

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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? Virtual ATI Exam

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):_ATI Comprehension Predictor:NUR 43300
Advanced Concepts in Critical Thinking; ATI Proctored Med-Surg Exam-NUR33600 NUR III-Medical-
Surgical Nursing of Adults; ATI Proctored Pharmacology Exam-NUR 36800 Maternity Nursing.

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?

Each student is required to obtain a criminal history background check upon admission to the
program. The students sign an annual disclosure form after entry into the program.

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

The students are informed at the time they receive their application, which is four months prior
to enrollment into the nursing program.

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SECTION 3: STUDENT INFORMATION

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

Summer_____0_____ Fall_____60_____ Spring_____67_____

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

Summer_____0_____ Fall_____51_____ Spring_____47_____

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.   There were no formal complaints about the nursing program.

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):

Faculty Name:	Lindsay Adams
Indiana License Number:	28159794A
Full or Part Time:	Part Time
Date of Appointment:	1/6/2014
Highest Degree:	B.S.
Responsibilities:	NUR 33600 clinical

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Faculty Name:	Brittany Altimus
Indiana License Number:	28190423A
Full or Part Time:	Part Time
Date of Appointment:	1/6/2014
Highest Degree:	M.S.
Responsibilities:	NUR 41800 clinical

Faculty Name:	Cynthia Archer
Indiana License Number:	28103796A
Full or Part Time:	Part Time
Date of Appointment:	8/192014
Highest Degree:	M.S.
Responsibilities:	NUR 20200 clinical

Faculty Name:	Melissa Baughman
Indiana License Number:	28160708A
Full or Part Time:	Part Time
Date of Appointment:	8/19/2013
Highest Degree:	M.S.N., FNP-C
Responsibilities:	NUR 37900 clinical

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Faculty Name:	Kimberly Burns
Indiana License Number:	28129240A
Full or Part Time:	Part Time
Date of Appointment:	8/19/2013
Highest Degree:	M.S.
Responsibilities:	NUR 11500 clinical

Faculty Name:	Michele Gonser
Indiana License Number:	28163265A
Full or Part Time:	Part Time
Date of Appointment:	1/6/2014
Highest Degree:	B.S.N.
Responsibilities:	NUR 11500 clinical

Faculty Name:	Raymond Grass
Indiana License Number:	28168111A
Full or Part Time:	Part Time
Date of Appointment:	1/6/2014
Highest Degree:	B.S.
Responsibilities:	NUR 20200 clinical

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Faculty Name:	Kellie Jacobs
Indiana License Number:	28172687A
Full or Part Time:	Part Time
Date of Appointment:	1/6/2014
Highest Degree:	B.S.
Responsibilities:	NUR 20200 clinical

Faculty Name:	Odelia Jetmore
Indiana License Number:	28079567A
Full or Part Time:	Part Time
Date of Appointment:	8/19/2013
Highest Degree:	M.S.
Responsibilities:	NUR 11500 clinical

Faculty Name:	Sylvia Page
Indiana License Number:	28112165A
Full or Part Time:	Part Time
Date of Appointment:	1/6/2014
Highest Degree:	MBA, B.S.N.
Responsibilities:	NUR 34400 lecture

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Faculty Name:	Gennifer Robbins
Indiana License Number:	28128859A
Full or Part Time:	Part Time
Date of Appointment:	8/19/2013
Highest Degree:	M.S.N., CNM
Responsibilities:	NUR 34600 lab, NUR 36800 clinical

Faculty Name:	Dawn Sipes
Indiana License Number:	28157076A
Full or Part Time:	Part Time
Date of Appointment:	8/19/2013
Highest Degree:	B.S.
Responsibilities:	NUR 11500 clinical

Faculty Name:	Kristina Tucker
Indiana License Number:	28174989A
Full or Part Time:	Part Time
Date of Appointment:	1/6/2014
Highest Degree:	M.S.N.
Responsibilities:	NUR 20200 clinical

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

    1. Number of full time faculty:_____19_____

    2. Number of part time faculty:_____34_____

    3. Number of full time clinical faculty:_____

    4. Number of part time clinical faculty:_____

    5. Number of adjunct faculty:_____

C. Faculty education, by highest degree only:

    1. Number with an earned doctoral degree:__7 full time, 9 part time_____

    2. Number with master's degree in nursing:__12 full time, 23 part time_____

    3. Number with baccalaureate degree in nursing:_0 full time, 11 part time_____

    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_____

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;

Cynthia Archer, Tabitha Bane, Elizabeth Burkhart, Terri Farr, Amy Hurst, Linda Jackson, Odelia Jetmore, Karen Lothamer, Maureen Neeley, Shelley Ramsey, Gennifer Robbins, Nicole Seabeck, Dawn Sipes, Sara Speith, Treva Strasen

    2. An organizational chart for the nursing program and the parent institution. See Appendix C.

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.

Lee-Ellen Kirkhorn   _10 - 1 - 14_

Signature of Dean/Director of Nursing Program   Date

__Lee-Ellen Kirkhorn__

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.

Indiana Professional Licensing Agency

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Appendix A

NLNAC
National League *for* Nursing Accrediting Commission, Inc.

BOARD OF COMMISSIONERS

NURSING EDUCATION
REPRESENTATIVES

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Mishawaka, Indiana

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Senior Director School of Nursing and Education
Community Mercy Health Partners
Springfield, Ohio

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Chair, Department of Nursing
Oakwood College
Huntsville, Alabama

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Dean, Nursing & Allied Health
Hinds Community College
Jackson, Mississippi

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Professor of Nursing, MS Coordinator
Department of Nursing
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Lamar University
Beaumont, Texas

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Director of Nursing Programs
Grand Rapids Community College
Grand Rapids, Michigan

DEANNA M. SUGGS, MSN, RN, FNP-C
Director and Professor of Nursing
New Mexico State University Carlsbad
Carlsbad, New Mexico

BEVERLY L. WELHAN, DNSC, RN, ANEF
Dean, Health Sciences
Montgomery County Community College
Blue Bell, Pennsylvania

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REPRESENTATIVES

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Emergency Preparedness Programs Manager
Ventura County Public Health
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Vice President / Nurse Executive
Central Baptist Hospital
Lexington, Kentucky

RHONDA JOHNSTON, PHD, CFNP, CANP, CNS
Nurse Practitioner
Pueblo VA Clinic
Pueblo, Colorado

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Counsel
Wiggin and Dana LLP
Hartford, Connecticut

MARSHA H. PURCELL, CAE
Director, Program Development
American Farm Bureau Federation
Washington, District of Columbia

HOWARD L. SIMMONS, PHD
Professor and Chairperson
Department of Advanced Studies,
Leadership and Policy
Morgan State University
Baltimore, Maryland

July 23, 2008

Carol Sternberger, PhD, RNC
Professor and Chair, Parkview Department of Nursing
Indiana University-Purdue University Fort Wayne
2101 E. Coliseum Boulevard
Fort Wayne, IN 46805

Dear Dr. Sternberger:

This letter is formal notification of the action taken by the National League for Nursing Accrediting Commission at its meeting on July 9-10, 2008. **The Board of Commissioners granted the baccalaureate degree nursing program continuing accreditation and scheduled the next evaluation visit for Spring 2016. The Board of Commissioners granted the associate degree nursing program continuing accreditation and scheduled the next evaluation visit for Spring 2016.**

Deliberations centered on the Self Study Report, the School Catalog, the Site Visitors' Report, and the recommendation for accreditation proposed by the Program Evaluators and the Evaluation Review Panel. (See Summary of Deliberations and Recommendation of the Evaluation Review Panel)

The Board of Commissioners identified the following areas needing development:

Areas Needing Development by Standard:
Standard II. Faculty
  ➢ Implement strategies to ensure that faculty are academically qualified. (B)
  ➢ Facilitate the timely completion of graduate study for those faculty who do not currently hold at a minimum a master's degree with a major in nursing. (A)
Standard IV: Curriculum and Instruction
  ➢ Ensure congruency and consistency in course syllabi. (B)
  ➢ Ensure clear progression of the level of objectives from the associate to baccalaureate degree. (B/A)
Standard V: Resources
  ➢ Ensure physical spaces including the nursing skills lab are adequate to meet needs of the program. (B/A)

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Areas Needing Development by Standard (cont.):

Standard VI. Integrity
  ➢ Review and revise program documents to ensure information is accurate, clear, and consistent including total credit requirements. (B/A)

Standard VII: Educational Effectiveness
  ➢ Revise the evaluation plan to ensure all levels of achievement are included. (B/A)
  ➢ Implement strategies to maintain the licensure pass rates at the level of achievement. (B)

On behalf of the Commission, we thank you and your colleagues for your commitment to quality nursing education. By choosing to have accreditation by NLNAC, your nursing program demonstrates a continued interest in having the program measured against the highest national standards of quality in nursing education. If you have questions about this action or about Commission policies and procedures, please write or call me or a member of the Professional Staff.

Sharon J. Tanner, EdD, RN
Executive Director

cc: Geraldine Allen, DSN, FNP Program Evaluator
       Margie Washnok, APRN, MS, DNP Program Evaluator
       Erla G. Mowbray, PhD, RN Program Evaluator
       Cynthia K. Gilbert, MS, RN, CNE Program Evaluator
       Carolyne Richardson, JD, MS, RN Program Evaluator

Enc.   Summary of Deliberations of the Evaluation Review Panel

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Appendix B

Indiana University - Purdue University Fort Wayne
College of Health and Human Services
Department of Nursing
Level and Program Outcome Objectives

PROFESSIONALISM

Freshman	Sophomore	Junior	Senior/BS Outcome
Identify professional and ethical behaviors which are necessary for personal awareness and accountability.	Demonstrate professional growth which reflects awareness, assertiveness, and accountability.	Apply professional and ethical behaviors in practice through accountability, assertiveness, and advocacy.	Validate professionalism through awareness, assertiveness, accountability, and advocacy.

LEADERSHIP / INTERDISCIPLINARY TEAMWORK

Freshman	Sophomore	Junior	Senior/BS Outcome
Develop beginning leadership skills for the delivery of safe and effective care.	Prioritize the delivery of safe and effective care for patients with various levels of healthcare needs.	Demonstrate beginning leadership skills as a team member in the delivery of safe and effective patient care.	Collaborate with the interdisciplinary teams in the delivery of patient-centered care in complex healthcare environments.

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CRITICAL THINKING / CLINICAL REASONING

Freshman	Sophomore	Junior	Senior/BS Outcome
Demonstrate beginning critical thinking skills in the delivery of nursing care.	Incorporate critical thinking in the application of the nursing process as the basis of nursing practice.	Integrate critical thinking skills in addressing complex health related issues across the lifespan.	Formulate nursing practice decisions using critical thinking skills and evolving knowledge from nursing science, the biological and behavioral sciences, and the arts and humanities.

EVIDENCE-BASED PRACTICE

Freshman	Sophomore	Junior	Senior/BS Outcome
Examine principles of evidence-based practice in the delivery of patient-centered care to obtain optimal health outcomes.	Apply principles of evidence-based practice in delivery of culturally sensitive patient-centered care.	Integrate evidence-based practice in the delivery of safe and effective care to vulnerable populations.	Evaluate the effectiveness of health outcomes through the application of theory and evidence-based practice.

COMMUNICATION

Freshman	Sophomore	Junior	Senior/BS Outcome
Demonstrate cultural awareness and therapeutic communication skills in healthcare settings.	Apply appropriate communication skills in the delivery of holistic healthcare.	Adapt communication to address the needs of vulnerable and diverse populations.	Employ effective communication skills in partnering with individuals, families, communities and inter-professional health care teams to design and provide safe, evidence based patient-centered care.

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INFORMATICS

Freshman	Sophomore	Junior	Senior/BS Outcome
Apply basic computer skills and information literacy in the delivery of healthcare.	Utilize clinical information systems to gather information that guides holistic nursing care.	Utilize instructional technology and information literacy skills to identify best practices to support evidence-based practice.	Leverage technology to synthesize information and knowledge from data to improve health care.

Appendix C
Indiana University – Purdue University Fort Wayne
Department of Nursing
ORGANIZATIONAL CHART

August, 2014

Limited Term Lecturers

Undergraduate Faculty

Simulation Lab Faculty

Department Chair: LE Kirkhorn

Coordinators of Advising, Secretary V's, Technology and Simulation Coordinator

Director of Undergraduate Programs: N. Reimer

Laboratory Assistants, and Graduate Assistants

.

Director of Graduate Programs and DNP Coordinator: D. Poling

Graduate Faculty

Limited Term Lecturers

Clinical Preceptors

.