



Indiana State Board of Nursing  
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Indianapolis, Indiana 46204

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Governor Mitchell E. Daniels, Jr.

### ANNUAL REPORT FOR PROGRAMS IN NURSING

**Guidelines:** An Annual Report, prepared and submitted by the faculty of the school of nursing, will provide the Indiana State Board of Nursing with a clear picture of how the nursing program is currently operating and its compliance with the regulations governing the professional and/or practical nurse education program(s) in the State of Indiana. The Annual Report is intended to inform the Education Subcommittee and the Indiana State Board of Nursing of program operations during the academic reporting year. This information will be posted on the Board's website and will be available for public viewing.

**Purpose:** To provide a mechanism to provide consumers with information regarding nursing programs in Indiana and monitor complaints essential to the maintenance of a quality nursing education program.

**Directions:** To complete the Annual Report form attached, use data from your academic reporting year unless otherwise indicated. An example of an academic reporting year may be: August 1, 2011 through July 31, 2012. Academic reporting years may vary among institutions based on a number of factors including budget year, type of program delivery system, etc. Once your program specifies its academic reporting year, the program must utilize this same date range for each consecutive academic reporting year to insure no gaps in reporting. You must complete a **SEPARATE report** for each PN, ASN and BSN program.

This form is due to the Indiana Professional Licensing Agency by the close of business on October 1st each year. The form must be electronically submitted with the original signature of the Dean or Director to: [PLA2@PLA.IN.GOV](mailto:PLA2@PLA.IN.GOV). Please place in the subject line "Annual Report (Insert School Name) (Insert Type of Program) (Insert Academic Reporting Year)". For example, "Annual Report ABC School of Nursing ASN Program 2011." The Board may also request your most recent school catalog, student handbook, nursing school brochures or other documentation as it sees fit. It is the program's responsibility to keep these documents on file and to provide them to the Board in a timely manner if requested.

Indicate Type of Nursing Program for this Report: PN \_\_\_\_\_ ASN \_\_\_\_\_ BSN X

Dates of Academic Reporting Year: August 1, 2011 through July 31, 2012

Name of School of Nursing: Purdue University Calumet School of Nursing, Bachelor's Degree Program

Address: 2200 169<sup>th</sup> Street Hammond, IN 46323-2094

Dean/Director of Nursing Program

Name and Credentials: Peggy S. Gerard, PhD, RN

Title: Professor and Dean, School of Nursing Email: psgerard@purduecal.edu

Nursing Program Phone #: (219)989-2818 Fax: (219) 989-2848

Website Address: http://www.purduecal.edu/nursing

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

Please indicate last date of NLNAC or CCNE accreditation visit, if applicable, and attach the outcome and findings of the visit: October 4-6, 2011.

If you are not accredited by NLNAC or CCNE where are you at in the process: N/A

### **SECTION 1: ADMINISTRATION**

Using an "X" indicate whether you have made any of the following changes during the preceding academic year. For all "yes" responses you must attach an explanation or description.

- |   |                     |
|---|---------------------|
| 1) Change in ownership, legal status or form of control | Yes ___ No <u>X</u> |
| 2) Change in mission or program objectives              | Yes ___ No <u>X</u> |
| 3) Change in credentials of Dean or Director            | Yes ___ No <u>X</u> |
| 4) Change in Dean or Director                           | Yes ___ No <u>X</u> |
| 5) Change in the responsibilities of Dean or Director   | Yes ___ No <u>X</u> |
| 6) Change in program resources/facilities               | Yes <u>X</u> No ___ |

Updated main nursing labs to include:

- Purchase of new beds and headboard units
- Purchase of new, updated IV pumps
- Purchase of ventilator
- Construction of a medication room and computer charting console within the main nursing lab

Updates to the Simulation Lab

- Purchase of a new OB manikin "Doris"
- Assigned dedicated faculty to staff the lab to increase faculty and student access

- 7) Does the program have adequate library resources? Yes  No
- 8) Change in clinical facilities or agencies used (list both additions and deletions on attachment) (See attached spreadsheet) Yes  No
- 9) Major changes in curriculum (list if positive response) Yes  No

In response to a yearlong evaluation of the curriculum and feedback from students on the End of Program Evaluations, the following curriculum revisions were made for the baccalaureate curriculum students:

- Movement of general education courses up to the first three semesters to allow for students who have met these requirements to progress through the curriculum more efficiently
- Addition of a Transitions to Professional Nursing class which guides students through the NCLEX process and transition from student to graduate nurse
- Addition of a Quality and Safety in Professional nursing Leadership course in response to QSEN standards and IOM recommendations for quality and safety
- Movement of the advanced medical-surgical nursing course to the 8<sup>th</sup> semester. This was in response to student requests for a clinical course in the last semester, prior to taking the NCLEX. To accomplish this, Community Health didactic and clinical was moved to the 7<sup>th</sup> semester. The faculty felt this was a positive change for students.

A copy of the revised curriculum is attached.

## SECTION 2: PROGRAM

1A.) How would you characterize your program's performance on the NCLEX for the most recent academic year as compared to previous years? Increasing  Stable  Declining

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

We attributed our pass rate of 84.62% for 2011 on several factors: students readmitted conditionally after an academic dismissal, students who did not graduate prior to phasing out our ASN program and were still completing coursework, and students admitted through a cohort from the International University of Nursing. To address these issues, the Admissions and Progressions Committee have tightened the requirements for readmission after an academic dismissal, denying students who have had a pattern of multiple withdrawals and failures both in science and nursing courses. After reviewing the statistics from previous years of students readmitted, we found that those with multiple withdrawals and failures, even though counseled by the committee and remediated by faculty, were board failures. Students who transitioned from the ASN to BS were at risk for failure due to the length of time it took for them to graduate and gain eligibility to sit for the NCLEX. Lastly, our articulation agreement with the International University of Nursing was terminated due to the poor preparation of the students

prior to transferring to Purdue Calumet SON. Although strict guidelines were in place for transfer eligibility, IUON was not abiding by the guidelines and students were not successful.

2A.) Do you require students to pass a standardized comprehensive exam before taking the NCLEX?  
Yes  X  No

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

2C.) If so, which exam(s) do you require? HESI RN Exit Exam with a minimum passing score of 900.

2D.) When in the program are comprehensive exams taken: Upon Completion  X   
As part of a course  X  Ties to progression or thru curriculum: Students take 3 standardized exams throughout the curriculum. The first, a custom Foundational HESI Exam, is taken after the foundational course(NUR 19200/19700). The second is a custom HESI Medical Surgical Nursing exam taken after the first med-surg course/clinical (NUR 28200/28300).. The RN Exit Exam is taken in the 12<sup>th</sup> week of the graduating semester.

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

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

A. Faculty recruitment/retention: None

B. Availability of clinical placements: None

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

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

After admission but prior to registration for nursing clinical courses.

5.) At what point and in what manner are students apprised of the criminal background check for your program? The requirement is reviewed at New Student Orientation in the spring prior to the beginning of the fall semester classes. Students receive a packet explaining all of the clinical requirements and how to submit them. This information is reviewed again at the New Student Clinical Orientation in August, immediately prior to the start of classes. Students must have all requirements completed and loaded into the Immunization Tracker before they are registered for any clinical courses.

**SECTION 3: STUDENT INFORMATION**

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

Summer     N/A     Fall     94     Spring     N/A    

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

Summer     N/A     Fall     56     Spring     33    

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. N/A

4.) Indicate the type of program delivery system:

Semesters     X     Quarters            Other (specify):                                   

**SECTION 4: FACULTY INFORMATION**

A. Provide the following information for **all faculty new** to your program in the academic reporting year (attach additional pages if necessary):

|                                |  |
|--------------------------------|--|
| <b>Faculty Name:</b>           | Taryn Eastland                               |
| <b>Indiana License Number:</b> | 71002592A                                    |
| <b>Full or Part Time:</b>      | Full   |
| <b>Date of Appointment:</b>    | 8/13/12                                      |
| <b>Highest Degree:</b>         | PhD  |
| <b>Responsibilities:</b>       | Teaches undergraduate Research and Theories. |

|                                |              |
|--------------------------------|--------------|
| <b>Faculty Name:</b>           | Susan Misner |
| <b>Indiana License Number:</b> | 28055250A    |
| <b>Full or Part Time:</b>      | Full         |
| <b>Date of Appointment:</b>    | 8/13/12      |

|                          |  |
|--------------------------|--|
| <b>Highest Degree:</b>   | MS, Nursing, Public Health and FNP<br>PhDc, Nursing and Women's Health   |
| <b>Responsibilities:</b> | Teaches Concepts and Role Development in Professional Nursing at the undergraduate level only. Other responsibilities include teaching at the RNBS level and MS level. |

|                                |   |
|--------------------------------|---|
| <b>Faculty Name:</b>           | Andrew Trgovich   |
| <b>Indiana License Number:</b> | 26024558A   |
| <b>Full or Part Time:</b>      | Part Time   |
| <b>Date of Appointment:</b>    | 8/13/12   |
| <b>Highest Degree:</b>         | PharmD  |
| <b>Responsibilities:</b>       | Teaches the undergraduate nursing pharmacology course NUR 29400 for 3 credits |

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

1. Number of full time faculty: \_\_\_\_\_ 31 \_\_\_\_\_
2. Number of part time faculty: \_\_\_\_\_ 1 \_\_\_\_\_
3. Number of full time clinical faculty: \_\_\_\_\_ 7 \_\_\_\_\_
4. Number of part time clinical faculty: \_\_\_\_\_ 0 \_\_\_\_\_
5. Number of adjunct faculty: \_\_\_\_\_ 13 \_\_\_\_\_

C. Faculty education, by highest degree only:

1. Number with an earned doctoral degree: \_\_\_\_\_ 15 \_\_\_\_\_
2. Number with master's degree in nursing: \_\_\_\_\_ 30 \_\_\_\_\_
3. Number with baccalaureate degree in nursing: \_\_\_\_\_
4. Other credential(s). Please specify type and number: \_\_\_\_\_ PharmD \_\_\_\_\_

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

Yes  No

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

1. A list of faculty no longer employed by the institution since the last Annual Report;
2. An organizational chart for the nursing program and the parent institution.

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I hereby attest that the information given in this Annual Report is true and complete to the best of my knowledge. This form **must** be signed by the Dean or Director. No stamps or delegation of signature will be accepted.

Peggy S. Gerard

Signature of Dean/Director of Nursing Program

Oct. 1, 2012

Date

Peggy S. Gerard

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.