

**Indiana  
Professional  
Licensing  
Agency**

**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 1, 2012 through July 31, 2013

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

Address: 2200 169<sup>th</sup> Street Hammond, IN 46323-2094

Dean/Director of Nursing Program

Name and Credentials: Peggy S. Gerard, PhD, RN

Title: Professor and Dean, School of Nursing      Email: psgerard@purduecal.edu



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Nursing Program Phone #:(219)989-2818 Fax: (219) 989-2848

Website Address: <http://www.purduecal.edu/nursing>

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

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.

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 <u>X</u> |
| 2) Change in mission or program objectives              | Yes ___ No <u>X</u> |
| 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   | Yes ___ No <u>X</u> |
| 6) Change in program resources/facilities               | Yes <u>X</u> No ___ |

- The College of Nursing administrative, advising and faculty offices relocated to the Classroom Office Building. This move was an upgrade in facilities and allowed for administration, faculty and advisors to be located in the same building and on the same floor. The Undergraduate Program secretary is now located in a larger office with seating for students and is adjacent to the advisor. This makes for a more welcoming environment for students and a more efficient flow for students and advisors.
- We continue to make upgrades to our Sim lab. This year the following purchases were made:
  - Pyxis purchased and installed
  - Cable and phone installation for outgoing calls by students to simulated departments
  - Video recorder and DVD for debriefing



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--Storage containers purchased and supplies separated for each specific scenario

In addition, 20 nursing simulations are available and used by 6 clinical nursing courses. Average number of students rotating through is 19.875 per week.

7) Does the program have adequate library resources? Yes  No

8) Change in clinical facilities or agencies used (list both additions and deletions on attachment) Yes  No

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

- As a result of HE 1220.1.2, the faculty modified the curriculum to meet the mandate for a 120 credit hour baccalaureate program on February 4, 2012. This resulted in deletion of NUR 38800, Nursing of Families and Groups. It was felt that the content in this course is also taught in several other courses and any content gaps occurring as a result of the change could be easily absorbed. This change is effective for the incoming students for Fall 2012.

**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

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

2A.) Do you require students to pass a standardized comprehensive exam before taking the NCLEX? Yes  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 passing score of 900.

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



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Students take 3 standardized exams throughout the curriculum. The first, a custom Foundational HESI Exam, is taken after the foundational course(NUR 19200/19700) . The second is a custom HESI Medical Surgical Nursing exam taken after the first med-surg course/clinical (NUR 28200/28300).. The RN Exit Exam is taken in the 12<sup>th</sup> week of the graduating semester.

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

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

. 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?

After admission but prior to registration for nursing clinical courses.

5.) At what point and in what manner are students apprised of the criminal background check for your program? The requirement is reviewed at New Student Orientation in the spring prior to the beginning of the fall semester classes. Students receive a packet explaining all of the clinical requirements and how to submit them. This information is reviewed again at the New Student Clinical Orientation in August, immediately prior to the start of classes. Students must have all requirements completed and loaded into the Immunization Tracker before they are registered for any clinical courses.

**SECTION 3: STUDENT INFORMATION**

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

Summer N/A Fall 94 Spring N/A



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

Summer     N/A     Fall     56     Spring     33    

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. N/A

4.) Indicate the type of program delivery system:

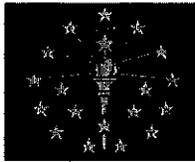
Semesters       Quarters      Other (specify):     

**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):

<b>Faculty Name:</b>	Nicole Blodgett
<b>Indiana License Number:</b>	28204256A
<b>Full or Part Time:</b>	Full
<b>Date of Appointment:</b>	January 7, 2013
<b>Highest Degree:</b>	MSN - The University of Iowa College of Nursing
<b>Responsibilities:</b>	Health Promotion and Education and Simulation Lab Coordinator

<b>Faculty Name:</b>	Jennifer Daley
<b>Indiana License Number:</b>	71003588A and 28159271A
<b>Full or Part Time:</b>	Full Time
<b>Date of Appointment:</b>	January 7, 2013



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<b>Highest Degree:</b>	WHNP – University of Cincinnati, OH
<b>Responsibilities:</b>	Women’s Health lecture and clinicals

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

1. Number of full time faculty: 31
2. Number of part time faculty: 1
3. Number of full time clinical faculty: 7
4. Number of part time clinical faculty: 0
5. Number of adjunct faculty: 2

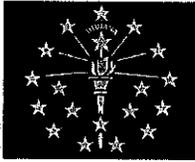
1. Number with an earned doctoral degree: 16
2. Number with master’s degree in nursing: 28
3. Number with baccalaureate degree in nursing: \_\_\_\_\_
4. Other credential(s). Please specify type and number: \_\_\_\_\_

**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.



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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.

Peggy S. Gerard

Signature of Dean/Director of Nursing Program

September 30, 2013

Date

Peggy S. Gerard

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.

# NLNAC

National League for Nursing Accrediting Commission, Inc.

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Washington, District of Columbia

LEE E. WURSTER, JD  
Retired Attorney  
Dublin, Ohio

March 23, 2012

Peggy S. Gerard, PhD, RN  
Professor and Dean  
School of Nursing  
Purdue University-Calumet  
2200 169<sup>th</sup> 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

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**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

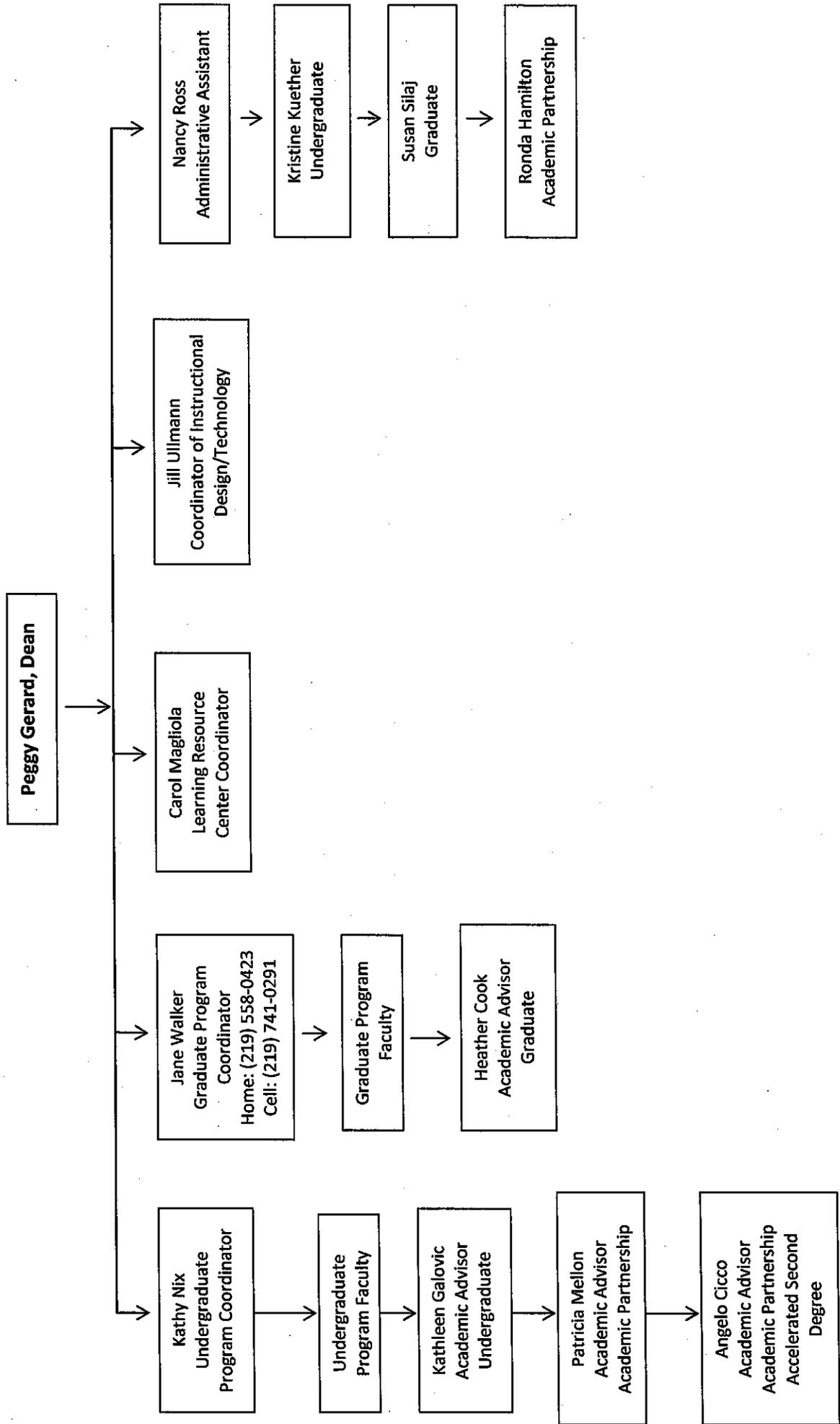
cc: Lynne P. Lewallen, Program Evaluator  
Karen Frenn, Program Evaluator  
Jaibun K. Earp, Program Evaluator  
Janeen Sheehe, Program Evaluator  
Josephine McCaskill, Program Evaluator

Enc. Summary of Deliberations of the Evaluation Review Panel

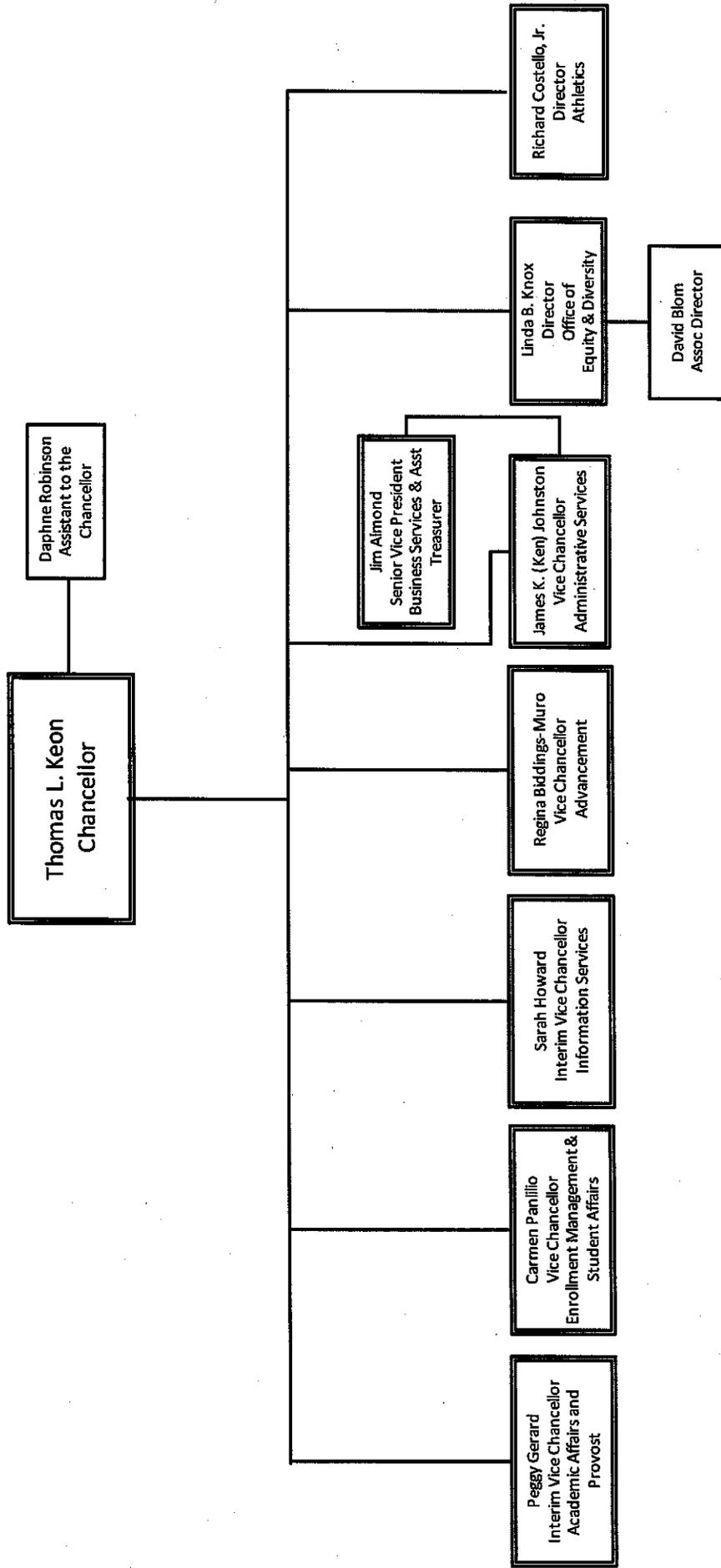
**Faculty No Longer Employed by the institution since the last Annual Report**

Faculty Name	Degrees			Teaching Responsibilities		FT or PT
	BS	MS	PhD	Lecture	Lab	
Anema, Cheryl	X	X	X	Transitions to Professional Nursing; Pathophysiology		FT

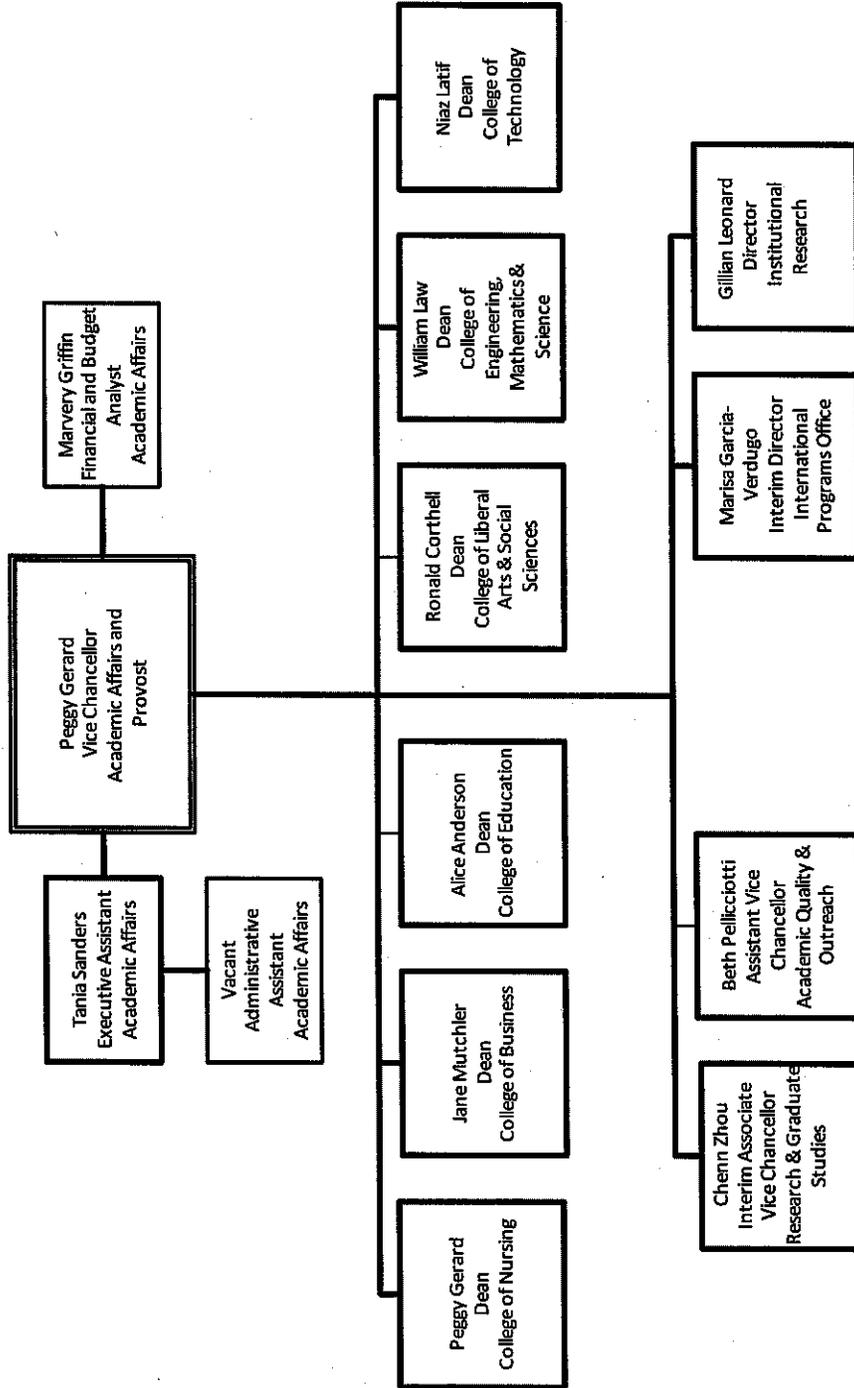
Purdue University Calumet  
College of Nursing



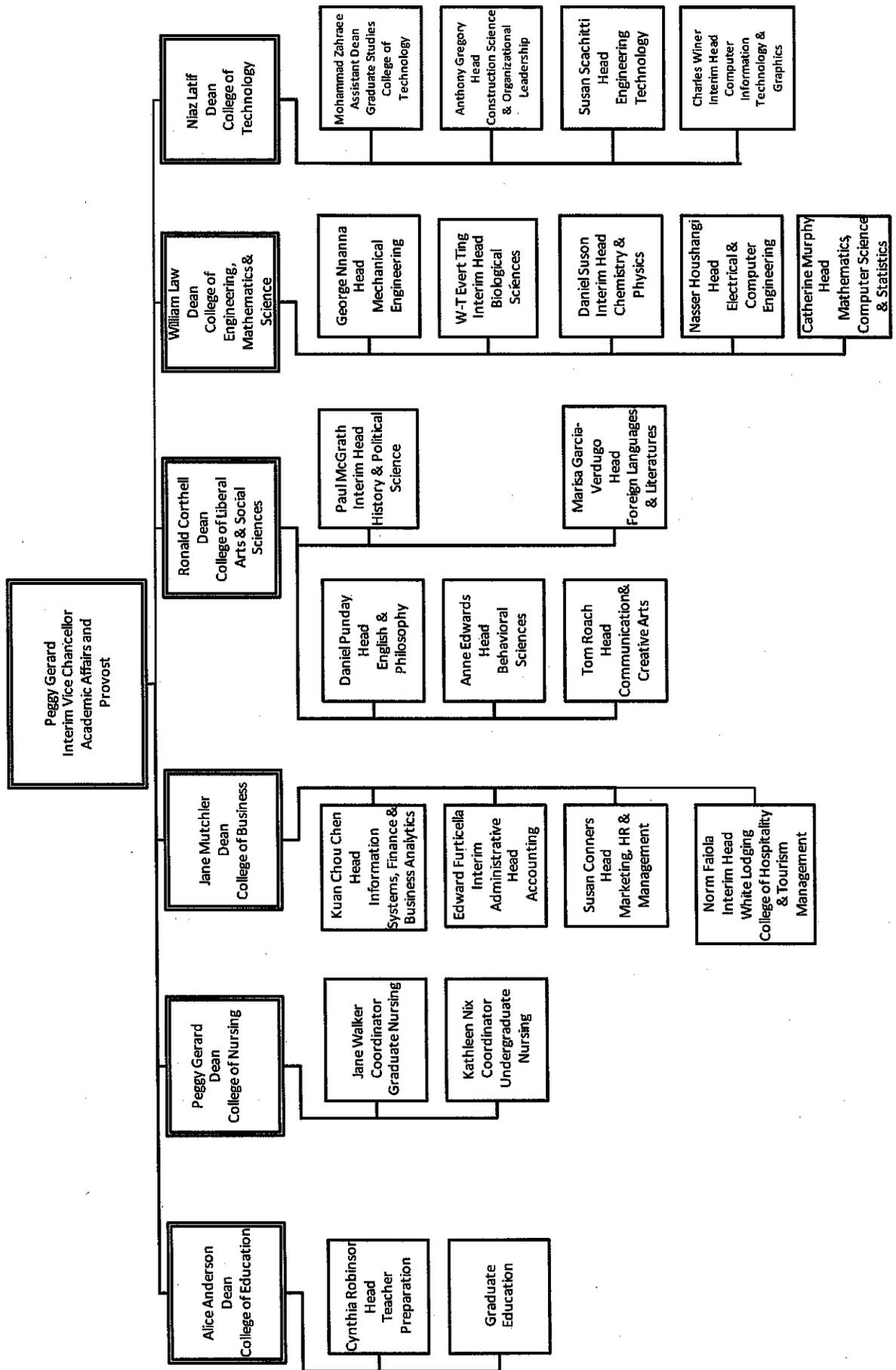
# OFFICE OF THE CHANCELLOR



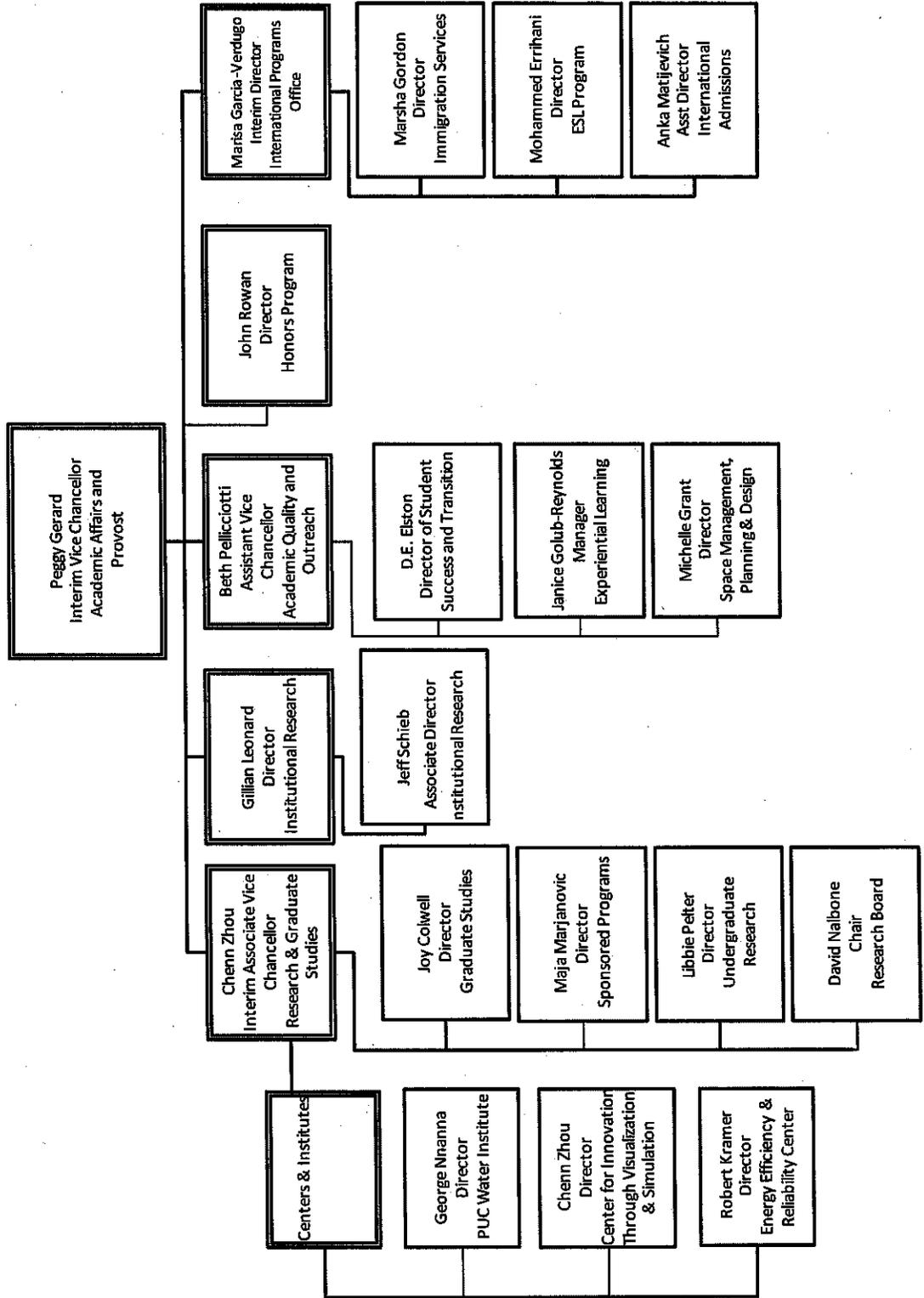
# ACADEMIC AFFAIRS



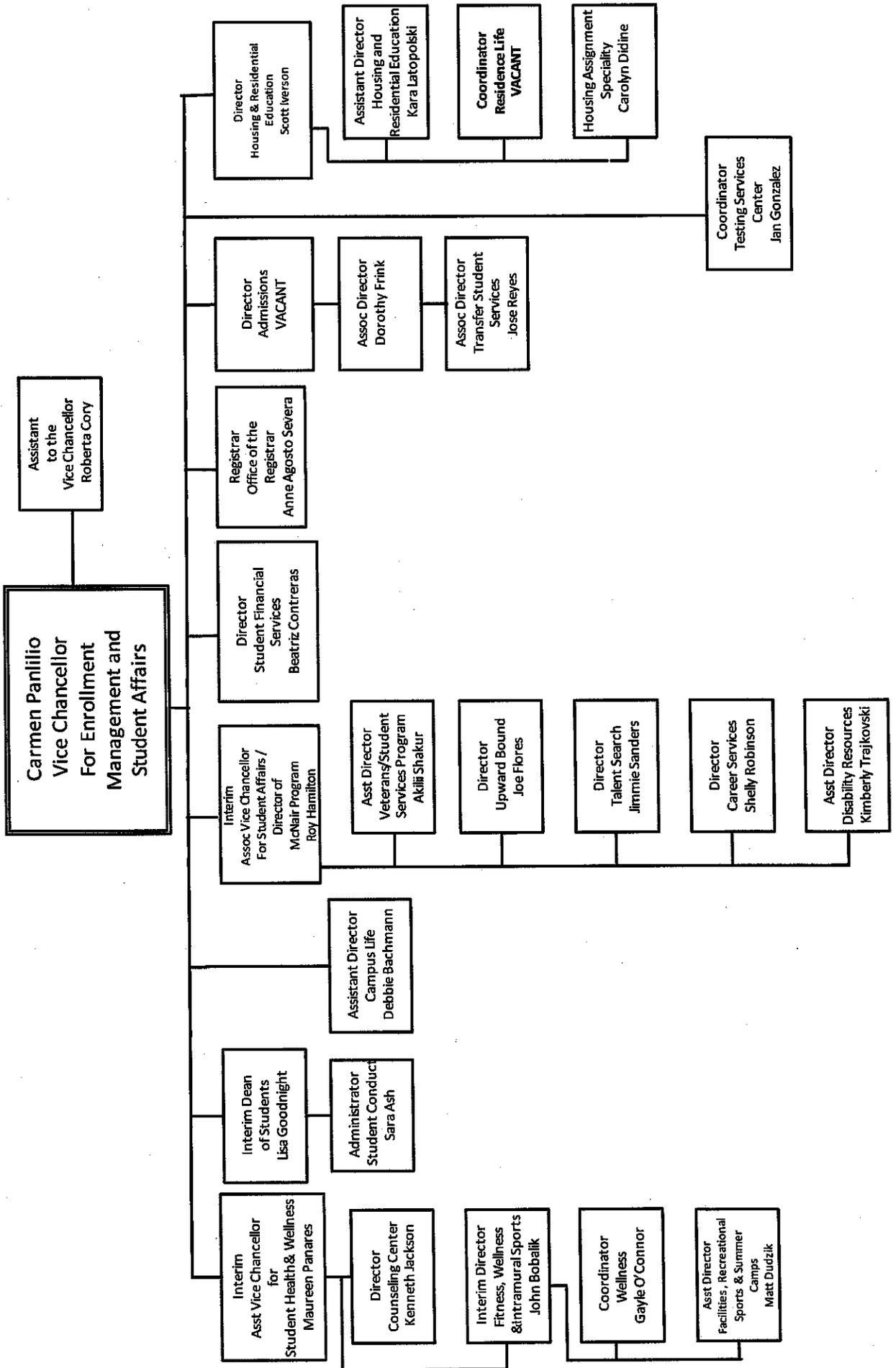
# ACADEMIC AFFAIRS



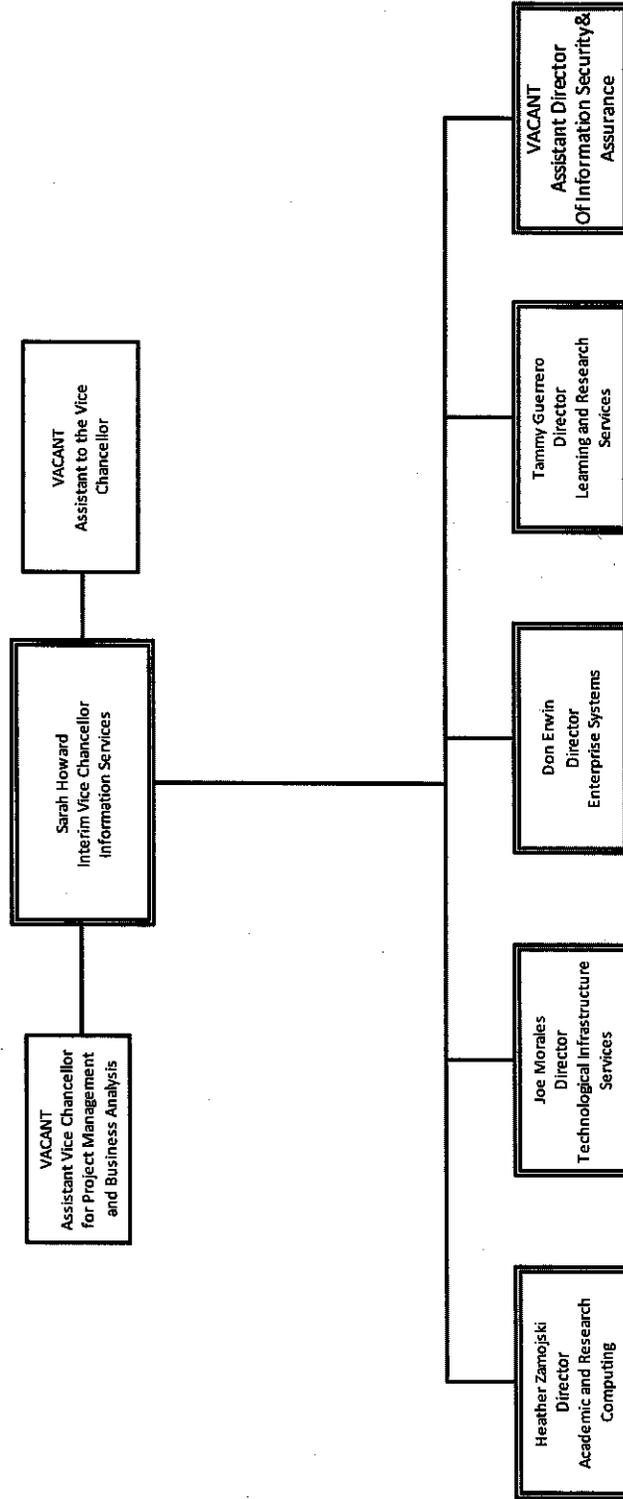
# ACADEMIC AFFAIRS



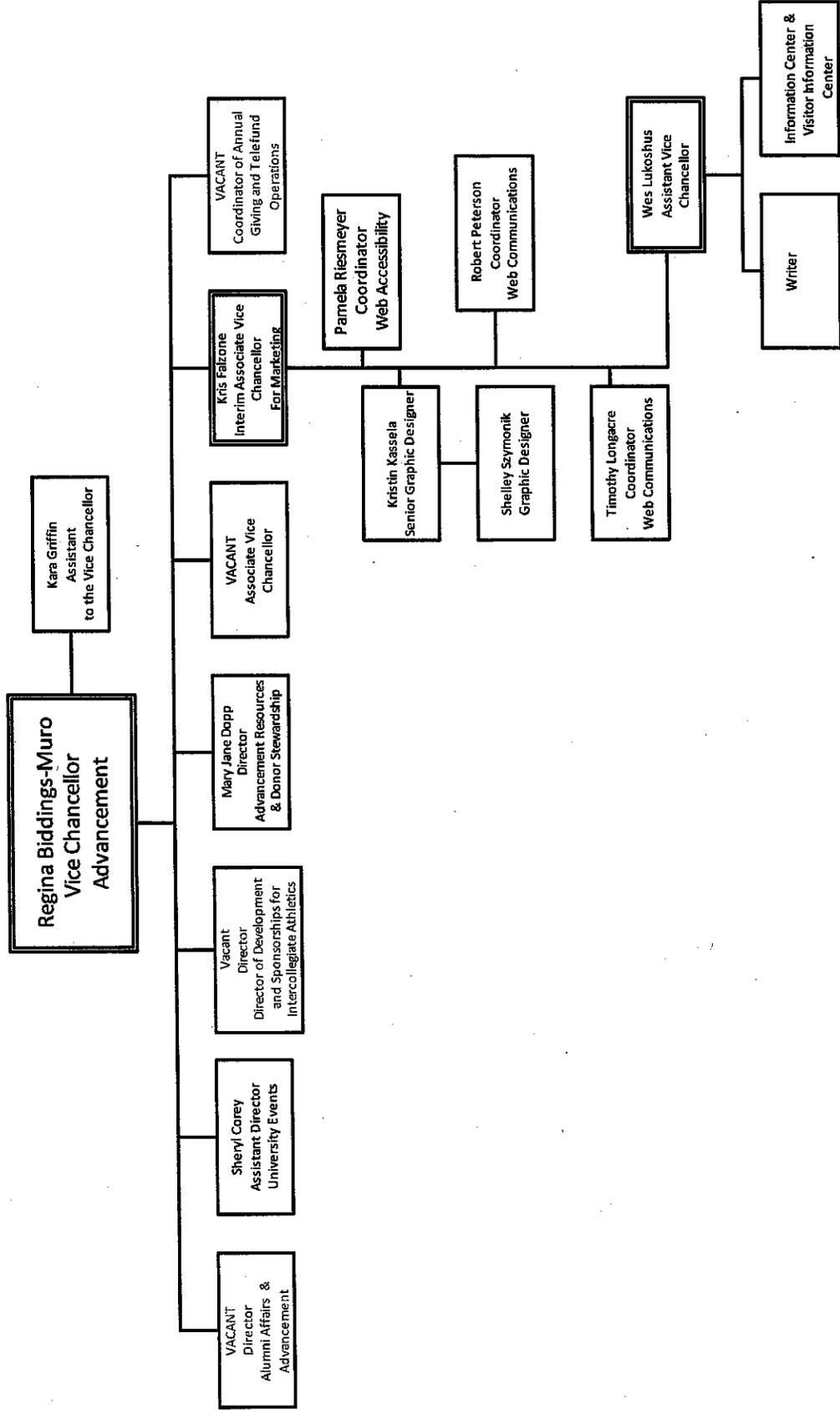
# ENROLLMENT MANAGEMENT AND STUDENT AFFAIRS



# INFORMATION SERVICES



# ADVANCEMENT



# Vice Chancellor Administrative Services

