



Indiana State Board of Nursing
402 West Washington Street, Room W072
Indianapolis, Indiana 46204

Telephone: (317) 234-2043 Fax: (317) 233-4236

Website: www.PLA.IN.gov Email: pla2@pla.in.gov

Governor Mitchell E. Daniels, Jr.

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, 2011 through July 31, 2012. 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 2011." 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

Name of School of Nursing: Medtech College

Address: _1500 American Way

Greenwood , Indiana 46143_

Dean/Director of Nursing Program

Name and Credentials: _Lisa Shaffer RN, MSN, MBA, CCRN

Title:Program Director of Nursing

Email: lshaffer@medtech.edu

Nursing Program Phone #:317-534-0322 ext 125 Fax:___317-536-2199

Website Address: lshaffer@medtech.edu

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: October 2012

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

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> ___ |

Change in Dean or Director: For the academic year of January 1, 2011 through December 31, 2011, the program director was Denise Ward, RN, MSN. She was replaced by Joyce Redmon, RN, MSN effective 12/23/2011.

The current program director is Lisa Shaffer RN, MSN, MBA. Ms. Shaffer became program director effective A notification of change in program director was sent to Indiana State Board of Nursing in April 2012 along with Ms.Shaffer's curriculum vitae. Ms.Shaffer can be reached at lshaffer@medtech.edu or 317-534-0322 ext 125.

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 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 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: in final quarter
As part of a course Ties to progression or thru curriculum

2E.) If taken as part of a course, please identify course(s):

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

A. Faculty recruitment/retention: recruitment of qualified faculty

B. Availability of clinical placements: limited availability for Maternal health and pediatric sites

C. Other programmatic concerns (library resources, skills lab, sim lab, etc.): need improvements in management of skills/ SIMS labs

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

5.) At what point and in what manner are students apprised of the criminal background check for your program? Notified during application process that criminal background check will occur prior to acceptance. Positive CBC results lead to private meeting between student and Nursing Admission representative for discussion/ Nursing review.

SECTION 3: STUDENT INFORMATION

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

Summer _____ 34 _____ Fall _____ 49 _____ Spring _____ 44 _____

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

Summer 1 Fall _____ 14 _____ Spring _____ 8 _____

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. No program complaints submitted.

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:	Foley, Lisa
Indiana License Number:	28098392A
Full or Part Time:	Full time
Date of Appointment:	9/28/2011
Highest Degree:	MSN

Responsibilities:	Nursing faculty
--------------------------	-----------------

Faculty Name:	Shaffer, Lisa
Indiana License Number:	28088370A
Full or Part Time:	Full time
Date of Appointment:	4/11/2011
Highest Degree:	MSN
Responsibilities:	Nursing faculty

Faculty Name:	Pleshkan, Viktoryia
Indiana License Number:	28148333A
Full or Part Time:	Full time
Date of Appointment:	4/18/2011
Highest Degree:	MSN
Responsibilities:	Nursing faculty

Faculty Name:	Youngstafel, Laura
Indiana License Number:	28102290A
Full or Part Time:	Full time

Date of Appointment:	January 2011
Highest Degree:	MSN
Responsibilities:	Nursing faculty

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

1. Number of full time faculty: 6
2. Number of part time faculty: 5
3. Number of full time clinical faculty: 0
4. Number of part time clinical faculty: 2
5. Number of adjunct faculty: 2

C. Faculty education, by highest degree only:

1. Number with an earned doctoral degree: 2
2. Number with master's degree in nursing: 5
3. Number with baccalaureate degree in nursing: 1
4. Other credential(s). Please specify type and number: _ BSN 1 (lab assistants), 1 MD, 1 Masters of Science, 1 masters of English, 1 Doctor of Chiropractic

D. Given this information, does your program meet the criteria outlined in **848 IAC 1-2-13**?

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.

Instructor	Title	Hire Date	Termination Date

Ritchie, Paula	Nursing Faculty/Clinical/Lab	3/10/2008	12/23/2011
Ward, Denise	PDON	6/21/2010	12/5/2011

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.

Lisa Shaffer

10/1/2012

Signature of Dean/Director of Nursing Program

Date

Lisa Shaffer

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.

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.



Campus Support Center

