



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](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:   1/8/2013 – 31/5/14    
(Date/Month/Year) to (Date/Month/Year)

Name of School of Nursing: University of Evansville

Address: 1800 Lincoln Avenue, Evansville, IN 47722

Dean/Director of Nursing Program

Name and Credentials: Amy M. Hall, RN, PhD, CNE

Title: White Family Endowed Professor & Chair    Email; [ah169@evansville.edu](mailto:ah169@evansville.edu)

Nursing Program Phone #: 812-488-2343      Fax: 812-488-2717



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Website Address: <http://www.evansville.edu/majors/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: Spring 2007; full accreditation, next visit by ACEN in 8 years (spring, 2015)

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 <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 ___ 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 ___ No <u>x</u> |
| 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 \_\_\_\_\_ No   x   \_\_\_\_\_

2B.) If not, explain how you assess student readiness for the NCLEX. Students take all specialty HESI exams, midcurricular exam and end of program exam; students remediate for all exams, can retake specialty exams. In senior year, students select a faculty mentor who helps them identify areas of strengths and weaknesses in knowledge. Students meet with their mentors on a regular basis to review information. All students must earn a minimum exam average of 75% (C-) in all nursing courses in order to pass the course and progress in the program

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

2D.) When in the program are comprehensive exams taken: Upon Completion   x   \_\_\_\_\_  
As part of a course   x   \_\_\_\_\_ Ties to progression or thru curriculum yes – exams are taken throughout the curriculum; specialty exams given when students complete the appropriate course (for example, the leadership and community health HESI is taken in the fall of the senior year after students complete their leadership and community health courses)

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

Fundamentals exam given after fundamentals course (fall sophomore year)

OB/maternity exam given after health families course (spring sophomore year)

Mental health nursing and midcurricular given after mental health course (fall junior year)

Medical-surgical, pediatric, and pharmacology given after med-surg/peds courses (spring junior year)

Leadership and community health exam given after leadership and public health courses (fall senior year)

Critical care exam given after advanced med-surg course (spring senior year)



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

A. Faculty recruitment/retention: it is difficult to find doctorally prepared nurses to teach nursing in Evansville; we really do not have issues with retention

B. Availability of clinical placements: Clinical placements are tight but we work together with area schools and hospitals to set clinical placements in January every year. This has really helped with communication and assignment of sites

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

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

In the sophomore year before entering clinicals and then every year after that until they graduate

5.) At what point and in what manner are students apprised of the criminal background check for your program? Information about background checks is posted in the student handbook – all freshmen through seniors have access to the handbook and this information. Students are informed/reminded about need to do criminal background check just before final exams in the spring; receive email notifications throughout the summer; complete checks in the fall during the first week of school; if a student has a positive screen, he/she is informed of information on screen and appropriate follow up is initiated.

**SECTION 3: STUDENT INFORMATION**

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

Summer 0 Fall 28 BSN, 2 RN to BSN Spring 2 RN to BSN

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

Summer 0 Fall 0 Spring 44 BSN 1 RN to BSN

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 – we received no complaints during this year

4.) Indicate the type of program delivery system:



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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>	Donna Cobb
<b>Indiana License Number:</b>	28087733A
<b>Full or Part Time:</b>	Adjunct
<b>Date of Appointment:</b>	January 2014
<b>Highest Degree:</b>	MSN
<b>Responsibilities:</b>	Critical Care clinicals

<b>Faculty Name:</b>	Danette Culver
<b>Indiana License Number:</b>	28190722A
<b>Full or Part Time:</b>	Adjunct
<b>Date of Appointment:</b>	August 2013
<b>Highest Degree:</b>	MSN
<b>Responsibilities:</b>	Leadership class

<b>Faculty Name:</b>	Carolyn Stillwell
<b>Indiana License Number:</b>	28113725A



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<b>Full or Part Time:</b>	Adjunct
<b>Date of Appointment:</b>	Fall 2013
<b>Highest Degree:</b>	MSN
<b>Responsibilities:</b>	Mental health clinical

<b>Faculty Name:</b>	Valerie Topper
<b>Indiana License Number:</b>	28184515A
<b>Full or Part Time:</b>	Adjunct
<b>Date of Appointment:</b>	Fall 2013
<b>Highest Degree:</b>	MSN
<b>Responsibilities:</b>	Public health clinical

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

1. Number of full time faculty: 11
2. Number of part time faculty: 0
3. Number of full time clinical faculty: 0
4. Number of part time clinical faculty: 0
5. Number of adjunct faculty: 13

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

1. Number with an earned doctoral degree: 6
2. Number with master's degree in nursing: 18



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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  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.

Amy M. Hall RN PhD CNE      10/1/14

Signature of Dean/Director of Nursing Program      Date

Amy M. Hall RN PhD CNE  
Printed Name of Dean/Director of Nursing Program



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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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No changes in clinical sites

Faculty no longer employed since last Annual Report: (all adjunct faculty)

James Ryan Taylor  
Lisa Hensley  
Windi Watts  
Sarah Blue

Organizational chart:

