



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 X ASN _____ BSN _____

Dates of Academic Reporting Year:

August 1, 2012-July 31, 2013 (Date/Month/Year) to (Date/Month/Year)

Name of School of Nursing: Brown Mackie College-South Bend

Address: 3454 Douglas Rd, South Bend, IN 46635

Dean/Director of Nursing Program

Name and Credentials: Barbara Ann Borkowski, MSN, RN, MBA

Title: Practical Nursing Program Administrator

Email: bborkowski@brownmackie.edu



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Nursing Program Phone #: 574-323-2687

Fax: 574-323-2789

Website Address:
www.brownmackie.edu

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: N/A

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

We have applied for NLNAC candidacy status and writing the self study for the Practical Nurse Program. The anticipated NLNAC survey date will be in the fall 2014

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 ___
- 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 ___ No X
- 9) Major changes in curriculum (list if positive response) Yes ___ No X



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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 X Stable _____ Declining _____

Current NCLEX-PN pass rate score for first time test taker is 93%.

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? Assessment Testing Institute (ATI) is used throughout the program and a level two score is required in addition to the comprehensive predictor which requires a 90% probability of passing the NCLEX-PN exam. See attached ATI grid for review. Benchmark exam testing is given at the end of fundamentals, medical-surgical rotation, and preceptorship/leadership course, and requires the completion of the ATI comprehensive NCLEX exam.

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

2E.) If taken as part of a course, please identify course(s): PN 2995 preceptor course

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

A. Faculty recruitment/retention: Maintained 5 FTE positions.

B. Availability of clinical placements: Maintained all clinical facilities agreements.

C. Other programmatic concerns (library resources, skills lab, sim lab, etc.): _____
Brown Mackie College-South Bend Practical Nursing program has adequate library resources,



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skills lab, a simulation maternal newborn, lab, CD ROM virtual simulation modules for medical-surgical lab, e-text iPad technology and use of iPad compatible technology learning applications.

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

Prior to enrollment and prior to completion of preceptor class. Students are required to report any arrests, or convictions to the program administrator within three days of the violation. Disciplinary procedures follow any unreported convictions. Federal criminal background checks are completed on all practical nurse students during enrollment and prior to graduation.

5.) At what point and in what manner are students apprised of the criminal background check for your program? Prior to enrollment, admission, and preceptorship.

SECTION 3: STUDENT INFORMATION

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

Summer 20 Fall 9 winter 16 Spring 9 Total 54

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

Summer 8 Fall 5 winter 5 Spring 13 Total 36

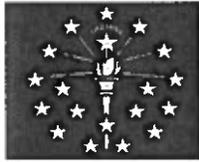
3.) Please attach a brief description of all complaints about the program, and include how they were addressed or resolved. For the purposes of illustration only, the CCNE definition of complaint is included at the end of the report. **No report of program complaints received.**

4.) Indicate the type of program delivery system:

Semesters _____ Quarters X Other (specify): monthly course delivery

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): **No new faculty**



**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

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Faculty Name:	
Indiana License Number:	
Full or Part Time:	
Date of Appointment:	
Highest Degree:	
Responsibilities:	

Faculty Name:	
Indiana License Number:	
Full or Part Time:	
Date of Appointment:	
Highest Degree:	
Responsibilities:	

Faculty Name:	
Indiana License Number:	
Full or Part Time:	
Date of Appointment:	
Highest Degree:	
Responsibilities:	



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

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

C. Faculty education, by highest degree only:

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

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;

Faculty Name:	Susan LaBadie- Suckow RN
Indiana License Number:	28109338A
Full or Part Time:	Adjunct
Date of Appointment:	May 2009
Highest Degree:	BSN



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Responsibilities:	Clinical instructor
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2. An organizational chart for the nursing program and the parent institution.

Attached as a PDF document

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.

Barbara Ann Borkowski MSN, RN *October 1, 2013*

Signature of Dean/Director of Nursing Program

Date

Barbara Ann Borkowski, MSN, RN, MBA

09/23/2013

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.