



**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: 1/8/2012 – 31/5/13
(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

Nursing Program Phone #: 812-488-2343

Fax: 812-488-2717



**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

Website Address: <http://www.evansville.edu/majors/nursing/>

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

Please indicate last date of NLNAC or CCNE accreditation visit, if applicable, and attach the outcome and findings of the visit: NLNAC site 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 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 x _____ No _____
- 9) Major changes in curriculum (list if positive response) Yes x _____ No _____

Reduced number of credit hours required for graduation starting with freshman class of 2012; report submitted and approved by the Board of Nursing and ACEN



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 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

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, retake specialty exams if they do not score at the benchmark and all students take both versions of the end of program exam. In the senior year, students select a faculty mentor who helps them identify areas of strengths and areas where students need to improve their knowledge. Students meet with their mentors on a regular basis to review information; also all students must earn a minimal 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
As part of a course Ties to progression or thru curriculum: HESI 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); HESI exams count at least 10% of a student's grade in a course.

2E.) If taken as part of a course, please identify course(s): mid-curricular exam: junior fall nursing courses; end of program exam: senior level medical surgical course; 8 specialty exams are given at appropriate times throughout the curriculum –

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)



Michael R. Pence, Governor

Nicholas Rhoad, Executive Director

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)

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

A. Faculty recruitment/retention: It is very difficult to find qualified doctorally prepared faculty in Evansville; we have no issues with retention; our full-time and part-time faculty are very stable

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 students?

Yearly beginning with the sophomore year and until the student graduates.

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 35 BSN 2 RN to BSN Spring 1 RN to BSN

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

Summer 0 Fall: 2 RN to BSN Spring: 30 BSN 1 RN to BSN



Michael R. Pence, Governor

Nicholas Rhoad, Executive Director

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 had no complaints this year

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):

Faculty Name:	Windi Watts
Indiana License Number:	28130040A
Full or Part Time:	Adjunct
Date of Appointment:	August 2012
Highest Degree:	MSN
Responsibilities:	Mental health clinicals

Faculty Name:	James Ryan Taylor
Indiana License Number:	28179545A
Full or Part Time:	Adjunct
Date of Appointment:	August 2012
Highest Degree:	MSN
Responsibilities:	Pediatric clinical



**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

Faculty Name:	Judith McCutchan
Indiana License Number:	28063474A
Full or Part Time:	Adjunct
Date of Appointment:	August 2013
Highest Degree:	PhD
Responsibilities:	Transitions course for RN to BSN program

Faculty Name:	Isabella McCool
Indiana License Number:	28113725A
Full or Part Time:	Adjunct
Date of Appointment:	August 2013
Highest Degree:	DNP
Responsibilities:	Nursing Leadership

Faculty Name:	Theresa Price
Indiana License Number:	28128939A
Full or Part Time:	Adjunct
Date of Appointment:	January 2013
Highest Degree:	MSN



**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

Responsibilities:	Medical surgical 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: 14

C. Faculty education, by highest degree only:

1. Number with an earned doctoral degree: 5
2. Number with master's degree in nursing: 23
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

All faculty have minimum of masters in nursing; by semester, there are more full time than adjunct faculty who teach – for the entire year, 246 contact hours were taught by full time faculty; 168 contact hours were taught by adjunct faculty



**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

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. Hill RN PhD CNE

9/27/13

Signature of Dean/Director of Nursing Program

Date

Amy M. Hill RN PhD CNE

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.



**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

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
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

Change in Programs/Facilities – change in credit hours required for graduation with students admitted fall 2012 – changes were approved by IN Board of Nursing and ACEN

Clinical facilities changes for 2011 – 2012:

Additional sites:

Brentwood Meadows

DaVita Hemodialysis

Sites no longer used during this time:

Mead Johnson – no longer has an occupational health nurse

Faculty no longer employed by the institution since the last Annual Report: note – all are adjunct faculty

Jane Rauscher

Denise McDowell

Paula West



**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

