



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](mailto: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 1, 2012 to July 31, 2013

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

Name of School of Nursing: Indiana University South Bend School of Nursing

Address: 1700 Mishawaka, Avenue, PO Box 7111, NS 460, South bend, IN 46634

Dean/Director of Nursing Program



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Name and Credentials: Mario R. Ortiz, RN; PhD; PHCNS-BC

Title: Dean

Email: ortizmr@iusb.edu

Nursing Program Phone #: 574: 520- 5511 Fax: 574-520-4461

Website Address: http://www.iusb.edu/nursing/index.php

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

Please indicate last date of NLNAC or CCNE accreditation visit, if applicable, and attach the outcome and findings of the visit: March 2010 with full accreditation; next accreditation visit will be in 2020

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

### **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\_\_X\_\_ No\_\_\_\_
- 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 \_\_\_\_ No \_\_X\_\_
- 9) Major changes in curriculum (list if positive response) Yes\_\_\_\_ No\_\_X\_\_

Administration Explanations:



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3 & 4: Mario R. Ortiz was hired in spring 2013 as Dean and assumed the position July 1, 2013. He is licensed as a Registered Nurse in Indiana. He has earned degrees in nursing (BSN, MSN, and PhD). He has experience in nursing education and in nursing education administration.

## 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 \_\_\_\_\_ Declining  X

1B.) If you identified your performance as declining, what steps is the program taking to address this issue?

Analyzing testing timeframe for NCLEX-RN; Continuing to trend data to aggregate to make decisions based on testing outcomes; Analyzing detailed NCLEX-RN results

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.

We use the ATI Comprehensive Predictor to determine NCLEX readiness. It is used as a guide to assist the student to prepare for the exam, is not attached to a grade in the course, and is not a stipulation for program completion .

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

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

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

NURS S 483 Practice Capstone (In last semester of program, usually about 5 weeks prior to completion)

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

A. Faculty recruitment/retention:

- Finding PhD prepared nurses for Tenure track positions;
- Finding certain specialties with MSNs in Gerontological nursing and Medical-Surgical Nursing.
- Impending retirements.



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- Clinical faculties are hard to find and change often because of the other positions they hold and schedule needs and demands.

B. Availability of clinical placements:

- We are fortunate to get many of the sites we request but one issue is low census in certain areas in certain facilities, such as Pediatrics and Psych. This limits the experiences students receive or we have to have smaller clinical groups to comply with unit requirements (good for students and faculty, unit but less cost effective). We have chosen smaller groups sizes in lieu of increased observations.

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

- Our Sim experiences have increased and we bought new Sim-men with upgrades in 2012 (installed in January 2013), but faculty development and resources are a challenge.
- The Lab Coordinator position is dedicated to SimLab experiences. We are very proud of what we have accomplished with our Simulation Education

4.) At what point does your program conduct a criminal background check on students?

- Criminal background checks are conducted at the point of application for the clinical program, normally second semester of sophomore year, and then again prior to the start of 7th semester (senior year) and placement into our Health of the Community classes

5.) At what point and in what manner are students apprised of the criminal background check for your program?

- Students are informed at the start of their pre-nursing studies of the criminal background check requirement for our program. Academic Advisors review this policy with the student in a one-to one registration appointment. Students are also given a hard copy of the online catalog department description for the nursing program. In this copy is a heading titled Criminal Checks. All new students pre-nursing must meet with an advisor for registration

**SECTION 3: STUDENT INFORMATION**

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



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Summer 16 Fall 24 Spring 24

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

Summer 11 Fall 25 Spring 19

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. None.

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):

<b>Faculty Name:</b>	Jenna Bauer
<b>Indiana License Number:</b>	28147949A
<b>Full or Part Time:</b>	Full-Time
<b>Date of Appointment:</b>	August 1, 2012
<b>Highest Degree:</b>	MS
<b>Responsibilities:</b>	Community Health Nursing

<b>Faculty Name:</b>	Kristine Flora
<b>Indiana License Number:</b>	28105157A
<b>Full or Part Time:</b>	Part-Time
<b>Date of Appointment:</b>	August 1, 2012



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<b>Highest Degree:</b>	MSN
<b>Responsibilities:</b>	Psychiatric-Mental Health Nursing

<b>Faculty Name:</b>	Nathan Laskowski
<b>Indiana License Number:</b>	28185136A
<b>Full or Part Time:</b>	Part-Time
<b>Date of Appointment:</b>	August 1, 2012
<b>Highest Degree:</b>	BSN
<b>Responsibilities:</b>	Medical-Surgical Nursing Clinicals

<b>Faculty Name:</b>	Laurel Kathleen Cerbin
<b>Indiana License Number:</b>	28101404A
<b>Full or Part Time:</b>	Part-Time
<b>Date of Appointment:</b>	January 1, 2013
<b>Highest Degree:</b>	MSN
<b>Responsibilities:</b>	Obstetrics

<b>Faculty Name:</b>	Bridget Dudash
<b>Indiana License Number:</b>	28082430A
<b>Full or Part Time:</b>	Part-Time
<b>Date of Appointment:</b>	January 1, 2013



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<b>Highest Degree:</b>	MSN
<b>Responsibilities:</b>	Critical Care Clinicals

**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: 1
3. Number of full time clinical faculty: 0
4. Number of part time clinical faculty: 10
5. Number of adjunct faculty: 1

**C. Faculty education, by highest degree only:**

1. Number with an earned doctoral degree: 7 (5 PhD & 2 DNP)
2. Number with master's degree in nursing: 12
3. Number with baccalaureate degree in nursing: 0
4. Other credential(s). Please specify type and number: 1 (PhD Clinical Psychology)

**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;

Full-Time

- Heather Stears
- Rebecca Allen LeGault



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Part-Time

- Maureen Wojciechowski
- Rita Goff
- Amy Murray
- Kathy Oliver
- LaToya Parhm

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

See attached

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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.

\_\_\_\_\_

\_\_\_\_\_ 27 September 2013

Signature of Dean/Director of Nursing Program

Date

\_\_\_\_\_ Mario R. Ortiz

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.

Indiana University South Bend – College of Health Sciences  
 Organizational Chart 2013/2014

