



Indiana State Board of Nursing
402 West Washington Street, Room W072
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. 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 18, 2011 to August 17, 2012
(Date/Month/Year) to (Date/Month/Year)

Name of School of Nursing: University of Indianapolis

Address: 1400 E. Hanna Ave., Indianapolis, IN 46227

Dean/Director of Nursing Program

Name and Credentials Anne C. Thomas, PhD, ANP-BC, GNP, FAANP

Title: Dean and Associate Professor Email: athomas@uindy.edu

Nursing Program Phone #: 317-788-3206 Fax 317-788-6208

Website Address: www.uindy.edu nursing.uindy.edu (School of Nursing)

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

Please indicate last date of NLNAC or CCNE accreditation visit, if applicable, and attach the outcome and findings of the visit: April 21, 2004

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 X _____
- 2) Change in mission or program objectives Yes _____ No X _____
- 3) Change in credentials of Dean or Director Yes X _____ No _____

Inducted as Fellow in AANP

- 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 _____

Library resources are adequate and are continually being upgraded by the library staff. Resources include hard copies as well as online resources and the ability to obtain additional resources as needed via interlibrary loan system.

- 8) Change in clinical facilities or agencies used (list both additions and deletions on attachment) Yes _____ No X _____
- 9) Major changes in curriculum (list if positive response) Yes X _____ No _____

Moved Managing and Leading in Nursing to 6th semester and Health Promotion Across the Lifespan III (now 6 credits instead of 7) to 5th semester. Changed credit hours for Capstone Professional Nursing Practicum to 4 credits.

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. N/A

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

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

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

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 admission to clinical courses and every year in program**

5.) At what point and in what manner are students apprised of the criminal background check for your program? **As part of the admission application, written in the application instructions.**

SECTION 3: STUDENT INFORMATION

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

Summer 12 Fall 64 Spring 32

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

Summer 15 Fall _____ Spring 39

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.

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):

1. Faculty Name:	Julianne Wright
Indiana License Number:	28127561A
Full or Part Time:	Full
Date of Appointment:	August 25, 2011
Highest Degree:	MSN
Responsibilities:	Teach didactic and clinical in area of medical-surgical nursing
2. Faculty Name:	Toni Morris
Indiana License Number:	28137598A
Full or Part Time:	Part time clinical adjunct
Date of Appointment:	August 25, 2011
Highest Degree:	BSN – completed MSN May 2012
Responsibilities:	Clinical instruction in lab and clinical settings

3. Faculty Name:	Jennifer Davis
Indiana License Number:	28169020A
Full or Part Time:	Part-time

Date of Appointment:	August 25, 2011
Highest Degree:	MSN
Responsibilities:	Clinical instruction
4. Faculty Name:	Michele Kirby
Indiana License Number:	28172028A
Full or Part Time:	Part-time
Date of Appointment:	August 25, 2011
Highest Degree:	MSN
Responsibilities:	Clinical Instruction
5. Faculty Name:	Sheryl Ward
Indiana License Number:	28084559A
Full or Part Time:	Part-time
Date of Appointment:	August 25, 2011
Highest Degree:	BSN
Responsibilities:	Clinical Instruction
6. Faculty Name:	Lynn Turner
Indiana License Number:	28085587A
Full or Part Time:	Part-time
Date of Appointment:	August 25, 2011
Highest Degree:	MSN
Responsibilities:	Clinical Instruction

7. Faculty Name:	Paula Stanfill
Indiana License Number:	28066485A
Full or Part Time:	Part-time
Date of Appointment:	August 25, 2011
Highest Degree:	MSN
Responsibilities:	Clinical Instruction
8. Faculty Name:	DeLaina McCane
Indiana License Number:	28162046A
Full or Part Time:	Part-time
Date of Appointment:	August 25, 2011
Highest Degree:	MSN
Responsibilities:	Clinical Instruction
9. Faculty Name:	Marcie Bryant
Indiana License Number:	28138133A
Full or Part Time:	Part-time
Date of Appointment:	January 16, 2012
Highest Degree:	MSN
Responsibilities:	Clinical Instruction
10. Faculty Name:	JoLynn Anderson
Indiana License Number:	28105902A
Full or Part Time:	Part-time
Date of Appointment:	January 16, 2012

Highest Degree:	BSN
Responsibilities:	Clinical Instruction
11. Faculty Name:	Kimberly Devine
Indiana License Number:	28147281A
Full or Part Time:	Part-time
Date of Appointment:	January 16, 2012
Highest Degree:	BSN
Responsibilities:	Clinical Instruction
12. Faculty Name:	Nelda Sturgill
Indiana License Number:	28151963A
Full or Part Time:	Part-time
Date of Appointment:	January 16, 2012
Highest Degree:	MSN
Responsibilities:	Clinical Instruction
13. Faculty Name:	Denise Mann
Indiana License Number:	28165553A
Full or Part Time:	Part-time
Date of Appointment:	January 16, 2012
Highest Degree:	BSN
Responsibilities:	Clinical Instruction
14. Faculty Name:	Patricia Dawn Devine

Indiana License Number:	28091408A
Full or Part Time:	Part-time
Date of Appointment:	January 16, 2012
Highest Degree:	BSN
Responsibilities:	Clinical Instruction
15. Faculty Name:	Brenda Hill
Indiana License Number:	28080960A
Full or Part Time:	Part-time
Date of Appointment:	January 16, 2012
Highest Degree:	BSN
Responsibilities:	Clinical Instruction

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

1. Number of full time faculty: 17
2. Number of part time faculty: 0
3. Number of full time clinical faculty: 0
4. Number of part time clinical faculty: 39
5. Number of adjunct faculty: 0

C. Faculty education, by highest degree only:

1. Number with an earned doctoral degree: 6
2. Number with master's degree in nursing: 11
3. Number with baccalaureate degree in nursing: 0
4. Other credential(s). Please specify type and number: _____

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

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.

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

The following clinical faculty are no longer employed :

Cynthia Bemis
Ann Unversaw
Cara Burris
Karla Backer
Susan Groover
Annette McDaniel
Karen McKinney
Melissa Rockhill
Barbara Cunningham (deceased)
Elizabeth Glowinski
Jennifer Brower

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

(see attachments)

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.

Anne Thomas

Signature of Dean/Director of Nursing Program

10.1.12

Date

Anne Thomas

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 20, 2004



Commission on
Collegiate Nursing
Education

Serving the
Public Interest
Through Quality
Accreditation

Sharon Isaac, EdD, RN
Dean
School of Nursing
University of Indianapolis
1400 East Hanna Avenue
Indianapolis, IN 46227-3697

Dear Dr. Isaac:

On behalf of the Commission on Collegiate Nursing Education (CCNE), I am pleased to advise you that the CCNE Board of Commissioners acted at its meeting on April 21, 2004, to grant accreditation of the baccalaureate and master's degree programs in nursing at University of Indianapolis for a term of 10 years, extending to June 30, 2014. You should plan for the next on-site evaluation to take place in the fall of 2013.

At its meeting, the Board determined that both programs 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, the Board requested that the programs submit a continuous improvement progress report at the mid-point of the accreditation term. That report should address the nursing programs' continued compliance with all accreditation standards. The deadline for submitting the progress report to CCNE is June 30, 2009. The Report Review Committee, and then the Board of Commissioners, will review the progress report in the fall of 2009. For more information about the continuous improvement progress report, please refer to the CCNE procedures.

As you are aware, the CCNE Board of Commissioners acted in October 2003 to amend the accreditation standards. The amended *Standards for Accreditation of Baccalaureate and Graduate Nursing Programs* will become effective on January 1, 2005. As a result, any program hosting a CCNE on-site evaluation and/or submitting a report to CCNE after January 1, 2005--including the continuous improvement progress report referenced above--will be required to comply with the *Standards for Accreditation of Baccalaureate and Graduate Nursing Programs*, amended October 2003. CCNE will provide assistance to programs, as appropriate, as they transition to the amended standards. These standards are posted on the CCNE Web site at www.aacn.nche.edu/accreditation, along with a summary of the changes.

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 University of Indianapolis. 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 programs. Certificates of accreditation are enclosed.

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 your nursing programs or

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of any major organizational changes that may affect the programs' administration, scope or quality. 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 2003. The Commissioners join me in expressing our best wishes as you proceed with tasks important to the future of your nursing programs.

Sincerely,

A handwritten signature in black ink that reads "Mary Margaret Mooney". The signature is written in a cursive, flowing style.

Mary Margaret Mooney, pbvm, DNSc, RN, CS, FAAN
Chair, Board of Commissioners

cc: President Jerry Israel
CCNE Board of Commissioners
CCNE Accreditation Review Committee
CCNE Evaluation Team



