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: 01/8/2013 - 31/07/2014
(Date/Month/Year) to (Date/Month/Year)

Name of School of Nursing: Purdue University Calumet College of Nursing, Bachelor’s Degree Program

Address: 2200 169th St Hammond IN 46385

Dean/Director of Nursing Program

Name and Credentials: Lisa Hopp PhD RN FAAN

Title: Professor, Interim Dean Email: ljhopp@purduecal.edu
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

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? HESI RN Exit Exam with a minimum performance of 900

2D.) When in the program are comprehensive exams taken: Upon Completion x ______ As part of a course x ______ 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: none

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? before the first clinical course; attendance is prohibited until documentation is received
5.) At what point and in what manner are students apprised of the criminal background check for your program?

**SECTION 3: STUDENT INFORMATION**

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

   - Summer: N/A
   - 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: _________
   - 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):

<table>
<thead>
<tr>
<th>Faculty Name:</th>
<th>Catherine DeVaney</th>
</tr>
</thead>
<tbody>
<tr>
<td>Indiana License Number:</td>
<td>28126840A</td>
</tr>
<tr>
<td>Full or Part Time:</td>
<td>Fulltime</td>
</tr>
<tr>
<td>Date of Appointment:</td>
<td>August 12, 2013</td>
</tr>
<tr>
<td>Highest Degree:</td>
<td>Master of Science in Nursing Education</td>
</tr>
<tr>
<td>Responsibilities:</td>
<td>Lecture and clinical supervision of medical surgical courses</td>
</tr>
</tbody>
</table>
### Faculty Name:

<table>
<thead>
<tr>
<th>Indiana License Number:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Full or Part Time:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Date of Appointment:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Highest Degree:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Responsibilities:</th>
</tr>
</thead>
</table>

---

### Faculty Name:

<table>
<thead>
<tr>
<th>Indiana License Number:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Full or Part Time:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Date of Appointment:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Highest Degree:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Responsibilities:</th>
</tr>
</thead>
</table>

---

**B. Total faculty teaching in your 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:**
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 number:

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;
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.

[Signature]

September 17 2014

Signature of Dean/Director of Nursing Program

Date
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.
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.
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)
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,

[Signature]

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
Section 4 Faculty

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

<table>
<thead>
<tr>
<th>Faculty Name</th>
<th>Degree</th>
<th>Teaching Responsibility</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jennifer Daley</td>
<td>MS</td>
<td>Women’s health lecture and clinical practica</td>
</tr>
<tr>
<td>Jody Boling</td>
<td>MS</td>
<td>Foundations of Nursing lecture and clinical practica</td>
</tr>
</tbody>
</table>
ACADEMIC AFFAIRS

Peggy Gerard
Interim Vice Chancellor
Academic Affairs and
Provost

Centers & Institutes

George Nnanna
Director
PUC Water Institute

Chenn Zhou
Director
Center for Innovation
Through Visualization & Simulation

Robert Kramer
Director
Energy Efficiency & Reliability Center

Chenn Zhou
Interim Associate Vice Chancellor
Research & Graduate Studies

Joy Colwell
Director
Graduate Studies

Maja Marjanovic
Director
Sponsored Programs

Libbie Pelter
Director
Undergraduate Research

David Nalbone
Chair
Research Board

Gillian Leonard
Director
Institutional Research

Jeff Schieb
Associate Director
Institutional Research

Beth Pellicciotti
Assistant Vice Chancellor
Academic Quality and Outreach

D.E. Elston
Director of Student Success and Transition

Janice Golub-Reynolds
Manager
Experiential Learning

Michelle Grant
Director
Space Management, Planning & Design

John Rowan
Director
Honors Program

Marisa Garcia-Verdugo
Interim Director
International Programs Office

Marsha Gordon
Director
Immigration Services

Mohammed Errihani
Director
ESL Program

Anka Matijevich
Asst Director
International Admissions