



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: August 2013-August 2014
(Date/Month/Year) to (Date/Month/Year)

Name of School of Nursing: Purdue University

Address: 502 N. University Street, West Lafayette, IN 47907

Dean/Director of Nursing Program

Name and Credentials: Jane M. Kirkpatrick, PhD, RNC-OB, ANEF

Title: Associate Dean and Head, School of Nursing Email: jmkirk@purdue.edu

Nursing Program Phone #: 765-494-6644 Fax: 765f-496-1800



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Website Address: www.nursing.purdue.edu

Social Media Information Specific to the SON Program (Twitter, Facebook, etc.): Purdue School of Nursing Alumni

Please indicate last date of NLNAC or CCNE accreditation visit, if applicable, and attach the outcome and findings of the visit: CCNE 2006

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

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 additions and deletions on attachment) Yes ___ No X
- 9) Major changes in curriculum (list if positive response) Yes ___ No X

SECTION 2: PROGRAM



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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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 X 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 _____ No X

2B.) If **not**, explain how you assess student readiness for the NCLEX. Students are required to take a standardized exam, but not required to pass it. If they fall below the recommended score they are asked to meet with the Director of the Undergraduate Program to discuss strategies for success and are offered the opportunity to retake the standardized exam prior to NCELX.

2C.) If **so**, which exam(s) do you require? HESI Exit Exam

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

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: None

B. Availability of clinical placements: Finding clinical placements particularly in pediatrics remains difficult. As well consolidation of units in acute care settings has increased competition for sites.

C. Other programmatic concerns (library resources, skills lab, sim lab, etc.): None

4.) At what point does your program conduct a criminal background check on students? We complete a background check prior to the start of clinical rotations in the sophomore year



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5.) At what point and in what manner are students apprised of the criminal background check for your program? if any issues are found the Director of the Undergraduate Program contacts the students and meets with them each semester until graduation.

SECTION 3: STUDENT INFORMATION

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

Summer _____ Fall 106 Spring 12

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

Summer 8 Fall 10 Spring 73

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 X Quarters _____ Other (specify): _____

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:	Kathleen Abrahamson
Indiana License Number:	28153600A
Full or Part Time:	Full Time
Date of Appointment:	8/12/2013
Highest Degree:	PhD
Responsibilities:	Research



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	Assistant Professor
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Faculty Name:	Gregory Arling
Indiana License Number:	NA
Full or Part Time:	Full Time
Date of Appointment:	9/1/2014
Highest Degree:	PhD
Responsibilities:	Research, Professor

Faculty Name:	Toni Bluemke
Indiana License Number:	28062743A
Full or Part Time:	Part Time
Date of Appointment:	8/18/2014
Highest Degree:	MS
Responsibilities:	Mental Health Lecturer (Clinical)

Faculty Name:	Elizabeth Jones
Indiana License Number:	28078397A
Full or Part Time:	Part Time
Date of Appointment:	8/18/2014



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Highest Degree:	MSN
Responsibilities:	Mental Health Lecturer

Faculty Name:	Candace Landmark
Indiana License Number:	28194165A
Full or Part Time:	Part Time
Date of Appointment:	8/18/2014
Highest Degree:	MBA
Responsibilities:	Mental Health Lecturer (Clinical)

Faculty Name:	Megan Hebdon
Indiana License Number:	28192852A
Full or Part Time:	Part Time
Date of Appointment:	8/18/2014
Highest Degree:	DNP
Responsibilities:	Adult Health Lecturer (Clinical)

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

1. Number of full time faculty: 32
2. Number of part time faculty: 8
3. Number of full time clinical faculty: 21



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4. Number of part time clinical faculty: _____ 11 _____

5. Number of adjunct faculty: _____ 2 _____

C. Faculty education, by highest degree only:

1. Number with an earned doctoral degree: _____ 9 _____

2. Number with master's degree in nursing: 21 (31 with above doctoral prepared individuals)

3. Number with baccalaureate degree in nursing: 0 (5 TAs with BS, currently enrolled in Master's program)

4. Other credential(s). Please specify type and number: _____ 1 MBA, 1 MS in Management _____

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;

Jill Lintner

Kristi Abriani

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



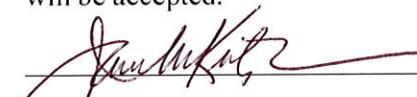
**Indiana
Professional
Licensing
Agency**

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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.



Signature of Dean/Director of Nursing Program



Date

Printed Name of Dean/Director of Nursing Program

June M. Kirkpatrick

Please note: Your comments and suggestions are welcomed by the Board. Please feel free to attach these to your report.



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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.