

**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, 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: 10/August/2012-28 September 2013
(Date/Month/Year) to (Date/Month/Year)

Name of School of Nursing: Marion Community Schools' Practical Nursing Program

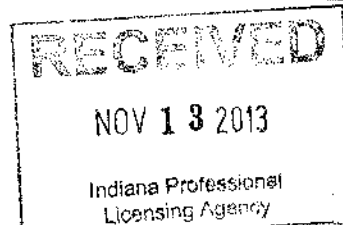
Address: 107 S. Pennsylvania Avenue, Marion, Indiana 46952

Dean/Director of Nursing Program

Name and Credentials: Arletha Smith, MSN, RN

Title: Director, LPN Program Email: asmith@marion.k12.in.us thru 10/31/13

Nursing Program Phone #: 765-664-9091 Fax: 765-651-2048





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Website Address: www.tucker.marion.k12.in.us

Social Media Information Specific to the SON Program (Twitter, Facebook, etc.): No

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

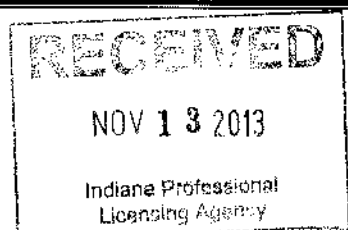
If you are not accredited by NLNAC or CCNE where are you at in the process? No further classes are being offered, as we are in the closing process.

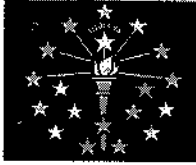
SECTION 1: ADMINISTRATION

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 <u>x</u> |
| 2) Change in mission or program objectives | Yes ___ No <u>X</u> |
| 3) Change in credentials of Dean or Director | Yes ___ No <u>X</u> |
| 4) Change in Dean or Director | Yes <u>X</u> No ___ |
| 5) Change in the responsibilities of Dean or Director | Yes ___ No <u>X</u> |
| 6) Change in program resources/facilities | Yes ___ No <u>X</u> |
| 7) Does the program have adequate library resources? | Yes <u>X</u> No ___ |
| 8) Change in clinical facilities or agencies used (list both additions and deletions on attachment) | Yes <u>X</u> No ___ |
| 9) Major changes in curriculum (list if positive response) | Yes ___ No <u>X*</u> |

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 _____ Stable _____ Declining _____

(Incomplete data available. Students are in the process of taking the exam as of October, 2013)

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 _____ No X

2B.) If not, explain how you assess student readiness for the NCLEX. The school hosted the ATI NCLEX-PN Comprehensive 3-Day Live Review on 9/24/13-9/26/13. In addition, took standardized comprehensive tests as well as ATI proctored tests over each area of study.

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

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

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

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

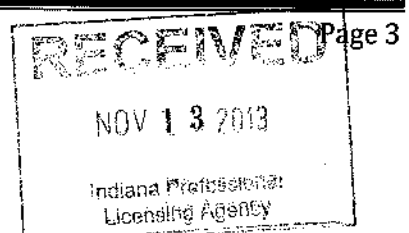
A. Faculty recruitment/retention: Entire initial staff left the program by November, 2012. All new staff hired in January 2013 with the exception of part-time Clinical Preceptors, some of which remained in the program. Additional Clinical Preceptors hired in April, 2013.

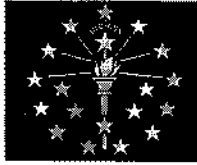
B. Availability of clinical placements: We were able to place students in appropriate clinical areas with updated and new Memoranda of Understanding with local facilities.

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

4.) At what point does your program conduct a criminal background check on students?
Criminal background checks are conducted prior to admission to the program.

5.) At what point and in what manner are students apprised of the criminal background check for your program? Students were notified of their criminal background check results prior to





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admission to the program. Students receive notification of their results _____

SECTION 3: STUDENT INFORMATION

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

Summer _____ Fall 53 Spring 2

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

Summer _____ Fall 35 Spring _____

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 _____ Other (specify): _____ Block _____

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):

Faculty Name:	Erin Dale
Indiana License Number:	21884244A
Full or Part Time:	Part-time
Date of Appointment:	1/4/2013
Highest Degree:	BSN-Obtained MSN during summer 2013
Responsibilities:	Instructor/Clinical Instructor



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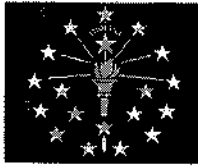
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Faculty Name:	Kellie Maddox
Indiana License Number:	28117764A
Full or Part Time:	Part-time
Date of Appointment:	1/14/2013
Highest Degree:	BSN
Responsibilities:	Instructor/Clinical Instructor

Faculty Name:	Lori Gibson
Indiana License Number:	28103809A
Full or Part Time:	Full-time
Date of Appointment:	1/22/2013
Highest Degree:	BSN
Responsibilities:	Instructor/Clinical Instructor

Faculty Name:	Elizabeth King
Indiana License Number:	28183133A
Full or Part Time:	Full-time
Date of Appointment:	1/24/2013
Highest Degree:	BSN
Responsibilities:	Instructor/Clinical Instructor



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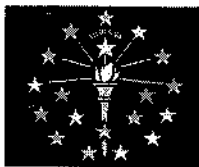
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Faculty Name:	Brandy LoPilato
Indiana License Number:	28205163A
Full or Part Time:	Full-time
Date of Appointment:	1/14/13
Highest Degree:	BSN
Responsibilities:	Instructor

Faculty Name:	Jeannette Spratt
Indiana License Number:	28048937A
Full or Part Time:	Part-time
Date of Appointment:	1/14/13
Highest Degree:	BSN
Responsibilities:	Consultant/Instructor

Faculty Name:	Arletha Smith
Indiana License Number:	28099448A
Full or Part Time:	Full-time
Date of Appointment:	1/14/13
Highest Degree:	MSN
Responsibilities:	Director, LPN Program



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

1. Number of full time faculty: 10
2. Number of part time faculty: 4
3. Number of full time clinical faculty: 0
4. Number of part time clinical faculty: 7
5. Number of adjunct faculty: 0

C. Faculty education, by highest degree only:

1. Number with an earned doctoral degree: 0
2. Number with master's degree in nursing: 4
3. Number with baccalaureate degree in nursing: 16
4. Other credential(s). Please specify type and number: 1

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 _____

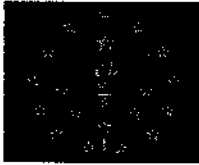
E. Please attach the following documents to the Annual Report in compliance with 848 IAC 1-2-23:

1. A list of faculty no longer employed by the institution since the last Annual Report;

Michelle Bangma, Amanda Leffler, Margie Bowman, Renee Lehrian, and Kim Easter

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

Attached



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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.

Arletha Smith, RN, MSN

10/31/13

Signature of Dean/Director of Nursing Program

Date

Arletha Smith, 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.

Explanations of "Yes" responses:

Section I, 4). Change in Director of LPN Program. Previous: Amanda Lefler, MSN, RN.

Current: Arletha Smith. MSN, RN

Faculty Name:	Arletha Smith
Indiana License Number:	28099448A
Full or Part Time:	Full-time
Date of Appointment:	1/14/13
Highest Degree:	MSN
Responsibilities:	Director, LPN Program



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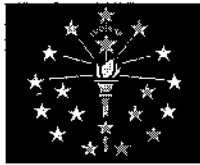
Nicholas Rhoad, Executive Director

Highest Degree:	MSN
Responsibilities:	Director, LPN Program

Section 1, 7): In classroom library maintained, on-line resources available, in- classroom computer lab and in-house computers available for student and faculty use, public library available.

Section I 8): Did not use Vernon Manor. Added Marion Rehabilitation and Assisted Living Health Care Center

Section 1, 9): *Instructional staff followed current Student Handbook and Faculty Handbook. New corresponding and compliant syllabi were made, explained and distributed to current students.



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Definitions from CCNE:

Potential Complainants

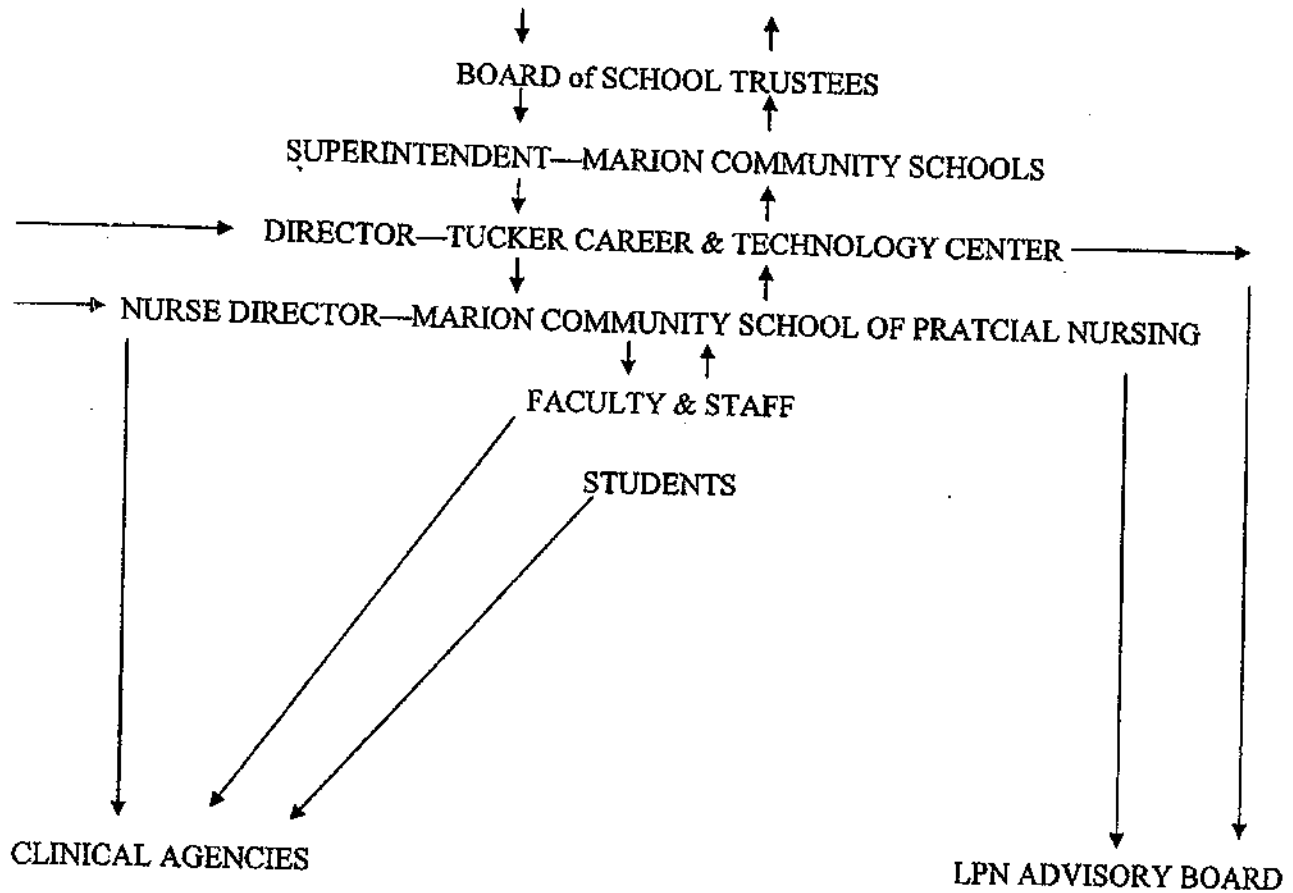
A complaint regarding an accredited program may be submitted by any individual who is directly affected by the actions or policies of the program. This may include students, faculty, staff, administrators, nurses, patients, employees, or the public.

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.

MARION COMMUNITY SCHOOL OF PRACTICAL NURSING ORGANIZATIONAL CHART

Tucker Career & Technology Center and the Marion Community School of Practical Nursing has been expanded from the Marion Community School Corporation's chain of command.



↑ ↓
Direct lines of responsibilities

→ Working relationships

