



**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, 2013 through July 31, 2014. 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 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: 8/1/2013 to 7/31/2014

Name of School of Nursing: University of Saint Francis

Address: 2701 Spring St. Fort Wayne, IN 46808

Dean/Director of Nursing Program

Name and Credentials: Mindy Yoder DNP, FNP-BC, RN

Title: Dean, School of Health Sciences Email: [myoder@sf.edu](mailto:myoder@sf.edu)

Nursing Program Phone #: 260-399-7700 Fax: 260-399-8167

Website Address [www.sf.edu](http://www.sf.edu)



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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: CCNE accreditation visit October 1-3, 2009; unconditional continuing accreditation; accreditation letter attached below



CCNE 2009  
approval letter.pdf

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 <u>X</u> No _____    |
| 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 _____ No <u>X</u>    |
| 7) Does the program have adequate library resources?   | Yes <u>X</u> No _____    |
| 8) Change in clinical facilities or agencies used (list both<br>additions and deletions on attachment) | Yes _____ No <u>X</u>    |
| 9) Major changes in curriculum (list if positive response)   | Yes <u>X</u> ** No _____ |

\* #2: Changes in Student Learning Outcomes, approved 2013-14 AY, effective August 25, 2014

**See Table 1, attached to end of report**

\*\*#9: Changes in curriculum, approved 2013-14 AY, effective August 25, 2014

**See Table 2 attached to end of report**



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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 \_\_\_\_\_

**Note: the USF BSN Program earned 100% first time NCLEX pass rate for 2013!!!! (51/51 testers)**

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

2A.) Do you require students to pass a standardized comprehensive exam before taking the NCLEX?  
Yes   X   (ATI Comprehensive Predictor, at or above 82<sup>nd</sup> percentile) No \_\_\_\_\_

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

2C.) If **so**, which exam(s) do you require?   ATI Comprehensive Predictor, with a score of 82%, then successful completion of Virtual ATI or NCLEX review course if cut score not met  

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):   Comprehensive final exam taken in each NURS didactic course  

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?   Prior to first clinical experience and annually thereafter while enrolled in the program.  

5.) At what point and in what manner are students apprised of the criminal background check for your program?   Students are apprised when receiving clinical requirements (annually).  

## SECTION 3: STUDENT INFORMATION

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



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Summer 2014 2 Fall 2013 47 Spring 2014 7

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

Summer 2014 0 Fall 2013 29 Spring 2014 17

3.) Please attach a brief description of all complaints about the program, and include how they were addressed or resolved. For the purposes of illustration only, the CCNE definition of complaint is included at the end of the report. No formal complaints from 8/1/13-7/31/14.

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>	<b>Cathy Snyder</b>
<b>Indiana License Number:</b>	28136952A
<b>Full or Part Time:</b>	FT
<b>Date of Appointment:</b>	8/15/2013
<b>Highest Degree:</b>	MSN
<b>Responsibilities:</b>	Health Assessment and Med-Surg clinicals
<b>Faculty Name:</b>	<b>Danette Courts</b>
<b>Indiana License Number:</b>	28194973A
<b>Full or Part Time:</b>	Adjunct
<b>Date of Appointment:</b>	8/15/2013
<b>Highest Degree:</b>	BSN, MSN-enrolled



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<b>Responsibilities:</b>	Mental Health Nursing clinical
<b>Faculty Name:</b>	<b>Patsy Hall</b>
<b>Indiana License Number:</b>	28084251A
<b>Full or Part Time:</b>	Adjunct
<b>Date of Appointment:</b>	8/15/2013
<b>Highest Degree:</b>	MSN
<b>Responsibilities:</b>	Nursing Fundamentals and Med-Surg clinicals
<b>Faculty Name:</b>	<b>Renee Hammond</b>
<b>Indiana License Number:</b>	28183092A
<b>Full or Part Time:</b>	Adjunct
<b>Date of Appointment:</b>	8/15/2013
<b>Highest Degree:</b>	BSN, MSN-enrolled
<b>Responsibilities:</b>	Nursing Care Childbearing Family clinical
<b>Faculty Name:</b>	<b>Debra Howell</b>
<b>Indiana License Number:</b>	28151175A
<b>Full or Part Time:</b>	Adjunct
<b>Date of Appointment:</b>	8/15/2013
<b>Highest Degree:</b>	BSN, MSN-enrolled
<b>Responsibilities:</b>	Nursing Care Children & Adolescents clinical
<b>Faculty Name:</b>	<b>Jodi Huelsman</b>
<b>Indiana License Number:</b>	28207578A
<b>Full or Part Time:</b>	adjunct



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<b>Date of Appointment:</b>	8/15/2013
<b>Highest Degree:</b>	BSN, MSN-enrolled
<b>Responsibilities:</b>	Community Health Nursing clinical
<b>Faculty Name:</b>	<b>Tiffany Jackson</b>
<b>Indiana License Number:</b>	28193124A
<b>Full or Part Time:</b>	Adjunct
<b>Date of Appointment:</b>	8/15/2013
<b>Highest Degree:</b>	BSN, MSN-enrolled
<b>Responsibilities:</b>	Med Surg Nursing clinical
<b>Faculty Name:</b>	<b>Brittani Lusch</b>
<b>Indiana License Number:</b>	28173900A
<b>Full or Part Time:</b>	Adjunct
<b>Date of Appointment:</b>	1/15/2014
<b>Highest Degree:</b>	MSN
<b>Responsibilities:</b>	Nursing Care of Children and Adolescents clinical
<b>Faculty Name:</b>	<b>Kara Mankey</b>
<b>Indiana License Number:</b>	28167240A
<b>Full or Part Time:</b>	Adjunct
<b>Date of Appointment:</b>	8/15/2013
<b>Highest Degree:</b>	ASN, MSN-enrolled to complete in May 2015
<b>Responsibilities:</b>	Med-Surg Nursing clinical
<b>Faculty Name:</b>	<b>Jennifer Mays</b>



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<b>Indiana License Number:</b>	28188638A
<b>Full or Part Time:</b>	adjunct
<b>Date of Appointment:</b>	8/15/2013
<b>Highest Degree:</b>	MSN
<b>Responsibilities:</b>	Basic Nursing clinical
<b>Faculty Name:</b>	<b>Patti Moll</b>
<b>Indiana License Number:</b>	28188638A
<b>Full or Part Time:</b>	Adjunct
<b>Date of Appointment:</b>	8/15/2013
<b>Highest Degree:</b>	BSN, MSN-enrolled
<b>Responsibilities:</b>	Med-Surg nursing clinical
<b>Faculty Name:</b>	<b>Patty Rinker</b>
<b>Indiana License Number:</b>	28118325A
<b>Full or Part Time:</b>	Adjunct
<b>Date of Appointment:</b>	8/15/2013
<b>Highest Degree:</b>	MSN
<b>Responsibilities:</b>	Leadership in Management Med-Surg nursing clinical

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

1. Number of full time faculty: \_\_\_\_\_18\_\_\_\_\_
2. Number of part time faculty: \_\_\_\_\_0\_\_\_\_\_
3. Number of full time clinical faculty: \_\_\_\_\_0\_\_\_\_\_



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4. Number of part time clinical faculty: \_\_\_\_\_ 0 \_\_\_\_\_

5. Number of adjunct faculty: \_\_\_\_\_ 19 \_\_\_\_\_

**\*\*Note:** This is total adjunct between both fall and spring semesters. For each semester, the number of FT faculty was greater than the number of adjunct teaching in the BSN program.

**C. Faculty education, by highest degree only:**

1. Number with an earned doctoral degree: 4 full time, 0 adjunct= 4

2. Number with master's degree in nursing: 14 full time, 9 adjunct= 23

[Cochran, Doctor, Faley, Hall, Howell, Lusch, Mays, Omo, Seiman]

3. Number with baccalaureate degree in nursing: 0 full time, 9 adjunct (all MSN-enrolled and scheduled for completion within 3 years)

[Abel, Courts, Hammond, Huelsman, Jackson, Moll, Pillie, Rinker, Ware]

4. Other credential(s). Please specify type and number: 1 ASN who is enrolled in MSN program and scheduled for completion in May 2015) [Mankey]

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

Yes \_\_X\_\_ No \_\_\_\_\_

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

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

Christina Trahin, MS, RN  
Melissa Somerville, MS, RN

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



2014-2015 admin  
chart 2014 07 08.xls>



SOHS  
Organizational Char





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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.

A handwritten signature in black ink that reads "Mindy Yoder".

9/24/2014

Signature of Dean/Director of Nursing Program

Date

Mindy Yoder DNP, FNP-BC Dean, School of Health Sciences

Printed Name of Dean/Director of Nursing Program

Please note: Your comments and suggestions are welcomed by the Board. Please feel free to attach these to your report.

Definitions from CCNE:

### **Potential Complainants**

A complaint regarding an accredited program may be submitted by any individual who is directly affected by the actions or policies of the program. This may include students, faculty, staff, administrators, nurses, patients, employees, or the public.

### **Guidelines for the Complainant**

The CCNE Board considers formal requests for implementation of the complaint process provided that the complainant: a) illustrates the full nature of the complaint in writing, describing how CCNE standards or procedures have been violated, and b) indicates his/her willingness to allow CCNE to notify the program and the parent institution of the exact nature of the complaint, including the identity of the originator of the complaint. The Board may take whatever action it deems appropriate regarding verbal complaints, complaints that are submitted anonymously, or complaints in which the complainant has not given consent to being identified.



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**Table 1.** Summary of Changes from Program Outcomes to Student Learning Outcomes

Previous BSN “Program Outcomes”	Revised to Student Learning Outcomes, Effective August 2014
<ol style="list-style-type: none"> <li>1. Integrate concepts of the holistic person and a multidimensional definition of health into nursing practice.</li> <li>2. Integrate critical thinking and evidence-based practice to promote safe, client centered care for individuals, families, groups, and communities across the life span in a variety of settings.</li> <li>3. Synthesize knowledge from humanities, social and behavioral sciences, and life and physical sciences with nursing theory and practice</li> <li>4. Foster a caring presence through modifying communication techniques and establishing therapeutic relationships with individuals, families, groups and communities.</li> <li>5. Collaborate with members of the health teams to promote clients’ health and welfare in an ever-changing practice environment.</li> <li>6. Assume a leadership role in directing nursing activities and initiating change to improve health care delivery integrating information and health care technologies within a diverse world.</li> <li>7. Demonstrate legal, ethical and social responsibility and accountability as a professional nurse.</li> <li>8. Implement a plan for professional growth and development as a member of the nursing profession.</li> <li>9. Evaluate research and integrate evidence based findings to improve nursing practice.</li> </ol>	<ol style="list-style-type: none"> <li>1. Provide comprehensive, patient-centered nursing care for individuals, families, groups, and communities across the lifespan in diverse settings.</li> <li>2. Utilize critical reasoning and clinical judgment to provide safe, patient centered care.</li> <li>3. Integrate concepts from humanities and social, behavioral, life and physical sciences with nursing knowledge and practice.</li> <li>4. Demonstrate a caring presence through effective communication strategies and establishing therapeutic relationships with patients.</li> <li>5. Collaborate with members of the health team to promote patients’ health and wellbeing in an ever-changing practice environment.</li> <li>6. Demonstrate leadership by directing nursing activities and initiating change to improve the health care delivery system.</li> <li>7. Integrate ethical, legal, and Franciscan principles in making decisions as a professional nurse.</li> <li>8. Implement a plan for professional growth and development as a member of the nursing profession.</li> <li>9. Critically examine research and incorporate evidence-based strategies in nursing care to improve patient outcomes.</li> </ol>

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**Table 2.** Summary of BSN Curriculum Changes

	<b>Previous BSN Curriculum</b>	<b>Revised BSN Curriculum with Rationale, Implemented August 2014</b>
<b>Total Credit Hours</b>	128 credits	120 credits
<b>Elective Credits</b>	1-3 credits	No longer required in order to reduce total credits; optional electives will be offered. Graduates are being prepared as nurse generalists, so content in the electives is not “required” for safe practice or to meet licensure requirements or AACN Essentials for Baccalaureate Education for Professional Nursing Practice.
<b>Nutrition</b>	3 credit hour course PHES 315 required; meets General Education LO (GE LO) 4,5,6,7	Remove PHES 315; nutrition content is integrated throughout the BSN curriculum NURS 403 approved to meet GE LO 4,5,6,7   NutritionTable9-23-2011.docx
<b>Statistics</b>	3 credit hour course Math 302 required	Remove Math 302; statistics course not required in accreditation standards for baccalaureate programs; students considering enrollment in a graduate nursing program within 5 years will be advised to take Math 302; necessary statistical concepts will be covered in the following Evidence-based Practice with Applied Statistics courses
<b>Evidenced-Based Practice (EBP)</b>	3 credit hour course, NURS 230 Evidence Based Practice, required in sophomore year	Increase EBP content to 4 credits and divide content throughout the curriculum to allow for application as student knowledge and skill level increases. The increased focus on EBP is in congruence with the IOM Report on the Future of Nursing, QSEN Standards, and the AACN Essentials for Baccalaureate Education for Professional Nursing Practice. Eliminate NURS 230 and add: <ol style="list-style-type: none"> <li>1. NURS 231, 1 credit hour <i>Evidenced-based Practice with Applied Statistics I</i>, as an introduction to sophomores</li> <li>2. NURS 343, 2 credit hour <i>Evidenced-based Practice with Applied Statistics II</i> for juniors with some clinical experience, and then</li> <li>3. NURS 446, 1 credit hour <i>Evidenced-based Practice with Applied Statistics III</i> for graduating seniors as an actualization of an Evidenced-based Practice project.</li> </ol>






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		<p>These three courses meet the 'writing intensive' GE requirement for BSN program.</p> <p> EBP with Aplied stats courses and objective</p>
<b>Clinical Hours</b>	NURS 327 Clinical: Medical Surgical Nursing II, 3 credits	Decrease NURS 327 from 3 to 2 credits; clinical agencies voiced concern with fatigue among aging patients who had students for 9 hours; faculty agreed that student learning goals could be met equally with 6 hour clinical days as opposed to 9 hour days
<b>Curriculum Plan</b>	 Draft.Changes.BSN. curriculum.docx	 BSN.curriculum.rev2 014.docx