

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. 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: <u>July 1, 2013 through June 30, 2014</u> (Date/Month/Year) to (Date/Month/Year)	
Name of School of Nursing: <u>Indiana University East School of Nursing</u>	
Address: Hayes Hall, 2325 Chester Blvd, Richmond, Indiana 47374	-11
Dean/Director of Nursing Program	
Name and Credentials: Karen Clark, Ed D, MSN, RN	



Indiana State Board of Nursing 402 West Washington Street, Room W072 Indianapolis, Indiana 46204

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Title: Dean of Nursing and Associate Professor E	mail: krclark@iue.edu	
Nursing Program Phone #: 765-973-8213		
Website Address: www.iue.edu/nursing		
Social Media Information Specific to the SON Program (Twitter, I Facebook	Facebook, etc.): <u>iueschoolofnursing on</u>	
Please indicate last date of NLNAC or CCNE accreditation v outcome and findings of the visit: Visit 2008/approval 2009—	· Bar 이번 시간 시간 시간 10 전 프라이트 - TO 시간 시간 시간 10 MIN (10 MIN 10 MIN	
If you are not accredited by NLNAC or CCNE where are you process?		
SECTION 1: ADMINISTRATION Using an "X" indicate whether you have made any of the following chayear. For all "yes" responses you must attach an explanation or described.		
Change in ownership, legal status or form of control	YesNox	
2) Change in mission or program objectives	YesNox_	
3) Change in credentials of Dean or Director	YesNox	
4) Change in Dean or Director Yes Nox		
5) Change in the responsibilities of Dean or Director Yes Nox		
6) Change in program resources/facilities	Yes Nox	
7) Does the program have adequate library resources?	Yes _x No	
8) Change in clinical facilities or agencies used (list both	Yes _x No	
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Michael N. Perice, Governor	Victiolas Ittioau, Executive Director
additions and deletions on attachment) 9) Major changes in curriculum (list if positive response)	YesNox
SECTION 2: PROGRAM	
 1A.) How would you characterize your program's performance on the academic year as compared to previous years? Increasing Stab 1B.) If you identified your performance as declining, what steps is the issue? Better integration of ATI testing and remediation throughout the individualized plans for NCLEX-RN preparation in the last semester by Increased implementation of flipped classroom strategies, Integration of Implementation of faculty testing committee to review exam questions test plan. Review of those not passing NCLEX to determine associated academic record, etc. Provision of Hurst Review on campus at student available for participation. Encouragement of students to take NCLEX Change in clinical preparation and clinical paperwork to focus on developsitive learning outcomes. 2A.) Do you require students to pass a standardized comprehensive ex Yesx No 2B.) If not, explain how you assess student readiness for the NCLEX 	program taking to address this e BSN program. Use of ased on ATI predictor results. f Real Life Scenarios from ATI. for applicability to NCLEX-RN factors such as life circumstances, expense with scholarships in timely manner after graduation. lopment of "nurse thinking." tive learning strategies to foster am before taking the NCLEX?
2C.) If <u>so</u> , which exam(s) do you require? <u>ATI Comprehensive Prediction</u>	ctor at 85% probability of passing
2D.) When in the program are comprehensive exams taken: Upon Co As part of a coursex Ties to progression or thru curriculum	ompletion



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2E.)	If taken as part of a course, please identify course(s): NURS S485:Growth and Empowerment
3.)	Describe any challenges/parameters on the capacity of your program below:
	A. Faculty recruitment/retention: None at this time
	B. Availability of clinical placements: None at this time
	C. Other programmatic concerns (library resources, skills lab, sim lab, etc.): None at this time.
	At what point does your program conduct a criminal background check on students? <u>Prior</u> dmission and annually during program enrollment.
for y	At what point and in what manner are students apprised of the criminal background check your program? Students are appraised of this requirement with the admissions application during admissions meetings. Our advisor also discusses with pre-nursing students.
SEC	CTION 3: STUDENT INFORMATION
1.)	Total number of students admitted in academic reporting year:
Sum	merFall 90 Spring
2.)	Total number of graduates in academic reporting year:
Sum	nmer Fall Spring 66
addr	Please attach a brief description of all complaints about the program, and include how they were ressed or resolved. For the purposes of illustration only, the CCNE definition of complaint is included as end of the report.
No p	program complaints were filed.
100	D



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4.) Indicate the type of program	delivery system:
Semesters x Quarters	Other (specify):
SECTION 4: FACULTY IN	FORMATION
A. Provide the following informa (attach additional pages if necessar	ation for <u>all faculty new</u> to your program in the academic reporting year ary):
Faculty Name:	Tina Chavis
Indiana License Number:	28184688A
Full or Part Time:	Full-time, Visiting Lecturer
Date of Appointment:	August 1, 2013
Highest Degree:	BSN, Enrolled in MSN program making regular progress
Responsibilities:	Psychiatric Mental Health Nursing didactic and clinical
Faculty Name:	Tina Pugh
Indiana License Number:	28110462A



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Full or Part Time:	Part-time adjunct
Date of Appointment:	January 1, 2014
Highest Degree:	MSN
Responsibilities:	Fundamentals Lab instructor, clinical instructor med-surg

Faculty Name:	Paula Edwards
Indiana License Number:	28052114A
Full or Part Time:	Part-time adjunct
Date of Appointment:	August 1, 2013
Highest Degree:	BSN
Responsibilities:	Health Assessment and Fundamentals Lab instructor

Faculty Name:	Shelly Burns
Indiana License Number:	28109378A
Full or Part Time:	Full-time (transitioned from Part-time last year)
Date of Appointment:	August 1, 2013
Highest Degree:	MSN
Responsibilities:	Didactic and Clinical Faculty with specialty in med-surg, OB, and emergency care



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Faculty Name:	Heather Wierzbinski Cross
Indiana License Number:	28173369A
Full or Part Time:	Part-time Adjunct
Date of Appointment:	August 1, 2013
Highest Degree:	MSN
Responsibilities:	Clinical adjunct OB/Peds, Didactic Faculty in Health and Wellness

Faculty Name:	Katherine S McCurdy
Indiana License Number:	28090807A
Full or Part Time:	Part-time clinical adjunct
Date of Appointment:	January 1, 2014
Highest Degree:	MSN
Responsibilities:	Med-surg clinical instructor

Faculty Name:	Relinda Myers
racuity Name.	1.00
Pi Harris David	



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Indiana License Number:

Full or Part Time:

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Date of Appointment: January 1, 2014		
Highest Degree: BSN		
Responsibilities:	Fundamentals Lab instructor	
B. Total faculty teaching in your p	program in the academic reporting year:	
1. Number of full time fac	culty: 16	
2. Number of part time fa	culty:	
3. Number of full time clinical faculty:		
4. Number of part time clinical faculty:		
5. Number of adjunct faculty: 13		
C. Faculty education, by highest d	legree only:	
1. Number with an earned	l doctoral degree: 3	
2. Number with master's	degree in nursing: 19 (* 4 in doctoral study currently)	
3. Number with baccalaur	reate degree in nursing: 7 BSN (*4 in master's program currently)	
4. Other credential(s). Ple	ease specify type and number:	

28133617A

Part-time adjunct



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D. Given this information, does your program meet the criteria outlined in 848 IAC 1-2-13 or 848 IAC 1-2-14?	;
Yesx 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.	
I hereby attest that the information given in this Annual Report is true and complete to the best of my knowledge. This form <u>must</u> be signed by the Dean or Director. No stamps or delegation of signature will be accepted. 40-76-14	
Signature of Dean/Director of Nursing Program Date	
Karen Clark	
Printed Name of Dean/Director of Nursing Program	
Please note: Your comments and suggestions are welcomed by the Board. Please feel free to attach the to your report.	se



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Attachments

Clinical Facilities Changes

Additions:

Arbor Trace Health & Living Community 3701 Hodgin Road, Richmond, Indiana 47374

Deletions: None

List of faculty no longer employed since last Annual Report

Shelley George, BSN, RN, adjunct faculty



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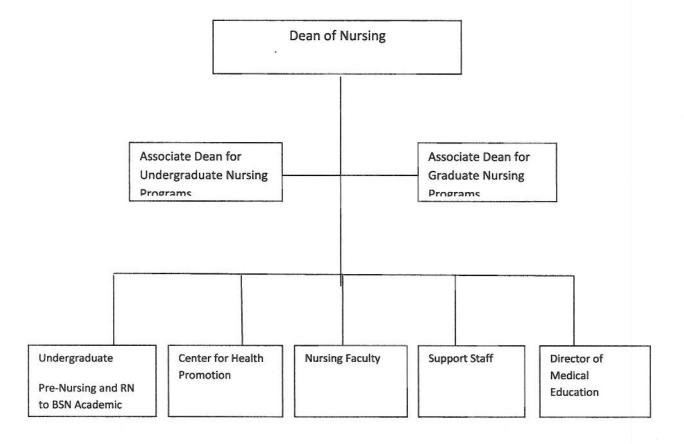
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Organizational Charts

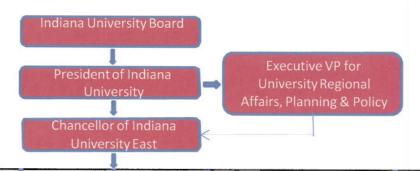
Indiana University East School of Nursing

Organizational Chart

2013







Chancellor,

Academic Support/Dean of Students Center for Health Promotion

Counseling Center

Disability Services

Math & Science Resource Center Reading Programs & Assistance

Retention Programs/Student Support Services

Support Programs/Supplemental Instruction

University College

Career Planning & Placement/Internships

Multicultrual Affairs

Student Advising & Coaching

Writing Center

Distance Education

Center for Teaching & Learning

Institute for Online Undergraduate Programs

Testing Center

Enrollment Services

Admissions

Aid & Scholarships

Student Records and Registrar

Faculty & Institutional Support

Accreditations and Articulations

Assessment of Student Learning

Connersville Center

Danielson Center/New Castle

Faculty Records & Academic Policies

Graduate Studies Institutional

Research Library/Center for

Service-Learning Research and

Grants

Research Centers

Schools & Programs

School of Business & Economics

School of Education

General Studies Program

Honors Program

School of Humanities & Social Sciences

Informatics Program

School of Natural Science & Mathmatics

School of Nursing

IU School of Social Work

Southeast Indiana Programs

Study Abroad Programs

Vice Chancellor,

Bursar

Business Office & Accounting

Food Service

Human Resources & Payroll Physical Plant and Facilities

Police/Parking, Motor Pool Purchasing

Red Wolves Athletics

Vice Chancellor, External Affairs

Alumni Relations Area 9 Agency

Campus Life/Graf Center Communications

& Marketing

Gift Development

Special Events

WCTV

Website/Social Media

Affirmative Action Officer

Alumni Association Board

Board of Advisors

Faculty Senate

Director,

Audio/Visual

Networking

Computing Services

Telecommunications

Special Projects Manager

Staff/Professional Councils Financial

Student Government Association

Title IX Coordination & Compliance