



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: July 1, 2013 through June 30, 2014
(Date/Month/Year) to (Date/Month/Year)

Name of School of Nursing: Indiana University East School of Nursing

Address: Hayes Hall, 2325 Chester Blvd, Richmond, Indiana 47374

Dean/Director of Nursing Program

Name and Credentials: Karen Clark, Ed D, MSN, RN



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Title: Dean of Nursing and Associate Professor Email: krclark@iue.edu

Nursing Program Phone #: 765-973-8213 Fax: 765-973-8220

Website Address: www.iue.edu/nursing

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

Please indicate last date of NLNAC or CCNE accreditation visit, if applicable, and attach the outcome and findings of the visit: Visit 2008/approval 2009—full accreditation

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

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 Yes x No ___



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additions and deletions on attachment)

9) Major changes in curriculum (list if positive response) Yes _____ No x _____

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 _____ Declining x _____

1B.) If you identified your performance as declining, what steps is the program taking to address this issue? Better integration of ATI testing and remediation throughout the BSN program. Use of individualized plans for NCLEX-RN preparation in the last semester based on ATI predictor results. Increased implementation of flipped classroom strategies, Integration of Real Life Scenarios from ATI. Implementation of faculty testing committee to review exam questions for applicability to NCLEX-RN test plan. Review of those not passing NCLEX to determine associated factors such as life circumstances, academic record, etc. Provision of Hurst Review on campus at student expense with scholarships available for participation. Encouragement of students to take NCLEX in timely manner after graduation. Change in clinical preparation and clinical paperwork to focus on development of "nurse thinking." Faculty workshop with Tim Bristol of Nurse Tim to facilitate use of active learning strategies to foster positive learning outcomes.

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? ATI Comprehensive Predictor at 85% probability of passing NCLEX-RN

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



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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.

4.) At what point does your program conduct a criminal background check on students? Prior to admission and annually during program enrollment.

5.) At what point and in what manner are students apprised of the criminal background check for your program? Students are apprised of this requirement with the admissions application and during admissions meetings. Our advisor also discusses with pre-nursing students.

SECTION 3: STUDENT INFORMATION

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

Summer _____ Fall 90 Spring _____

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

Summer _____ Fall _____ Spring 66 _____

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 program complaints were filed.



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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
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Indiana License Number:	28133617A
Full or Part Time:	Part-time adjunct
Date of Appointment:	January 1, 2014
Highest Degree:	BSN
Responsibilities:	Fundamentals Lab instructor

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

1. Number of full time faculty: 16
2. Number of part time faculty: _____
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 degree only:

1. Number with an earned doctoral degree: 3
2. Number with master's degree in nursing: 19 (* 4 in doctoral study currently)
3. Number with baccalaureate degree in nursing: 7 BSN (*4 in master's program currently)
4. Other credential(s). Please specify type and number: _____



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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**?

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.

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.

 Karen Clark

 9-26-14

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 these to your report.



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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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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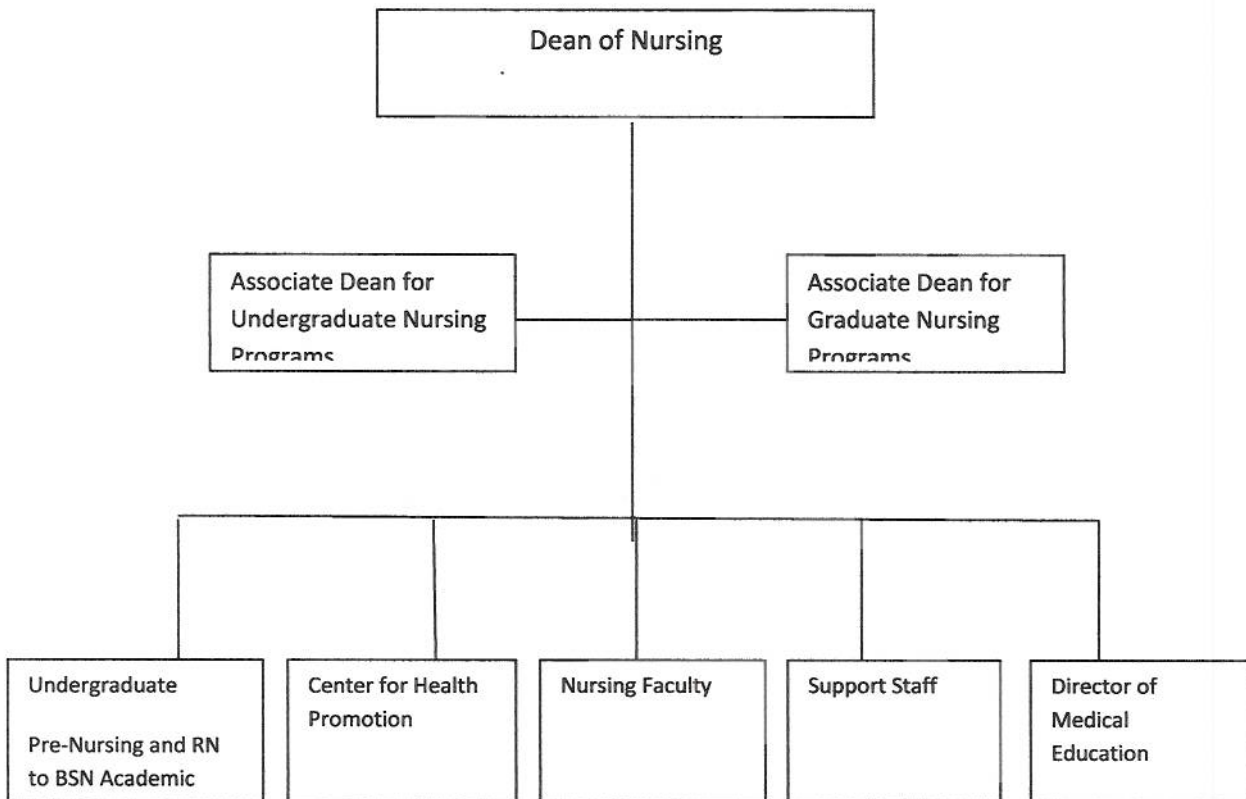
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Organizational Charts

Indiana University East School of Nursing

Organizational Chart

2013





INDIANA UNIVERSITY EAST

