



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 _____ ASN X BSN _____

Dates of Academic Reporting Year: 01/01/2012 to 31/12/2012
(Date/Month/Year) to (Date/Month/Year)

Name of School of Nursing: Medtech College

Address: 1500 American Way Greenwood Indiana 46143

Dean/Director of Nursing Program

Name and Credentials: Lee A. Williams, BS, MSN, RN

Title: Program Director of Nursing Email: lawilliams@medtech.edu

Nursing Program Phone #: 317-534-0322 ext 125 Fax: 317-536-2199



Michael R. Pence, Governor

Nicholas Rhoad, Executive Director

Website Address: Medtech.edu

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

Please indicate last date of NLNAC or CCNE accreditation visit, if applicable, and attach the outcome and findings of the visit: NA

If you are not accredited by NLNAC or CCNE where are you at in the process? Evaluating the school's process and developing appropriate interventions to meet or exceed program preparation for ACEN accreditation. Goal is to apply for accreditation in 2015 for approval which gives time to meet all academic requirements for certification and 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
- 2) Change in mission or program objectives Yes No
- 3) Change in credentials of Dean or Director Yes No
- 4) Change in Dean or Director Yes No
- 5) Change in the responsibilities of Dean or Director Yes No
- 6) Change in program resources/facilities Yes No
- 7) Does the program have adequate library resources? Yes No
- 8) Change in clinical facilities or agencies used (list both additions and deletions on attachment) Yes No
- 9) Major changes in curriculum (list if positive response) Yes No



Michael R. Pence, Governor

Nicholas Rhoad, Executive Director

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 _____

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 Final Quarter _____
As part of a course X 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 (RN 254), Nursing Leadership (RN298), Community Health Nursing (RN 298), Maternal Newborn Nursing (RN 242), Nursing Care of Children (RN 240), Pharmacology for Nurses (RN 180), and Psychiatric Mental Health Nursing (RN 286)

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

A. Faculty recruitment/retention: Fully qualified Faculty

B. Availability of clinical placements: Pediatric and Maternal Newborn sites (Due to the small number of available sites currently open to Medtech Greenwood, Our campus has obtained the "Layered Learning" model to create effective simulation for both pediatric and maternal newborn clinical rotation in our nursing laboratory.



Michael R. Pence, Governor

Nicholas Rhoad, Executive Director

C. Other programmatic concerns (library resources, skills lab, sim lab, etc.): N/A

4.) At what point does your program conduct a criminal background check on students?
Prior to acceptance into the program

5.) At what point and in what manner are students apprised of the criminal background check for your program? Upon application and prior to acceptance. Positive results discussed and documented in private meeting with the Program Director of Nursing

SECTION 3: STUDENT INFORMATION

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

Winter 37 Summer 54 Fall 27 Spring 24

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

Winter 2 Summer 1 Fall 28 Spring 39

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 reported

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):

Faculty Name:	Dedra Zanders
Indiana License Number:	28161696A
Full or Part Time:	Full Time



**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

Date of Appointment:	02/28/2012
Highest Degree:	MSN
Responsibilities:	Didactic and Clinical Instruction

Faculty Name:	Colleen A. Meegan
Indiana License Number:	28063395A
Full or Part Time:	Full Time
Date of Appointment:	03/26/2012
Highest Degree:	MSN
Responsibilities:	Didactic and Clinical Instruction

Faculty Name:	Connie Carmack
Indiana License Number:	28117815A
Full or Part Time:	Full Time
Date of Appointment:	04/02/2012
Highest Degree:	MSN
Responsibilities:	Didactic and Clinical Instruction

Faculty Name:	Gina L. Stephenson
Indiana License Number:	28155213A



**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

Full or Part Time:	Full Time
Date of Appointment:	05/20/2012
Highest Degree:	MSN
Responsibilities:	Didactic and Clinical Instruction

Faculty Name:	Judith A. Crafton
Indiana License Number:	28176878A
Full or Part Time:	Full Time
Date of Appointment:	08/27/2012
Highest Degree:	MSN
Responsibilities:	Didactic and Clinical Instruction

Faculty Name:	Teri L. Griffis
Indiana License Number:	28106456A
Full or Part Time:	Full Time
Date of Appointment:	09/10/2012
Highest Degree:	MSN
Responsibilities:	Didactic and Clinical Instruction

Faculty Name:	Anita M. Wright
----------------------	-----------------



**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

Indiana License Number:	28092711A
Full or Part Time:	Part time
Date of Appointment:	11/26/2012
Highest Degree:	MSN
Responsibilities:	Didactic and Clinical Instruction

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

1. Number of full time faculty: 11
2. Number of part time faculty: 1
3. Number of full time clinical faculty: 2
4. Number of part time clinical faculty: 0
5. Number of adjunct faculty: 2

C. Faculty education, by highest degree only:

1. Number with an earned doctoral degree: 0
2. Number with master's degree in nursing: 13
3. Number with baccalaureate degree in nursing: 2 (Lab Assistants)
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**:



Michael R. Pence, Governor

Nicholas Rhoad, Executive Director

1. A list of faculty no longer employed by the institution since the last Annual Report;

Instructor	Title	Hire Date	Termination Date
Colleen Meegan	RN Instructor	04/02/2012	04/30/2012
Della Busby	RN Instructor	07/15/2012	08/17/2012
Tami Ehltz	RN Instructor	9/24/2008	08/31/2012
Gina Stephenson	RN Instructor	05/20/2012	11/30/2012

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



**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

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.

09/17/2013

Signature of Dean/Director of Nursing Program

Date

Lee A. Williams

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.



Michael R. Pence, Governor

Nicholas Rhoad, Executive Director

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, that are submitted anonymously, or complaints in which the complainant has not given consent to being identified.

Indiana State Board of Nursing
Annual Report for Registered Nursing Program
2013

Attachment 1 Section 1 Question 4

Denise Ward resigned from position Dec 2011 for personal reasons

Lisa Shaffer, MSN, RN assumed duties as Program director Feb 2012.

Indiana State Board of Nursing
Annual Report for Registered Nursing Program
2013

Attachment 2

Section 1

Question 4: Change Dean or Director

Denise Ward, MSN, RN resigned from Program Director of Nursing, December 2011 for personal reasons

Lisa Shaffer, MSN, RN assumed duties as Program Director of Nursing February 2012

Indiana State Board of Nursing
Annual Report for Registered Nursing Program
2013

Attachment 3

Section 1

Question 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 60 computers as well as advising from the national Librarian. Library resources are updated periodically, and money is budgeted to maintain library resources for faculty and students.

Attachment 4

Section 1

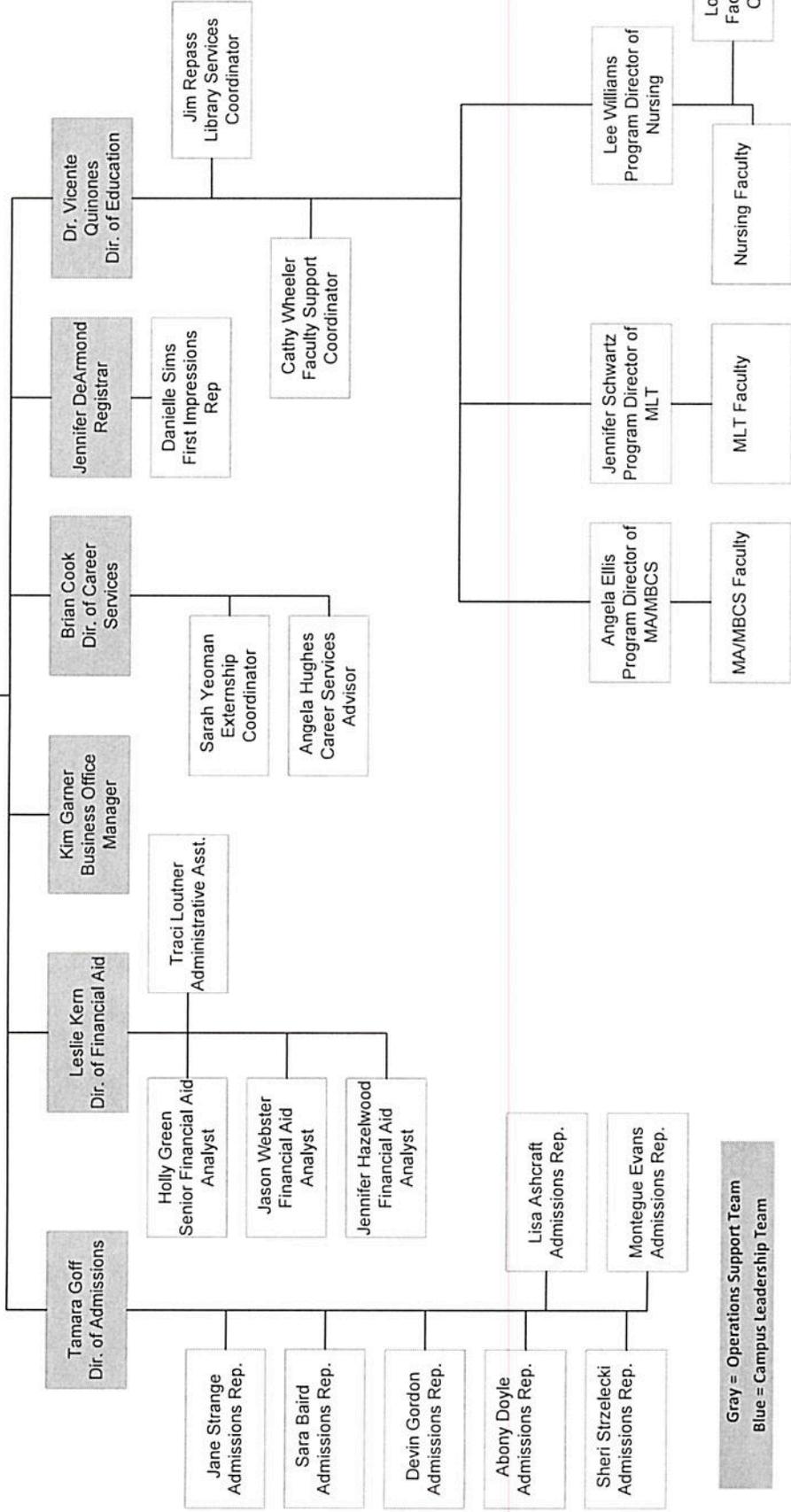
Question 8: Change in clinical facilities or agencies used

Forest Creek Village	PN or RN	Michelle Sharout, DON 17dns@americansrco mmunities.com	525 E. Thompson Rd., Indianapolis, IN 317-787-8253	LTC	1/27/2012 Added
Shelbyville Schools	PN or RN	Michelle Herbert, Health Services Director, mfherbert@shelbycs.k 12.in.us	1200 W. McKay Rd., Shelbyville, IN 317-392- 2551 ext. 3005	Observation	5/21/2012 Added
Brown County Health & Living	PN or RN	Pamela Seegers, HFA, pseegers@cardon.us & Debbie Wojdyla, DON, dwojdyla@cardon.us	55 East Willow Street, Nashville, IN 812-988-6666	LTC	6/29/2012 Added

University Heights Health & Living Community	PN or RN	Mary Receveur, DON, mreceveur@cardon.us or Anna Thompson, ADON athompson@cardon.us	1380 East County Line Rd., Indpls., 317-885-7050	LTC	9/25/2012 Added
--	----------	--	---	-----	--------------------

Brenda Green
RVP OPS

Jason Horton
ED



Gray = Operations Support Team
Blue = Campus Leadership Team