



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 x BSN _____

Dates of Academic Reporting Year: August 1, 2013-July 31, 2014

Name of School of Nursing: Breckinridge School of Nursing and Health Sciences at ITT Technical Institute

Address: 9511 Angola Court, Indianapolis, Indiana 46268

Dean/Director of Nursing Program

Name and Credentials: **ALICE MARIE HOLDER, MSN, RN**

Title: **Nursing Program Chair** Email: **AHolder@itt-tech.edu**

Nursing Program Phone #: **(317) 875, 8640, ext. 839** Fax: **(317) 875, 8641**



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Website Address: <http://www.itt-tech.edu> and <http://breckinridgenursing.com/>

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

Breckinridge School of Nursing and Health Sciences at ITT Technical Institute in Indianapolis

Please indicate last date of NLNAC or CCNE accreditation visit, if applicable, and attach the outcome and findings of the visit: **Not accredited by ACEN (formerly NLNAC)**

If you are not accredited by NLNAC or CCNE where are you at in the process? **Currently, not in 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 <u>X</u> No _____ |
| 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> |



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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 _____ **HESI-RN**

2B.) If **not**, explain how you assess student readiness for the NCLEX. **The students take the HESI Comprehensive Examination and pass with the score 850. Students receive class instruction, an on-campus HESI review; have access to other review resources: HESI/Saunders NCLEX online review and Evolve via computer and textbook, one-on-one tutoring and faculty advisors as mentors.**

2C.) If **so**, which exam(s) do you require? **HESI-RN (Health Education Systems, Inc.)**

2D.) When in the program are comprehensive exams taken: **Upon Completion of every nursing course.**
As part of a course X Ties to progression or thru curriculum X percentage of final course grade.

2E.) If taken as part of a course, please identify course(s): **(NU1221) Fundamentals II, (NU 2530) Adult I and Adult (NU2630) Nursing II, (NU2745) Gerontology, NU2740 Mental Health, (NU2840) Maternal Child, (NU2899) Complex Care and (NU 2810) Nursing Roles II.**

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

A. Faculty recruitment/retention: **Finding Qualified faculty**

B. Availability of clinical placements: Pediatric clinical sites because there are limited clinical sites. **Due to the number of nursing schools in the area using some of the same facilities/hospitals for clinical rotations. Managing, coordinating, and scheduling student clinical days and sites.**

C. Other programmatic concerns (library resources, skills lab, sim lab, etc.): _____
Nursing skills lab resources, integrating more simulation into the curriculum and skills evaluation.

4.) At what point does your program conduct a criminal background check on students? **The student's clinical background checks are completed during NU1320 Clinical Nursing Concepts I (3rd quarter) prior to the start of student's clinical placement. The information is evaluated and the students receive feedback on any issues/concerns form the background check.**



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5.) At what point and in what manner are students apprised of the criminal background check for your program? The students are noticed prior to attending any classes that a criminal background check will be conducted during quarter III (one quarter prior to the start of the student’s clinical rotation). Students are apprised of the criminal background check during the admissions process both verbally and in writing . Additionally, during the nursing information sessions and **quarter I and II before the beginning of the third quarter in the quarter.**

SECTION 3: STUDENT INFORMATION

- 1.) Total number of students admitted in academic reporting year:
 Summer 18 6/13 Fall 20 9/13 Winter 20 12/13 Spring 11 3/14
- 2.) Total number of graduates in academic reporting year:
 Summer 13 6/13 Fall 12 9/13 Winter 13 12/13 Spring 12 3/14
- 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 faculty new** to your program in the academic reporting year (attach additional pages if necessary):

Faculty Name:	ALICE MARIE HOLDER
Indiana License Number:	28098450A
Full or Part Time:	FULL TIME
Date of Appointment:	APRIL 28, 2014
Highest Degree:	MASTER’S DEGREE OF NURSING IN NURSING EDUCATION AND NURSING ADMINISTRATION.
Responsibilities:	NURSING PROGRAM CHAIR



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Faculty Name:	SUSAN ABBOTT, MSN, RN
Indiana License Number:	28169785A
Full or Part Time:	FULLTIME
Date of Appointment:	JUNE 30, 2014
Highest Degree:	MASTER'S DEGREE OF NURSING
Responsibilities:	FACULTY/CLINICAL INSTRUCTOR (NU1210 Roles I, NU2745 Gerontological Nursing and clinical).

Faculty Name:	RENEE BAUER
Indiana License Number:	28122974A
Full or Part Time:	ADJUNCT FACULTY
Date of Appointment:	JUNE 2014
Highest Degree:	MASTER'S IN NURSING AND PH.D
Responsibilities:	CLINICAL INSTRUCTOR, NU2740 Mental Health CLINICAL

Faculty Name:	PHYLLIS HARMON
Indiana License Number:	28159587A
Full or Part Time:	ADJUNCT FACULTY
Date of Appointment:	JUNE 2014
Highest Degree:	BSN
Responsibilities:	CLINICAL INSTRUCTOR, NU2530, NU2630, or NU2899 Med-Surg I, Med-Surg II, and Capstone



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

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

C. Faculty education, by highest degree only:

- 1. Number with an earned doctoral degree: **ONE ADJUNCT FACULTY**
- 2. Number with master's degree in nursing: **SIX**
- 3. Number with baccalaureate degree in nursing: **TWO**
- 4. Other credential(s). Please specify type and number: **ZERO**

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;
- 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.

Alice Marie Holder, MSN, RN
Signature of Dean/Director of Nursing Program

September 30, 2014
Date

ALICE MARIE HOLDER, MSN, RN,
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.



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SECTION 1: ADMINISTRATION

Change in credentials of Dean or Director Yes X No _____

Change in Dean or Director Yes X No _____

Harriet Allen, BA, MAT

Does the program have adequate library resources? Yes X No _____

The library has resources up-to-date with the students' textbooks and other materials supportive to the nursing profession. The electronic database has CINAHL, which provides indexing of the top nursing and allied health literature available including nursing journals and publications from the National League for Nursing, and the American Nurses' Association. The resources are reviewed by the Faculty Library Resource Committee annually and as needed.

Change in clinical facilities or agencies used (see page 10 for a list of both additions and deletions on attachment) Yes X No _____

SECTION 2: PROGRAM

SECTION 3: STUDENT INFORMATION

List of Faculty no Longer employed by the Institution Since the last Annual Report	
Faculty Name	Date of Departure
Vanessa Easterday	7/13
Kathy Gretton	7/13
Carol Lee Cherry	8/13
Kendra Clay	2/14
Lisa Foreman	3/14
Kristen Kenney	3/14
Tara Weaver	3/14
Brenda Erratt	9/14



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Clinical Sites (List of both Additions and Deletions)

Change in clinical facilities or agencies used

Clinical Facility Additions
Hamilton Center Terre Haute, IN
Mapleton Medical Center, Inc., Indianapolis, IN
St. Vincent Anderson Regional Hospital Anderson, IN

Clinical Facilities Deletions
OrthoIndy Hospital Indianapolis, IN
Valle Vista Health System Greenwood, IN

See Organizational Chart on page 10

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**Breckinridge School of Nursing and Health Sciences
Nursing Program Organizational Chart**

