

**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 X BSN \_\_\_\_\_

Dates of Academic Reporting Year: 07/01/13-06/30/14 (Date/Month/Year) to (Date/Month/Year)

Name of School of Nursing: Breckinridge School of Nursing and Health Sciences @ ITT Technical Institute

Address: 17390 Dugdale Drive, Suite 100, South Bend, Indiana 46635

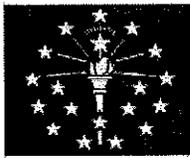
Dean/Director of Nursing Program

Name and Credentials: Lynda Newton RN, MSN( Current)

Debra Horoho RN, PHD (Previous During Reporting Period)

Title: Program Chair Email: lnewton2@itt-tech.edu

Nursing Program Phone #: 574-247-8348 Fax: 574-247-8350



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Website Address: www.itt-tech.edu

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

<http://www.facebook.com/ITTTech?fref=ts>, [http://www.youtube.com/user/itttech?feature=results\\_main](http://www.youtube.com/user/itttech?feature=results_main)

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

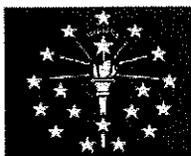
If you are not accredited by NLNAC or CCNE where are you at in the process? Waiting for final State Board Approval

**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 additions and deletions on attachment) Yes X No \_\_\_
- 9) Major changes in curriculum (list if positive response) Yes \_\_\_ No X

**SECTION 2: PROGRAM**



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1A.) How would you characterize your program's performance on the NCLEX for the most recent academic year as compared to previous years? Increasing  X  Stable \_\_\_\_\_ 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?  HESI RN Exit Exam

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):  NU11421 Clinical Nursing Concepts & Techniques II, NU1426 Pharmacology, NU2630 Adult Nursing II, NU2745 Gerontology Nursing, NU2740 Mental Health Nursing, NU2840 Maternal Child Nursing & Exit HESI during NU2810

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

A. Faculty recruitment/retention  Looking for at least one full time faculty member and one or two adjuncts (for clinical and as a backup). All faculty members are at full capacity load and will need the new faculty by September quarter

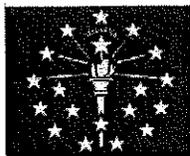
B. Availability of clinical placements:  We lost one clinical site (St. Joseph in South Bend) because we were an ADN program and not fully accredited by the State Board, but have added 3 other sites this year. Added Lakeland in Niles and St. Joseph, MI; Westbend in South Bend and in the process of adding Signature Health CARE South Bend

C. Other programmatic concerns (library resources, skills lab, sim lab, etc.): \_\_\_\_\_

We are working on getting additional mannequins for the nursing lab

4.) At what point does your program conduct a criminal background check on students?  CBC is completed on students during their third quarter before they start clinical in their fourth quarter.

5.) At what point and in what manner are students apprised of the criminal background check for your program:  Students are apprised of the CBC (criminal background check) during the application process with the Representative using the approved ITT Tech video presentation and



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also during new student Orientation with the Program Chair with the signing of forms stating they will need to submit to a CBC before attending clinical in the fourth quarter.

**SECTION 3: STUDENT INFORMATION**

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

Fall 2013 22 Winter 2013 12 Spring 2014 17 Summer 2014 20

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

Fall 2013 6 Winter 2013 8 Spring 2014 9 Summer 2014 7

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.

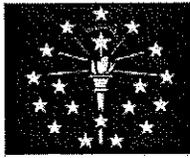
4.) Indicate the type of program delivery system:

Semesters \_\_\_\_\_ Quarters X 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>	Ednah Makori
<b>Indiana License Number:</b>	28172818A (IND); 4704258890 (MICH)
<b>Full or Part Time:</b>	Full time
<b>Date of Appointment:</b>	10/7/2013
<b>Highest Degree:</b>	Masters in Science
<b>Responsibilities:</b>	Gerontology(theory and clinical), Med/surg (theory and clinical),



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	Mental health (clinical)
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**B. Total faculty teaching in your program in the academic reporting year:**

1. Number of full time faculty: 6
2. Number of part time faculty: 0
3. Number of full time clinical faculty: 6
4. Number of part time clinical faculty: 0
5. Number of adjunct faculty: 0

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

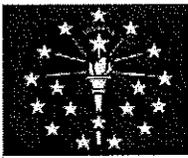
1. Number with an earned doctoral degree: 1
2. Number with master's degree in nursing: 6
3. Number with baccalaureate degree in nursing: 0
4. Other credential(s). Please specify type and number: 1 CERTIFIED EDUCATOR

**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;
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.

Lynda Newton RN, MSN

9/29/2014

Signature of Dean/Director of Nursing Program

Date

Lynda Newton RN, MSN

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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Definitions from CCNE:

**Potential Complainants**

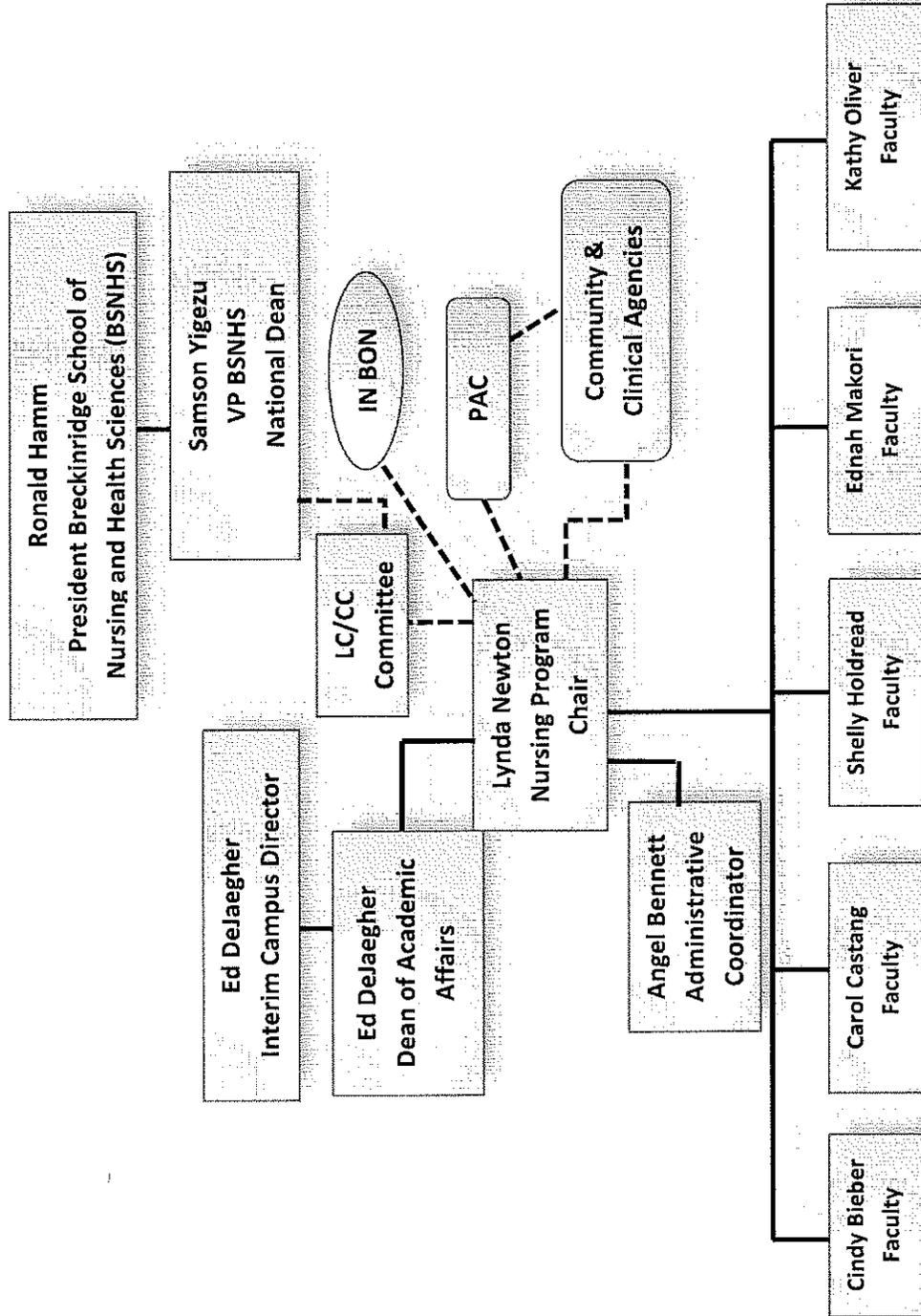
A complaint regarding an accredited program may be submitted by any individual who is directly affected by the actions or policies of the program. This may include students, faculty, staff, administrators, nurses, patients, employees, or the public.

**Guidelines for the Complainant**

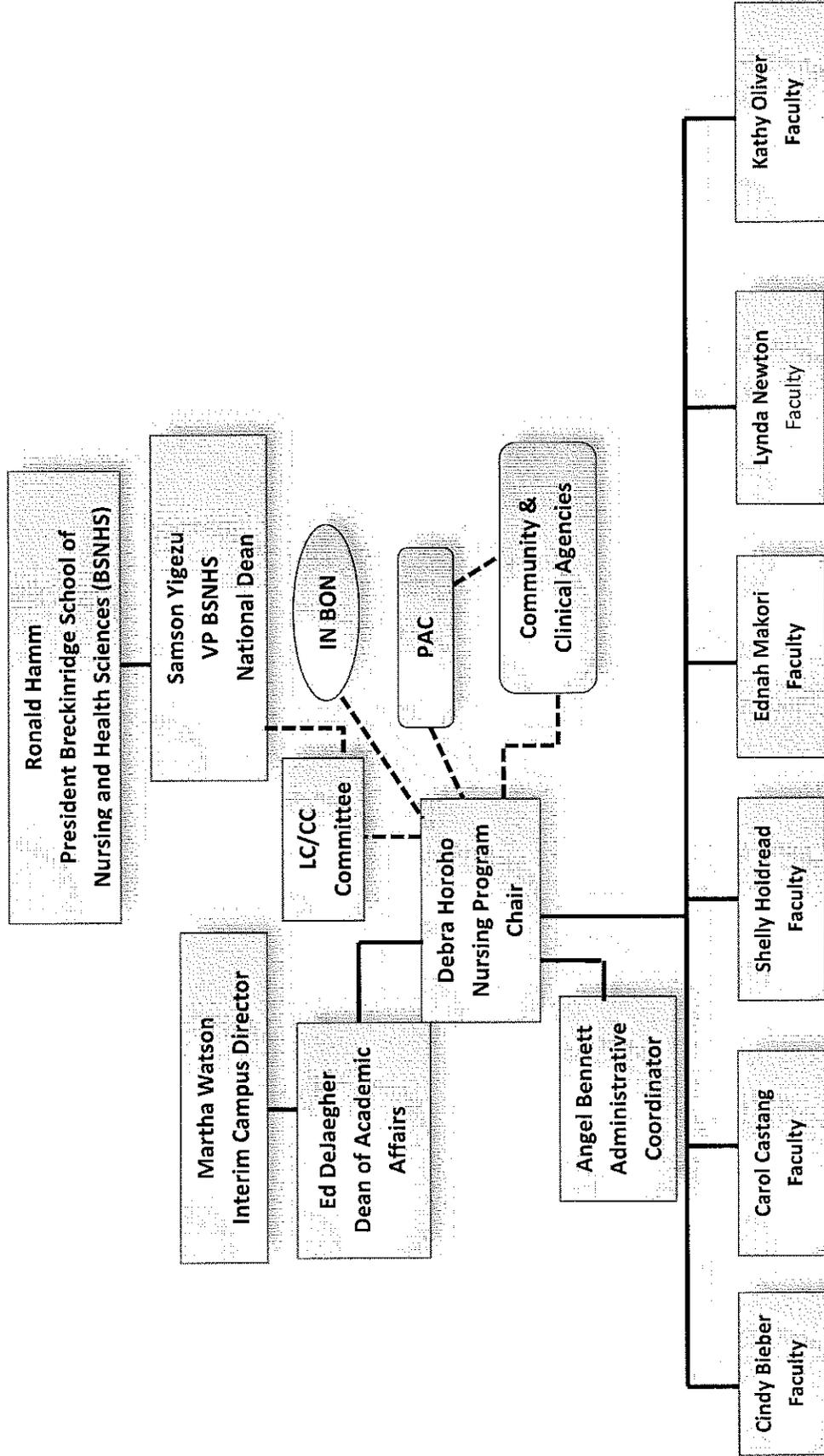
The CCNE Board considers formal requests for implementation of the complaint process provided that the complainant: a) illustrates the full nature of the complaint in writing, describing how CCNE standards or procedures have been violated, and b) indicates his/her willingness to allow CCNE to notify 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.

# Breckinridge School of Nursing and Health Sciences Nursing Program Organizational Chart (Current)



# Breckinridge School of Nursing and Health Sciences Nursing Program Organizational Chart (REPORTING PERIOD)



Faculty that are no longer teaching 2014

Faculty Name: Mark Moyer

Indiana License Number: 28137327A

Full or Part Time: Full time

Date of Appointment: 3/1/2011

Highest Degree: MSN

Responsibilities: Critical Care

Faculty Name: Karla Black

Indiana License Number: 28157943A (IND); 4704241406 (MICH)

Full or Part Time: Full time

Date of Appointment: 3/11/2010

Highest Degree: MSN

Responsibilities: Fundamental II, Pharmacology and Med/Surg.

Section 1 Administration Explanations

Question 7 Does the program have adequate library resources

We continue to add resources each quarter in the area of NCLEX prep and subject related to nursing. Faculty review and make suggestions of new material at least once a year.

Question 8 Changes in Clinical facilities or agencies (list both additions and deletions.)

We lost one clinical site (St. Joseph in South Bend) because we were an ADN program and not fully accredited by the State Board.

The program added 3 additional sites this year, Lakeland in Niles and St Joseph, MI; Westbend in South Bend and in the process of adding Signature Health CARE South Bend

Question 9 Major changes in curriculum

This change has already gone through the Indiana State Board. We are changing the nursing program from the 4.0 curriculum to 4.5. This increases the number of hour in the sciences and nursing classes throughout the program and added clinical time to NU1421 and NU2899 (Capstone). The didactic is increased in NU2740 and NU2745 from 1.5 hours to 3 hours.