



Indiana State Board of Nursing
402 West Washington Street, Room W072
Indianapolis, Indiana 46204

Telephone: (317) 234-2043 Fax: (317) 233-4236

Website: www.PLA.IN.gov Email: pla2@pla.in.gov

Governor Mitchell E. Daniels, Jr.

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, 2011 through July 31, 2012. 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 2011." 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 X BSN _____

Dates of Academic Reporting Year: 08/18/12 to 8/17/13
(Date/Month/Year) to (Date/Month/Year)

Name of School of Nursing: University of Indianapolis School of Nursing

Address: 1400 East Hanna Avenue
Indianapolis, IN 46209

Dean/Director of Nursing Program:

Name and Credentials: Anne Thomas, PhD, ANP-BC, GNP, FAANP

Title: Dean of the School of Nursing, Associate Professor

Email: athomas@uindy.edu

Nursing Program Phone #: (317)788-3206 Fax: (317)788-6208

Website Address: http://nursing.uindy.edu/

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

University of Indianapolis – School of Nursing Blog

Please indicate last date of NLNAC or CCNE accreditation visit, if applicable, and attach the outcome and findings of the visit: Last date of NLNAC visit – October 2006

(See attached outcome and findings of the visit)

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. –

Please see explanations below for yes responses:

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

Dr. Thomas has been inducted as a Fellow into the AANP

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 ___

The library stays current in making available hard copy and e-copy reference materials for students.

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 X No ___

9) continued --

1. Beginning in fall 2013 students will no longer need to take a basic computer course as a core requirement. The content has been shown to be integrated into the curriculum.

2. Beginning in fall 2013, the ASN Program will admit their last class. They will graduate in 2015 and the ASN program's resources will transition to grow the BSN programs.

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?

N/A

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. N/A

2C.) If so, which exam(s) do you require? Kaplan Diagnostic Test

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

2E.) If taken as part of a course, please identify course(s): ANUR202 -- last course of the program

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

A. Faculty recruitment/retention: Many clinical faculty applicants for the ASN program continue to be in the process of getting a MSN degree but have not completed yet. Grant Partnership with IU Health required additional faculty for clinical and didactic instruction.

B. Availability of clinical placements: Limited to sites historically requested and consideration given after BSN requested needs filled; Grant Partnership placed at IU Health facilities.

C. Other programmatic concerns (library resources, skills lab, sim lab, etc.): none for this reporting period

4.) At what point does your program conduct a criminal background check on students?
Before admission to the clinical coursework and then annually prior to fall courses.

5.) At what point and in what manner are students apprised of the criminal background check for your program?
during application paperwork process, written in application instructions, posted online

SECTION 3: STUDENT INFORMATION

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

Summer N/A Fall 79 Spring N/A

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

Summer N/A Fall N/A Spring 68

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. None during reporting period.

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):

Note - All new clinical faculty also included below:

| | |
|--------------------------------|--|
| 1. Faculty Name: | Renee Arnold |
| Indiana License Number: | 28168878A |
| Full or Part Time: | Part Time |
| Date of Appointment: | January 2013 |
| Highest Degree: | BSN |
| Responsibilities: | Didactic Instructor |
| 2. Faculty Name: | Derek Booth |
| Indiana License Number: | 28169924A |
| Full or Part Time: | Part Time |
| Date of Appointment: | January 2013 |
| Highest Degree: | BSN - in MSN courses - anticipated graduation May 2014 |
| Responsibilities: | Clinical Instructor |
| 3. Faculty Name: | Kimberly Devine |
| Indiana License Number: | 28147281A |
| Full or Part Time: | Part Time |
| Date of Appointment: | August 2012 |
| Highest Degree: | BSN - in MSN courses |

| | |
|--------------------------------|--------------------------------------|
| Responsibilities: | Clinical Instructor |
| 4. Faculty Name: | Stephanie Heckman |
| Indiana License Number: | 28154278A |
| Full or Part Time: | Part Time |
| Date of Appointment: | August 2012 |
| Highest Degree: | MSN |
| Responsibilities: | Clinical Instructor |
| 5. Faculty Name: | Robin McIntire |
| Indiana License Number: | 28089697A |
| Full or Part Time: | Part Time |
| Date of Appointment: | August 2012 |
| Highest Degree: | BSN |
| Responsibilities: | Clinical Instructor |
| 6. Faculty Name: | Katie Meadows |
| Indiana License Number: | 28132255A |
| Full or Part Time: | Part Time |
| Date of Appointment: | August 2012 |
| Highest Degree: | MSN |
| Responsibilities: | Clinical Instructor |
| 7. Faculty Name: | Anna Philipose |
| Indiana License Number: | 28195454A |
| Full or Part Time: | Part Time |
| Date of Appointment: | January 2013 |
| Highest Degree: | MSN -- in DNP classes |
| Responsibilities: | Clinical Instructor |
| 8. Faculty Name: | Danielle Robinson |
| Indiana License Number: | 28147587A |
| Full or Part Time: | Part Time |
| Date of Appointment: | January 2013 |
| Highest Degree: | MSN |
| Responsibilities: | Didactic and Clinical Instructor |
| 9. Faculty Name: | Pat Redmond |
| Indiana License Number: | 28087391A |
| Full or Part Time: | Part Time (full time in BSN program) |
| Date of Appointment: | January 2013 |
| Highest Degree: | MSN |
| Responsibilities: | Clinical Instructor |
| 10. Faculty Name: | Karen Strandjord |
| Indiana License Number: | 28102179A |
| Full or Part Time: | Part Time |
| Date of Appointment: | January 2013 |
| Highest Degree: | MSN |
| Responsibilities: | Didactic Instructor |

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

1. Number of full time faculty: 6
2. Number of part time faculty: 4 didactic (one is also a part time clinical faculty)
3. Number of full time clinical faculty: None
4. Number of part time clinical faculty: 25 (including the one also didactic)
5. Number of adjunct faculty: 0

C. Faculty education, by highest degree only: fulltime ASN faculty/other faculty = all

1. Number with an earned doctoral degree: 0/1 = 1
2. Number with master's degree in nursing: 6/13 = 19
3. Number with baccalaureate degree in nursing: 0/14 = 14 but 5 have MSN in progress
4. Other credential(s). Please specify type and number: 0

D. Given this information, does your program meet the criteria outlined in 848 IAC 1-2-13?

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;

University of Indianapolis
SON - ASN FACULTY

| Faculty Name | Teaching Responsibilities | FT or PT | Separated from employment since last annual report Change 2011-2012 to 2012-2013 |
|-----------------|---------------------------|----------|--|
| Barrett, Debra | clinical instructor | PT | took ft position at hospital |
| Friedman, Diana | clinical instructor | PT | took ft position at another University |
| Garver, Alicia | clinical instructor | PT | took ft position at hospital |
| Long, Amy | clinical instructor | PT | took ft position at hospital |
| Miller, Genina | clinical instructor | PT | took ft position at hospital |
| Price, Janice | clinical instructor | PT | took ft position at another University |
| Russell, Alicia | clinical instructor | PT | took ft position at hospital |
| Snyder, Alyssa | clinical instructor | PT | took ft position at hospital |
| Watkins, Mandy | clinical instructor | PT | took ft position at hospital |
| Wiles, Crystal | clinical instructor | PT | took ft position at hospital |

2. An organizational chart for the nursing program and the parent institution. See attached:
 - a. School of Nursing for University of Indianapolis
 - b. University of Indianapolis

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.



September 30, 2013

Signature of Dean/Director of Nursing Program

Date

Dr. Anne Thomas, Dean School of Nursing

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.

NLNAC

National League for Nursing Accrediting Commission, Inc.

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March 21, 2007

Sharon Isaac, EdD, RN
Dean, School of Nursing
University of Indianapolis
1400 East Hanna Avenue
Indianapolis, IN 46227

Dear Dr. Isaac:

This letter is formal notification of the action taken by the National League for Nursing Accrediting Commission at its meeting on February 21-23, 2007. The Board of Commissioners granted the associate degree program continuing accreditation and scheduled the next evaluation visit for Fall 2014.

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 found the following strengths and areas needing development:

Strengths by Accreditation Standard:

Standard III Students

- Advising/Retention system.
- Mentor/Mentee program available to provide spiritual encouragement to first year students.

Standard V Resources

- Availability of simulation technology and skill labs with supporting staff.

Standard VII Educational Effectiveness

- Well-written, comprehensive, detailed program evaluation plan.
- Extensive use of evaluation results to inform program decision making.



**SUMMARY OF DELIBERATIONS AND RECOMMENDATION OF THE
ASSOCIATE DEGREE EVALUATION REVIEW PANEL
FALL 2006 ACCREDITATION CYCLE**

**UNIVERSITY OF INDIANAPOLIS
INDIANAPOLIS, INDIANA**

Associate Degree Program Accreditation History

Established 1959 Initial Accreditation December 1967 First Reaffirmation Visit December 1988
Action: Continuing Accreditation (no visit) Fall 2006

Overview

Length of Program: 66 credits
Number of Students: 925 Students: 210 Part-time
Number of Faculty: 16 Full-time: 11 Part-time: 5
Programs: Health Services Administration, Health Services Management, Health Services Administration, Health Services Management, Health Services Administration, Health Services Management

Evaluation Review Panel Summary

Recommendation:
Continuing Accreditation, No review (eight (8) years)

Commentary:

Areas of Strengths by Accreditation Standard

Standard III Students

- Advising/Retention system.
- Mentor/Mentee program available to provide spiritual encouragement to first year students.

Standard V Resources

- Availability of simulation technology and skill labs with supporting staff.

Standard VII Educational Effectiveness

- Well-written, comprehensive, detailed program evaluation plan.
- Extensive use of evaluation results to inform program decision making.

SCHOOL OF NURSING ORGANIZATIONAL CHART



