



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

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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. 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, 2011 through July 31, 2012. 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 2011." 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: 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? Candidacy Staus

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> |
| 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

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; N/A

2E.) If taken as part of a course, please identify course(s): Fundamentals for Nursing practice (PN 104), Adult Medical-Surgical Nursing (PN 271), Nursing Management, (P 300) Maternal-Newborn Nursing (PN 202), Nursing Care of Children (PN 204), Nursing Pharmacology (HS 270)

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 the last academic year, we have maintained the ratio requirements of BSN-prepared faculty as outlined by the Indiana State Board of nursing.

B. Availability of clinical placements: During quarter 2 of the 2011 academic year many Acute Care facilities determined that Practical Nursing students would have limited to no clinical rotations in their facilities. This decision was made for two reasons: Attainment of Magnet Status and the limited career opportunities post-graduation. To ensure that our Practical Nursing students received Pediatric and Maternal Newborn opportunities, Medtech is providing community based observational sites as well as an in-depth simulation laboratory experience. Outcomes have been favorable and are measured through clinical competencies and ATI benchmark examinations.

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

Highest Degree:	MSN
Responsibilities:	Clinical Lead Coordinator

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:	Sidney Morgan
Indiana License Number:	28110356A
Full or Part Time:	Full-time
Date of Appointment:	July 18, 2011
Highest Degree:	BSN
Responsibilities:	Clinical 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: 15
3. Number of full time clinical faculty: 5
4. Number of part time clinical faculty: 17
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: 21
4. Other credential(s). Please specify type and number: MBA-1

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 baccalaureate degrees with majors in nursing. The remainder of the faculty shall hold baccalaureate 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. For the January 1, 2011- December 31, 2011 academic year, the campus was unable to ensure the program adhered to the statute. However, in 2012, Medtech contracted various external recruiters exclusively for the nursing program focusing on aggressively sourcing qualified nursing faculty. 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. The 2012 academic year 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 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.

Phyllis Bragg Director of Nursing 10/01/2012

Signature of Dean/Director of Nursing Program 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.