



10-01-13

*To : Indiana Professional Licensing Agency  
West Washington Street, Room W072  
Indianapolis, Indiana 46204*

*From :*

*Andrea Howard RN,MSN,BC  
Program Director, Medtech College  
7230 Engle Road  
Fort Wayne, Indiana, 46804*

Re: Annual Report,

Please Find attached the Medtech College – Fort Wayne Campus 2013 Annual report and supporting documentation for the Nursing ASN Program 2013. Please contact Andrea Howard RN,MSN,BC at 260-436-3272 with any questions or concerns regarding the documentation submitted.

Thank you,

A handwritten signature in black ink, appearing to read "Andrea Howard RN, MSN, BC". The signature is written in a cursive, flowing style.

Indiana State Board of Nursing

2013 Annual Report for Associate Degree Nursing Program

**Section 1: Administration**

**7. Does the program have adequate library resources?** Yes. Library resources include over 7,000 online journals and articles as well as print material and resources. Students have access to approximately 80 computers as well as advising from the Regional Librarian. Library resources are updated periodically, and money is budgeted to maintain library resources for faculty and students.

**8. Change in clinical facilities or agencies used.**

Agency Name	Addition Yes = X	Deletion Yes = X
Parkview Health System	X	
Parkview Physicians Group	X	
Parkview Occupational Health Centers	X	
Huntington Memorial Hospital	X	
Whitley Memorial Hospital	X	
Parkview Huntington Hospital	X	
Parkview Whitley Hospital	X	
Parkview LaGrange Hospital	X	
Orthopaedic Hospital of Parkview North	X	
Midwest Community Health Associates	X	
Parkview Noble Hospital	X	
Community Hospital of Noble County	X	
St. Joseph Hospital		X

**Section 3: Student Information**

3. Please attach a brief description of all complaints about the program, and include how they were addressed or resolved.

Complaint	Submitted To	Resolution	Resolved By
<p>June 2012, Student submitted formal complaint via email regarding concern with a general education instructor. The student complained that course content was not comprehensible, and that the instructor did not provide necessary support to assist in the learning process.</p>	<p>Program Director of Nursing Director of Education</p>	<p>The Program Director and Director of Education discussed the concern with the instructor, and found the instructor was not implementing effective classroom management techniques. It was found that the underlying concern included students' lack of ability to concentrate during class because of disruptive students. The instructor was provided coaching on proper classroom management. In addition, the Assistant Program Director addressed the class as a whole to reiterate appropriate behavior and consequences for inappropriate behavior.</p>	<p>Program Director of Nursing Director of Education</p>
<p>In September 2012, a student complained that other students had purchased ATI test banks and cheated on the test.</p>	<p>Program Director of Nursing Director of Education Executive Director ATI support Chief Regulatory Officer</p>	<p>There was a full investigation that included speaking with all students involved, the success navigator and ATI representatives. It was determined there was not adequate proof that all students participated in sharing the purchased test bank. Students</p>	<p>Program Director of Nursing Director of Education Executive Director ATI support Chief Regulatory Officer</p>



<p>September 2012, Student submitted complaint that he was physically attacked by ex-girlfriend.</p>	<p>Program Director of Nursing Director of Education Executive Director</p>	<p>were required to retest with a different version of the ATI assessment. 2 students passed and 3 students had to retake the course.</p>	<p>Program Director of Nursing Director of Education Executive Director</p>
<p>In September 2012, a student submitted a formal complaint against the success navigator. Student stated success navigator ripped the papers from her hand and felt it was on the line of harassment.</p>	<p>Program Director of Nursing Director of Education Executive Director VP of Associate Experience</p>	<p>The situation was fully investigated by the Program Director and Director of Education. Student (ex-girlfriend) admitted to slapping student. Student was suspended for a day and placed on probation.</p>	<p>Program Director of Nursing Director of Education Executive Director VP of Associate Experience</p>
<p>In October 2012, a student submitted a formal complaint against a clinical simulation instructor stating the instructor pulled the student to the side and prevented the student from leaving the room.</p>	<p>Program Director of Nursing Director of Education</p>	<p>The situation was discussed with the clinical instructor. A misunderstanding, the instructor was trying to keep the situation from escalating, the instructor apologized to student.</p>	<p>Program Director of Nursing</p>

**Section 4: Faculty Information**

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;

<b>Faculty Name:</b>	Tyra Watson
<b>Indiana License Number:</b>	28119463A
<b>Full or Part Time:</b>	Adjunct – Part time
<b>Date of Appointment:</b>	March 2011
<b>Highest Degree:</b>	BSN
<b>Responsibilities:</b>	Clinical

<b>Faculty Name:</b>	Britte Nihart
<b>Indiana License Number:</b>	2835701A
<b>Full or Part Time:</b>	Adjunct – Part time
<b>Date of Appointment:</b>	September 2010
<b>Highest Degree:</b>	MSN
<b>Responsibilities:</b>	Clinical & Didactic Instruction

<b>Faculty Name:</b>	Kristina Fuller
<b>Indiana License Number:</b>	28129848A
<b>Full or Part Time:</b>	Full time
<b>Date of Appointment:</b>	6/29/2009
<b>Highest Degree:</b>	MSN
<b>Responsibilities:</b>	Didactic & Clinical Instruction



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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   x   BSN \_\_\_\_\_

Dates of Academic Reporting Year: 01/January/2012 through 31/December/2012  
(Date/Month/Year)

Name of School of Nursing: Med Tech College

Address: 7230 Engle Road, Suite 200, Fort Wayne, Indiana, 46804

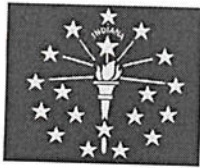
Dean/Director of Nursing Program

Name and Credentials: Andrea Howard RN,BSN,MSN,BC

Title: Program Director of Nursing Email; AHoward@medtech.edu

Nursing Program Phone #:260-436-3272 Fax:260-432-0139





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Website Address: [www.medtech.edu](http://www.medtech.edu)

Social Media Information Specific to the SON Program (Twitter, Facebook, etc.): Facebook Page: Medtech College

Please indicate last date of NLNAC or CCNE accreditation visit, if applicable, and attach the outcome and findings of the visit: No NLNAC accreditation visit has occurred this reporting year.

If you are not accredited by NLNAC or CCNE where are you at in the process?

The plan is to prepare and begin the self-study in 2014.

### 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 ___ No <u>x</u> ___ |

### 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

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  No

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

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

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

2E.) If taken as part of a course, please identify course(s): Fundamentals for Nursing (RN206), Adult Medical-Surgical Nursing ( RN254), Nursing Leadership (RN298), Maternal- Newborn Nursing ( RN242), Nursing Care of Children (RN240), Nursing Pharmacology (RN180), Mental Health Nursing (RN286)

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

A. Faculty recruitment/retention: Faculty recruitment continues to be a challenge to find MSN qualified instructors that also have experience and expertise in teaching. Since the last report two full time faculty were recruited and 1 adjunct instructor, to date we have retained 75%. We have improved the on-boarding for all new faculty. New faculty members are paired with a seasoned faculty member as a mentor.

B. Availability of clinical placements: There are no challenges in this area.

C. Other programmatic concerns (library resources, skills lab, sim lab, etc.): There are no challenges in this area.

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



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Criminal background checks are completed prior to acceptance into the Associate Degree in Nursing program.

5.) At what point and in what manner are students apprised of the criminal background check for your program? Students receive information regarding criminal background check prior to enrollment during the admissions process via enrollment documentation and discussion with the admissions representative.

**SECTION 3: STUDENT INFORMATION**

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

Winter 2012: 30      Spring 2012: 16      Summer 2012: 21      Fall 2012: 39

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

Winter 2012: 9      Spring 2012: 9      Summer 2012: 26      Fall 2012: 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.

4.) Indicate the type of program delivery system:

Semesters \_\_\_\_\_ Quarters X 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>	Reginna Campbell
<b>Indiana License Number:</b>	28074041A
<b>Full or Part Time:</b>	Part - time
<b>Date of Appointment:</b>	April 2012



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<b>Highest Degree:</b>	MSN
<b>Responsibilities:</b>	Clinical instruction; lesson plan development and implementation; ongoing participation in faculty governance; implementation of scholarly activities; curriculum review and development through governance participation

<b>Faculty Name:</b>	Christina Cieslik
<b>Indiana License Number:</b>	28119898A
<b>Full or Part Time:</b>	Full time
<b>Date of Appointment:</b>	January 2012
<b>Highest Degree:</b>	MSN
<b>Responsibilities:</b>	Didactic and clinical instruction; lesson plan development and implementation; ongoing participation in faculty governance; implementation of scholarly activities; curriculum review and development through governance participation.

<b>Faculty Name:</b>	Cathern Book
<b>Indiana License Number:</b>	28165647A
<b>Full or Part Time:</b>	Full time
<b>Date of Appointment:</b>	January 2012
<b>Highest Degree:</b>	MSN
<b>Responsibilities:</b>	Didactic and clinical instruction; lesson plan development and implementation; ongoing participation in faculty governance; implementation of scholarly activities; curriculum review and





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	development through governance participation.
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**B. Total faculty teaching in your program in the academic reporting year:**

1. Number of full time faculty: 8
2. Number of part time faculty: 0
3. Number of full time clinical faculty: 2
4. Number of part time clinical faculty: 0
5. Number of adjunct faculty: 9

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

1. Number with an earned doctoral degree: 0
2. Number with master's degree in nursing: 15
3. Number with baccalaureate degree in nursing: 4

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;
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.

*Andrea Howard*

10 - 1 - 13

Signature of Dean/Director of Nursing Program

Date

*Andrea Howard*

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.

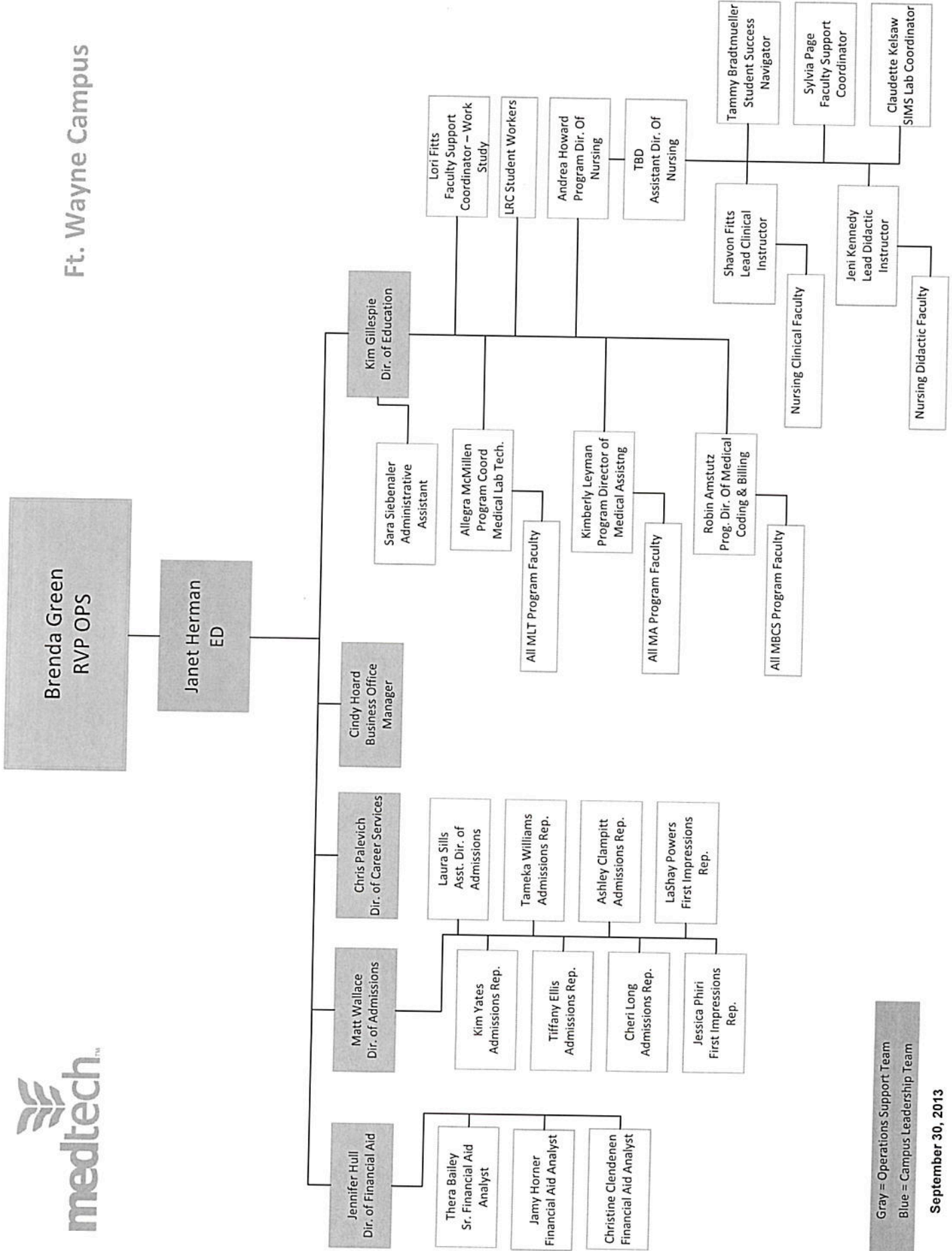
### **Guidelines for the Complainant**

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.



# Ft. Wayne Campus



Gray = Operations Support Team  
Blue = Campus Leadership Team

September 30, 2013