



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

Telephone: (317) 234-2043 Fax: (317) 233-4236
Website: www.PLA.IN.gov Email: pla2@pla.in.gov

Governor Mitchell E. Daniels, Jr.

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.

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, 2011 through July 31, 2012.

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.

Indicate Type of Nursing Program for this Report: PN ASN X BSN

Dates of Academic Reporting Year: 01/01/2011 to 31/12/2011
(Date/Month/Year) to (Date/Month/Year)

Name of School of Nursing: Medtech College

Address: 7230 Engle Road, Ste., 200

Fort Wayne, IN 46804

Dean/Director of Nursing Program

Name and Credentials: Phyllis Bragg MSN, RN, FNP

Title: Program Director of Nursing

Email: pbragg@medtech.edu

Nursing Program Phone #: 260-436-3272

Fax # 260-432-0139

Website

Address: www.medtech.edu

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

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? _____

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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 ___ No <u>X</u> |

(The Director of Nursing for the reporting year has resigned. The current Director of Nursing noted above)

- | | |
|--|---------------------|
| 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 | Yes <u>X</u> No ___ |

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 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. N/A

2C.) If **so**, which exam(s) do you require? Assessment Technology Institute (ATI) Comprehensive Predictor

2D.) When in the program are comprehensive exams taken: Upon Completion X
As part of a course X Ties to progression or thru curriculum _____ No _____

2E.) If taken as part of a course, please identify course(s): Fundamentals for Nursing (RN 206), Adult Medical-Surgical Nursing (RN 254), Nursing Leadership (RN 298), Maternal-Newborn Nursing (RN 242), Nursing Care of Children (RN 240), Nursing Pharmacology (RN 180), Mental Health Nursing (RN 286).

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

A. Faculty recruitment/retention: The recruitment of an adequate number of MSN prepared as well as full-time faculty is a challenge at times. Over this academic year we have implemented a more robust new faculty orientation which includes faculty mentorship, and orientation to the company, classroom, and clinical rotation sites prior to assignment of course work. Additional external recruiters focusing on attainment of MSN faculty for our nursing program has been successful.

B. Availability of clinical placements: Clinical placement are adequate for the ASN Program

C. Other programmatic concerns (library resources, skills lab, sim lab, etc.): N/A

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

5.) At what point and in what manner are students apprised of the criminal background check for your program? Applicants are apprised of the need to complete a criminal background check during the nursing information session. When required prior to entry to a clinical facility, students are notified approximately 4 weeks prior to start of the clinical rotation. New students are notified via enrollment documentation during the admissions process while current are notified via staff as assigned by nursing administrator.

SECTION 3: STUDENT INFORMATION

- 1.) Total number of students admitted in academic reporting year:
 Summer 14 Fall 26 Winter 17 Spring 17
- 2.) Total number of graduates in academic reporting year:
 Summer 19 Fall 10 Winter 14 Spring 21
- 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 faculties new** to your program in the academic reporting year (attach additional pages if necessary):

Faculty Name:	Shavon Fitts
Indiana License Number:	28155931A
Full or Part Time:	Full-time
Date of Appointment:	October 3, 2011

Highest Degree:	MSN
Responsibilities:	Clinical Lead

Faculty Name:	Claudette Kelsaw
Indiana License Number:	28113573A
Full or Part Time:	Full-time
Date of Appointment:	August 15, 2011
Highest Degree:	BSN
Responsibilities:	Simulation Lab Coordinator
Faculty Name:	Rhonda Jones
Indiana License Number:	28156158A
Full or Part Time:	Full-time
Date of Appointment:	October 31, 2012
Highest Degree:	MSN
Responsibilities:	Clinical Instructor

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

1. Number of full time faculty: 15
2. Number of part time faculty: 10
3. Number of full time clinical faculty: 4
4. Number of part time clinical faculty: 12
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: 16

3. Number with baccalaureate degree in nursing: 20

4. Other credential(s). Please specify type and number: N/A

D. Given this information, does your program meet the criteria outlined in **848 IAC 1-2-13**?

Yes _____ No X

The Indiana Administrative Code states “the majority of the faculty shall hold master's degrees with majors in nursing. The remainder of the faculty shall hold master's degrees in a field appropriate to their teaching or clinical responsibilities. The majority of the faculty shall be full-time employees of the institution.” As noted in the Program section of the report, faculty recruitment is a challenge campus. For the January 1, 2011- December 31, 2011 academic year, the campus was unable to ensure the majority of faculty held master’s degrees in nursing. However, in 2012, Medtech hired a recruiter exclusively for the nursing program focusing on aggressively sourcing faculty with a master’s in nursing. The recruiter works directly with the program directors and the administration to perform hands on day-to-day recruitment while helping build a robust recruitment network. Through this initiative 2012 has demonstrated compliance with 848 IAC 1-2-13.

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;

Please see attached list

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.

Phyllis Bragg Director of Nursing

Signature of Dean/Director of Nursing Program

10/01/2012

Date

Phyllis Bragg Director of Nursing

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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