

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, 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 <u>×</u>
Dates of Academic Reporting Year: 01/8/2013 - 31/ (Date/Month/Year) to (Date/Month/Year)	/07/2014		
Name of School of Nursing: Purdue University Call	umet College o	f Nursing, Bacheld	or's Degree Program
Address: 2200 169th St Hammond	I IN 46385		
Dean/Director of Nursing Program			
Name and Credentials: Lisa Hopp	PhD RN FAAI	N	
Title: Professor, Interim Dean	Email; ljhopp	@purduecal.edu	



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 Nursing Program Phone #: 219-989-2818 Fax: 219-989-2848 Website Address: http://webs.purduecal.edu/nursing/ Social Media Information Specific to the SON Program (Twitter, Facebook, etc.): Facebook group: PUC Nursing Alumni Community Please indicate last date of NLNAC or CCNE accreditation visit, if applicable, and attach the outcome and findings of the visit: October 4-6, 2011 (please see attached) If you are not accredited by NLNAC or CCNE where are you at in the 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 x 2) Change in mission or program objectives Yes No x Yes No x 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 6) Change in program resources/facilities Yes No x Yes x No 7) Does the program have adequate library resources? 8) Change in clinical facilities or agencies used (list both Yes No x additions and deletions on attachment) 9) Major changes in curriculum (list if positive response) Yes No x



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

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 <u>not</u> , explain how you assess student readiness for the NCLEX.
2C.) If <u>so,</u> which exam(s) do you require? HESI RN Exit Exam with a minimum performance of 900
2D.) When in the program are comprehensive exams taken: Upon Completion <u>x</u> As part of a course <u>x</u> Ties to progression or thru curriculum at 3 points: Foundational HESI at the end our Foundations course. 2E.) If taken as part of a course, please identify course(s): 192001: HESI Medical Surgical Nursing at the end of first medical Nursing at the end of first medical Surgical Nursing at the end of first medical Surgical
2E.) If taken as part of a course, please identify course(s): 19200); HESI Medical Surgical Nursing at the end of first med- course (Nur 28200/28300); RN exit during 12th week of gradue 3.) Describe any challenges/parameters on the capacity of your program below:
A. Faculty recruitment/retention: none
B. Availability of clinical placements: none
C. Other programmatic concerns (library resources, skills lab, sim lab, etc.): <u>none</u>
4.) At what point does your program conduct a criminal background check on students? before the first clinical course; attendance is prohibited until documentation is received



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

5.) At what point and in what manner are students apprised of the criminal background check for your program? During new student orientation in the spring prior to the fall start and again at orientation just prior to fall start; students receive a packet of information explaining requirements and how to submit; documentation validated prior to start of clinical courses

SECTION 3: STUDENT INFORMATION				
1.) Total number of students admitted in academic reporting year:				
Summer_ <i>N/A</i> Fall_	110	Spring N/A		
2.) Total number of graduates in academic reporting year:				
Summer Fall	46	Spring 24		
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 (specif	ý):		
SECTION 4: FACULTY INFORMATION				
A. Provide the following information for <u>all faculty new</u> to your program in the academic reporting year (attach additional pages if necessary):				
Faculty Name:	Catherine DeVane	ey		
Indiana License Number:	28126840A			
Full or Part Time:	Fulltime			
Date of Appointment:	August 12, 2013			
Highest Degree:	Master of Science	in Nursing Education		
Responsibilities:		supervision of medical surgical courses		



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

Faculty Name:		
Indiana License Number:		
Full or Part Time:		
Date of Appointment:		
Highest Degree:		
Responsibilities:		
	,	
Faculty Name:		
Indiana License Number:		
Full or Part Time:		
Date of Appointment:		
Highest Degree:		
Responsibilities:		
	,	
B. Total faculty teaching in your p	program in the academic reporting year:	
1. Number of full time faculty: 33		
2. Number of part time faculty: 5		
3. Number of full time clinical faculty: 6		
4. Number of part time clinical faculty: 0		
5. Number of adjunct faculty: 5		
C. Faculty education, by highest degree only:		



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
1. Number with an earned doctoral degree: 17	
2. Number with master's degree in nursing: 21	
3. Number with baccalaureate degree in nursing:	0
4. Other credential(s). Please specify type and m	umber:
D. Given this information, does your program meet the con-1-2-14?	riteria outlined in 848 IAC 1-2-13 or 848 IAC
Yes_x No	
E. Please attach the following documents to the Annual I	Report in compliance with 848 IAC 1-2-23:
1. A list of faculty no longer employed by the ins	stitution since the last Annual Report;
2. An organizational chart for the nursing progra	m and the parent institution.
I hereby attest that the information given in this Annual I knowledge. This form must be signed by the Dean or Di will be accepted.	
Sa Hoff	September 17 2014
Signature of Dean/Director of Nursing Program	Date



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

Lisa Hopp PhD RN FAAN

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.



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

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.

National League for Nursing Accrediting Commission, Inc.

BOARD OF COMMISSIONERS

NURSING EDUCATION REPRESENTATIVES

MARLENE P. BACON, PHD, RN Nursing Associate Professor Utah Valley University Orem, Utah

SUSAN C. BALTRUS, MSN, RNBC, CNE President, College of Nursing and Health Professions Central Maine Medical Center Lewiston, Maine

LINDA K. COCKRBIL, MSN, RN Program Leader, Health and Medical Services Central School of Practical Nursing Norfolk Technical Vocational Center Norfolk, Virginia

KIMBERLY K. CRIBB, EDD; MSN, RN, CNE MSN Program Director, Division of Nursing Thomas University Thomasville, Georgia

BLIZABETH H. MAHAFFEY, PHD, RN Dean, Nursing & Allied Health Hinds Community College Jackson, Mississippi

CATHERINE MCJANNET, MN, RN, CEN Director of Nursing and Health Occupations Programs Southwestern College San Diego, California

MARY LOU RUSIN, HDD, RN, ANDF Professor & Chair, Nursing Department Daemen College Amherst, New York

ANN B. SCHLUMBERGER, EDD, MSN, RN Professor & Chairperson, Department of Nursing University of Arkansas - Little Rock Little Rock, Arkansas

MARY W. STEC, MSN, RN, CNE Course Coordinator/Instructor Dixon School of Nursing, Abington Memorial Hospital Willow Grove, Pennsylvania

NURSING SERVICE REPRESENTATIVES

CHRISTINA DIMICHELE, MSN, RN, NEA-BC Nurse Manager The Children's Hospital of Philadelphia Philadelphia, Pennsylvania

KAREN S. HILL, DNP, RN, NEA BC, FACHE Vice President/Nurse Executive Central Baptist Hospital

RHONDA JOHNSTON, PHD, CFNP, CANP, CNS Director Rocky Mountain National Telehealth Training Center Veterans Fleaith Administration Glendale, Colorado

PUBLIC REPRESENTATIVES

DAVID E. ORMSTEDT, 1D Attorney/Consultant Bloomington, Connecticut

MARSHA H, PURCELL, CAE Director, Membership and Program Development American Farm Bureau Federation Washington, District of Columbia

LEE B. WURSTER, JD Retired Attorney Dublin, Ohio

March 23, 2012

Peggy S. Gerard, PhD. RN Professor and Dean School of Nursing Purdue University-Calumet 2200 169th Street Hammond, IN 46323-2094

Dear Dr. Gerard:

This letter is formal notification of the action taken by the National League for Nursing Accrediting Commission (NLNAC) at its meeting on March 1-2, 2012. The Board of Commissioners granted the master's nursing program, including the post-master's certificate, continuing accreditation and scheduled the next evaluation visit for Fall 2019. The Board of Commissioners granted the baccalaureate nursing program continuing accreditation and scheduled the next evaluation visit for Fall 2019.

Deliberations centered on the Self-Study Report, the School Catalog. the Site Visitors' Report, and the recommendation for accreditation proposed by the Program Evaluators and the Evaluation Review Panel. (See Summary of Deliberations and Recommendation of the Evaluation Review Panel.)

The Board of Commissioners identified the following strengths and areas needing development:

Areas of Strength by Accreditation Standard

Standard 1 Mission and Administrative Capacity

- Leadership of the School of Nursing (M/PMC/B)
- Partnership with Joanna Briggs Fellows Training Program (M/PMC/B)

Standard 2 Faculty and Staff

Academic Partnerships coaches which create an outstanding environment for the delivery of distance education (B)

Purdue University-Calumet

Areas of Strength by Accreditation Standard (continued)

Standard 4 Curriculum

• The value of the Capstone Project to the community (M/PMC/B)

Areas Needing Development by Accreditation Standard

Standard 2 Faculty and Staff

- Continue to recruit doctorally-prepared faculty members and continue to encourage and support faculty members seeking advanced degrees. (M/PMC/B)
- Ensure all faculty hold a minimum of a master's degree in nursing. (B)
- Continue to monitor the ratio of faculty in the online program options. (B)

Standard 6 Outcomes

• Include a component within the systematic evaluation plan that specifically addresses distance education. (M/PMC/B)

On behalf of the Board of Commissioners, we thank you and your colleagues for your commitment to quality nursing education. If you have questions about this action or about Commission policies and procedures, please contact me.

Sincerely,

Sharon J. Tanner, EdD, RN Chief Executive Officer

cc: Lynne P. Lewallen, Program Evaluator
Karen Frenn, Program Evaluator
Jaibun K. Earp, Program Evaluator
Janeen Sheehe, Program Evaluator
Josephine McCaskill, Program Evaluator

Enc. Summary of Deliberations of the Evaluation Review Panel

Purdue University Calumet College of Nursing Bachelor's degree Program

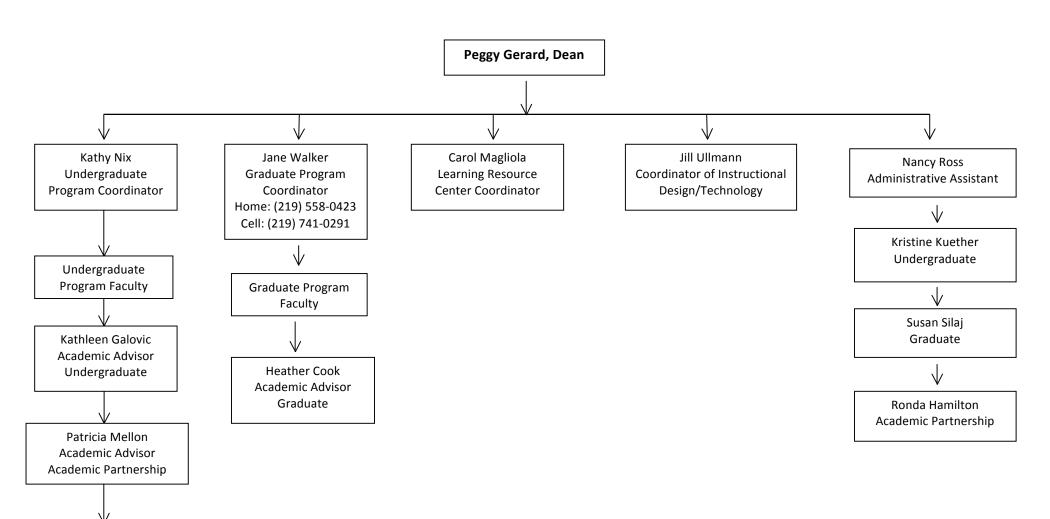
ISBON Annual Report Addendum to Form

Section 4 Faculty

E. Faculty who are no longer employed by the institution since last Annual Report

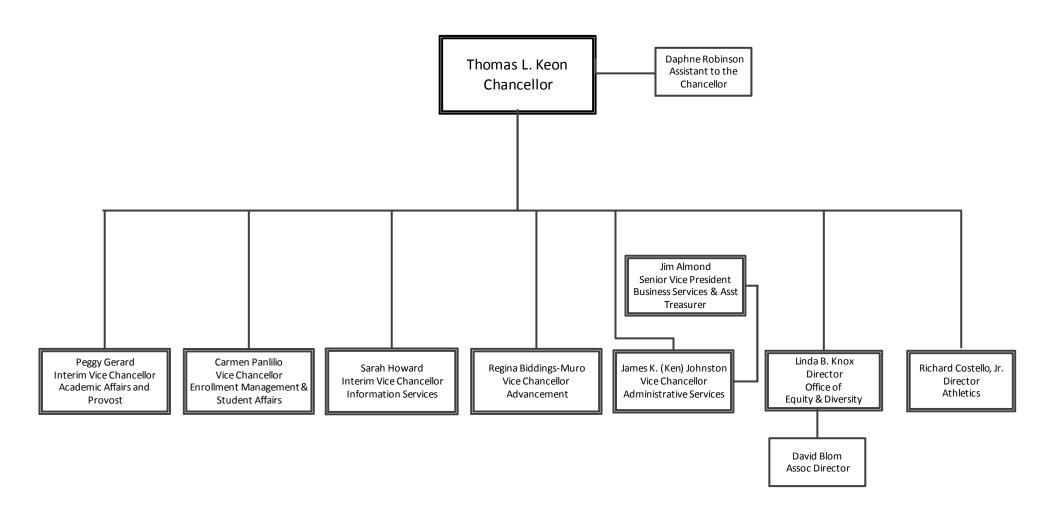
Faculty Name	Degree	Teaching Responsibility
Jennifer Daley	MS	Women's health lecture
		and clinical practica
Jody Boling	MS	Foundations of Nursing
		lecture and clinical
		practica

Purdue University Calumet College of Nursing August 1, 2013- July 31, 2014

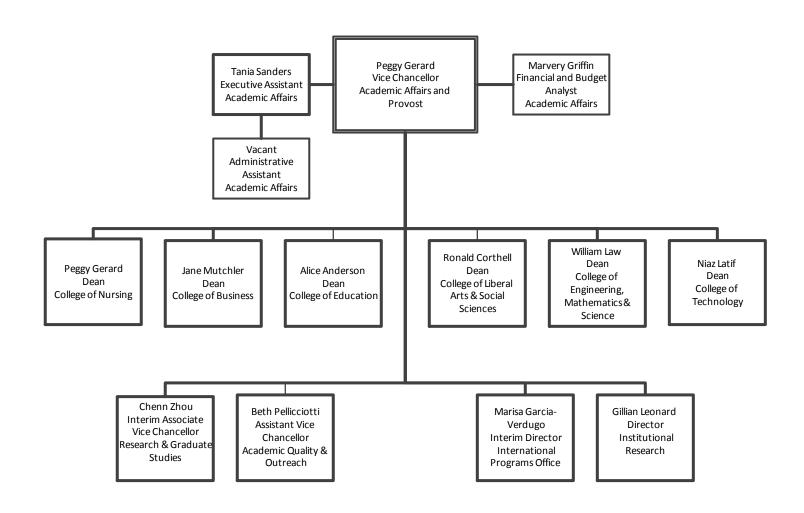


Angelo Cicco Academic Advisor Academic Partnership Accelerated Second Degree

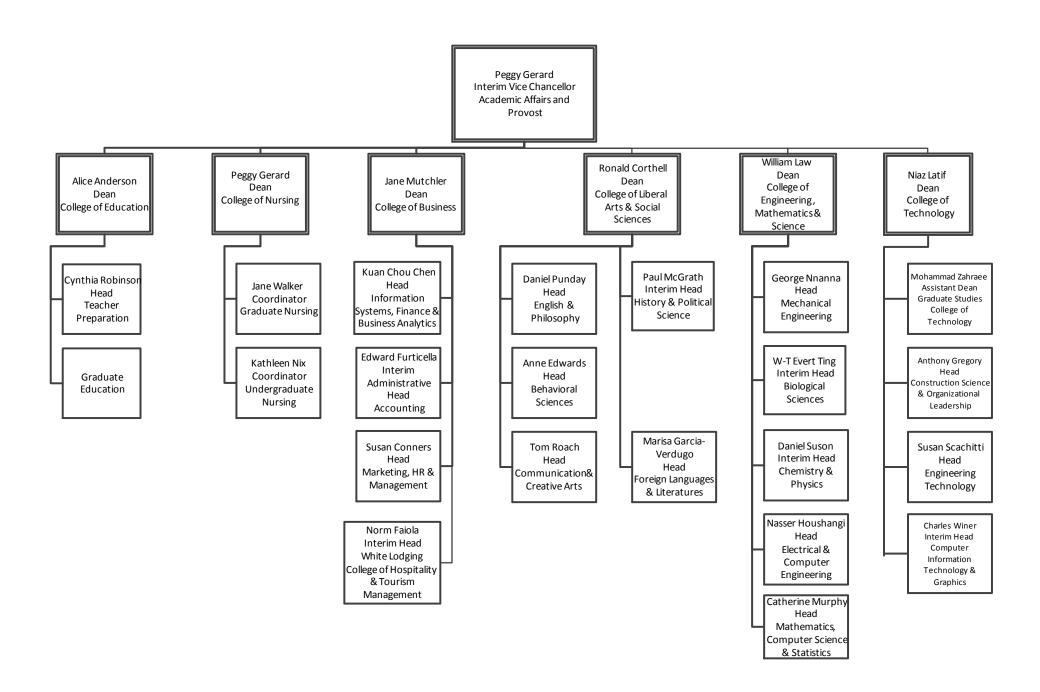
OFFICE OF THE CHANCELLOR



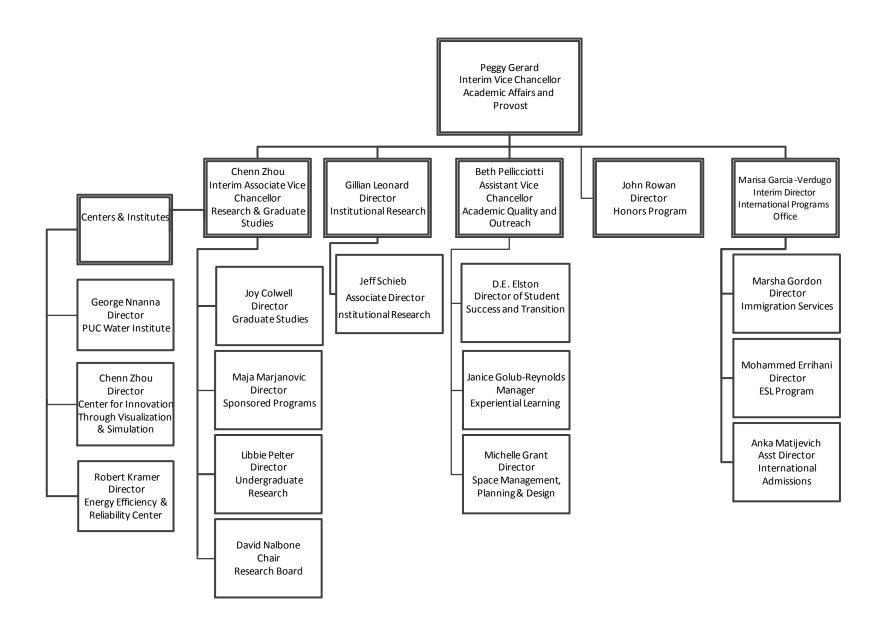
ACADEMIC AFFAIRS



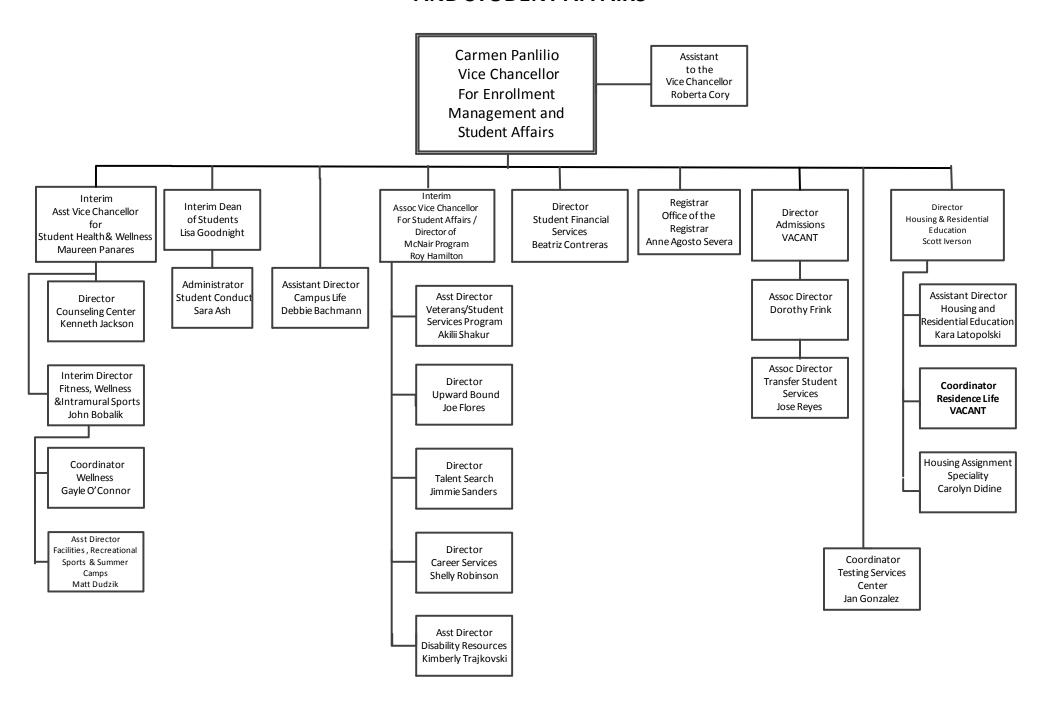
ACADEMIC AFFAIRS



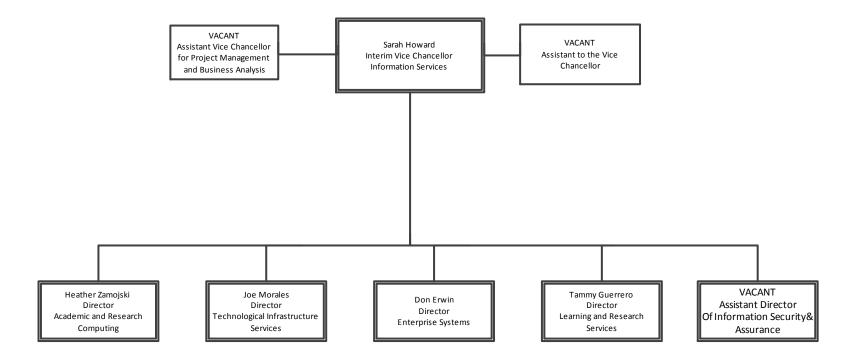
ACADEMIC AFFAIRS



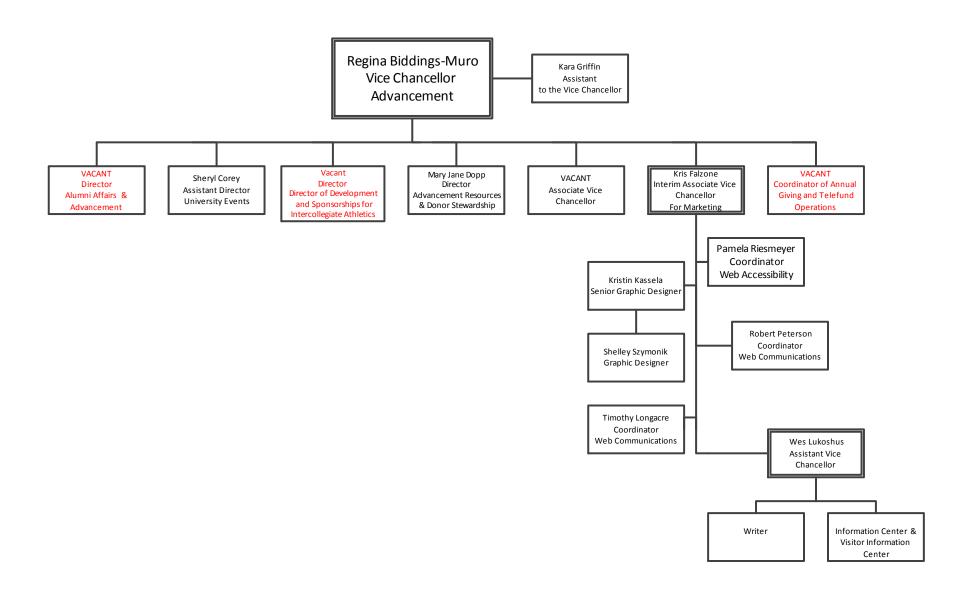
ENROLLMENT MANAGEMENT AND STUDENT AFFAIRS



INFORMATION SERVICES



ADVANCEMENT



Vice Chancellor Administrative Services

