



**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: PN _____ ASN _____ BSN X _____

Dates of Academic Reporting Year: August 1, 2012 to July 31, 2013 _____
(Date/Month/Year) to (Date/Month/Year)

Name of School of Nursing: _____ Saint Mary's College _____

Address: _____ One Havican Hall, Notre Dame, IN 46556 _____

Dean/Director of Nursing Program

Name and Credentials: _____ Linda S. Paskiewicz, PhD, CNM, RN

Title: _____ Professor and Director _____ Email: _____ lpaskie@saintmarys.edu _____

Nursing Program Phone #: _____ 574.284.4680 _____ Fax: _____ 574.284.4810 _____

Website Address: _____ //www3.saintmarys.edu/nursing _____



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

Please indicate last date of NLNAC or CCNE accreditation visit, if applicable, and attach the outcome and findings of the visit: October 3, 2012 For Outcome, see Attach #1

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

SECTION 1: ADMINISTRATION

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

- 1) Change in ownership, legal status or form of control Yes ___ No X
- 2) Change in mission or program objectives Yes ___ No X
- 3) Change in credentials of Dean or Director Yes ___ No X
- 4) Change in Dean or Director Yes ___ No X
- 5) Change in the responsibilities of Dean or Director Yes ___ No X
- 6) Change in program resources/facilities Yes ___ No X
- 7) Does the program have adequate library resources? Yes X No ___
- 8) Change in clinical facilities or agencies used (list both) Yes ___ No X
- 9) Major changes in curriculum (list if positive response) Yes X No ___

DELETE: NUR110 Intro to Professional Nsg., 2 credits
 BIO153 Foundations of Bio, 4 credits

ADD: BIO 224 Pathophysiology, 3 credits
 NUR 310 Nutrition, 2 credits

MOVE: NUR426 Child Health Nursing to Senior Year, 5 credits
 NUR307 Psychiatric Mental Health Nursing to Junior Year, 5 credits
 NUR385 Research to Junior Year, 2 credits



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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 X Declining _____

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

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

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

2C.) If so, which exam(s) do you require? _____ Kaplan Integrated Comprehensive Exam _____

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

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

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

A. Faculty recruitment/retention: We have been successful in recruiting doctorally-prepared full time faculty. We remain challenged to recruit and retain qualified part time clinical faculty.

B. Availability of clinical placements. Available but competitive. We cannot increase our enrollment due to limits of quality learning sites.

C. Other programmatic concerns (library resources, skills lab, sim lab, etc.): Our learning lab is antiquated and our simulation equipment is old and also limited.

4.) At what point does your program conduct a criminal background check on students?
_____ Second semester, sophomore year _____

5.) At what point and in what manner are students apprised of the criminal background check for your program? _____ Students download results from vendor website and turn in documentation



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SECTION 3: STUDENT INFORMATION

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

Summer _____ Fall _____ Spring 60 _____

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

Summer 4 _____ Fall 2 _____ Spring 47 _____

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. NA

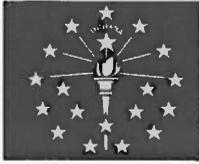
4.) Indicate the type of program delivery system:

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):

Faculty Name:	Janeen Berndt
Indiana License Number:	28137979A
Full or Part Time:	FTE
Date of Appointment:	August 2012
Highest Degree:	DNP
Responsibilities:	Foundations of Nursing Practice, Pharmacotherapeutics, Med Surg clinicals, Simulation Education



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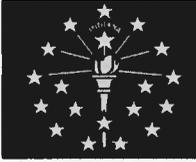
Faculty Name:	Grace Osunnuga
Indiana License Number:	28144611A
Full or Part Time:	FTE
Date of Appointment:	August 2012
Highest Degree:	MSN
Responsibilities:	Psychiatric Mental Health Nursing

Faculty Name:	Pam Montgomery
Indiana License Number:	28098030A
Full or Part Time:	PTE
Date of Appointment:	January 2013
Highest Degree:	MSN
Responsibilities:	Advanced Med Surg clinicals

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

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

C. Faculty education, by highest degree only:



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1. Number with an earned doctoral degree: _____ 5 _____
2. Number with master's degree in nursing: _____ 12 _____
3. Number with baccalaureate degree in nursing: _____ 5 _____
4. Other credential(s). Please specify type and number: _____ NA _____

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

Yes No

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

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

FTE: Nano Farabaugh and Cindy Iavagnilio
PTE: Chris Lucas and Amy Murray

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

See Attached #2

See Attached #3

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.



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Linda Paskiewicz

9-11-13

Signature of Dean/Director of Nursing Program

Date

Linda Paskiewicz

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.



May 22, 2013

ATTACH 1

Linda S. Paskiewicz, PhD, CNM, RN
Director and Professor
Department of Nursing
Saint Mary's College-Indiana
6 Havican Hall
Notre Dame, IN 46556-5001

ONE DUPONT CIRCLE NW
SUITE 530
WASHINGTON DC 20036 1120

202-887-6791

WWW.AACN.NCHE.EDU/
CCNE-ACCREDITATION

Dear Dr. Paskiewicz:

The Commission on Collegiate Nursing Education's (CCNE) Board of Commissioners acted at its meeting on April 25-27, 2013, to grant accreditation to the baccalaureate degree program in nursing at Saint Mary's College-Indiana for 5 years, extending to June 30, 2018. The accreditation action is effective as of October 3, 2012, which is the first day of the program's recent CCNE on-site evaluation. You should plan for the next on-site evaluation to take place in the fall of 2017.

At its meeting, the Board determined that the program met all four accreditation standards. The Board additionally determined that there are no compliance concerns with respect to the key elements.

As is required for all accredited programs, a Continuous Improvement Progress Report (CIPR) must be submitted at the mid-point of the accreditation term. The CIPR must address the nursing program's continued compliance with all accreditation standards. The deadline for submitting the progress report to CCNE is December 1, 2015. The Report Review Committee, and then the Board, will review the progress report in the summer of 2016. For more information about CIPRs, please refer to the *CCNE Procedures for Accreditation of Baccalaureate and Graduate Degree Nursing Programs*, available <http://www.aacn.nche.edu/ccne-accrreditation/Procedures.pdf>.

Please note that the aforementioned CIPR needs to address the CCNE standards that are in effect at the time of submission. In the reminder letter sent approximately five months prior to the CIPR due date, CCNE will inform the program of the specific standards to be used and will provide guidance for the preparation of the report.

A copy of the accreditation report that was sent to you earlier, along with your response to it, is being transmitted to the institution's chief executive officer as the Commission's official report to Saint Mary's College-Indiana. We hope that both the results of your self-study process and the accreditation report will be useful to the continued growth and development of the nursing program. A certificate of accreditation will be mailed to your attention this summer.

If a program or institution elects to make public disclosure of a program's CCNE accreditation status, the program or institution must disclose that status accurately. Either of the following statements may be used for disclosure of the accreditation status to the public:

The (baccalaureate/master's/DNP program) at (institution) is accredited by the Commission on Collegiate Nursing Education, One Dupont Circle, NW, Suite 530, Washington, DC 20036, (202) 887-6791.

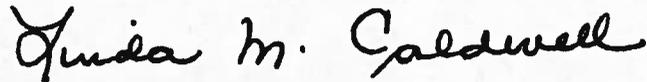
The (baccalaureate/master's/DNP program) at (institution) is accredited by the Commission on Collegiate Nursing Education (<http://www.aacn.nche.edu/ccne-accrreditation>).

O V E R - -

As a reminder, programs are expected to continue to comply with the CCNE standards and procedures throughout the period of accreditation. This includes advising CCNE in the event of any substantive change in the nursing program or of any major organizational changes that may affect the program's administration, scope, or quality. Substantive change notifications must be submitted to CCNE no earlier than 90 days prior to implementation or occurrence of the change, but no later than 90 days after implementation or occurrence of the change. These reporting requirements are discussed further in the *CCNE Procedures*.

We appreciate the many courtesies and the helpfulness extended to the CCNE evaluation team in the fall of 2012. The Commissioners join me in expressing our best wishes as you proceed with tasks important to the future of your nursing program.

Sincerely,

A handwritten signature in black ink that reads "Linda M. Caldwell". The signature is written in a cursive, flowing style.

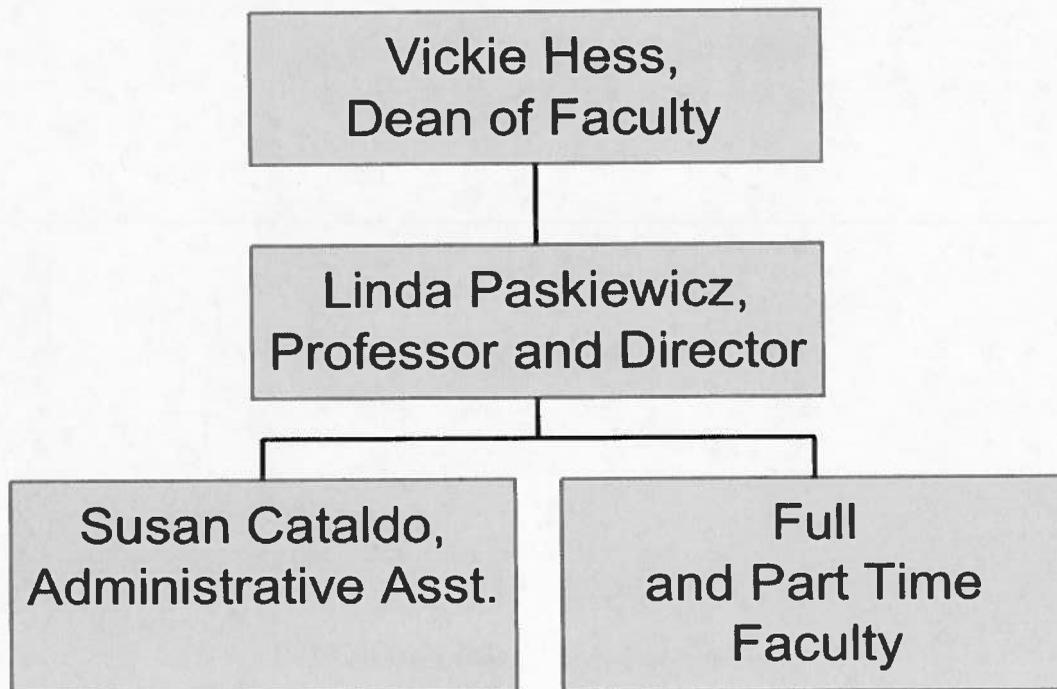
Linda M. Caldwell, DNSc, ANP-BC
Chair, Board of Commissioners

cc: President Carol A. Mooney
CCNE Board of Commissioners
CCNE Accreditation Review Committee
CCNE Evaluation Team

**ORGANIZATIONAL
CHART**

for the

**DEPARTMENT OF NURSING
SAINT MARY'S COLLEGE**



7/1/13

