



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_____ ASN_____ BSN X_____

Dates of Academic Reporting Year: August 2012 to August 2013

(Date/Month/Year) to (Date/Month/Year)

Name of School of Nursing: Indiana University Purdue University

Address: 2101 East Coliseum Boulevard, Fort Wayne, IN. 46805

Dean/Director of Nursing Program

Name and Credentials: Lee-Ellen Kirkhorn Ph.D., RN

Title: Chair, Department of Nursing Email; kirkhorl@ipfw.edu



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Nursing Program Phone #: 260-481-6816 Fax: 260-481-6482

Website

Address: www.ipfw.edu/nursing

Social Media Information Specific to the SON Program (Twitter, Facebook, etc.): Facebook:
<https://www.facebook.com/IPFWNursingDept>, Twitter: <https://twitter.com/ipfwnursing> IPFW Nursing
Dept., LinkedIn: <http://www.linkedin.com/groups/IPFW-Nursing-5074121> IPFW Nursing

Please indicate last date of NLNAC or CCNE accreditation visit, if applicable, and attach the outcome and findings of the visit: NLNAC February 19-21, 2008

If you are not accredited by NLNAC or CCNE where are you at in the process? N/A

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



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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 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 x No _____

2B.) If **not**, explain how you assess student readiness for the NCLEX. _____

2C.) If **so**, which exam(s) do you require? Assessment Technologies Institute (ATI) Virtual ATI Exam

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

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

Medical Surgical III Nursing of Adults NUR 33600

Caring for Children and Families NUR 37900

Maternity Nursing NUR 36800

Advanced Concepts Critical Thinking NUR 43300

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

A. Faculty recruitment/retention: Chair of Nursing program hired in July 2013. All positions remained filled during the past year.

B. Availability of clinical placements: All clinical placements have been met during the past year.

C. Other programmatic concerns (library resources, skills lab, sim lab, etc.): No concerns.

4.) At what point does your program conduct a criminal background check on students? Prior to entry into the nursing program. The students complete an annual disclosure form in accordance to nursing program and clinical sites policies.



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5.) At what point and in what manner are students apprised of the criminal background check for your program? When they pick up their application packets

SECTION 3: STUDENT INFORMATION

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

Summer 0 Fall 50 Spring 60

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

Summer 0 Fall 32 Spring 39

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. There have been no complaints filed during the past year.

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:	Lee-Ellen Kirkhorn
Indiana License Number:	28209863A
Full or Part Time:	Full Time
Date of Appointment:	July 1, 2013
Highest Degree:	Ph.D.
Responsibilities:	50% administration, 25% research/creative endeavor, and 25% teaching



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Faculty Name:	Elizabeth Burkhart
Indiana License Number:	28189098A
Full or Part Time:	Part
Date of Appointment:	8/13/2012
Highest Degree:	B.S.
Responsibilities:	NUR 33600 clinical

Faculty Name:	Connie Carunchia
Indiana License Number:	28129689A
Full or Part Time:	Full Time
Date of Appointment:	Changed from 50% Visiting Instructor; appointed 100% Clinical Assistant Professor and Nurse Practitioner in the IPFW Center for Healthy Living on May 28, 2013
Highest Degree:	M.S.
Responsibilities:	50% Teaching, 50% Nurse Practitioner in Clinic

Faculty Name:	Rachel Gilson
Indiana License Number:	28179023A
Full or Part Time:	Part
Date of Appointment:	8/13/2012
Highest Degree:	B.S.



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Responsibilities:	NUR 36800 clinical
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Faculty Name:	Amy Hurst
Indiana License Number:	28162644A
Full or Part Time:	Part
Date of Appointment:	8/13/2012
Highest Degree:	M.S.
Responsibilities:	NUR 34600 lab

Faculty Name:	LeAnn Mayer
Indiana License Number:	28131765A
Full or Part Time:	Part
Date of Appointment:	8/13/2012
Highest Degree:	M.S.
Responsibilities:	NUR 41800 clinical

Faculty Name:	Jolene Nash
Indiana License Number:	28082624A
Full or Part Time:	Part
Date of Appointment:	8/13/2012



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Highest Degree:	B.S.
Responsibilities:	NUR 44200 clinical

Faculty Name:	Shelley Ramsey
Indiana License Number:	28083513A
Full or Part Time:	Part
Date of Appointment:	8/13/2012
Highest Degree:	B.S.
Responsibilities:	NUR 37900 clinical

Faculty Name:	Nicole Seabeck
Indiana License Number:	28114255A
Full or Part Time:	Part
Date of Appointment:	8/13/2012
Highest Degree:	B.S.
Responsibilities:	NUR 34600 lab

Faculty Name:	Sara Speith
Indiana License Number:	28176966A
Full or Part Time:	Part



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Date of Appointment:	8/13/2012
Highest Degree:	M.S.
Responsibilities:	NUR 34600 lab

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

1. Number of full time faculty: 19
2. Number of part time faculty: 30
3. Number of full time clinical faculty: _____
4. Number of part time clinical faculty: _____
5. Number of adjunct faculty: _____

C. Faculty education, by highest degree only:

1. Number with an earned doctoral degree: 5 full time, 0 part time
2. Number with master's degree in nursing: 14 full time, 18 part time
3. Number with baccalaureate degree in nursing: 0 full time, 10 part time
4. Other credential(s). Please specify type and number: 1 Ph.D informatics

D. Given this information, does your program meet the criteria outlined in 848 IAC 1-2-13 or 848 IAC 1-2-14?

Yes 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;
 Maureen Cuney , Kori Engdahl, Marie Hamrick, Amy Hartman, Candace Lemke, Michelle Nowak



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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.

_____ 10/4/2013 _____

Signature of Dean/Director of Nursing Program

Date

Lee Ellen Kirkhorn

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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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.