



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 PN 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.



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. 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 X ASN _____ BSN _____

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

Name of School of Nursing: Medtech 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



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Nicholas Rhoad, Executive Director

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

Website Address: 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 occurred.

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

The plan is to review and begin preparing for 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 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



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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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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?

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?

Assessment Technology Institute's (ATI) Comprehensive Predictor

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

2E.) If taken as part of a course, please identify course(s): PN104 (Nursing Foundations II); HS270 (Pharmacology for Nursing); PN202 (Nursing Care: Maternity); PN204 (Nursing Care: Pediatrics); PN271 (Medical-Surg Nursing: Disease & Disorders); PN300 (NCLEX Review)

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

A. Faculty recruitment/retention: There were no faculty recruitment/retention challenges for this reporting period.

B. Availability of clinical placements: Clinical placements are adequate for medical surgical, gerontology, and fundamental nursing skills. There is limited availability for Maternal/Child Health. To ensure the students receive the appropriate clinical experience we rotate the students at the facility and supplement their experience with our SIMs lab.

C. Other programmatic concerns (library resources, skills lab, sim lab, etc.): None at this time.

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



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Criminal background checks are conducted prior to acceptance into the Practical 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: 14 Spring 2012: 19 Summer 2012: 19 Fall 2012: 17

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

Winter 2012: 7 Spring 2012: 11 Summer 2012: 10 Fall 2012: 6

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): N/A

Faculty Name:	
Indiana License Number:	
Full or Part Time:	
Date of Appointment:	



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Highest Degree:	
Responsibilities:	

Faculty Name:	
Indiana License Number:	
Full or Part Time:	
Date of Appointment:	
Highest Degree:	
Responsibilities:	

Faculty Name:	
Indiana License Number:	
Full or Part Time:	
Date of Appointment:	
Highest Degree:	
Responsibilities:	

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

1. Number of full time faculty: 5

2. Number of part time faculty: 0

3. Number of full time clinical faculty: 1



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4. Number of part time clinical faculty: 2

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: 5

3. Number with baccalaureate degree in nursing: 3

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 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 RN

10-01-13

Signature of Dean/Director of Nursing Program

Date

ANDREA HOWARD RN

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 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
In July 2012, student complained about the number of hours needed in the didactic as it related to the attendance policy	Program Director of Nursing Director of Education	The attendance policy was reviewed with the student and school adhered to the policy therefore student was dropped from the class per policy	Program Director of Nursing Director of Nursing
In August 2012, student filed formal complaint about not being able to retake an ATI assessment.	Program Director of Nursing Director of Education Executive Director	The students file was reviewed and the student had signed the retake policy, this policy was reviewed again with the student and the decision to not allow the student to retake a 3 rd time.	Program Director of Nursing Director of Education Executive Director
December 2012, Student submitted complaint administration did not return calls and student needed to change her schedule.	Program Director of Nursing Director of Education Executive Director	A discussion was had regarding customer service and the importance in timely responses. Program Director of Nursing apologized to student and assisted with schedule.	Program Director of Nursing Director of Education Executive Director

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;

Faculty Name:	Janet Shields-Madison
Indiana License Number:	27017554A
Full or Part Time:	Full time
Date of Appointment:	March 2011
Highest Degree:	BSN
Responsibilities:	Clinical

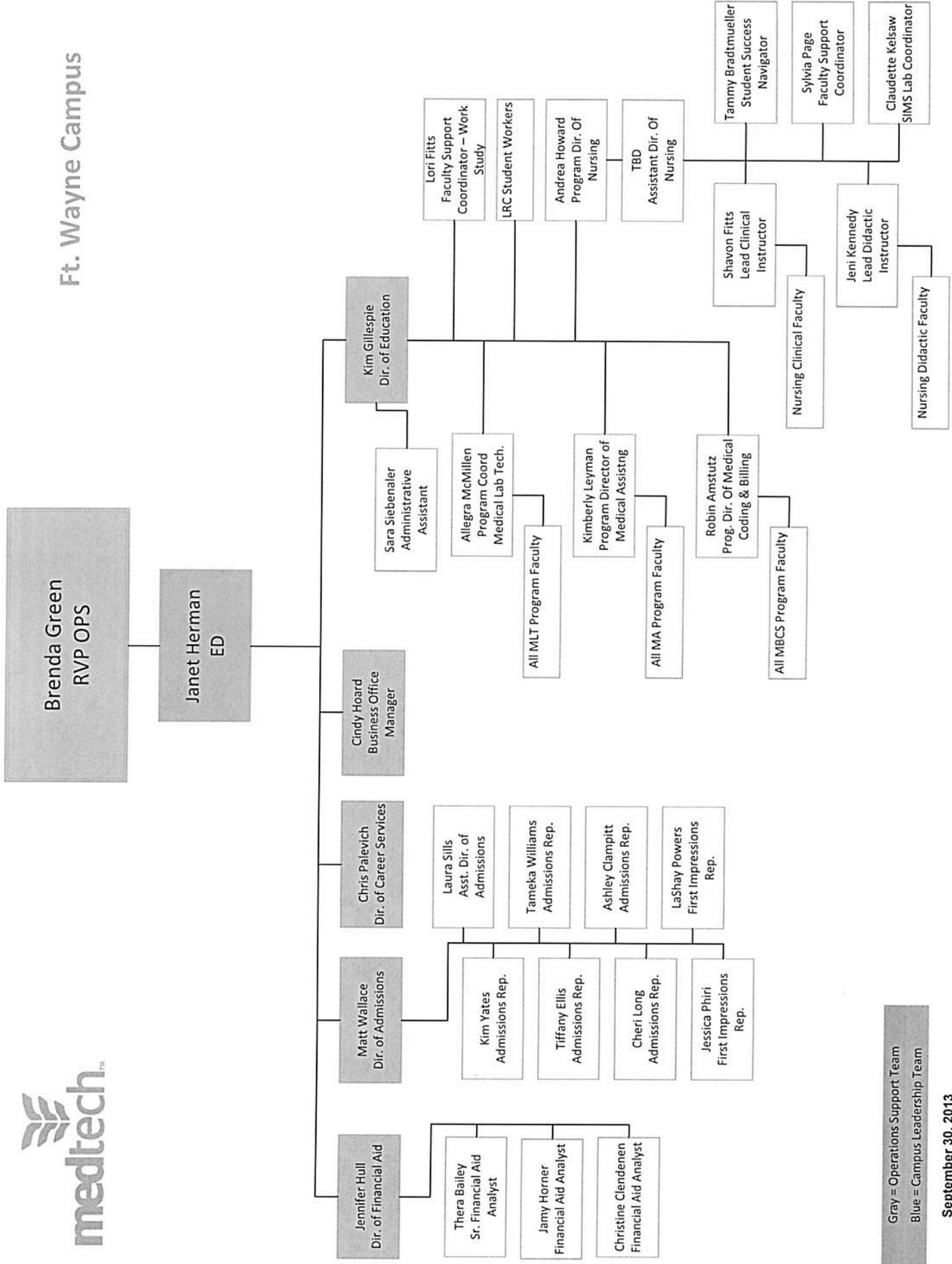
Faculty Name:	
Indiana License Number:	
Full or Part Time:	
Date of Appointment:	
Highest Degree:	
Responsibilities:	

E. Please attach the following documents to the Annual Report in compliance with **848 IAC 1-2-23**:

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



Ft. Wayne Campus



Gray = Operations Support Team
Blue = Campus Leadership Team