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

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: BS

Dates of Academic Reporting Year: August 1, 2013 to July 31, 2014

Name of School of Nursing: Purdue University North Central

Address: 1401 S. US 421, Westville, IN 46391

Dean/Director of Nursing Program
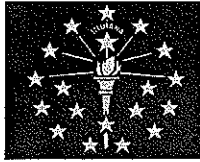
       Name and Credentials: Diane Spoljoric, Ph.D., RN

       Title: Associate Professor and Chair

       Email: dspoljoric@pnc.edu

Nursing Program Phone #: 219-785-5226   Fax: 219-785-5495

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Website Address:
- www.pnc.edu/nursing

Social Media Information Specific to the SON Program (Twitter, Facebook, etc.):
- None

Please indicate last date of NLNAC or CCNE accreditation visit, if applicable, and attach the outcome and findings of the visit: ACEN (NLNAC) September 2010 with follow-up report in 2012:
- Continuing 8 year 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	No
2) Change in mission or program objectives	No
3) Change in credentials of Dean or Director	No
4) Change in Dean or Director	Yes
5) Change in the responsibilities of Dean or Director	Yes
6) Change in program resources/facilities	No
7) Does the program have adequate library resources?	Yes
8) Change in clinical facilities or agencies used (list both additions and deletions on attachment)	No
9) Major changes in curriculum (list if positive response)	No

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?
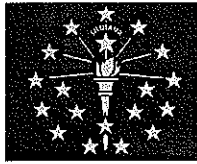
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- We have seen a slight decrease in pass rates from last year. They are roughly the same performance as two years ago.

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

- We have revised our admission criteria, implemented version 1 and 2 HESI (Health Education Systems Inc.) testing in as many courses as possible, and revised exit testing to include a version 1 and 2 HESI and Evolve's CAT (Computer Adaptive Testing) exam. We began participation in Purdue's Supplemental Instruction Program, offering student-led study sessions.

2A.) Do you require students to pass a standardized comprehensive exam before taking the NCLEX?

- Yes X

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

- N/A

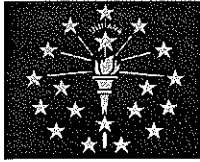2C.) If **so,** which exam(s) do you require?

- HESI exit exam

2D.) When in the program are comprehensive exams taken:

- In NUR 49500 Nursing Capstone (HESI Exit Exam version 1 and HESI CAT Exam) and upon Completion (HESI Exit Exam version 2), and
- As part of a course (HESI course specific standardized exams)

2E.) If taken as part of a course, please identify course(s): The following individual courses have standardized course specific HESI exams required.

- NUR 21900 Assessment;
- NUR 27100 and 27200 Pathopharmacology I and II;
- NUR 23200 Foundations of Nursing Practice;
- NUR 20400 Psychosocial Nursing;
- NUR 33300, 44300, and 49300 Adult Health I and II and Advanced Adult Health;
- NUR 33500 Women and Newborn Health;
- NUR 39500 Child Health Nursing
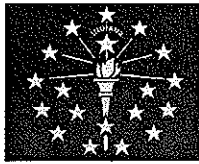- NUR 42900 Community Health Nursing

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3.) Describe any challenges/parameters on the capacity of your program below:
- A. Faculty recruitment/retention:
    - o It has been possible to meet the needs of the program for recruitment and retention.
- B. Availability of clinical placements:
    - o We did not experience any significant issues with clinical placements.
- C. Other programmatic concerns (library resources, skills lab, sim lab, etc.):
    - o Classroom space on campus is at a premium. We have few large classrooms/lecture halls. If there were more, we could increase our class sizes and potentially admit more students.

4.) At what point does your program conduct a criminal background check on students?
- o Prior to the first practicum, which is in semester 4 of the program, and each year thereafter until graduation.

5.) At what point and in what manner are students apprised of the criminal background check for your program?
- o The application to the nursing program contains the information that a criminal background check will be required of all students prior to being granted enrollment.

SECTION 3: STUDENT INFORMATION

1.) Total number of students admitted in academic reporting year:
- Fall 2013
    - o Traditional BS-51
    - o RN-BS-8
- Spring 2014
    - o Traditional BS-47
    - o RN-BS-7

2.) Total number of graduates in academic reporting year:
- Fall 2013
    - o Traditional BS-22
    - o RN-BS-10
- Spring 2014
    - o Traditional BS-48
    - o RN-BS-9

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.
- A former student in the program filed a complaint with the U.S. Department of Education's Office of Civil Rights (the "OCR") alleging that she was discriminated against on the basis of

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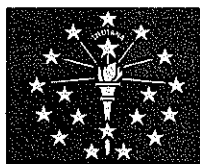Michael R. Pence, Governor   Nicholas Rhoad, Executive Director

race when she was administratively dismissed from the Nursing Program. The Nursing Program denies such allegations. The matter is currently pending with the OCR.

4.)   Indicate the type of program delivery system:
   o   Semesters

SECTION 4: FACULTY INFORMATION

Faculty Name:	Regina Loveitt
Indiana License Number:	28162903A
Full or Part Time:	Full
Date of Appointment:	Fall 2013
Highest Degree:	MSN
Responsibilities:	Clinical Assistant Professor of Nursing
Faculty Name:	Vivian Ott
Indiana License Number:	28177069A
Full or Part Time:	Full
Date of Appointment:	Fall 2013
Highest Degree:	PhD
Responsibilities:	Assistant Professor of Nursing
Faculty Name:	Gretchen Broman
Illinois License Number:	041354528
Full or Part Time:	Part
Date of Appointment:	Fall 2013
Highest Degree:	MSN
Responsibilities:	Limited Term Lecturer-Nursing
Faculty Name:	Tina Hostetler
Indiana License Number:	28107066A
Full or Part Time:	Part
Date of Appointment:	Fall 2013
Highest Degree:	MSN
Responsibilities:	Limited Term Lecturer-Nursing
Faculty Name:	Erin Ryle
Illinois License Number:	041349835
Full or Part Time:	Part
Date of Appointment:	Fall 2013
Highest Degree:	MSN
Responsibilities:	Limited Term Lecturer-Nursing
Faculty Name:	Kathleen Zielinski
Illinois License Number:	041380014
Full or Part Time:	Part

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Date of Appointment:	Fall 2013
Highest Degree:	MSN
Responsibilities:	Limited Term Lecturer-Nursing

Faculty Name:	Jodi Bohl
Illinois License Number:	041379182
Full or Part Time:	Part
Date of Appointment:	Spring 2014
Highest Degree:	MSN
Responsibilities:	Limited Term Lecturer-Nursing
Faculty Name:	Susan Corbett
Indiana License Number:	28062899A
Full or Part Time:	Part
Date of Appointment:	Spring 2014
Highest Degree:	MSN
Responsibilities:	Limited Term Lecturer-Nursing
Faculty Name:	Amy Hammoud
Indiana License Number:	28189166A
Full or Part Time:	Part
Date of Appointment:	Spring 2014
Highest Degree:	MSN
Responsibilities:	Limited Term Lecturer-Nursing
Faculty Name:	Andrea Williams
Indiana License Number:	28143122A
Full or Part Time:	Part
Date of Appointment:	Spring 2014
Highest Degree:	MSN
Responsibilities:	Limited Term Lecturer-Nursing
Faculty Name:	Raelonda Woodard
Indiana License Number:	28165511A
Full or Part Time:	Part
Date of Appointment:	Spring 2014
Highest Degree:	MSN
Responsibilities:	Limited Term Lecturer-Nursing

B. Total faculty teaching in your program in the academic reporting year: Aug. 1, 2013-July 31, 2014
   1. Number of full time faculty: Fall 2013: 18   Spring 2014: 18
      Fall 2013:
      o   Coates, B Garwood, J Garwood, Gyurko, Hayes, Hnida, Juestel, Klosinski,, Loveitt, Ott, Potter, Rose, Sandelski, Schooley, Spoljoric, Strahm, Su, Voight-Block
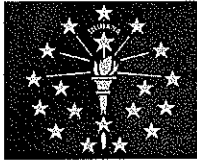
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Spring 2014:
- o   Coates, B Garwood, J Garwood, Gyurko, Hayes, Hnida, Juestel, Klosinski, Loveitt, Ott, Potter, Rose, Sandelski, Schooley, Spoljoric, Strahm, Su, Voight-Block

2. Number of part time faculty: Fall 2013: 1   Spring 2014: 2
Fall 2013:
- o   Felton

Spring 2014:
- o   Coto, Felton

3. Number of full time clinical faculty: Fall 2013: 0   Spring 2014: 0
4. Number of part time clinical faculty: Fall 2013: 7   Spring 2014: 11
Fall 2013:
- o   Broman, Davis, Hostetler, Ryle, Paull, White, Zielinski

Spring 2014:
- o   Bohl, Broman, Corbett, Davis, Hammoud, Hostetler, Paull, White, Williams, Woodard, Zielinski

5. Number of adjunct faculty: 0

C. Faculty education, full and part-time, by highest degree only:
1. Number with an earned doctoral degree: Fall 2013: 5   Spring 2014: 5
2. Number with master's degree in nursing: Fall 2013: 20   Spring 2014: 24
3. Number with baccalaureate degree in nursing: Fall 2013:   0   Spring 2014: 0
4. Other credential(s). Please specify type and number:
                        Nurse Practitioner: Fall 2013: 8   Spring 2014: 8
                        Clinical Specialist: Fall 2013: 3   Spring 2014: 3

D. Given this information, does your program meet the criteria outlined in **848 IAC 1-2-13 or 848 IAC 1-2-14?** Yes

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

Attachments follow:

- o   ACEN (NLNAC) Accreditation and Acceptance of Follow-up Report
- o   Faculty no longer employed since 8/2012-7/2013 report
- o   Organizational Charts

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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.
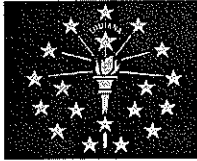
Diane Spoljoric

_____
Signature of Dean/Director of Nursing Program

9/30/14
_____
Date

Diane SpoLJoRic
_____
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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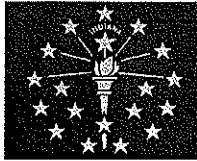
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Definitions from CCNE:

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.

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Purdue University North Central
Baccalaureate/Associate

2

Accreditation Status (Governing Organization)
Agency: Higher Learning Commission of
               North Central Association
Last Review: 2000-2001
Outcome: Continued Accreditation
Next Review: 2010-2011; report requested
               Spring 2004; 2004 focused visit
               on baccalaurate programs

SITE VISIT INFORMATION

I. INTRODUCTION

Program Evaluator Team

Chairperson
Elizabeth Stokes, EdD, RN, CNE
Professor Emeritus, Adjunct Faculty
School of Nursing
Arkansas State University
Box 910
Jonesboro, AR 72467
Telephone: (870) 972-3074
Fax: (870) 972-2954
E-mail: estokes@astate.edu

Member
Joan Becker, MA, BSN, RN
Director
Associate Degree Nursing
El Centro College
801 Main Street
Dallas, TX 75202
Telephone: (972) 860-5098
Fax: (972) 860-5035
E-mail: jbecker@dcccd.edu

Member
Angelina Okoli, PhD, MSN, RN
Clinical Director/Nursing Supervisor
Westchester Arc
265 Saw Mill River Road
Hawthorne, NY 10532
Telephone: (914) 428-8330, ext.4580
E-mail: Angelinaokoli@yahoo.com

Member
Lois Schoener, PhD, RN, CNE
Professor & Director
Nursing Education Program
Elmira College
One Park Place
Elmira, NY 14901
Telephone: (607) 735-1890
Fax: (607) 735-1159
E-mail: lschoener@elmira.edu

Member
Mary Moss, EdD, RN, CNE
Associate Dean
Service & Health Programs-Nursing Dept.
500 32nd Street North
Wisconsin Rapids, WI 54494
Telephone: (715) 422-5510
Fax: (715) 422-5313
E-mail: Mary.Moss@mstc.edu
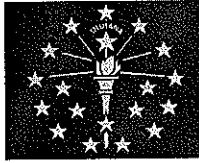
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Purdue University North Central
Baccalaureate/Associate   3

NLNAC Criteria Used: 2008

Program Demographics:

Year nursing program established: **Baccalaureate: 2004**
                                   Associate: 1966

Faculty:
Number of faculty teaching full-time in the baccalaureate nursing program: 6
Number of faculty teaching part-time in the baccalaureate nursing program: 4

Number of faculty teaching full-time in the associate nursing program: 4
Number of faculty teaching part-time in the associate nursing program: 11

Number of faculty teaching full-time in both programs: 6
Number of faculty teaching part-time in both programs: 2

Students:
Total enrollment: Baccalaureate 190
Full-time: 111 (traditional); 7 (RN-BSN); total 118
Part-time: 28 (traditional); 54 (RN-BSN); total 82

Total enrollment: Associate   121
Full-time: 44
Part-time: 77

Length of program:
Baccalaureate: 4 years; 8 semesters; 121-123 total credits
Associate: 2 years; 4 semesters; 66 total credits

Locations:
No additional locations

Third Party Comment:
The nursing unit had a reasonable process for soliciting third party comments. The methods used to announce the accreditation visit to the program's communities of interest were: notice of scheduled for the October meeting. The cancelation and re-scheduled November review were posted on the PNC website and the Department of Nursing website. A press release was sent to area daily and weekly newspapers, radio and television stations, cable television vendors, other Purdue campuses, and area Chambers of Commerce. Print notices appeared on the Valpolife Life website (community site) and in the weekly newspaper, *The Starke County Leader*.

One individual, an alumni, attended the public meeting and was very complimentary of the program and the faculty. She was an older student returning to school. She stated that the program had changed her life, given her great confidence in her abilities, and made her very satisfied with what she had been able to accomplish.

Written third party comments were not received in response to the solicitation.
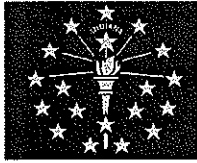
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Purdue University North Central
Baccalaureate/Associate   4

Interviews:
Individual Conferences:
Mario Ortiz, PhD, RN, PHCNS-BC, Chair, Department of Nursing
E. Jean Hayes, MSN, RN, Associate Professor, Academic Program Coordinator

Group conferences:
Chancellor, Vice Chancellors, and Deans
James Dworkin, PhD, Chancellor
George T. Asteriadis, PhD, Associate Vice Chancellor of Academic Affairs
Sandy Czekaj, Registrar, Assistant Dean of Enrollment
Kenneth Holford, PhD, Interim Dean, College of Science
Karen Schmid, PhD, Vice Chancellor of Academic Affairs
Steve Turner, MBA, Vice Chancellor for Administration

Nursing Faculty
Annette Coates, MSN, RN, SPNP-PC, Clinical Assistant Professor of Nursing
Yeou-Lan Chen, PhD, RN, Professor of Nursing
Bob Hnida, MSN, RN, Visiting Assistant Professor of Nursing
Bobbi Herron, MS, APRN, ACNS-BC, Assistant Professor of Nursing
Karen Klosinski, ED, MSN, RN, Assistant Professor of Nursing
Joyce Masoodi, MS, RN, NP, Associate Professor of Nursing
Halina Miziniak, MS, RN, Associate Professor of Nursing
Peggy Rose, MSN, RN, PHCNS-BC, FNP-BC, Assistant Professor of Nursing
Angela Schooley, MSN, RN, Assistant Professor of Nursing
Diane Spoljoric, PhD, RNC, FNP, Associate Professor of Nursing
Charlotte Strahm, DNSc, RN, CNS, Assistant Professor of Nursing
Whei Ming Su, MA, RN, CCRN, Associate Professor of Nursing

Support Personnel and General Education Faculty
Barbara Austin, MS, Director of Academic Advising
Shelly Barnes, BLS, Director of Financial Aide Procedure and Compliance
Keri Marrs Barron, MS, Director of Student Activities
Natalie Connors, BS, Director of Career Development
Sandy Czekaj, BS, Assistant Dean of Enrollment and Registrar
Linda Duttlinger, PhD, Director of Accreditation (HLC-North Central Association/Purdue)
Connie Fidanza, BS, Financial Aid Analysis (formerly Nursing Advisor)
Robert Gaekle, BS, Director of Public Safety
Jerry Holt, PhD, Chair for English and Modern Languages
K.R. Johnson, BS, Library Director
Kent Lange, MS, Continuing Lecturer of Biology
Robin Lukach, MS, Student Support Services
Diane Marovich, MSW, Director of Student Counseling Services
Shelly Pass, Department of Nursing Secretary
Kim Summers, Nursing Resource Center
Laura Weaver, MSEd, Service Learning Coordinator
Janice Whisler, BS, Interim Director of Enrollment/Outreach

Nursing Students
Students, n=20
AS, n= 4
RN-BS, n=2

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Purdue University North Central
Baccalaureate/Associate   5

BS, n=12

PNC-Nursing Advisory Board
Cibele Webb, ED, MSN, RN, Nursing Department Chair, Ivy Tech Community College
Anita Ivankovig, MSN, BSN, RN, Vice President of Nursing/CNO for Laporte Hospital
Linda Satoski, MSA, RN, CEO for Starke Memorial Hospital
Norm Steider, Executive Director of the Duneland Health Council

Agency Personnel
St. Anthony's Hospital, Michigan City, Indiana
Aundie Siebert, RN, Senior Manager, Inpatient Clinical Services
Brenda Rogers, BSN, RN, Director, Emergency Services, Education, Behavioral Medicine,
Admission/Discharge Nurses
Dorothy Tomlin, MSN, RN, Education Coordinator
Rita deCaneva, RN, Clinical Education Coordinator
Elaine K. Criswell, RN, Education Manager

Life Care Center, Michigan City, Indiana
Peg Mark, MSW, Executive Director
Lisa Maglia, RN, Associate Director of Nursing
Leslie Williamson, LPN

Public Meeting
Diane Campbell, RN, Associate Degree Graduate (Alumnae)

Classes Attended:
NURS 23100 Nursing Care of Developing Families
NURS 349 Health Care in United States
NURS 21900 Health Assessment (Laboratory-BS)

Clinical Agencies and Facilities Visited:
Life Care, Michigan City, IN
St. Anthony's Medical Center, Michigan City, IN

Documents Reviewed:
Catalogs, Handbooks, Manuals
PNC General Catalog, 2010-2011
PNC Faculty Handbook, 2009-2010
PNC Student Handbook, Connections, 2010-2011
PNC Nursing Student Manual, 2010-2011
Purdue University Academic Procedures Manual-Rights and Privacy, Student Educational Records
Executive Memo: Student Conduct-Rights
PNC General Education Goals

External Constituencies
Indiana State Board of Nursing Reports
   Associate Degree Program, 2007, 2008, 2009
   Baccalaureate Degree Program, 2007, 2008, 2009
Indiana State Board of Nursing NCLEX-RN Reports
PNC Institutional Self-Study Report (2001), HLC of the North Central Association
PNC Institutional Focused Visit Report (2004), HLC of the North Central Association

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Purdue University North Central
Baccalaureate/Associate   6

National League for Nursing Accrediting Commission
  Correspondence, 2001-2009
  Focused Visit Report, 2009
  Self-Study Reports, 2001, 2006
Healthy People 2010
ANA Scope and Standards of Practice (2004)
NLN Educational Competencies for Associate Degree Graduates
Essentials of Baccalaureate Nursing Education, AACN
National Patient Safety Goals (Joint Commission)

Nursing/Governing Organization Documents
PNC Department of Nursing Mission Statement
PNC Department of Nursing Philosophy
PNC Department of Nursing Faculty Bylaws
Academic Chair Position, Job Description
Academic Program Coordinator, Job Description
Budget Reports, 2007, 2008, 2009, 2010

Nursing Unit Minutes
Faculty Minutes, 2007-2008, 2008-2009, 2009-2010, 2010
Community Advisory Board Minutes, 2006, 2007, 2008
Curriculum and Evaluation Committee Minutes, 2007-2008, 2008-2009, 2009-2010, 2010-
Faculty Affairs Committee, 2007-2008, 2008-2009, 2009-2010, 2010-
Enrollment, Progression and Advising Committee, 2007-2008, 2008-2009, 2009-2010, 2010-
Facilities and Resources Committee, 2007-2008, 2008-2009, 2009-2010, 2010-

Course Materials
Course Syllabi, Course Reports, Course Objective Summaries

NUR 107	NUR 272
NUR 119	NUR 325
NUR 123	NUR 331
NUR 201	NUR 333
NUR 204,	NUR 335
NUR 208	NUR 347
NUR 214	NUR 347
NUR 218	NUR 349
NUR 219	NUR 353
NUR 223	NUR 357
NUR 231	NUR 389
NUR 232	NUR 416
NUR 233	NUR 421
NUR 234	NUR 429
NUR 235	NUR 438
NUR 237	NUR 439
NUR 271	NUR 496

Clinical Evaluation Tools
Samples of Student Work, Associate Degree Program
Samples of Student Work, Baccalaureate Degree Program (RN-BSN and Traditional)

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II. EVALUATION OF THE STANDARDS AND CRITERIA

STANDARD 1

Mission and Administrative Capacity
The nursing education unit's mission reflects the governing organization's core values and is congruent with its strategic goals and objectives. The governing organization and program have administrative capacity resulting in effective delivery of the nursing program and achievement of identified outcomes.

BACCALAUREATE

1.1 The mission/philosophy and outcomes of the nursing education unit are congruent with those of the governing organization.

1.2 The governing organization and nursing education unit ensure representation of students, faculty, and administrators in ongoing governance activities.

1.3 Communities of interest have input into program processes and decision-making.

1.4 Partnerships exist that promote excellence in nursing education, enhance the profession, and benefit the community.

1.5 The nursing education unit is administered by a doctorally prepared nurse. .

1.6 The nurse administrator has authority and responsibility for the development and administration of the program and has adequate time and resources to fulfill the role responsibilities.

1.7 With faculty input, the nurse administrator has the authority to prepare and administer the program budget and advocates for equity among the units of the governing organization.

1.8 Policies of the nursing education unit are comprehensive, provide for the welfare of faculty and staff, and are consistent with those of the governing organization; differences are justified by the goals and outcomes of the nursing education unit.

1.9 Records reflect that program complaints and grievances receive due process and include evidence of resolution. .

For nursing education units engaged in distance education, the additional criterion is applicable:

1.10 Distance education, as defined by the nursing education unit, is congruent with the mission of the governing organization and the mission/philosophy of the nursing education unit.

ASSOCIATE

1.1 The mission/philosophy and outcomes of the nursing education unit are congruent with those of the governing organization.

1.2 The governing organization and nursing education unit ensure representation of students, faculty, and administrators in ongoing governance activities.
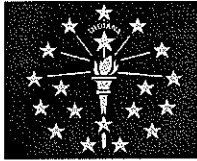
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1.3   Communities of interest have input into program processes and decision-making.

1.4   Partnerships exist that promote excellence in nursing education, enhance the profession, and
      benefit the community.

1.5   The nursing education unit is administered by a nurse who holds a graduate degree with a major
      in nursing.

1.6   The nurse administrator has authority and responsibility for the development and administration
      of the program and has adequate time and resources to fulfill the role responsibilities.

1.7   With faculty input, the nurse administrator has the authority to prepare and administer the
      program budget and advocates for equity within the unit and among other units of the
      governing organization.

1.8   Policies of the nursing education unit are comprehensive, provide for the welfare of faculty and
      staff, and are consistent with those of the governing organization; differences are justified by
      the goals and outcomes of the nursing education unit.

1.9   Records reflect that program complaints and grievances receive due process and include
      evidence of resolution.

For nursing education units engaged in distance education, the additional criterion is applicable:

1.10 Distance education, as defined by the nursing education unit, is congruent with the mission of
      the governing organization and the mission/philosophy of the nursing education unit.

Commentary:

BACCALAUREATE/ASSOCIATE

Purdue University-North Central (PNC) has evolved from a branch campus offering associate degree
level programs to an autonomous institution offering associate, baccalaureate, and master's programs.
The move to increase baccalaureate degree programs and offer selected master's degree programs is fairly
recent. During the current Chancellor's tenure, the number of baccalaureate degree programs has more
than doubled.

In interviews with the Chancellor, Vice Chancellors, and Deans, all spoke of nursing and education being
the two signature programs of the campus. The move to offering more baccalaureate education is evident
in both of these programs. Nursing has served the surrounding area well, and a large number of nursing
graduates are sought for employment in local healthcare agencies. Administrators also indicated that
nursing faculty are very involved in campus governance, and nursing students (along with faculty) work
with several community-oriented projects. Faculty are highly regarded for their hard work and
commitment to students.

The same support and praise for the Department of Nursing, its faculty, and students was evident in the
meeting with support personnel and general education faculty. The nursing programs are highly regarded
for their commitment to students. Support personnel noted their collaborative relationships with the
Department of Nursing and its personnel. Faculty outside of nursing regularly work with nursing faculty
on campus issues and curriculum and spoke of this work as collaborative and cooperative.
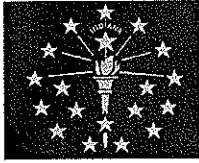
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The SSR discusses the mission of the nursing program and its congruence with the mission of the University. The Department of Nursing furnished the site visitors with a corrected version of this section as some wording reflected the previous mission/philosophy. In reviewing the corrected version, the site visitors found congruence between the mission of the PNC Department of Nursing and the University mission. The PNC mission focuses on goals of learning, discovery, and engagement. The application of learning, for example, is reflected in selected elements in the mission of the nursing program such as the knowledge of nursing as a discipline, the provision of opportunities for acquiring requisite knowledge and skills for nursing, and the application of knowledge from general education and nursing science.

The Department of Nursing (DON) solicits participation from communities of interest. Although some activities are informal, the formal interaction is carried out with the Community Advisory Board. Members include representatives from the three (3) major hospitals in the area and other health care facilities, as well as other community representatives from business and service areas. In a meeting with four (4) members of the Community Advisory Board, the representatives of clinical agencies and educational programs noted that their working relationships with the nurse administrator and the PNC nursing faculty are highly satisfactory.

The PNC nursing faculty are involved in the governance of the Department and the University. Faculty are serving or have served on various standing committees at each level. Currently, two (2) nursing faculty are chairing PNC committees. The Chancellor indicated that he is aware of the service of nursing faculty in all aspects of governance. Several nursing faculty have worked on committees related to the upcoming visit (April 2011) of the Higher Learning Commission of the North Central Association. The Associate Vice Chancellor for Academic Affairs noted that he tries to appoint nursing faculty to "ad hoc" committees because they bring commitment to the task and a good work ethic.

Students have the opportunity to participate in governance through the Student Government Association (SGA). The students interviewed during the site visit were aware of the SGA, but they were not involved in SGA activities. Students indicated that know about the opportunity to serve on Department of Nursing committees, and some student representatives were present in the student group. Students stated that they have input into curriculum and departmental activities through course evaluations as well as talking to faculty on an individual or group basis.

The Department of Nursing at PNC has two (2) notable partnerships, which are described in the SSR. These are with the LaPorte Hospital Foundation and the Duneland Health Council. The LaPorte Hospital Foundation has made contributions to enable the purchase of simulation equipment, which may be used for both PNC students and staff of LaPorte Hospital. The Duneland Health Council has established a Scholar program for a nurse educator, which provides support for educational projects or research over a period of two (2) years.

Dr. Mario Ortiz is the administrator of the nursing programs. He is educationally and experientially qualified for the position. Dr. Ortiz holds a bachelor of science and a master of science in nursing from Valparaiso University and the earned doctorate (nursing) from Loyola University. The nurse administrator has held a variety of clinical positions and teaching positions, including teaching at the associate degree, baccalaureate, and master's levels. His credentials were verified by site visitors onsite. A faculty member at PNC since 2005, Dr. Ortiz became Department Chair in August 2009. The site visitors confirmed that the nurse administrator has the authority and responsibility for the nursing programs.

The Indiana State Board of Nursing (ISBN) has specific requirements for nursing administrator and faculty credentials. The ISBN requires the Director of a nursing program be employed full-time and must
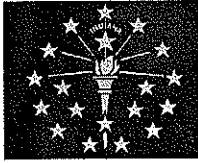
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hold a minimum of an MSN; a doctoral degree is preferred with clinical, education, and administrative experience. PNC meets this requirement.

In reporting about the current administrative configuration for the DON, the nurse administrator is assisted by Professor Jean Hayes, who holds the title of Academic Program Coordinator. Dr. Ortiz administers the nursing programs and represents the program to the College of Science and the University, provides academic leadership, manages fiscal resources, and facilitates implementation of the vision of nursing and the strategic plan of the University. The Academic Program Coordinator works with the daily operations of the Department and is involved in activities such as scheduling, assisting in follow-up related to policies and curriculum changes, working with faculty in the advising process, and working with program course and clinical coordination. Both Dr. Ortiz and Professor Hayes work 50% of their time with administrative duties. Each teaches six (6) credit hours per semester. The teaching load is by choice. In order to retain faculty status, faculty at PNC must teach a minimum of six (6) hours per semester.

Faculty provide suggestions for budget needs to the Chair. Consideration is given to needs for teaching/learning activities, growth areas and equipment needs for the Learning Resource Center.

Policies for faculty were reviewed. The policies for nursing faculty are the same as for other PNC faculty. Policies are available electronically. The Department of Nursing maintains information relative to current nursing licensure.

PNC has a campus-wide student complaint policy that is published in the Student Handbook, Connections, and the PNC General Catalog. The policy addresses the procedures and due process related to formal complaints. Only formal complaints are documented. No formal complaints have been filed by nursing students. Within the Department of Nursing, students are encouraged to begin addressing issues at the course level. Issues have been resolved at the Department level or below.

PNC does not have any distance education offerings at this time. The University is not approved for distance education.
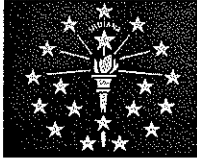
Summary:

Strength:

• Exemplary support from administration and peers for the nursing program

Compliance:

The baccalaureate program is in compliance with the Standard.

The associate program is in compliance with the Standard.

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STANDARD 2

Faculty and Staff
Qualified faculty and staff provide leadership and support necessary to attain the goals and outcomes of the nursing education unit.

BACCALAUREATE

2.1   Faculty are credentialed with a minimum of a master's degree with a major in nursing and maintain expertise in their areas of responsibility.

    2.1.1   A minimum of 25% of the full-time faculty hold earned doctorates.

    2.1.2   Rationale is provided for utilization of faculty who do not meet the minimum credential.

2.2   Faculty (full- and part-time) credentials meet governing organization and state requirements.

2.3   Credentials of practice laboratory personnel are commensurate with their level of responsibilities.

2.4   The number and utilization of faculty (full- and part-time) ensure that program outcomes are achieved.

2.5   Faculty (full- and part-time) performance reflects scholarship and evidence-based practice.

2.6   The number, utilization, and credentials of non-nurse faculty and staff are sufficient to achieve the program goals and outcomes.

2.7   Faculty (full- and part-time) are oriented and mentored in their areas of responsibilities.

2.8   Systematic assessment of faculty (full- and part-time) performance demonstrates competencies that are consistent with program goals and outcomes.

2.9   Non-nurse faculty and staff performance is regularly reviewed in accordance with the policies of the governing organization.

For nursing education units engaged in distance education, the additional criterion is applicable:

2.10   Faculty (full- and part-time) engage in ongoing development and receive support in distance education modalities including instructional methods and evaluation.

ASSOCIATE

2.1   Full-time faculty are credentialed with a minimum of a master's degree with a major in nursing and maintain expertise in their areas of responsibility.

    2.1.1   The majority of part-time faculty are credentialed with a minimum of a master's degree with a major in nursing; the remaining part-time faculty hold a minimum of a baccalaureate degree with a major in nursing.

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      2.1.2   Rationale is provided for utilization of faculty who do not meet the minimum credential.

2.2   Faculty (full- and part-time) credentials meet governing organization and state requirements.

2.3   Credentials of practice laboratory personnel are commensurate with their level of responsibilities.

2.4   The number and utilization of faculty (full- and part-time) ensure that program outcomes are achieved.

2.5   Faculty (full- and part-time) performance reflects scholarship and evidence-based teaching and clinical practices.

2.6   The number, utilization, and credentials of non-nurse faculty and staff are sufficient to achieve the program goals and outcomes.

2.7   Faculty (full- and part-time) are oriented and mentored in their areas of responsibilities.

2.8   Systematic assessment of faculty (full- and part-time) performance demonstrates competencies that are consistent with program goals and outcomes.

2.9   Non-nurse faculty and staff performance is regularly reviewed in accordance with the policies of the governing organization.

For nursing education units engaged in distance education, the additional criterion is applicable:

2.10 Faculty (full- and part-time) engage in ongoing development and receive support in distance education modalities including instructional methods and evaluation.

<u>**Commentary:**</u>

BACCALAUREATE/ASSOCIATE

Faculty Academic Credentials – (Highest Degree Only) Baccalaureate										
Number of Faculty	Doctoral		Master's		Baccalaureate		Associate		Other	
	Nursing	Non-nursing	Nursing	Non-nursing	Nursing	Non-nursing	Nursing	Non-nursing	Nursing	Non-nursing
Full-Time	4		2							
Part-Time			3		1					

Faculty Academic Credentials – (Highest Degree Only) Associate										
Number of Faculty	Doctoral		Master's		Baccalaureate		Associate		Other	
	Nursing	Non-nursing	Nursing	Non-nursing	Nursing	Non-nursing	Nursing	Non-nursing	Nursing	Non-nursing
Full-Time			4							
Part-Time			4		7					
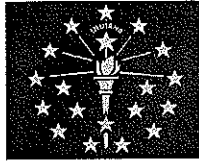
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	Faculty Academic Credentials – (Highest Degree Only) Shared									
Number of Faculty	Doctoral		Master's		Baccalaureate		Associate		Other	
	Nursing	Non-nursing	Nursing	Non-nursing	Nursing	Non-nursing	Nursing	Non-nursing	Nursing	Non-nursing
Full-Time			6							
Part-Time			2							

Site visitors reviewed all full-time nursing faculty personnel files. There were transcripts verifying that all full-time nursing faculty hold a minimum of a master's degree in nursing. There are 16 full-time nursing faculty teaching in either the AS program, the RN to BS program, and the new BS program at PNC in Fall 2010. Several of these faculty are teaching in both the AS and the BS programs during the transition period when programs are being offered concurrently. In addition, there is one (1) full-time nurse administrator who is teaching six (6) hours per week, and one (1) full-time faculty member who is on 100% leave and not teaching in Fall 2010.

The final cohort in the AS program will be admitted in January 2011 and must complete within five (5) semesters. At that time, May 2013, the AS program will be discontinued, and all current faculty will transition into teaching in the BS program or the AS to BS completion program.

Of the 16 full-time faculty teaching in Fall 2010, four (4) hold doctoral degrees (25%), and one (1) person is in a doctoral program. Both the nurse administrator and the nursing faculty member who is on 100% leave for this semester have doctoral degrees. Of the 16 full-time nursing faculty, 12 are tenured or tenure-track faculty, and four (4) are non-tenured faculty.

In Fall 2010, there are 17 nursing faculty teaching part-time. Nine (9) of the part-time nursing faculty have master's degrees in nursing, and eight (8) of the part-time faculty have bachelor's degrees in nursing, resulting in 52.9% of the part-time nursing faculty with master's degrees in nursing. Of the 47.1% of the part-time nursing faculty who hold bachelor's degrees in nursing, several are enrolled in MSN programs, and documentation shows progress towards the degree. All of the part-time faculty teach in the clinical setting only.

The Indiana State Board of Nursing (ISBN) has specific requirements for nursing faculty credentials. The ISBN requires the director of a nursing program be employed full-time and must hold a minimum of an MSN; a doctoral degree is preferred with clinical, education, and administrative experience. PNC meets this requirement. The majority of nursing faculty must hold a minimum of an MSN with appropriate experience and should be full-time. At PNC, counting both the administrator and the faculty member who is on leave, there are more full-time faculty than part-time faculty. Full-time faculty without an MSN should be enrolled in an MSN program with an identified program of study. ISBN requires that a part-time nursing faculty member must have an RN license with a minimum of a bachelor's degree in nursing and at least three (3) years of clinical nursing experience in the past six (6) years. PNC meets these requirements as well.

The Purdue requirement for faculty is a minimum of a master's degree in the appropriate field. The part-time faculty or guest lecturer position requires a bachelor's degree; a master's degree is preferred. All full-time and part-time nursing faculty meet the requirements for the College and the Indiana State Board of Nursing.

The manager of the learning laboratory at PNC is the Nursing Resource Center Coordinator. She is not considered part of the faculty although her name is present on most of the faculty meeting minutes. She
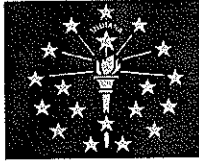
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has not been included as faculty for this report. The site visitors reviewed the job description for the Nursing Resource Center Coordinator, which states that the NRC must be a registered nurse with a minimum of a bachelor's degree in nursing, and at least three (3) years of broad-based clinical nursing experience. The NRC position requires strong computer knowledge and experience with all types of AV equipment. The duties of the NRC include assisting faculty with individual and group teaching strategies by setting-up demonstrations and assisting students with practice and scheduling/managing multiple activities such as inventorying and ordering supplies and equipment, repairing broken equipment, and compiling reports and data as needed. The NRC does not teach and does not evaluate students.

The number and utilization of nursing faculty are based on PNC policies for teaching loads. The policy is consistently applied to all faculty in all programs throughout the College. The teaching loads are 11-14 contact hours per semester for tenured/tenure-track faculty and 14-16 contact hours for clinical/visiting assistant professors. Faculty who are assigned a teaching load that exceeds the outlined parameters are compensated with overload pay.

The full-time nursing faculty also have responsibilities for participating in Department and College committees, academic advising of students, and participating in all College-required activities. All full-time faculty, beginning with the second semester of employment, are assigned an academic advising load. Faculty are expected to have at least three (3) hours per week of open office hours. The following table illustrates the contact hour assignments for each of the full-time faculty for the Fall 2010 semester:

Nursing Faculty Full-Time Assignments for Fall 2010		
Tenured/Tenure-Track Faculty	Contact Hours	Advisee Load
Mario Ortiz (Department Chair) (teaches ½ time)	6	25-30
Jean Hayes (Academic Program Coordinator) (teaches ½ time)	6	25-30
Yeou-Lan Chen	12	25-30
Bobbi Herron	13	25-30
Marne Justel	12	25-30
Karen Klosinski	11.5	25-30
Joyce Masoodi	9 (Early voluntary partial retirement)	25-30
Halina Miziniak	9 (Early voluntary partial retirement)	25-30
Peggy Rose	6 (partial LOA)	25-30
Angela Schooley	11	25-30
Diane Spoljoric	9 (¼ release time)	25-30
Charlotte Stram	11	25-30
Whei Ming Su	13	25-30
Non-Tenure Full time Faculty		
Annette Coates	14	0
Bruce Garwood	14	0
Janet Garwood (Visiting Professor)	15	0
Robert Hnida	15	0

The faculty-to-student ratio in the clinical/practicum setting is not more than 1:10. The classroom ratios vary by course and may range from 1:25 up to 1:50. Faculty are assigned one (1) contact hour per one (1) credit of classroom meeting time. In the clinical/practicum setting, faculty are assigned three (3) hours of contact time for each one (1) credit of the course.

The Nursing Department at PNC does not formally define scholarship for faculty. The PNC College mission includes three (3) core elements: learning, discovery, and engagement. Learning is related to providing students with a quality education. Discovery is primarily research and other scholarly works that support knowledge. Engagement refers to service to the College and the community. Faculty merit raises are based on the participation in these three (3) elements. Therefore, full-time faculty annually have
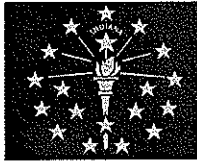
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to report what they have achieved in these areas including discovery, which is considered scholarship. Site visitors verified the faculty activity related to scholarship by looking at the annual faculty self-evaluations which are referred to by the program as annual faculty reports.

In order to support faculty scholarship, PNC and the Department of Nursing support faculty development by sponsoring workshops, release time for clinical practice or scholarly work, and reimbursement for attending seminars and conferences. In addition, each nursing faculty member has access to development monies, which are available to support scholarly and professional activities. For example, in Spring 2010, a nursing professor was granted a sabbatical for international study and scholarly work; in Fall 2009, a nursing professor was granted a quarter-time release to initiate a teaching-learning scholarly project.

Also supportive of faculty scholarship related to further formal education is the benefit that all PNC employees get a discount on tuition anywhere in the Purdue System. Therefore, nursing faculty may take graduate or doctoral courses at a nominal cost. Within the past year, two (2) full-time nursing faculty began doctoral programs online. The Nursing Department used professional development money to purchase high-speed laptops for these faculty to facilitate their doctoral classes. There is documentation that verifies that faculty are completing scholarly activities, and there is significant support by the University to assist faculty to pursue scholarly work.

There is one (1) full-time clerical or assistant position within the Nursing Department, and she is located in the Nursing Department office. This assistant is responsible for all filing, all materials that support the program, as well as providing clerical support to the Chair and the Coordinator. The assistant is the first person accessed by students who require service in the Nursing Department.

The Nursing Chair works full-time and is considered half-time faculty because he teaches six (6) hours per week. The Coordinator is also considered half-time faculty because she teaches six (6) hours per week. The remainder of both of their schedules is allotted to program administration. The College and the Department are continually reviewing the staffing requirements of the program. Currently, there are discussions regarding the need for additional clerical support for the programs due to the transition to a new baccalaureate program.

All new faculty (full- and part-time) are required to attend the PNC orientation defining the policies and procedure of the University. The new nursing faculty also are required to attend this University orientation. The Nursing Department utilizes the Nursing Faculty Affairs Committee to coordinate orientation of new faculty. Each new full-time faculty member is paired with an experienced tenured faculty member who serves as the mentor. Part-time faculty are mentored by the Coordinator of the course in which they teach. In the Faculty Affairs Committee minutes, there was evidence that tenured faculty were assigned to mentor new faculty. Site visitors reviewed the formal documents, PNC Nursing Department New Faculty Orientation. The experienced nursing faculty developed and hosted three (3) New Nursing Faculty Orientation Workshops. One (1) focused on clinical teaching strategies; one (1) focused on test construction; and the third workshop focused on achieving congruence between teaching, learning, and assessing. These workshops were offered to new faculty to facilitate their orientation. Additionally, a part-time clinical faculty orientation workshop was available for part-time clinical faculty who teach primarily in clinical.

The nursing program at PNC is utilizing student evaluations and faculty annual reports to evaluate faculty performance. This process is used for all faculty at the University. The faculty annual report is a self-evaluation, which focuses on the faculty's achievements of the past year in the areas of learning (teaching efforts and professional development); discovery (research and scholarly works); and engagement (service activities). The report is required of each full-time nursing faculty member and then is reviewed with the Department Chair. The faculty members are rated on their accomplishments in all three (3) areas.
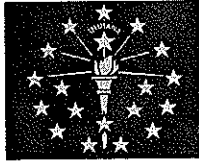
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The faculty are provided with a copy of their faculty annual report, including their weighted average score and rating 2-3 days prior to the meeting with the Department Chair. The rating results are used in plans for professional development and merit raise recommendations.

The part-time faculty are evaluated primarily using student evaluations. The Chair reviews the student evaluations with the part-time faculty members. In September 2006, an administrative memorandum from the PNC Vice Chancellor stated that all faculty (full- and part-time) are required to secure student evaluation data from their students before the end of each term and in each course. The Deans will review the student survey data for all courses in a timely manner and provide the Vice Chancellor for Academic Affairs with the information related to the results of faculty with poor and excellent student evaluations. There also is a peer review policy in place for both full- and part-time faculty. However, this is an elective peer review process that was developed in 1992 and inconsistently used by faculty.

In the SSR (p. 78), the nursing program states that all non-nurse faculty are evaluated each semester according to the PNC policy. It is the responsibility of the Chair to conduct annual evaluations of the clerical staff.

The nursing program does not offer any online nursing courses at this time, but is considering it for the future.

<u>Summary:</u>

Strength:

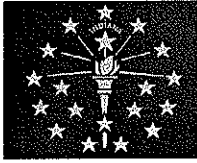• Dedicated, caring faculty committed to student success (B/A)

<u>Compliance:</u>

The baccalaureate program is in compliance with the Standard with the following area needing development:

• Ensure that all faculty are credentialed with a minimum of a master's degree with a major in nursing.

The associate program is in compliance with the Standard with the following area needing development:

• Implement strategies to ensure that the majority of part-time faculty are credentialed with a minimum of a master's degree with a major in nursing.

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Michael R. Pence, Governor

Nicholas Rhoad, Executive Director

Purdue University North Central
Baccalaureate/Associate   17

STANDARD 3

Students
Student policies, development, and services support the goals and outcomes of the nursing education unit.
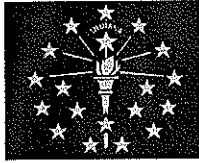
BACCALAUREATE

3.1   Student policies of the nursing education unit are congruent with those of the governing organization, publicly accessible, non-discriminatory, and consistently applied; differences are justified by the goals and outcomes of the nursing education unit.

3.2   Student services are commensurate with the needs of students pursuing or completing the baccalaureate program, including those receiving instruction using alternative methods of delivery.

3.3   Student educational and financial records are in compliance with the policies of the governing organization and state and federal guidelines.

3.4   Compliance with the Higher Education Reauthorization Act Title IV eligibility and certification requirements is maintained.

   3.4.1   A written, comprehensive student loan repayment program addressing student loan information, counseling, monitoring, and cooperation with lenders is available.

   3.4.2   Students are informed of their ethical responsibilities regarding financial assistance.

3.5   Integrity and consistency exist for all information intended to inform the public, including the program's accreditation status and NLNAC contact information.

3.6   Changes in policies, procedures, and program information are clearly and consistently communicated to students in a timely manner.

3.7   Orientation to technology is provided and technological support is available to students, including those receiving instruction using alternative methods of delivery.

For nursing education units engaged in distance education, the additional criterion is applicable:

3.8   Information related to technology requirements and policies specific to distance education is clear, accurate, consistent, and accessible.

ASSOCIATE

3.1   Student policies of the nursing education unit are congruent with those of the governing organization, publicly accessible, non-discriminatory, and consistently applied; differences are justified by the goals and outcomes of the nursing education unit.

3.2   Student services are commensurate with the needs of students pursuing or completing the associate program, including those receiving instruction using alternative methods of delivery.

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3.3   Student educational and financial records are in compliance with the policies of the governing
        organization and state and federal guidelines.

3.4   Compliance with the Higher Education Reauthorization Act Title IV eligibility and certification
        requirements is maintained.

    3.4.1   A written, comprehensive student loan repayment program addressing student loan
        information, counseling, monitoring, and cooperation with lenders is available.

    3.4.2   Students are informed of their ethical responsibilities regarding financial assistance.

3.5   Integrity and consistency exist for all information intended to inform the public, including the
        program's accreditation status and NLNAC contact information.

3.6   Changes in policies, procedures, and program information are clearly and consistently
        communicated to students in a timely manner.

3.7   Orientation to technology is provided and technological support is available to students,
        including those receiving instruction using alternative methods of delivery.

For nursing education units engaged in distance education, the additional criterion is applicable:

3.8   Information related to technology requirements and policies specific to distance education is
        clear, accurate, consistent, and accessible.

<u>**Commentary:**</u>

BACCALAUREATE/ASSOCIATE

Student policies of the nursing education unit are consistent with those of the governing organization as
found on page 80 of the SSR. They are publicly accessible, non-discriminatory, and consistently applied.
The nursing program policies are available in the Nursing Student Manual, and all policies apply to both
baccalaureate and associate nursing students. Differences in student policies exist in enrollment,
progression, dismissal, exit examination policy, CPR, immunizations, fingerprints, and background
check.

The admission standards also differ; nursing students must have a strong math and science background.
Information on admission and enrollment is available on the website and in the General Catalog.
Academic progression within the nursing program requires that the student attain a "C" in nursing. The
Nursing EPA Committee oversees the progression process. Students earning less than a "C" must repeat
the course for degree completion. Students enrolled in only one (1) practicum who earns less than a "C"
are administratively dropped from the course and must file an application for re-entry. Applications for
re-entry are reviewed by the Committee. The progression policy is available in the Nursing Student
Manual. The admission process was articulated by the faculty, students, academic advisors, and the
Office of the Registrar.

Health requirements are defined in the Student Handbook and the Catalog with referrals to course-specific
requirements. The Nursing Student Manual clearly defines the requirements of the health examination,
immunizations, annual TB screening, liability insurance coverage, criminal history, drug screening, and
CPR certification. The students and faculty were able to verbalize the differences.

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The Nursing Department has adopted a standard numerical grading scale for all nursing courses. In Spring 2010, the faculty identified a need for consistency in all nursing courses, and as a result, a grade calculation policy has been developed. This policy is available in the Nursing Student Manual. The students and faculty were able to identify how all grades for all courses were determined. From document review, site visitors verified that this policy was applied consistently.

Each nursing student is assigned a faculty member as an advisor upon acceptance into the program. This system has been helpful in guiding students towards improved academic success.

Nursing students are accountable to the standards of the nursing profession. To ensure this is met, the Department enforces a violation of nursing standards. This policy is available in the Nursing Student Manual.

The Department of Nursing has established an exit examination policy, which applies to all students. This policy does not interfere with the completion of the degree program, but it does prevent the graduate from taking the NCLEX-RN until requirements are met. The policy can be found in the Nursing Student Manual.

Interviews with the faculty, students, and University personnel documented that the services described in the SSR (p. 88) are available to all nursing students and administered by qualified personnel. Students have access to support services that include but are not limited to: career development, counseling, child care, library, academic advising, student success center, health/wellness, financial aid, and disability and support services. The qualifications for support service personnel were verified by their curriculum vitae and are available in the PNC General Catalog.

The official student records were confirmed to be maintained according to written University policies. Faculty have access to individual student University records. FERPA guidelines are followed in the maintenance of confidentiality of student records as confirmed through interview of nurse administrator and support personnel.

All academic records are secured and fully maintained by the PNC Registrar's Office. Correspondence and other nursing-specific academic information for individual students enrolled in the Nursing Program are maintained in the Nursing Office. Student medical/health status records and criminal background results also are maintained electronically by the Nursing Office. The Self Service Banner (SSB) program allows students to view their grades, unofficial transcripts, and financial aid status through the website.

The financial aid records are secure and confidential and are in compliance with the Higher Education Reauthorization Act Title IV eligibility and certification requirements. Over 65% of PNC students utilize financial aid with monies available from state funds, campus-based funds, and PELL grants. The default rate in 2007 was 5.9%. Students are required to participate in entrance and exit counseling related to financial aid and repayment of loans. The institution has a written policy to promote student loan repayment that includes students' ethical responsibilities regarding financial assistance. The individuals responsible for both academic and financial records confirmed the information in the SSR.

Information about the NLNAC accreditation status is published on the program's website as well as in the PNC General Catalog, Department of Nursing Brochure, and Nursing Student Manual. There were statements regarding both the institutional and program accreditation in public documents. The information in all documents was consistent.

The students verified that program information distributed to prospective students was clear, concise, and helpful in preparing them to enter the program. The program information is provided in a variety of
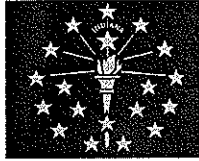
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sources that is clearly written and up-to-date. The PNC General Catalog, schedule of classes, and Nursing Student Manual on the College website were reviewed, and content was consistent and current.

The student policies can be found in the Nursing Student Manual and on the program website. Students verbalized understanding of the policies and where they were located. The students and faculty confirmed that changes of policies are communicated both verbally and in writing. Policy, procedural, and program changes are communicated to the students by using the communication board on Blackboard Vista, bulletin board postings, individual e-mails, and classroom announcements. Copies of these changes were verified.

Technological support service is available for the faculty and students. Nursing students are provided support for specific technology used in their classes. Students and faculty verified that there is adequate help available for tech support as well as support on the website.

Summary:

Compliance:

The baccalaureate program is in compliance with the Standard.

The associate program is in compliance with the Standard.

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STANDARD 4

Curriculum
The curriculum prepares students to achieve the outcomes of the nursing education unit, including safe practice in contemporary health care environments.

BACCALAUREATE

4.1 The curriculum incorporates established professional standards, guidelines, and competencies, and has clearly articulated student learning and program outcomes.

4.2 The curriculum is developed by the faculty and regularly reviewed for rigor and currency.

4.3 The student learning outcomes are used to organize the curriculum, guide the delivery of instruction, direct learning activities, and evaluate student progress.

4.4 The curriculum includes cultural, ethnic, and socially diverse concepts and may also include experiences from regional, national, or global perspectives.

4.5 Evaluation methodologies are varied, reflect established professional and practice competencies, and measure the achievement of student learning and program outcomes.

4.6 The curriculum and instructional processes reflect educational theory, interdisciplinary collaboration, research, and best practice standards while allowing for innovation, flexibility, and technological advances.

4.7 Program length is congruent with the attainment of identified outcomes and consistent with the policies of the governing organization, state and national standards, and best practices.

4.8 Practice learning environments are appropriate for student learning and support the achievement of student learning and program outcomes; current written agreements specify expectations for all parties and ensure the protection of students.

    4.8.1 Student clinical experiences reflect current best practices and nationally established patient health and safety goals.

For nursing education units engaged in distance education, the additional criterion is applicable:

4.9 Learning activities, instructional materials, and evaluation methods are appropriate for the delivery format and consistent with student learning outcomes.

ASSOCIATE

4.1 The curriculum incorporates established professional standards, guidelines, and competencies, and has clearly articulated student learning and program outcomes.

4.2 The curriculum is developed by the faculty and regularly reviewed for rigor and currency.

4.3 The student learning outcomes are used to organize the curriculum, guide the delivery of instruction, direct learning activities, and evaluate student progress.

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4.4 The curriculum includes cultural, ethnic, and socially diverse concepts and may also include experiences from regional, national, or global perspectives.

4.5 Evaluation methodologies are varied, reflect established professional and practice competencies, and measure the achievement of student learning and program outcomes.

4.6 The curriculum and instructional processes reflect educational theory, interdisciplinary collaboration, research, and best practice standards while allowing for innovation, flexibility, and technological advances.

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4.8 Practice learning environments are appropriate for student learning and support the achievement of student learning and program outcomes; current written agreements specify expectations for all parties and ensure the protection of students.

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For nursing education units engaged in distance education, the additional criterion is applicable:

4.9 Learning activities, instructional materials, and evaluation methods are appropriate for the delivery format and consistent with student learning outcomes.
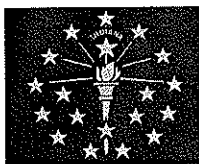
Commentary:

ASSOCIATE

The professional standards and guidelines for student learning outcomes were cited as NLN Educational Competencies, ANA, Healthy People, and the results of HESI student testing. Some faculty mentioned using a simple to complex approach in framing the curriculum and Maslow's hierarchy of needs; however, most faculty had difficulty articulating student learning outcomes, and to a lesser degree, established standards that were used in the curriculum. The curriculum did not clearly reflect contemporary practice competencies and minimally reflected national initiatives. The National Patient Safety Standards and IOM competencies for healthcare providers were not clearly integrated into the curriculum. Some current trends in healthcare — evidence-based practice, cultural diversity, and technology — were integrated into classroom and clinical settings. A research consortium also exists to facilitate the inclusion of evidence-based practiced into the curriculum.

The SSR (pp. 15-21) addresses the relationship of the mission statement of the College and the program, core themes, and student learning and program outcomes. The SSR (pp. 120-125) contains a table showing the congruence between the AS nursing course objectives, program goals, and core knowledge components. The SSR (pp. 147-150) contains tables with evaluation methods for each course. However, these tables are not clearly linked to the competencies or the student learning outcomes/course objectives or the program objectives. The evaluations of the individual courses are clearly explained, but it is not clear how the outcomes are measured. The incorporation of established professional standards, guidelines, and competencies is not addressed in the SSR.

The faculty developed an organizational framework based upon the paradigm of person, health, nursing, and environment. The faculty use student learning outcomes and course objectives synonymously. The

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elements addressed in the conceptual framework and competencies are clearly presented in the clinical objectives and evaluation forms. The course objectives are not, however, clearly worded to demonstrate progression of difficulty toward student/graduate learning outcomes, even though the SSR states that Bloom's Taxonomy is used to demonstrate progression.

The SSR indicates that the curriculum was developed by the nursing faculty and is reviewed to ensure progression and current evidence-based practice. Faculty were able to verbalize rationale for the new curriculum changes. Other examples include use of simulators, teaching methods, and additional assessment testing.

Through student interviews and faculty discussion, it was evident that the difference between program outcomes and student learning outcomes is not clear to faculty or students. The program outcomes are not clearly stated in a measurable way. However, the faculty were able to verbalize examples of program outcomes/goals and student learning outcomes/course objectives. The faculty stated program outcomes were broad, and the student learning outcomes/course objectives were what the students were able to do at the end of the course.

Cultural, ethnic, and socially diverse concepts are presented throughout the entire program. These concepts are carried into the clinical area as the students use concept mapping in the care of their patients. Evidence of these concepts was viewed in the exhibits and courses. Students were able to verbalize these concepts without any difficulty.

Varied assessment methods included HESI testing, student surveys in clinical, course and faculty evaluations, clinical evaluations, and paper and pencil testing. All syllabi and clinical evaluation tools are used consistently. The widely used Blackboard system enhances communication and facilitates consistency.

Evaluation methodologies are varied and used appropriately. Evaluation for the didactic is done primarily with paper and pencil testing using the PAR system, quizzes, and projects. In skills laboratory, return demonstrations are used for the evaluation process. Rubrics and self-assessment are used in the clinical settings. All of these forms of evaluation are fully explained to the students in their respective syllabi. Students had a good knowledge base of the evaluation process.

Clinical evaluation tools reflected the course competencies. Periodic feedback is provided to the students in addition to the final evaluation. There is a formal plan to notify students if they are failing to meet specific objectives with remediation and a deadline for completion. Students acknowledged the process and noted consistent application throughout the program. The clinical briefing notes at all levels contained detailed descriptions of assignments with rubrics for evaluation. When interviewed, faculty and students could readily state the use of the tool and gave examples of outcomes and consequences of evaluation. Students must maintain at least a "C" in all nursing courses, function safely in the clinical setting, and receive a "satisfactory" in the clinical setting. Site visitors verified through faculty and student interviews that students are evaluated according to the student performance evaluation tool.

The length of the program is appropriate. The associate degree program length is 66 credits for generic AS students. Thirty-six of these credits are nursing, and 30 are non-nursing credits. The length of the program is four (4) semesters. The nursing program utilizes a 3:1 ratio for calculating skills and clinical credits and a 1:1 ratio for calculating lecture credit.

Clinical practice sites were supportive and appropriate for ASN student practice. The written clinical agreements included protective language for students and faculty and were complete, current, and signed. Site visitors found that the clinical sites met the requirements of their accrediting bodies and reflected
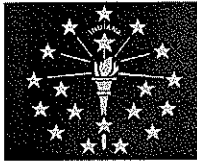
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current best practices and patient safety standards. The site visitor confirmed that the agencies actively support and require safety standards and ensure safety of patients.

The SSR addresses the integration of best practice standards and research in the curriculum. Interviews with faculty indicated the students become familiar with nursing research and evidence-based nursing practice through application of journal articles to skills and lecture content.
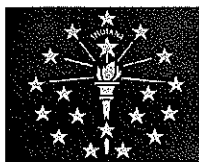
BACCALAUREATE

The baccalaureate degree program at PNC is a relatively new offering. The major in nursing is provided through two (2) options, an RN-BS completion track and a traditional BS program. The RN to BS program accepted its first students in Fall 2004 and received initial NLNAC accreditation in 2006. In April 2008, the program submitted a Substantive Change Report for the baccalaureate program to add a traditional four-year BS in nursing track to the existing program. A focus visit was conducted by NLNAC, and the program received formal notification in December 2009 affirming the continuing accreditation of the BS program following the addition of a generic track. The traditional program admitted its first students in Fall 2009. In May 2012, the first graduates of the traditional program will receive degrees. There are separate admission criteria for each track of the program available online at www.pnc.edu/catalog/nursing.htm. The RN to BS program accepts graduates of the PNC associate program and transfer students from other NLNAC-accredited associate and diploma programs. Admission into the traditional program is competitive; thus, only the best candidates are selected from the pool of qualified applicants for enrollment.

The curriculum incorporates established professional standards appropriate to baccalaureate education. The SSR (p. 112) indicates that the program incorporates the 2008 AACN guidelines in The Essentials of Baccalaureate Education, the 2004 ANA: Scope & Standards of Practice and Healthy People and the Scope and Standards of Practice for Nursing Professional Development (2008). Students also are required to adhere to the American Nurses Association Code of Ethics as noted in the Nursing Student Handbook 2010-2011. The visitors confirmed that these guidelines are incorporated in course syllabi and in student assignments.

The faculty explained that the program goals are derived from the philosophy. All course objectives, assignments, and student assessments flow from the program goals. This is consistent with the tables presented in the SSR. Table 4.1.6 (SSR, p. 126) demonstrates the relationship among the core competencies, the program goals, and graduate competencies. Table 4.1.7 (SSR, p. 128) demonstrates the congruence among course objectives, program goals, and core knowledge components. The faculty do not use program-level student learning outcomes to guide the curriculum. The course-level objectives are considered the student learning outcomes. Thus, faculty rely on assessment of students' performance in individual courses to reflect attainment of program goals.

Faculty described the process of development of the generic BS curriculum and confirmed that the curriculum is designed using four (4) general concepts: person, health, nursing, and environment. Specific to the BS program, the faculty identified the need for care to be holistic, grounded in theory, and evidence-based. Course summaries reviewed onsite confirmed that individual courses are assessed regularly. Faculty did not articulate how rigor is defined, but they reported that when students do not meet an expected standard, courses are reviewed for possible changes. Review of student work confirmed that the curriculum incorporates evidence-based practice. Faculty use a variety of methods to keep course content current, including review of the NCLEX test plan and integration of best practices for patient safety.

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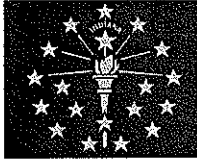
When asked about student learning outcome goals, faculty clearly articulated that program goals are evaluated only at the course level. All course content and assignments are mapped to the program goals, methods of instruction, and evaluation of student progress. Each faculty member conducts an extensive review of each course that includes a summary of findings related to mapping of all aspects of the course. There are no formal documented processes of how findings of course summaries are consistently used to change curriculum. In some cases, curriculum changes have been initiated from informal discussion among faculty. For example, when it was noted that students had difficulty recalling content from the pharmacology course during the pathophysiology course, the faculty from these courses proposed a change in curriculum to combine the content of the pharmacology and pathophysiology courses. This was brought to the appropriate committee, and two (2) new courses were developed to combine pathophysiology and pharmacology. This change was approved by the college-wide Curriculum Committee on 4/1/2010. These courses have been implemented in the BS curriculum and are being monitored to determine the effectiveness of this change. The program Curriculum Committee is expected to meet monthly, but the faculty do not routinely keep minutes from these meetings, so it was difficult to determine how learning goals within the courses are used to make informed curriculum decisions.

Program goal number two (2) reflects the school's commitment to ensuring that cultural, ethnic, and social diversity are threaded throughout the curriculum. A review of the course syllabi for the BS program verified inclusion of cultural, ethnic, and socially diverse concepts. Samples of student work included a poster on the importance of prenatal care that was presented in English and Spanish.

Table 4.3.2 (SSR, p. 151) depicts the evaluation methods used for each course in the BS program, and a review of the course summaries provided documentation of the variety of evaluation methods used within courses to determine achievement of the course objectives. Among the evaluation methods used are projects, papers, posters, oral presentations, and critical thinking exercises, teacher-made examinations (all of which are mapped to the course objectives), standardized tests (HESI), and online discussions. Program policy states that students must earn a minimum grade on examinations to have other assignments included in the final course grade. This ensures that the students have mastered a minimally acceptable level of the course objectives prior to the inclusion of grades for additional assignments. Clinical evaluation instruments include the ANA Standards for Practice and link the objectives to the program and course objectives.

The SSR (p. 172) suggests that a number of educational theories are used within the program. In a meeting with faculty, they were able to articulate that curriculum and instructional processes are grounded in the sequencing of content from simple to complex and provide students with learning experiences with ever-increasing complexity at the individual, family, group, and community levels. The faculty reported that they use active learning techniques to engage students in learning, which was demonstrated during the observation of NUR 21900 (Health Assessment), in which a student provided the demonstration on the technique of assessing reflexes. Faculty noted that due to the increase in class sizes (40-50 in some classes), it is becoming difficult to use active learning techniques. A review of student work revealed that the assignments for the baccalaureate students are appropriate to the course objectives and for the level of student. Assignments are evaluated based on clear criteria.

The minimum number of credits for the traditional BS is 123 credits. The program of study includes 49 credits of general education and pre- or co-curricular coursework and 74 credits of nursing. The RN-BS track is 121 credits. There are total of 53 in the upper 24 general education credits and 29 nursing credits in the program and with 66-68 AS transfer credits. The number of credits for the BS degree (both tracks) is consistent with other BS degrees at PNC. The program of study for general education meets the PNC guidelines for general education based on documents reviewed. The content of both tracks of the program meets the Indiana State Board of Nursing requirements (www.PLA.IN.gov) and is consistent with the expectations set forth in the AACN Essentials of Baccalaureate Education (2008).

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A number of the practice environments are the same as those used for the AD program and are appropriate for BS education. Environments specific to the BS students are those that allow for community experiences; these are consistent with the expectations set forth in the 2008 Essentials of Baccalaureate Education. Preceptors are used for the capstone experience for RN-BS students. Additional information regarding practice environments is noted in the narrative for the associate program. Clinical sites are regularly evaluated in each clinical course and at the end of the program. Evaluations by RN-BS students were available for review and confirmed students' satisfaction with clinical sites. The traditional BS students are in the first clinical course this term, so there are no surveys to review for the students in the four-year program.

Classroom Observation:
Three (3) full-time faculty were observed in didactic classrooms.

NUR 219-20 BS assessment lab: Nine (9) students were present in the class, and they were well engaged. Class consisted of lecture, video, and a student demonstration of reflex assessment and individual practice with faculty supervision. The classroom/laboratory consisted of four (4) assessment tables with chairs and instructional resources such as a computer, ceiling-mounted data projector, and a TV and DVD player. The classroom was large and accommodated five (5) hospital beds.

NUR 349 BS class: The students were well engaged. Combinations of lecture and student presentations were utilized in class. The student presentations were being done over two (2) weeks on ethics and culture. For the presentation observed, the students used YouTube, PowerPoints, discussion, and question and answers. A grading criterium was being used by the students to grade one another on both the style and content of the presentations. Twenty-two students were present in the class. The room was equipped with a SMART podium, Crestron wall panel, ceiling-mounted projector, TV, and DVD player. The room had long tables and chairs for the students.

NUR 231 AS class: The students were provided the PowerPoint (both electronic and hard copy) before the class began. Students engaged in asking and answering questions. Sixteen students were present in the class. The room was equipped with a SMART podium, Crestron wall panel, ceiling-mounted projector, TV, and DVD player. The room had traditional desks for the students.

Clinical Observation:
Two (2) clinical agencies were visited. Students were seen in only one (1) facility as students left the other facility before the site visitor's arrival. Administrators and staff were met at both locations.

NUR 333, BS Med-Surg (Dr. Marne Juestel, PNC faculty), St. Anthony's, Michigan City: Saint Anthony Memorial Hospital is an acute community hospital. The site visitor had a conference meeting with nine (9) students on the unit during their post-conference clinical experience. Students confirmed that they are getting hands-on experience in various aspects of medical-surgical nursing. Students confirmed that they felt that they had adequate preparation prior to the clinical rotation. They stated that the faculty had engaged them in classroom teaching related to clinical exposure. Students strongly cited the use of simulation in the laboratory and faculty presence as a major help. They stated that the pathophysiology course being combined with pharmacology was a great boost. They also stated that the registered nurses are helpful, patient, supportive, motivational, and able to teach and explain clinical issues.

Meeting with Administrative Personnel: Six (6) administrators were present. They stated that there is a good working relationship between the faculty and hospital personnel. The University has a contract with the hospital for student clinical practice. Students who are engaged in clinical experience get patient assignments, pass medications, and provide wound care, intravenous fluids, and injections. Students may.
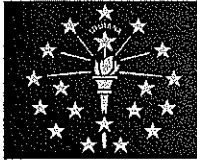
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do PowerPoint presentations and participate in strategic planning meetings, project management, computer training, and data communication plus pain management. Hospital personnel stated that students in general need more clinical experience to get adequate preparation for nursing practice. They also stated that faculty are spread "too thin" on the hospital units to have good oversight and supervision of nursing students. They confirmed that the nursing preparation of students at Purdue University was adequate and on target. They confirmed that more than 50% of the nursing staff at the hospital graduated from the Purdue University Nursing Department.

NUR 123, AS Foundations, Life Care Michigan City: Met with Ms. Mark, Executive Director. She stated that her agency has a great relationship and interaction with the faculty and students from Purdue University. She confirmed that the Department of Nursing has a contract with the agency. Her role is to communicate the policies and procedures to the Department of Nursing and ensure compliance. Students are screened for tuberculosis and other infectious diseases prior to clinical rotation. Students are oriented to patients' rights, confidentiality, abuse and neglect prevention, etc. There is frequent communication with the clinical faculty to ensure best student outcomes. She was very complimentary of the Purdue University Department of Nursing and indicated that they were top in her list of staff for employment.
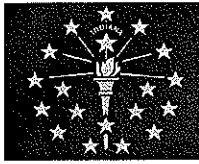
Summary:

Compliance:

The baccalaureate program is in compliance with the Standard with the following areas needing development:

- Develop and measure student learning outcomes relative to program goals.

- Formalize the curriculum review process by organizing the documentation system to include data analysis and actions in a consistent manner.

The associate program is in compliance with the Standard with the following areas needing development:

- Develop and measure student learning outcomes relative to program goals.

- Formalize the curriculum review process by organizing the documentation system to include data analysis and actions in a consistent manner.

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STANDARD 5

Resources
Fiscal, physical, and learning resources promote the achievement of the goals and outcomes of the nursing education unit.

BACCALAUREATE

5.1   Fiscal resources are sufficient to ensure the achievement of the nursing education unit outcomes and commensurate with the resources of the governing organization.

5.2   Physical resources (classrooms, laboratories, offices, etc.) are sufficient to ensure the achievement of the nursing education unit outcomes and meet the needs of faculty, staff, and students.

5.3   Learning resources and technology are selected by the faculty and are comprehensive, current, and accessible to faculty and students, including those engaged in alternative methods of delivery.

For nursing education units engaged in distance education, the additional criterion is applicable:

5.4   Fiscal, physical, technological, and learning resources are sufficient to meet the needs of faculty and students and ensure that students achieve learning outcomes.

ASSOCIATE

5.1   Fiscal resources are sufficient to ensure the achievement of the nursing education unit outcomes and commensurate with the resources of the governing organization.

5.2   Physical resources (classrooms, laboratories, offices, etc.) are sufficient to ensure the achievement of the nursing education unit outcomes and meet the needs of faculty, staff, and students.

5.3   Learning resources and technology are selected by the faculty and are comprehensive, current, and accessible to faculty and students, including those engaged in alternative methods of delivery.

For nursing education units engaged in distance education, the additional criterion is applicable:

5.4   Fiscal, physical, technological, and learning resources are sufficient to meet the needs of faculty and students and ensure that students achieve learning outcomes.

Commentary:

BACCALAUREATE/ASSOCIATE

The site visitor confirmed through interviews with Department Chair that the budget process is as described in the SSR. The Department of Nursing Chair, using input from the faculty and goals of the Department, has the responsibility for development of the Department budget. The budget is submitted to the Dean of the College of Science. The budget is administered by the Chancellor in conjunction with the Vice Chancellor for Academic Affairs and the Vice Chancellor for Administration, with input from the
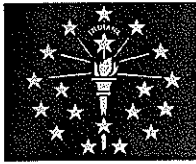
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various Academic Deans and administrative units of the campus. Funds are allocated to the academic and the administrative units for operational needs. The faculty confirmed through interviews that they have input into the budget by identifying budget requests to the level of faculty and Department staff. The site visitor confirmed onsite with the Vice Chancellor for Administration that the budget for the 2010-2011 represents a $171,853 increase from 2009-2010. The Chair stated that the University administration responds to and is receptive to the financial needs of the Department.

The Chancellor stated that nursing is a priority on campus. The Chair indicated that fiscal resources are sufficient to meet the needs of the program. The faculty confirmed through interviews that funds are available for faculty development and scholarly activities. For example, the faculty who present scholarly papers at conferences are given priority when requests are submitted for faculty travel. The site visitor confirmed onsite that $39,081.12 was allocated to the current budget for faculty travel. Comparative funding data for select academic units are provided in Table 5.1.

The site visitor confirmed that the Nursing Department includes the Nursing Resource Center (NRC), the Nursing Media Center (NMC), and the Nursing Simulation Center (NSC). Nursing faculty meetings are scheduled in the TECH building. Through Information Services, the Nursing Department has access to system-wide meetings, programs, and presentations. Faculty confirmed that they have access to electronic resources for teaching, research, and service-based work. It was verified that nursing faculty utilize the Nursing Resource Center/Media Center/Simulation Center to augment classroom instruction. The site visitor confirmed that all faculty and the Chair have private offices on the third floor of the TECH building. The nursing office adjoins the Chairperson's office. All offices contain a desk, computer with table, filing cabinet, bookcase, and telephone. It was confirmed that faculty have access to a networked printer and copier in the nursing office. The Department has one (1) full-time secretary who manages the office duties and one (1) part-time work study student who works part-time.

The site visitor confirmed that the Department of Nursing includes the Nursing Resource Center (NRC), which is located on the third floor of the TECH building in proximity to the nursing offices. The NRC contains tables and chairs to accommodate 30 students. The NRC North contains five (5) beds for simulated patient care experiences, four (4) examining tables for physical assessment, and a locked space for equipment storage items. The NRC has an overhead LCD projector and computer system and a computer with printer.

The site visitor confirmed that the Department of Nursing also has the Nursing Simulation Center (NSC), which consists of one (1) SimMan simulator with a stretcher and bedside table and one (1) SimBaby simulator with a bassinet and bedside table. Each simulation model has its own laptop equipped with a webcam and software with pre-programmed NLN Simulations for students' clinical experiences. There is an overhead LCD projector, computer system, printer, six (6) tables, ten (10) chairs, two (2) metal storage units with locks, and two (2) bookcases.

The site visitor confirmed that library resources, instructional aides, technology, software, and technical support are available. The site visitor confirmed onsite that the Department of Nursing's learning resources are selected by the nursing faculty and are comprehensive, current, and accessible to both faculty and students. The Department of Nursing laboratory is well equipped and available Monday through Friday, 8:00 a.m.-5:00 p.m. Computers with Internet access also are located throughout the campus. The PNC Library is the main library in the University and was toured during the onsite visit. The library is open Monday to Thursday, 7:00 a.m.-8:00 p.m., and Fridays 7:00 a.m.-4:30 p.m. Students indicated that access to the library is satisfactory.

Library materials also can be accessed off-campus, and instructions on how to gain access is located on the PNC website. There is evidence that the nursing collection is accessible. Available computer
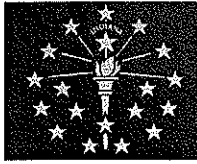
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databases in the library were observed, including an electronic web-based catalog, electronic indices and reference resources, electronic full-text periodical articles, and a library website. The virtual library is available 24/7 and offers students access to 94 online databases. The online journal databases include Academic Search Premier, Biomedical Reference Collection, CINAHL Full-Text Plus, Health Source (Consumer Edition & Nursing/Academic Editions), a collection of Lippincott Williams & Wilkins nursing journals, Medline, PubMed Central, ScienceDirect, Web of Science, and Wiley InterScience. Students, faculty, and staff have access to interlibrary loan through the ILLiad service. In addition, PNC participates in the Academic Libraries of Indiana (ALI) reciprocal borrowing program. Students have the ability to download the bio-med collection.

During interview, it was confirmed that the Chair of the Nursing Department and faculty have input into library collections and activities. During a tour of the PNC Library, it was identified that there were current and outdated textbooks in the library. For example, textbooks dating back to 2000 and 2001 were on display in the nursing section of the library, but newer textbooks were also on shelves. Classical works also were observed, and the deletion policy was discussed. It was confirmed that nursing faculty have input into the deletion of outdated library materials. Requests for library acquisitions can be submitted directly to the library or through the Nursing F&R Committee.

The PNC Library Director and Assistant Professor, K.R. Johnson, was interviewed. He confirmed that the library has a good working relationship with the Department of Nursing and that policies are being followed to meet student and faculty needs. The librarian provides personal and classroom instruction on the use of library resources and technologies. The library staff confirmed that there is open communication with the library personnel and the Department of Nursing.

The site visitor confirmed that instructional aides, technology, software, hardware, and technical support are available in sufficient quantity and quantity to be consistent with program objectives and teaching methods. Evidenced support services include the PNC Library, academic support center, and Information Technology services; Learning Resource Center, computer laboratories, career development, Student Success Center, and Writing Center. There is support available to assist students and faculty experiencing difficulty in using technology.

Site visitors verified through inspection and interviews that the PNC Department of Nursing physical facilities are equipped to support professional nursing education. Identified onsite were several classrooms that could seat 50 to 300 students. The skills laboratory was equipped with hospital beds, walkers, wheelchairs, four (4) teaching mannequins, and five (5) beds for simulated patient care experiences. The NRC is furnished with four (4) examining tables for physical assessment and appropriate supplies. Students have access to this equipment, and the skills laboratory coordinator and laboratory specialist are available to assist the students. Equipment noted in the skills laboratory included tracheostomy equipment, nasogastric tubes, medications, catheters, etc. It was verified that the program has one (1) adult human and one (1) neonatal stimulator that are computer-controlled and available to meet students' learning needs.
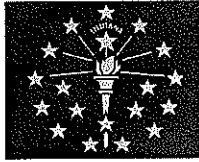
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Summary:

Compliance:

The baccalaureate program is in compliance with the Standard with the following area needing development:

- Ensure all learning resources are comprehensive, current, and accessible to faculty and students, including those engaged in alternative methods of delivery.

The associate program is in compliance with the Standard with the following area needing development:

- Ensure all learning resources are comprehensive, current, and accessible to faculty and students, including those engaged in alternative methods of delivery.

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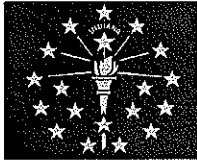Baccalaureate/Associate   32

STANDARD 6

Outcomes
Evaluation of student learning demonstrates that graduates have achieved identified competencies consistent with the institutional mission and professional standards and that the outcomes of the nursing education unit have been achieved.

BACCALAUREATE

6.1   The systematic plan for evaluation emphasizes the ongoing assessment and evaluation of the student learning and program outcomes of the nursing education unit and NLNAC standards.

6.2   Aggregated evaluation findings inform program decision-making and are used to maintain or improve student learning outcomes.

6.3   Evaluation findings are shared with communities of interest.

6.4   Graduates demonstrate achievement of competencies appropriate to role preparation.

6.5   The program demonstrates evidence of achievement in meeting the following program outcomes:
- Performance on licensure exam
- Program completion
- Program satisfaction
- Job placement

6.5.1   The licensure exam pass rates will be at or above the national mean.

6.5.2   Expected levels of achievement for program completion are determined by the faculty and reflect program demographics, academic progression, and program history.

6.5.3   Program satisfaction measures (qualitative and quantitative) address graduates and their employers.

6.5.4   Job placement rates are addressed through quantified measures that reflect program demographics and history.

For nursing education units engaged in distance education, the additional criterion is applicable:

6.6   The systematic plan for evaluation encompasses students enrolled in distance education and includes evidence that student learning and program outcomes are comparable for all students.
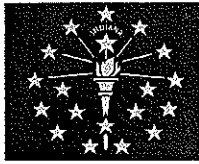
ASSOCIATE

6.1   The systematic plan for evaluation emphasizes the ongoing assessment and evaluation of the student learning and program outcomes of the nursing education unit and NLNAC standards.

6.2   Aggregated evaluation findings inform program decision-making and are used to maintain or improve student learning outcomes.

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6.3   Evaluation findings are shared with communities of interest.

6.4   Graduates demonstrate achievement of competencies appropriate to role preparation.

6.5   The program demonstrates evidence of achievement in meeting the following program
      outcomes:
      - Performance on licensure exam
      - Program completion
      - Program satisfaction
      - Job placement

   6.5.1   The licensure exam pass rates will be at or above the national mean.

   6.5.2   Expected levels of achievement for program completion are determined by the faculty
           and reflect program demographics, academic progression, and program history.

   6.5.3   Program satisfaction measures (qualitative and quantitative) address graduates and their
           employers.

   6.5.4   Job placement rates are addressed through quantified measures that reflect program
           demographics and history.
   For nursing education units engaged in distance education, the additional criterion is applicable:

6.6   The systematic plan for evaluation encompasses students enrolled in distance education and
   includes evidence that student learning and program outcomes are comparable for all students.

Commentary:

BACCALAUREATE/ASSOCIATE

A comprehensive written systematic plan for program evaluation (SPEP) was written and approved by the
nursing faculty as verified by the site visitors in a group meeting with the nursing faculty. The SPEP
includes the following elements: criteria, expected levels of achievement (ELA), components, timeframe
for assessment, methods to assess each criterion, analysis of data, and action plans. All of these
components are identified in separate columns in the plan. The SPEP includes all NLNAC Standards and
all Criteria as well as required program outcomes. However, the SPEP does not have any identified
student learning outcomes. The PNC nursing faculty identified student learning outcomes as the course
objectives.

The program goals are not consistently stated in measureable terms. Typically, the ELA was a restatement
of the Criteria and did not include measureable outcomes. The analysis and action plan columns did not
include actual data. Often, the information listed stated that the program met the Criteria but did not list
the data or specify how the program met the Criteria.

The faculty reported that the current SPEP, dated 2010, contains data from 2008-2010. However, few data
were documented in the SPEP. The results of the data collection and analysis do not provide the data or
analysis in the majority of the components. Little, if any, aggregated or trended data are reported or
indicated as rationale for actions. Under the implementation area in the SPEP, site visitors noted limited
analysis or actions. A request to the Chair for additional data to support the SPEP was not fulfilled. Also,
the program received recommendations from two (2) previous site visits (2006 and 2009) that the
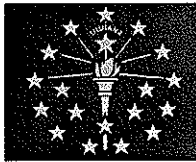
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program continue to implement the program evaluation plan to allow for trended, aggregate data to direct program development.

The faculty recognized the need for comprehensive assessment as indicated in the SPEP (p. 205), when stated that a new Committee for Nursing Assessment and Evaluation was formed to meet the assessment needs of the program. The nursing bylaws reflect the addition of the new committee; however, the changes to the bylaws are yet approved, and thus, the committee is not yet in place. Overall, there is a disconnect between the component being evaluated in the SPEP, the results of the data collection, and actions. No student learning outcomes were identified or evaluated within the plan.

Although the SPEP states that decisions are made based on aggregated and trended data, the visitors were unable to locate documentation of the use of trended data beyond the required outcome of Criterion 6.5.1. Furthermore, there was not a consistent pattern of data analysis using aggregated data seen in the SPEP. Course-level data were provided to the visitors upon request; however, there was no documentation that these data were trended or aggregated. With respect to NCLEX pass rates for the associate graduates, examples of changes enacted as a result of data analysis were: (1.) initiation of the HESI exit examination policy; (2.) the grade calculation policy for the program was changed; (3.) the program instituted study skills workshops; (4.) the program instituted changes in the simulation laboratory; and (5.) changes were made in the required GPA as part of the admission requirements. These changes were implemented to increase NLCEX pass rates. Upon request, faculty meeting minutes were provided that demonstrated that these changes were implemented.

Separate from the plan, the site visitors found evidence that program data are collected regarding courses, students, and procedures within the program. Speaking with faculty, it was evident that changes have been made to academic policies based on student performance in a number of courses. For example, program minutes commented on the two (2) recently enacted policies, Grade Calculation and Exit Examination Policy (Nursing Student Manual 2010-2011, pp. 10, 35). While references to these changes were located in program minutes, the minutes do not reflect the rationale for changes or follow-up regarding the outcome of the implementation of the policies.

The NCLEX pass rates, student graduation rates and employment rates, and other important outcome findings are shared with communities of interest such as the Nursing Program Advisory Board, the Indiana Board of Nursing (annual report), the NLNAC (annual report), and the Vice Chancellor of Academic Affairs. The SPEP does not provide evidence of input received from communities of interest influencing actions of the program.

Graduate surveys, alumni surveys, and employer surveys are used to determine how well graduates have achieved the role competencies. The surveys are specific to the type of graduate/alumni, associate or baccalaureate. Alumni are expected to achieve a 2.5 on a scale of 1 (below average) to 4 (excellent) on the employer survey. Although not reported in the SPEP, review of the summaries of the employer surveys for the associate alumni for the past four (4) years indicated employers are increasingly satisfied with the performance of the graduates. No employer surveys were available for the RN-BS students, and there have been no graduates of the generic program. Summaries of the alumni surveys for 2006-2008 were reviewed. The expected outcomes for the alumni were met for all three (3) years. No trends in data were revealed. This was not reported in the SPEP. The faculty are concerned with the low response rate to the alumni and employer surveys and plan to place the surveys online. The visitors received a demonstration of the surveys that will be published online.
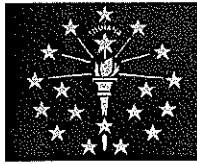
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| Year	PNC NCLEX pass rate for first-time testers	National Average first-time pass rate
2009	91.2%	88.4%
2008	83.9%	86.7%
2007	71.4%	85.5%
2006	71.8%	88.1%
2005	92.9%	87.3%
2004	82.5%	84.8%
2003	83.3%	86.9%
2002	88.7%	86.7%
2001	95.2%	86.7%

The expected level of achievement for licensure pass rates is that licensure exam pass rates will be at or above the national mean. The associate degree graduates' NCLEX-RN pass rates have improved over the past three (3) years. There is evidence that the program has made specific changes such as instituting the HESI examinations, changing the program grading policy, and instituting simulations in an effort to improve student preparation for NCLEX-RN. All of the results are for the associate degree graduates only. The BS program has not had any graduates to date, and the RN to BS program students are licensed prior to graduation. Historically, the associate degree graduates' performance on the NCLEX-RN has been inconsistent. Over the past nine (9) years, the criteria have been met four (4) times.

The program collects and trends data related to program completion for the associate degree program and the RN to BS completion program. The new BS program has not yet had graduates. The ELA for the associate program is 65% will complete within six (6) semesters. The data for Spring 2007 demonstrated that 64% of the students completed the program within six (6) semesters from the start of the first nursing course. The data for Fall 2007 reflect that 72% of the students graduated within six (6) semesters. The program is following progression data to predict upcoming retention for future classes. This progression data limited student withdrawals or failures up to this point.

The ELA for the RN to BS program is that 65% of the students who start the completion program will graduate. No timeframe has been specified. These are much smaller numbers of students. In Fall 2008, 11 of 21 students completed the program (52%). However, five (5) students in the cohort are still enrolled and progressing. In Fall 2007, 17 of 32 students completed the program (53%), with seven (7) additional students still enrolled. In Fall 2006, 13 of 28 (46%) have completed with four (4) students still enrolled. In Fall 2005, 11 of 16 students completed (69%). No additional students from this cohort remain enrolled.

The first graduating class for the BS program will not be until 2012, so there are no completion data available at this time. However, the ELA chosen by the school is that 65% of the students will complete the BS program within nine (9) semesters. The ELA of nine (9) semesters is not consistent with 150% of the program length.

The nursing program collects data on program satisfaction, and the tools were reviewed by site visitors. The response rates are quite limited. Aggregated and raw data are evident for the past three (3) years. The surveys do not correlate with the curriculum concepts or established program outcomes but provide demographic data and program satisfaction. Innovative procedures have been explored to increase the rate of return. The site visitors verified that the exit and employer surveys were sent to their respective population and were available in the document room for review. The SSR does not address qualitative methods of assessment. Quantitative methods of assessment have recently begun being utilized throughout the program. The SSR (pp. 272-274) states that the surveys address areas such as critical thinking, ability to communicate, and overall satisfaction. This was confirmed onsite; however, these areas are not the program stated outcomes. Interviews conducted with hospital administrators and the Advisory Board verified that PNC graduates are ready to enter the workplace and are competent
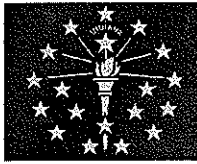
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beginning practitioners. The graduate and employer surveys in the document room were complimentary
of the program, and although they did not measure program outcomes, they did have a consensus of
satisfaction.

Job placement rates are addressed through quantified measures that reflect program demographics and
history. The ELA is that 80% of the AS graduates will be employed within one (1) year after graduation,
and the data reflected that 100% of the AS graduates were employed within one (1) year. This criterion
has been met. The ELA for the RN to BS program is that 75% of the graduates will have an employment
change within one (1) year. Data reflect that 67% of the graduates have changed employment. This
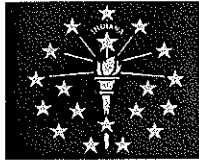criterion has not been met.

The response rates on this survey were again very low. Innovative procedures have been explored to
increase the rate of return. Also, the committee responsible for sending out the surveys and data analysis
has been changed to Nursing Assessment and Evaluation instead of Evaluation, Progression, and
Admission Committee.

Program Outcomes for Associate Program			
Area	Year		
	Current Year	One Year Previous	Two Years Previous
Graduation Rates	72%	64%	68%
NCLEX Pass Rates	91.2%	83.9%	71.4%
Job Placement Rates	100%**	100%**	100%**
Program Satisfaction	2.5***	2.5***	2.5***

** This number is a reported number; no actual data were available to confirm.
*** These are data that were available on a scale of 1 to 4.

Program Outcomes for RN-BS Program			
Area	Year		
	Current Year	One Year Previous	Two Years Previous
Graduation Rates	52%	53%	46%
NCLEX Pass Rates	N/A	N/A	N/A
Job Placement Rates	67%**	67%**	67%**
Program Satisfaction	2.5***	2.5***	2.5***

* Not applicable
** This number is for those that change employment within one year.
*** These are data that were available on a scale of 1 to 4.

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Summary:

The baccalaureate program is not in compliance with the Standard as Criteria 6.1, 6.2, and 6.4, are not met, as evidenced by:

- There is a lack of specific measurable expected levels of achievement in the evaluation plan.

- There is a lack of identified student learning outcomes and lack of evidence of ongoing assessment to improve student learning outcomes.

- There is a lack of definite timeframes associated with data collection and decision-making.

With the following area needing development:

- Implement strategies to improve the response rate of surveys measuring program satisfaction.

The associate program is not in compliance with the Standard as Criteria 6.1, 6.2, and 6.4 are not met, as evidenced by:

- There is a lack of specific measurable expected levels of achievement in the evaluation plan.

- There is a lack of identified student learning outcomes and lack of evidence of ongoing assessment to improve student learning outcomes.

- There is a lack of definite timeframes associated with data collection and decision-making.

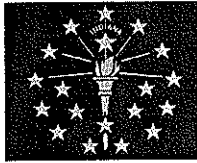With the following area needing development:

- Implement strategies to improve the response rate of surveys measuring program satisfaction.

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Nicholas Rhoad, Executive Director

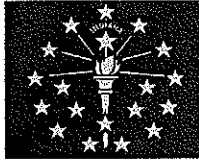Purdue University North Central
Baccalaureate/Associate   38

III. RECOMMENDATION FOR ACCREDITATION STATUS:

Recommendation:

BACCALAUREATE

Continuing Accreditation:

Continuing accreditation with conditions as the program is in non-compliance with one (1) Accreditation Standard. Follow-Up Report due in two (2) years. Next visit in eight (8) years if the Report is accepted by the Board of Commissioners.

Standard 6 Outcomes, Criteria 6.1, 6.2, and 6.4:

- There is a lack of specific measurable expected levels of achievement in evaluation plan.

- There is a lack of identified student learning outcomes and lack of evidence of ongoing assessment to improve student learning outcomes.

- There is a lack of definite timeframes associated with data collection and decision-making.

ASSOCIATE

Continuing Accreditation:

Continuing accreditation with conditions as the program is in non-compliance with one (1) Accreditation Standard. Follow-Up Report due in two (2) years. Next visit in eight (8) years if the Report is accepted by the Board of Commissioners.

Standard 6 Outcomes, Criteria 6.1, 6.2, and 6.4:

- There is a lack of specific measurable expected levels of achievement in evaluation plan.

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- There is a lack of definite timeframes associated with data collection and decision-making.
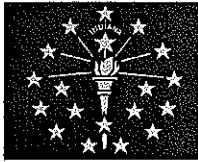
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Indiana State Board of Nursing
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August 2, 2013

Diane Spoljoric, PhD, RNC, FNP
Interim Chair, Department of Nursing
Purdue University North Central
1401 South US Highway 421
Westville, IN 46391

Dear Dr. Spoljoric:

This letter is formal notification of the action taken by the Accreditation Commission for Education in Nursing (ACEN) at its meeting on July 11-12, 2013. The Board of Commissioners received, reviewed, and accepted the Follow-Up Report of the baccalaureate nursing program and affirmed the next visit for Fall 2018.

Deliberations centered on the Follow-Up Report and the recommendation of the Evaluation Review Panel. (See Summary of Deliberations and Recommendation of the Evaluation Review Panel.) The Board of Commissioners affirmed the following areas needing development:

Areas Needing Development

Standard 6 Outcomes
- Ensure the expected levels of achievement within the evaluation plan are congruent with the ACEN Criteria.

On behalf of the Commission, we thank you and your colleagues for your commitment to quality nursing education. If you have questions about this action or about ACEN policies and procedures, please contact me.

Sincerely,

Sharon J. Tanner, EdD, MSN, RN
Chief Executive Officer

Enc.   Summary of Deliberations of the Evaluation Review Panel
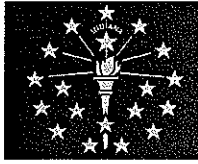
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Faculty No Longer Employed Since the 8.1.2012-7.31.2013 Report
(faculty who worked fall 2012 and spring 2013 but were not here in fall 2013 and spring 2014)
Full-Time Faculty
Chen, Yeou-Lan
Ortiz, Mario

Part-Time Faculty (some of these faculty were employed for one semester/one year only and will show up in the new faculty section as well)

DeMuth, Gina
Hornak, Sabrina
Jiminez, Jennifer
Kickbush, Cathleen
Lorenc, Linda
Maddox, Donna
Martin, Dawn
Mishler, Rhonda
Porchon, Sheila
Perona, Pamela
Ramey, Georgia
Ryle, Erin
Van Wormer, Georgia
Wolter, Collette
Zart, Joseph

Indiana
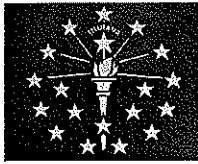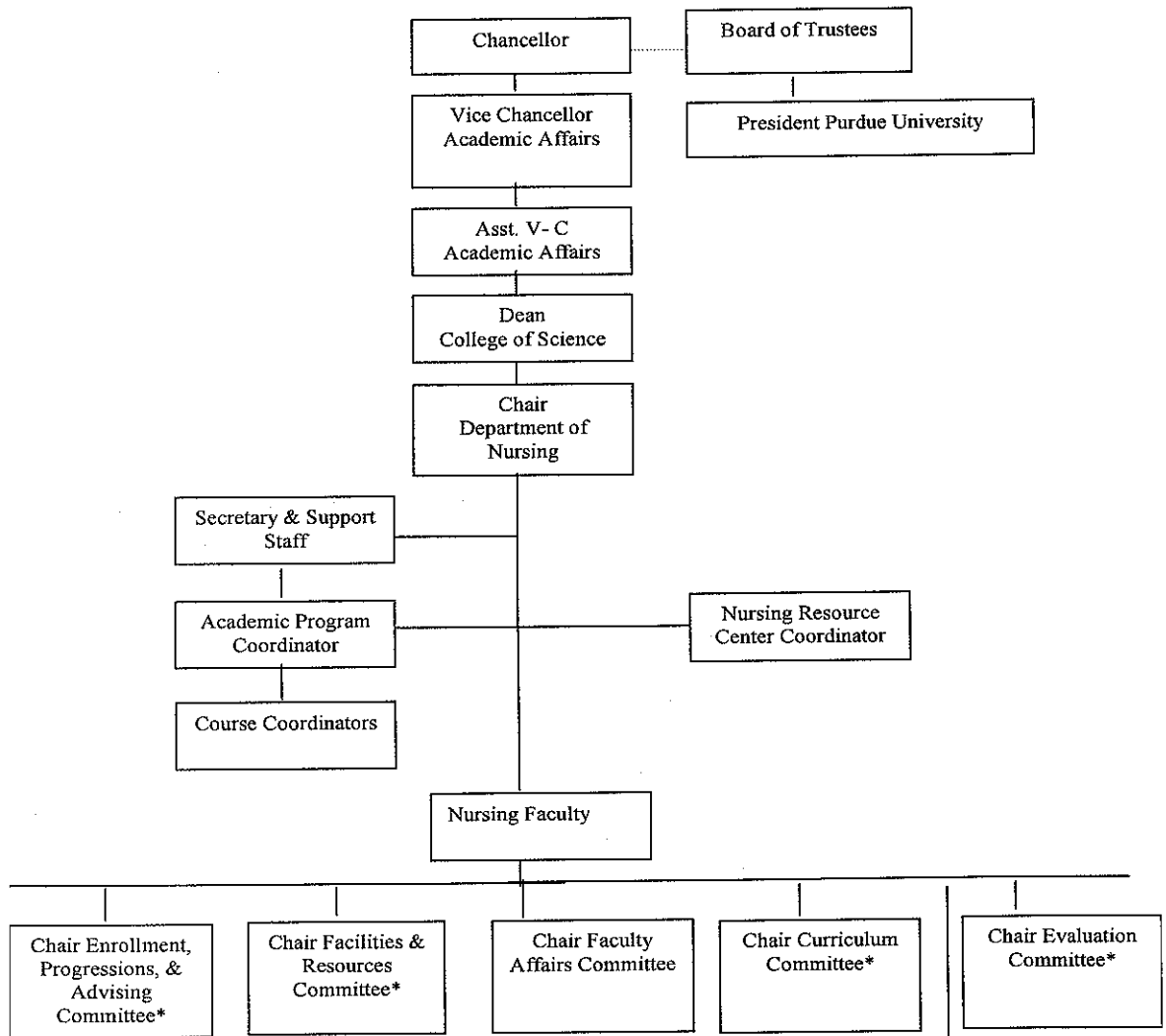**Professional**
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Purdue University North Central Organizational Chart
Department of Nursing

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                      ┌──────────────┐ . . . . . ┌──────────────────┐
                      │  Chancellor  │           │ Board of Trustees │
                      └──────┬───────┘           └────────┬─────────┘
                             │                            │
                      ┌──────────────┐           ┌──────────────────────────┐
                      │Vice Chancellor│          │President Purdue University│
                      │Academic Affairs│         └──────────────────────────┘
                      └──────┬───────┘
                             │
                      ┌──────────────┐
                      │  Asst. V- C  │
                      │Academic Affairs│
                      └──────┬───────┘
                             │
                      ┌──────────────┐
                      │    Dean      │
                      │College of Science│
                      └──────┬───────┘
                             │
                      ┌──────────────┐
                      │    Chair     │
                      │Department of │
                      │   Nursing    │
                      └──────┬───────┘
   ┌──────────────────┐      │
   │Secretary & Support│     │
   │     Staff        │      │
   └────────┬─────────┘      │
            │                │
   ┌──────────────────┐      │        ┌──────────────────┐
   │Academic Program  │──────┼────────│Nursing Resource  │
   │  Coordinator     │      │        │Center Coordinator│
   └────────┬─────────┘      │        └──────────────────┘
            │                │
   ┌──────────────────┐      │
   │Course Coordinators│     │
   └──────────────────┘      │
                             │
                      ┌──────────────┐
                      │Nursing Faculty│
                      └──────┬───────┘
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Chair Enrollment, Progressions, & Advising Committee*	Chair Facilities & Resources Committee*	Chair Faculty Affairs Committee	Chair Curriculum Committee*	Chair Evaluation Committee*

*Indicates student representation on the committee

Indiana Professional Licensing Agency

Indiana State Board of Nursing
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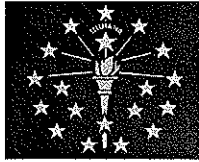Indianapolis, Indiana 46204
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Section One: Administration

4.) Changes in Dean/Director:
Diane Spoljoric, PhD, RN, FNP-BC was appointed Chair of the Department of Nursing and Health Studies in Fall 2013

5) Change in the responsibilities of Dean or Director
The Department of Nursing became the Department of Nursing and Health Studies