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Introduction:

1. Name and address of governing organization:

Indiana State University
200 North 7th Street
Terre Haute, IN 47809

2. Name, credentials, and title of chief executive officer of the governing organization:

Dr. Daniel J. Bradley, Professor and President

3. Name of the institutional accrediting body and accreditation status:

The Higher Learning Commission of the North Central Association of Colleges and Schools. Full accreditation awarded in March 2011

4. Name and address of the nursing education unit:

Departments of Baccalaureate Nursing, Baccalaureate Nursing Completion, and
Advanced Practice Nursing
College of Nursing, Health, and Human Services
749 Chestnut Street
Terre Haute, IN 47809

5. Name, credentials, title, telephone number, fax number, and email address of the nurse administrator of the nursing education unit:

Dr. Lea R. Hall, PhD, MS, BSN, Associate Professor and Executive Director of Nursing
Telephone: (812) 237-2326
Fax number: (812) 237-8895
E-mail: lea.hall@indstate.edu

6. Name of the State Board of Nursing and approval status (date of last review and action):

Health Professions Bureau
Indiana State Board of Nursing
Indianapolis, IN

<http://www.in.gov/pla/nursing.htm>

Approval status: Full accreditation for all pre-licensure programs

7. Date of most recent ACEN accreditation visit and action taken:

October 2011, Master's/Post-Master's Program Continuing Accreditation with Conditions; Baccalaureate Program Continuing Accreditation with Warning

8. Year the nursing program was established:

1986; Initial accreditation 1989

9. Faculty Profile Form:

Full-time Faculty: 6 (1 open position); Part-time Faculty: 9

See Appendix A, pgs. 50-53

10. Total Student Enrollment:

(All students are part-time)

Master of Science – Family Nurse Practitioner = 216

Master of Science – Nursing Education = 28

Master of Science – Nursing Administration = 16

Post-Master's Certificate – Family Nurse Practitioner = 9

Post-Master's Certificate – Nursing Education = 0

11. Length of Program in Semesters Credits:

Master of Science – Family Nurse Practitioner 48-51 credit hours

Master of Science – Nursing Education 35-38 credit hours

Master of Science – Nursing Administration 35-38 credit hours

Post-Master's Certificate – Family Nurse Practitioner 27 credit hours

Post-Master's Certificate – Nursing Education 14 credit hours

Presentation of Standards 1 and 2:

Standard 1: Mission and Administrative Capacity

Evidence of non-compliance:

Criterion 1.5 (2008 ACEN Standards and Criteria)

- The decentralized structure of the nursing unit results in the Executive Director of Nursing not having the responsibility and authority over the nursing unit nor adequate time and resources to fulfill the role responsibilities.

CRITERION 1.1 The mission/philosophy and program outcomes of the nursing education unit are congruent with the core values and mission/goals of the governing organization.

The Mission and Values Statements for Indiana State University (ISU) are published online at

<http://www.indstate.edu/academicaffairs/mission.htm>, and in the *Indiana State University*

Handbook at <http://www.indstate.edu/adminaff/policyindex.htm> (Section 200, Governance).

Additional information about the institutional history and setting can also be found through this link. The mission statement and core values of the College of Nursing, Health, and Human Services (CONHHS) are based on respect, integrity, compassion, health, and performance.

There is one overarching Philosophy for the Nursing faculty in the CONHHS and each department has its own Mission Statement. Table 1.1.1 shows congruency between the mission statements.

Table 1.1.1 Comparison of Mission and Values Statements Between University, College, and Departments

Indiana State University	College of Nursing, Health, and Human Services	Nursing Departments
<p>Mission Statement: Indiana State University combines a tradition of strong undergraduate and graduate education with a focus on community and public service. We integrate teaching, research, and creative activity in an engaging, challenging, and supportive learning environment to prepare productive citizens for Indiana and the world.</p>	<p>Mission Statement: The College is dedicated to fostering student excellence and developing productive citizens who function as skilled professionals. Further, we champion teaching, research, creative activities, community involvement through health initiatives, and life-long learning.</p>	<p>Mission Statements: Advanced Practice Nursing: The mission of the Department of Advanced Practice Nursing is to develop competent, caring nursing professionals and productive citizens practicing in advanced nursing roles in clinical care, education, and leadership. This mission is accomplished through a variety of teaching modalities, experiential learning, research and/or the application of research findings, and community and public service.</p>

<p>Values: We value high standards for learning, teaching, and inquiry. We provide a well-rounded education that integrates professional preparation and study in the arts and sciences with co-curricular involvement. We demonstrate integrity through honesty, civility, and fairness. We embrace the diversity of individual ideas and expressions. We foster personal growth within an environment in which every individual matters. We uphold the responsibility of University citizenship. We exercise stewardship of our global community.</p>	<p>Values: Our programs focus around our core values of compassion, health, integrity, respect, and performance with the vision of becoming eminent in providing qualified professionals serving diverse populations through learning, leadership, scholarship, innovation, and community engagement.</p>	
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The *Philosophy of the Nursing Faculty* serves as the foundation for the programs of study and articulates the faculty’s beliefs about nursing, nursing education, and continuous quality improvement in instruction, nursing care, and academic performance.

Philosophy of the Nursing Faculty

Nursing faculty endorse the mission and values of Indiana State University, the College of Nursing, Health, and Human Services, and the missions within each of the nursing departments. This philosophy articulates the faculty’s beliefs about nursing practice, nursing education, and continuous quality improvement and also serves as a guide for all functions within the scope of nursing education at Indiana State University. The philosophical beliefs of the faculty result in the development of competent, caring nursing professionals and productive citizens.

Nursing¹ is viewed as a professional practice discipline. The body of nursing knowledge is derived from research and scholarly inquiry within the sciences and humanities. Nurses implement evidence-based practice from a holistic, caring framework in a multicultural, complex environment in an effort to provide safe, high quality care. The concepts of health promotion and wellness, risk reduction, disease management, and palliative care are emphasized across the

¹ The profession is guided by the American Nurses Association (ANA) Code of Ethics and Standards of Practice and also reflects mandates and nursing care standards from significant nursing and health education organizations such as the National League for Nursing (NLN), ANA, American Association of Colleges of Nursing (AACN), Indiana State Board of Nursing (ISBN), and the Pew Health Professions Commission (PHPC).

lifespan within the nurse-patient relationship. Nurses provide care to patients, families, groups, and communities with an emphasis on health care that includes rural and underserved populations. To this end, nurses embrace technology and informatics to increase care efficiencies. Nurses participate as members of the interprofessional team and demonstrate professional behaviors. Leadership is expressed in a variety of venues including clinical, educational, administrative, and political.

Faculty promotes excellence in nursing practice via nursing education ranging from baccalaureate to clinical doctoral education and through professional continuing nursing education. All levels of nursing education are provided by supportive faculty who are experts in teaching, scholarship, and who provide service to the University, the community, and the profession of nursing. Program outcomes are achieved through student-centered, active learning in an environment that values mutual respect, diversity, experiential learning, community engagement, and a wide range of teaching methods. Nursing education is accomplished through on-campus classes, clinical experiences, and distance modalities. Nursing faculty maintain academic integrity and high standards that promote student accountability and personal growth.

Nursing faculty, in their pursuit of program excellence, are dedicated to systematic assessment through data collection and analysis for the purposes of continuous quality improvement. The dimensions by which programs are evaluated include students, faculty, administrators, community stakeholders, teaching/evaluation methods, resources, curricula, and program outcomes. The evaluation of these dimensions allows for opportunities to improve student learning and celebrate successes.

The *Philosophy of the Nursing Faculty* is reviewed in odd numbered years and revisions are made, as needed. The latest revision was completed in fall 2011 and reviewed again without revision in fall 2013.

The master's program outcomes include the following:

- Performance on certification exam
- Program completion

- Graduate program satisfaction
- Employer program satisfaction
- Job placement rates

As indicated in the philosophy of the nursing faculty, the program outcomes are “achieved through student-centered, active learning in an environment that values mutual respect, diversity, experiential learning, community engagement, and a wide range of teaching methods”. The mission statements and core values of the university, college and nursing departments all reflect the importance of fostering excellence and engaging students in a supportive learning environment that produces skilled professionals. As a result, the master’s program outcomes effectively measure and reflect student and program success.

CRITERION 1.2 The governing organization and nursing education unit ensure representation of the nurse administrator and nursing faculty in governance activities; opportunities exist for student representation in governance activities.

ISU is governed by a Board of Trustees whose nine members are appointed by the Governor of the State of Indiana. Two of the nine members were nominated by the ISU Alumni Association, one was nominated by the Student Government Association, and is a full-time student at ISU, and six are alumni of ISU. The President, who serves as the Chief Executive Officer, reports to the Board of Trustees, and there are four Vice-Presidents who report directly to the President.

ISU has six academic divisions, including the CONHHS, and each division is headed by a Dean who reports to the Provost/Vice President for Academic Affairs. The CONHHS has seven academic departments, three of which are specific to nursing. The organizational chart for the University can be accessed online at:

<http://www.indstate.edu/adminaff/docs/Visio-OrgFunction.pdf>.

The nursing education unit, led by the Executive Director of Nursing, is comprised of three nursing departments: Advanced Practice Nursing (APN), Baccalaureate Nursing (BN), and Baccalaureate Nursing Completion (BNC). Each department has a Chairperson and Program Directors for each individual concentration/program. The Department of APN offers a Master of Science degree with concentrations in Family Nursing Practitioner (FNP), Nursing Education, and Nursing Administration. A Post-Master’s certificate in both FNP and Nursing Education is

also offered. The Department of APN also offers the Doctor of Nursing Practice (DNP) program.

Following the last accreditation site visit in fall 2011, changes in the roles and responsibilities of the Executive Director of Nursing (Executive Director of Nursing Job Description, Appendix B, p.54) prompted necessary revisions to the organizational structure of the College. Final approval from Faculty Senate was received Spring 2013. The previous College organizational chart is depicted in Appendix C, page 55, and the revised College organizational chart is depicted in Appendix D, page 56. The Department of Advanced Practice Nursing organizational chart is located in Appendix E, page 57. The changes enacted by the nursing unit and approved by the ISU Faculty Senate ensured that the Executive Director of Nursing has the responsibility and authority over the nursing unit and has adequate time and resources to fulfill the role. Prior to these changes, the Executive Director of Nursing also held the appointment of Associate Dean for Academics and Assessment. The Associate Dean position is now held by another individual. In addition, the nursing Department Chairpersons previously reported to both the Executive Director of Nursing and the Dean of the CONHHS. With the implemented changes, the Executive Director of Nursing is one full-time position, and the nursing Department Chairpersons and nursing faculty members report directly to the Executive Director of Nursing. The Executive Director is also responsible for reviewing all nursing faculty annually and approving all new nursing faculty hires.

The faculty representative in University governance is the University Faculty Senate. The authority of the Senate is described in the *Indiana State University Handbook* at http://www.indstate.edu/adminaff/docs/245%20Constitution%20of%20the%20Faculty%20of%20ISU%20_annotated%20May%202011.pdf#245.1. Thirty-four faculty members, elected from among the Colleges of the University, are voting members. Five administrators and five students also hold speaking seats. The CONHHS is apportioned Senate seats according to a representation formula. In addition, faculty has an opportunity to be appointed to various standing committees by the Executive Committee of the Senate. Students are represented in University Senate by the President of the Student Government Association, three students elected by the Student Government Association Senate, and the President of the Graduate Student Association. Table 1.2.1 demonstrates nursing faculty participation on Senate and

Standing Committees of the Senate. Additional opportunities for appointed University Committees exist for faculty as outlined in the *Indiana State University Handbook* located at <http://www.indstate.edu/adminaff/docs/270%20University%20Committees.pdf#270.1>.

Table 1.2.1 All Nursing Faculty Participation on Senate and Standing University Committees

Senate/Standing Committees	Faculty/Administrator	Term of Service
Administrative Affairs	Esther Acree	2011-2013
Arts Endowment	Esther Acree	2009-2010
Curriculum and Academic Affairs	Marcia Miller	2008-2012
Faculty Economic Benefits	Susan Eley	2008-2009
Faculty Senate	Patrice Jones Julia Fine Lea Hall Roseanne Fairchild	2008-2009 2008-2010 2010-2012 2012-2014
Faculty Senate Executive Committee	Julia Fine	2008-2010
Graduate Council	Betsy Frank Marcia Miller Debra Mallory	2008-2009 2008-2011 2011-2012
Student Affairs	Patrice Jones	2008-2009
University Research	Betsy Frank	2010-2011

The CONHHS Faculty Council consists of all faculty, administrators, professional staff, staff representatives, and student representatives. Meetings are held once per semester and are open to all members of the faculty, administration, staff and students, except when in executive session. The authority of the Faculty Council to participate in the governance of the College is limited by the statutes and by-laws of the faculty of ISU.

The constitution was last updated summer 2013 and depicts College committee representation. Each department within the College has one representative to all College committees. In addition, various individuals, including the Dean, Executive Director of Nursing, and Associate Deans, hold speaking seats on committees, where appropriate. Table 1.2.2 lists faculty members from the Department of APN who have served on CONHHS committees for the past 3 years. Faculty members are elected, by the departments, to standing committees within the College, and each nursing department has a member representative to all College committees. A membership list for College governance committees, how students are appointed, and the status of who holds speaking seats on each committee can be found at <http://www.indstate.edu/nhhs/organization/governance.htm>.

Table 1.2.2 Current APN Faculty Participation on CONHHS Committees

CONHHS Committee	Faculty Member	Term on Committee
Curriculum and Academic Affairs Committee	Lucy White Debra Vincent	2010-2011 2011-current
Executive Committee	Cherie Howk Lea Hall Debra Vincent	2010-2011 2011-2012 2012-current
Faculty Affairs Committee	Julie Fine	2008-current
Student Affairs Committee	Lea Hall Debra Mallory Erik Southard	2010-2011 2011-2012 2012-current
Assessment Committee (new committee starting Jan. 2014)	Felicia Stewart	2014-current

Department by-laws delineate membership on committees within the three departments of nursing, and detail the functions of these committees. By-laws specific to the Department of APN are located in Appendix F, pages 58-61.

All members of the Department of APN serve on the department level committees, except for the Faculty Affairs Committee. Departmental level committees include the Assessment Committee and the Curriculum Committee. The Faculty Affairs Committee must have at least three members and is comprised of tenured faculty members from any nursing department.

Table 1.2.3 illustrates the level of participation of the Executive Director of Nursing on various University, College and state committees. The Executive Director of Nursing attends the CONHHS Leadership Team meetings, nursing department meetings and holds ex-officio speaking seats on all college level committees except for Faculty Affairs.

Table 1.2.3 Executive Director of Nursing Committee Participation

Committee	Ex-officio Speaking Seat	Voting Member
Indiana Deans and Directors		X
Indiana Action Coalition- Nursing Education Sub-Committee		X
College Leadership Team Meeting	X	
College Executive Committee	X	
College Assessment Committee	X	
College Curriculum and Academic Affairs Committee	X	
College Student Affairs Committee	X	
Nursing Executive Council		X

The Nursing Executive Council (NEC) meets every other week throughout the academic year to discuss and share various issues occurring throughout the nursing education unit. Led by the Executive Director of Nursing, the Council includes the three Department Chairpersons, Program Directors, Testing Coordinator, and Learning Resource Center Director/Technology Coordinator. NEC meetings give all nursing departments the ability to share specific information and coordinate ideas to foster unity among the nursing departments.

One undergraduate and one graduate student hold speaking seats on the College Curriculum and Academic Affairs Committee (CAAC). In accordance with the revised Constitution, students previously appointed by the Student Affairs Committee (SAC) will be solicited by the departments and appointed by the College CAAC. One undergraduate and one graduate student from each department, and one student from each student association, each have a speaking seat on the College SAC.

Students are invited to departmental Assessment and Curriculum meetings by the Department Chairperson or various faculty members. Student involvement in governance is strongly encouraged; however, attendance is often limited, based on incompatibility of meeting times with work schedules and rigors of course requirements. Efforts are made to facilitate student inclusion in meetings through the use of multimedia or video streaming, thus enhancing the student participation experience. Table 1.2.4 indicates student representation on committees for this academic year.

Table 1.2.4 Student Representation on Committees

Academic Year	Committee	Student Representative
2013-Dec 2013 Jan 2014-current	Curriculum Committee	Lisa Wilson Robin Hudson
2013-2014	Assessment Committee	Stacey Smith

All ISU graduate students may join the Graduate Student Association (GSA). The mission of the GSA is to serve as the advocate and official representative of ISU graduate students at the student government, administration, local, state, and national levels; to provide a forum for discussion of issues relevant to graduate students; to organize, promote and conduct activities beneficial to graduate students; to disseminate information of interest to graduate students; and to recommend graduate students for appointment to faculty and university committees.

CRITERION 1.3 Communities of interest have input into program processes and decision-making.

Members of the Advisory Committee are a reflection of stakeholders in the graduate nursing program and include, but are not limited to, employers, alumni, students, and community health focused organizations. A representative from the local Area Health Education Committee (AHEC) is included as a member of the Advisory Committee.

The Department of APN has an Advisory Committee that meets, at least annually, to discuss issues pertaining to graduate programs and seek input for program enhancement from various stakeholders. Advisory Committee membership reflects the Department’s unique student population and programs, and its members may participate in the meeting(s) through video and telephone conferencing. In addition to other duties, members of the Advisory Committee are tasked with responding to changes related to philosophy, student learning outcomes, and policies related to admission, progression, and graduation. Membership on the APN Advisory Committee does not exclude members from participating on undergraduate advisory committees. Although the APN Advisory Committee meets separately from the undergraduate committee for the purpose of brevity, the overlap of membership is encouraged. On occasion, surveys relative to new program offerings are used to solicit input from communities of interest. Table 1.3.1 demonstrates the members of the Advisory Committee for the Department of APN.

Table 1.3.1 Department of APN Advisory Committee Members

Member Name	Agency or Sector Represented	Contact Information
Louise Anderson	Area Health Education Center Director (retired)	Louise.anderson@indstate.edu
Laurice Newlin	Union Hospital	lnewlin@uhhg.org
Stephanie Laws	Rural Health Innovation Collaborative (RHIC)	slaws@uhhg.org
Sally Zuel	Union Hospital	edsaz@uhhg.org
Joe Biggs	Executive Director of Lugar Center for Rural Health	bhjr@uhhg.org
Jack Jaeger	RHIC Simulation Center Director	j.jaeger@indstate.edu

One recommendation from the Advisory Committee was to recognize outstanding preceptors that have significantly contributed to the education of the advanced practice nursing students. The department agreed and will solicit nominations from students in April 2014 for the first annual Outstanding Preceptor award. In addition, representatives from Union Hospital asked to

have additional meetings in the future to explore a partnership with nursing programs to advance the educational degrees of their current RN staff.

CRITERION 1.4 Partnerships that exist promote excellence in nursing education, enhance the profession, and benefit the community.

ISU, specifically the CONHHS, has partnered with Indiana University, Union Hospital's Richard G. Lugar Center for Rural Health, Ivy Tech Community College Wabash Valley, Hamilton Center, Inc., the City of Terre Haute, and the Terre Haute Economic Development Corporation to develop the Rural Health Innovation Collaborative (RHIC). Developed in 2008 as a response to the current and worsening health care worker shortages, the mission of the RHIC is to improve and expand interprofessional education, training, and deployment of future health care providers, with particular focus on those committed to serving rural populations. In addition, the RHIC will result in neighborhood revitalization and economic development, including physical infrastructure build-out, business expansion/attraction, and the increase of rural health care services, training, and research. The core initiatives of the RHIC are education, specifically interprofessional, economic development, and facilities and neighborhood planning. As a result of these efforts, plans are currently underway for a new RHIC Joint Health Education Complex, which will bring together programs from ISU, Indiana University, and Ivy Tech Community College in order to foster integration of the educational experiences of our future health care professionals.

The state-of-the-art Landsbaum Center for Health Education (LCHE) is a result of a partnership between ISU, Indiana University School of Medicine- Terre Haute, and Union Hospital. The LCHE was created to offer unique opportunities for health improvement and team learning through partnership and multidisciplinary education. Opening in 2003, the LCHE houses facilities for the Indiana University School of Medicine- Terre Haute, ISU CONHHS, Union Hospital's Richard G. Lugar Center for Rural Health, the West Central Indiana Area Health Education Center (WCI-AHEC) and the Center for Health, Wellness, and Life Enrichment.

In addition, one doctoral faculty member is an experienced nurse researcher (Fairchild) who is facilitating collaborative research teams involving nurse faculty, graduate nursing students, rural

healthcare community stakeholders, and professional colleagues from other health care disciplines in the following areas:

1. Rural health service learning initiatives in health information technologies
2. Continuing education and interprofessional healthcare provider of education and research projects
3. Rural health services research projects

In particular, a private funder (Lilly Endowment) and the WCI-AHEC have awarded approximately \$35,000 in grants for these faculty-driven projects, and an additional grant application has been submitted to the National Rural Health Association for Dr. Fairchild's rural health services program of research in authentic leadership in rural healthcare settings.

All of these partnerships promote nursing education excellence, enhance nursing, and benefit the surrounding community.

CRITERION 1.5 The nursing education unit is administered by a nurse who holds a graduate degree with a major in nursing and is doctorally prepared.

Dr. Lea Hall serves as the Executive Director of Nursing and has held this appointment since May 1, 2012. In 1997, Dr. Hall graduated from the University of Alabama Birmingham with a B.S.N. and, in 2001, she earned a Master of Science degree with a focus in Family Nurse Practitioner from ISU. In 2010, Dr. Hall completed her PhD in Curriculum, Instruction, and Media Technology with a focus on Teaching and Learning at ISU. Her abbreviated curriculum vita can be found in Appendix G, page 62.

CRITERION 1.6 The nurse administrator is experientially qualified, meets governing organization and state requirements, and is oriented and mentored to the role.

Prior to her appointment as Executive Director of Nursing, Dr. Hall served as the Clinical Coordinator for the FNP program, FNP Program Director, and Chairperson for the Department of APN. She has held a faculty appointment at ISU for 13 years. She has practiced clinically as a Registered Nurse or Nurse Practitioner for 16 years.

Dr. Hall meets the governing organization's requirements for administrative positions within the University. She is doctorally prepared and is reviewed bi-annually as per University guidelines. In addition, she meets Indiana state requirements for a director of nursing programs as described in the 2013 Compilation of the Indiana Code and Indiana Administrative Code (848 IAC 1-2-13).

Dr. Hall was oriented and mentored to her role by the previous Executive Director of Nursing, Dr. Marcia Miller, and the former Dean of the CONHHS and current Provost, Dr. Biff Williams. Meetings with Dr. Miller occurred monthly for at least six months with further consultations occurring as needed. Meetings with Dr. Williams, either in person or via telephone, occurred at least weekly during the first year and continue as needed. In addition, Dr. Hall has an assigned Nursing Dean mentor through the American Association of Colleges of Nursing (AACN) New Dean Mentoring Program. One in person meeting and several telephone and email conversations have taken place through this program. ISU also provides support for administrators by offering workshops and retreats at least annually.

CRITERION 1.7 When present, nursing faculty who coordinate or lead program options/tracks are academically and experientially qualified.

The Executive Director of Nursing is supported by the nursing Department Chairpersons. The ISU Handbook provides a complete description for Department Chairpersons, including appointment, duties and responsibilities, consultation guidelines with department faculty, meetings of department, and selection and removal and can be found in Appendix H, page 63.

The Department of APN is led by a doctorally-prepared Chairperson, Dr. Susan Eley. She has held this appointment for 1.5 years. Prior to her role as Department Chairperson, Dr. Eley served as Program Director for the DNP program and FNP concentration and has been a faculty member in the department since 2005. She is a certified family nurse practitioner with 23 years of clinical experience. Nursing Department Chairpersons report directly to the Executive Director of Nursing and have a half-time teaching load of six credit hours. Each Chairperson is responsible for the day-to-day operations of the Department, including strategic planning, policies, budget preparation, new faculty orientation, faculty evaluation, selection of new students, resolving student issues, processing curriculum changes, evaluating program outcomes,

and supporting scholarship and grant writing. Her abbreviated curriculum vita can be found in Appendix I, page 71.

Each Department Chairperson is supported by Program/Concentration Directors. Appendix J, on page 73, depicts the roles and responsibilities of Program Directors for the Department of APN. Dr. Debra Vincent is the Program Director for the FNP/Post-Master's FNP concentration. She has 17 years of nursing education experience and over 17 years of clinical experience. She has a Master of Science with FNP concentration from ISU and, in 2013, completed her Ph.D. from Capella University in Nursing Education. Dr. Roseanne Fairchild is the Program Director for the Nursing Education and Nursing Administration concentrations. She is certified as a Nurse Executive and Nurse Educator and has 18 years of nursing education experience. Program Directors support the Department Chairperson in the management of the respective track and are given three hours release time from their teaching load.

CRITERION 1.8 The nurse administrator has authority and responsibility for the development and administration of the program and has adequate time and resources to fulfill the role responsibilities.

As stated in Criterion 1.2, the role of the Executive Director of Nursing has been revised since the last site visit in fall 2011. Previously, the Executive Director of Nursing did not have full authority and responsibility for the nursing programs and did not have adequate time and resources to fulfill the position role responsibilities, as she was also the Associate Dean for Academics and Assessment. As a result, the position description and the College organizational chart were modified to ensure compliance with Standard 1. The position of Executive Director of Nursing/Associate Dean for Academics and Assessment was split, and two new individuals were appointed to these positions. All nursing Department Chairpersons and nursing faculty members report directly to the Executive Director of Nursing, whereas previously there was a reporting line to the Dean of the CONHHS as well. The position description indicating the role responsibilities was updated to ensure the Executive Director of Nursing has full authority and responsibility for the nursing programs. All nursing budgets, including departmental budgets, a special state appropriation and royalties from a publications account, are now administered by the Executive Director of Nursing ensuring adequate resources for the nursing programs.

The Executive Director of Nursing serves as the leader for the nursing unit and is responsible for fostering a shared vision, working for the realization of the strategic plans, orchestrating faculty development, influencing academic policies, and serving as the liaison with external institutions and regulatory agencies. The Executive Director has authority and responsibility to ensure that policies of the nursing unit are upheld, including those pertaining to curriculum, program assessment, and student admissions, progression, graduation, and dismissal. In addition, the Executive Director provides recommendations for faculty/staff hiring, promotion, and tenure. All non-tenured nursing faculty members are reviewed annually by the Executive Director. Tenured faculty members are evaluated on a biennial review schedule. The Executive Director serves as an advocate for nursing and reports to the Dean of the College regarding external accreditations, budgets, personnel, and student issues. The Executive Director attends department meetings and ensures that assessment measures related to program outcomes and student learning outcomes are ongoing. Furthermore, the Executive Director of Nursing holds bi-monthly meetings of the nursing leadership to ensure cohesiveness of the nursing education unit.

The Executive Director position is a full-time 12 month appointment, which allows for enough time to fulfill the responsibilities of the role. For the first two years of the appointment, the Executive Director does not have any teaching responsibilities in order to have appropriate time to acclimate to the new position. After the two year period is over, the Executive Director will devote no more than the equivalent of one-quarter of her time to teaching (3 credit hours or 1 course) per academic year in the Department of APN.

CRITERION 1.9 The nurse administrator has the authority to prepare and administer the program budget with faculty input.

The Executive Director has responsibility for budgetary issues that impact all nursing departments. Fiscal resources managed directly by the Executive Director include the publications royalty account, state appropriations to nursing, and limited foundation funds. The Executive Director consults with the Department Chairpersons in all budgetary matters in accordance with faculty input as appropriate. Department Chairpersons meet at least annually with department faculty and staff to seek input on budgetary matters and to review requests for resources. Each nursing department has their own operating budget. Budgets are reviewed with

the Executive Director to ensure that adequate resources are available to faculty, staff, and students.

Faculty and staff may request specific budget items and/or travel needs from time to time. These requests are made to the Department Chairperson on an as needed basis. If departmental funds are limited, a request for monetary support is made either by the faculty/staff member or the Department Chairperson directly to the Executive Director. The Executive Director then decides if the budget item or travel should be funded.

Requests for additional staff and/or faculty lines come from the departments and are presented to the Executive Director once per year in the fall semester. The Executive Director, in consultation with the Department Chairperson making the request, will review the supporting documentation and will, in turn, present the request to the Dean of the CONHHS.

CRITERION 1.10 Policies for nursing faculty and staff are comprehensive, provide for the welfare of faculty and staff, and are consistent with those of the governing organization; differences are justified by the goals and outcomes of the nursing education unit.

Policies of the nursing departments are reviewed during new faculty orientation and are congruent with policies of ISU. Table 1.10.1 sets forth various policies along with their location in the *Indiana State University Handbook*, located at <http://www.indstate.edu/adminaff/policyindex.htm>.

Table 1.10.1 University Policies Regarding Faculty and Staff

Policy	<i>Indiana State University Handbook</i>
Non-discrimination	http://www.indstate.edu/adminaff/docs/920%20EEOAA%20Policy.pdf#920.1 , page 1
Faculty Appointment	http://www.indstate.edu/adminaff/docs/305%20Faculty%20Appt,%20Promotion,%20and%20Tenure%20Policies.pdf#305.2 , page 2
Academic Rank	http://www.indstate.edu/adminaff/docs/305%20Faculty%20Appt,%20Promotion,%20and%20Tenure%20Policies.pdf#305.2 , page 5
Grievance Procedures	http://www.indstate.edu/adminaff/docs/246%20Bylaws%20to%20the%20Faculty%20Constitution.pdf#246.14 , page 17
Promotion and Tenure	http://www.indstate.edu/adminaff/docs/305%20Faculty%20Appt,%20Promotion,%20and%20Tenure%20Policies.pdf#305.2 , page 6
Salary	http://www.indstate.edu/adminaff/docs/505%20Compensation.pdf#505.2 , page 1

Benefits	http://www.indstate.edu/adminaff/docs/510%20Staff%20Benefits.pdf#510.1 , page 1
Duties and Responsibilities	http://www.indstate.edu/adminaff/docs/310%20faculty%20duties%20and%20responsibilities.pdf , page 1
Teaching Load	http://www.indstate.edu/adminaff/docs/310%20Faculty%20Duties%20and%20Responsibilities.pdf#310.1 , page 1
Release Time	http://www.indstate.edu/adminaff/docs/310%20Faculty%20Duties%20and%20Responsibilities.pdf#310.1 , page 2
Teaching and Advising	http://www.indstate.edu/adminaff/docs/310%20Faculty%20Duties%20and%20Responsibilities.pdf#310.1 , page 4

Workload guidelines for tenured and tenure-track faculty used by the nursing departments are consistent with University policy in that the normal teaching load is 24 semester credit hours over an academic year. Any teaching load greater than 13 hours per semester is considered an overload. University faculty duties and responsibilities with regard to teaching load are set forth at

<http://www.indstate.edu/adminaff/docs/310%20Faculty%20Duties%20and%20Responsibilities.pdf#310.1>.

The College Faculty Workload Policy applies to tenure/tenure-track faculty and instructors in the nursing departments, and addresses curriculum development, supervision of undergraduate and graduate student research, assistance in academic administration, research, publications and other academic commitments that contribute to the overall enrichment of the faculty members, students, and University community. The faculty supports the mission of the University and the CONHHS, and defines the main activities of faculty as teaching, scholarly activities, and service. Professional responsibilities may also include committee service, continuing education, and other service to the University and the profession of nursing.

For didactic courses, or the theory component of a clinical nursing course, one credit hour is equal to one contact hour (regardless of delivery method). The workload for faculty teaching in the nursing departments is decided in a collaborative process with the Department Chair and is approved by the Executive Director of Nursing. The Nursing Faculty Workload Policy is located in Appendix K, page 74.

Additional policies apply directly to the nursing faculty and differ from those of other University faculty. Table 1.10.2 demonstrates the differences in requirements for nursing faculty and the supporting rationale for these differences. In addition, faculty members teaching in the Department of Advanced Practice Nursing FNP concentration must maintain various certifications and requirements as outlined by the National Organization of Nurse Practitioner Faculties (NONPF) *2012 Criteria for Evaluation of Nurse Practitioner Programs*.

Table 1.10.2 Differing Policies for APN Faculty and Supporting Rationale

Policy	Rationale for Difference
Unencumbered RN license in IN	ISBN and Clinical Agency Requirement
Minimum of Master's in Nursing (transcripts on file)	ISBN and ACEN Requirement
Credentialed as FNP in state of practice (if teaching clinical in FNP concentration)	NONPF (2012) Criteria
National certification as FNP (if teaching clinical in FNP concentration)	NONPF (2012) Criteria
CPR certification	Clinical Agency Requirement
Bloodborne Pathogen Training (Annual)	Clinical Agency Requirement
Health Requirements: Tb Skin Testing (Annual) Updated vaccinations including flu, Hepatitis B, MMR, Varicella, Tdap	Clinical Agency Requirement
National Criminal Background Check (Upon hire)	ISU and Clinical Agency Requirement

CRITERION 1.11 Distance education, when utilized, is congruent with the mission of the governing organization and the mission/philosophy of the nursing education unit.

The mission and philosophy of faculty in the Department of APN include the belief that distance education is one modality of teaching-learning in which the overall mission of the University can be realized. In defining distance education, both ISU and the Department of APN utilize the U.S. Department of Education's definition, located at <http://www.ecfr.gov/cgi-bin/text-idx?c=ecfr&sid=0900b7322acc5a5a10c558b8fe15ad7b&rgn=div8&view=text&node=34:3.1.3.1.1.1.23.2&idno=34>. Distance education involves the utilization of a variety of virtually-based web platform technologies to deliver instruction to students who are separated from the instructor, in order to support regular and substantive interaction between the students and the instructor. All courses within the Department of APN programs are delivered via asynchronously and synchronous modalities through the Blackboard learning system.

In alignment with the mission and philosophy statements of the university, college and nursing unit, the APN faculty promote a supportive, interactive and productive distance learning environment based on mutual respect, diversity, experiential learning, and community engagement, so that our students can achieve a solid nursing education, thus fulfilling the ultimate mission of the University. Table 1.11.1 shows congruency between the mission of the University and mission/philosophy of the Department of APN.

Table 1.11.1 Comparison of University Mission Statement, Department of Advanced Practice Nursing Mission Statement, and Philosophy of the Nursing Faculty

Indiana State University	Nursing Department	Philosophy of the Nursing Faculty
<p>Mission Statement: Indiana State University combines a tradition of strong undergraduate and graduate education with a focus on community and public service. We integrate teaching, research, and creative activity in an engaging, challenging, and supportive learning environment to prepare productive citizens for Indiana and the world.</p>	<p>Mission Statement: Advanced Practice Nursing: The mission of the Department of Advanced Practice Nursing is to develop competent, caring nursing professionals and productive citizens practicing in advanced nursing roles in clinical care, education, and leadership. This mission is accomplished through a variety of teaching modalities, experiential learning, research and/or the application of research findings, and community and public service.</p>	<p>...Program outcomes are achieved through student-centered, active learning in an environment that values mutual respect, diversity, experiential learning, community engagement, and a wide range of teaching methods. Nursing education is accomplished through on-campus classes, clinical experiences, and distance modalities...</p>

Standard 2: Faculty and Staff

Evidence of non-compliance:

Criterion 2.3 (2008 ACEN Standards and Criteria)

- Preceptor-to-student ratios do not meet the recommendations of the 2008 NONPF Criteria Evaluation of Nurse Practitioner Programs.
- The faculty-to-student ratios in clinical courses exceed the ratios recommended in the 2008 NONPF Criteria for Evaluation of Nurse Practitioner Programs.
- The number and utilization of faculty are not adequate to monitor clinical experiences of students in the nurse practitioner track to ensure program outcomes can be achieved.
- Workload standards in the University do not support accomplishment of faculty-to-student ratios.

CRITERION 2.1 Full-time faculty hold a minimum of a graduate degree with a major in nursing; a minimum of 50% of the full-time faculty also hold an earned doctorate or are currently enrolled in doctoral study.

The Master's/Post-Master's Certificate program is comprised of three (3) full-time tenured faculty and three (3) full-time tenure-track faculty. Of the full-time faculty, 100% have a minimum of a master's degree with a major in nursing and 100% hold a doctorate in nursing or a related field.

CRITERION 2.2 Part-time faculty hold a minimum of a graduate degree with a major in nursing; a minimum of 50% of the part-time faculty hold earned doctorates or are currently enrolled in doctoral study.

One hundred percent (100%) of the part-time faculty holds a minimum of a master's degree within the field of nursing. Of the 9 part-time faculty members for Spring 2014, six (67%) hold an earned doctoral degree or are currently enrolled in a doctoral program.

Appendix A, on pages 50-53, indicates the academic qualifications of all the faculty of the Master's/Post-Master's Certificate program for Spring 2014. The number of part-time faculty members utilized does change frequently from semester to semester based on departmental needs and to ensure program outcomes can be achieved.

CRITERION 2.3 Faculty (full- and part-time) credentials reflect expertise in their area(s) of teaching and advanced practice certifications when required.

All full-and part-time faculty teaching in the Department of APN holds an active Registered Nurse license. Faculty members teaching in the FNP track are nationally certified as FNPs.

They are credentialed in their state of practice and maintain currency by practicing in a variety of clinical practice settings. The Program Director for the Nursing Administration and Nursing Education tracks holds dual certifications with the American Nurses' Credentialing Center (ANCC) as a Nurse Executive and the National League for Nursing (NLN) as a Nurse Educator. Documentation on faculty credentials is maintained by the Department Chairperson. Both Appendix A (pgs. 50-53) and Table 2.6.1 (pgs. 27-35) identify faculty credentials and certifications.

CRITERION 2.4 Preceptors, when utilized, are academically and experientially qualified, oriented, mentored, and monitored, and have clearly documented roles and responsibilities.

In the Department of APN, students identify potential preceptors. If a contract is not already in place and it is required by the facility, one is initiated with the Contract Coordinator. All preceptors must be approved by the course faculty member. Preceptor agreements are reviewed prior to initiation of clinical hours. Clinical preceptors must have state authorization to practice, educational preparation appropriate to the area of responsibility, and at least one year of clinical experience. Preceptors for the FNP program must also hold national certification. Submission of preceptor license verification and national certification information, when applicable, must be attached to the preceptor agreement documentation. The FNP preceptor role, including qualifications and responsibilities, can be found in Appendix L on pages 78-79. Preceptor-to-student ratios are maintained at 1:1 throughout the program. Following the previous site visit in 2011, students and preceptors are informed of this requirement and it is verified by faculty on the clinical tracking form at least three times per semester (See Appendix M, pg. 80).

One way preceptors are oriented is by use of written documents that are collectively referred to as a preceptor packet. These documents include the course description, student learning outcomes for the course and role descriptions for faculty preceptors and students. Preceptors receive the designated packet of information at the time they agree to serve as preceptors.

Preceptor packets contain the following information:

- Welcome Letter to Student and Preceptor
- Clinical Preceptor: Qualifications and Responsibilities
- Faculty Roles and Responsibilities
- Student Roles and Responsibilities

- Required Clinical Hours for Concentration
- Course Descriptions and Objectives
- Additional Clinical Information
- Student Scheduling Form/Clinical Hours Log
- Student Guidelines for Participation in Clinical
- ISU Faculty Contact Information
- Preceptor Agreement

Prior to beginning the course, preceptors are required to complete a biographical data form specifying their licensure and certification dates, past and present employment, and signature stating that they have received and read the preceptor packet and understand all documents. The preceptor information is verified by the course faculty member and entered into the Typhon database system before the student can begin a clinical experience. The course faculty members are responsible for verifying preceptor credentials. Preceptors document and sign a form to validate the hours that were completed by the student for each clinical experience (See Appendix M, pg. 80).

In addition, preceptors are oriented and mentored through face-to-face communication, emails, and/or phone conversations throughout the clinical experience. Preceptors have access to the course faculty at all times. Preceptors are monitored by the course faculty member.

Communication occurs as either a face-to-face site visit, email, or phone call at multiple times throughout the clinical experience. After the completion of the required clinical hours, the preceptor is evaluated by the student to determine if the outcomes of the preceptorship experience were met.

CRITERION 2.5 The number of full-time faculty is sufficient to ensure that the student learning outcomes and program outcomes are achieved.

There are six (6) full-time faculty and nine (9) part-time faculty teaching in the Department of APN. The Department Chairperson has a half-time teaching load reduction; therefore, she is not counted in these numbers. There is currently one (1) open position for a tenure-track faculty in the department with an active search occurring to fill that position by July 1, 2014, thereby

increasing the number of full-time faculty to seven (7). At the time of the last site visit, there were six (6) full-time and eight (8) part-time faculty members in the department.

Part-time faculty numbers fluctuate from semester to semester based on departmental needs to help ensure required faculty-to-student ratios are met in clinical courses. Given the current part-time student enrollment, the number of full- and part-time faculty teaching in the program is sufficient. However, close monitoring occurs to ensure that resources are available should faculty to student ratios become a potential threat to success. Funds are available to hire additional part-time faculty as needed. Faculty-to-student ratios are no more than 1:25-30 in a course didactic section. Prior to the 2011 site visit, faculty-to-student ratios were based on state guidelines (1:10). To ensure quality clinical experiences, adequate teaching time, compliance with ACEN recommendations, and NONPF guidelines, faculty members teaching in the FNP track in a clinical section maintain a 1:6 faculty-to-student ratio, while providing indirect preceptor oversight. Full- and part-time faculty members are assigned workload for clinical sections based strictly on the 1:6 faculty-to-student ratio. The recommendations in the 2012 *NONPF Criteria for Evaluation of Nurse Practitioner Programs* are utilized to ensure that the student learning outcomes and program outcomes are achieved. In the Nursing Education and Nursing Administration tracks, a clinical section faculty-to-student ratio never exceeds 1:10; however, due to enrollment numbers in those tracks, the ratios are usually much less. The faculty-to-student ratios for each course in the Department of APN for the past three semesters can be found in Appendix N, pg. 81.

The *Faculty Workload Policy* establishes a teaching load that supports faculty teaching responsibilities, scholarship activities, and service to the University and the community. Full-time tenured or tenure-track faculty members teach 12 semester credit hours. Any teaching load greater than 13 credit hours per semester is considered an overload. Release time is given for administrative duties, advising, and/or research projects. For didactic courses, or the theory component of a clinical nursing course, one (1) credit hour is equal to one (1) contact hour (regardless of delivery method). For the clinical component, one credit hour is equal to three contact hours per week. For example, a two (2) credit hour clinical component equals six (6) contact hours or 90 hours of clinical, as each credit hour is equal to 45 hours of clinical. Since APN faculty provides indirect clinical supervision, the contact hours are divided by two.

Therefore, one faculty member would receive three (3) hours credit for one clinical group of six students in the example above. The workload for faculty teaching in the nursing departments is decided in a collaborative process with the Department Chair and is approved by the Executive Director of Nursing. The Nursing Faculty Workload Policy is located in Appendix K, pg. 74-77.

Faculty members in the Department of APN generally teach two (2) to three (3) didactic courses per semester and may also teach a clinical section of one of those courses.

CRITERION 2.6 Faculty (full and part-time) maintains expertise in their areas of responsibility, and their performance reflects scholarship and evidence-based teaching and clinical practices.

Faculty maintains their clinical and educational expertise through a variety of methods. Clinical skills are maintained through clinical practice in advanced practice roles or through volunteer work at community based clinics, community engagement projects such as lead screening and health fairs. Faculties attend staff development programs, in-services, webinars, continuing education programs, and enroll in doctoral courses for academic credit.

Faculties are supported to maintain teaching expertise through university sponsored speakers, workshops, and continuing education programs. Nursing faculty retreats are held at the beginning of each fall semester since 2009. Nursing faculty retreats provide continuing education credits and focus on information pertinent to nurse educators. A regional Sigma Theta Tau Research Day is presented each spring semester showcasing both student and faculty evidence-based research. Both programs provide convenient continuing education contact hours for full-time and part-time faculty. Advances in the use of educational technologies are provided and encourage creative application.

Table 2.6.1 demonstrates full-time and part-time faculty certifications, clinical practice, and activities to maintain expertise. This table is a representation of the past three years of faculty activities to maintain competency.

Table 2.6.1 APN Faculty Activities to Maintain Expertise

Name	Certification	Faculty Practice	Activities to Maintain Expertise		
			Year	Program/Activity	Contact Hours
Eley, Susan	FNP Board Certification, American Nurses Credentialing Center	Veterans Administration Urgent Care/Internal Medicine	2013	ISU Fall Retreat	2.5
			2013	ACEN Self Study forum	9.5
			2013	National NONPF Meeting	18+3 pharm
			2013	NLN Policy Conference	18.25+3 pharm
			2012	Pharmacology update	2.25
			2012	National NONPF meeting	18
			2012	Rural Nurses Leading For Quality Conference, (Speaker/Presenter), October 2012	5.25
			2012	Deans and Directors Meeting "Nursing and Technology Updates" - Faculty	2
			2012	Development Day	2
			2011	NLN Conference	14
2011	NONPF Conference webinar-Leading quality	2			
Fairchild, Roseanne	Certified Nurse Educator (CNE), National League for Nursing Nurse Executive – Board Certified (NE-BC), American Nurses' Credentialing	Sullivan Hospital, quality improvement consultant/health services researcher; 2012-2013 Funded study: "Increasing Sustainability of Quality Care in Rural Hospitals" (Lilly Endowment); 2009-2011 Funded study AHEC/West Central	2013	American Nursing Informatics Association National Conference, San Antonio, Texas (Speaker/Presenter), April 2013.	11.75
			2012	IHI's National Healthcare Forum, Orlando Florida, December 2012.	4.75
			2012	Indiana Rural Health Association's Fall Forum Conference (Speaker/Presenter), November 2012.	2.25

Name	Certification	Faculty Practice	Activities to Maintain Expertise		
	Center	Indiana Region, "Nurses' Continuing Education Needs Assessment" and community follow-up (Lilly Endowment).	2012	Rural Nurses Leading For Quality Conference, (Moderator; Speaker/Presenter), October 2012.	5.25
			2012	Fall Nurse Faculty Retreat, Indiana State University, Landsbaum Center (Speaker/Presenter), August 2012.	2.5
			2012	Indiana Rural Health Association's Spring Into Quality Conference, March 2012.	2.25
			2011	Health Information Technology Scholars Faculty Empowerment Program and Workshops (6) + On-site Continuing Education Conference in HIT/Nursing Informatics, March 17-19, 2011. HITS Project Management	32
			2011	Integrating Evidence-Based Practice into Your Curriculum, American Association of Colleges of Nursing, February 2, 2011.	3.25
Fine, Julia	FNP Board Certification, American Academy of Nurse Practitioners	Johnson Nichols Community Health Clinic, Spencer, IN Minute Clinic Diagnostics of Indiana, LLC, Indianapolis, IN Medical assessment for LLEM: Cap Haitian November 2012 Nurses for the Nations. September and May 2012	2012	NONPF 38th Annual Conference: Revolutionary Ideas and Nurse Practitioner Education and Pharmacology update	15
			2012	"Nursing and Technology Updates" - Faculty Development Day	2.25
			2012	Joy of Eating	2.5
			2012	Pri-Med Access with ACP Indianapolis, IN	5.5
			2011	Cross-Cultural Healthcare Symposium, Truman Medical Center	3
			2011	Optimizing diabetes care in the African American Community: Understanding and Addressing Cultural Barriers - AANP	5.8

Name	Certification	Faculty Practice	Activities to Maintain Expertise		
			2011-12	Medscape, LLC (ANCC) offerings: 11 0.5 and 11 0.25 contact hours, various topics	8.25
Mallory, Debra	FNP Board Certification, American Academy of Nurse Practitioners Nursing Certification, Women's Health NP BLS Health Care Providers Certification	Indiana University Health Occupational Services	2013	American Association of Nurse Practitioners, AANP 28 th National Conference, June 18—23, 2013, Las Vegas, NV (8.25 pharmacology hours)	26
			2013	American Association of Nurse Practitioners, Commercial Driver Medical Examiner Training Program at AANP 2013 National Conference (8.5 contact hours included in overall conference hours above)	8.5
			2013	CAPNI, Coalition of Advanced Practice Nurses of Indiana, CAPNI Annual Spring Conference, March 1-2, 2013, Indianapolis, IN (3.75 pharmacology hours)	9.5
			2013	American Academy of Nurse Practitioners and California Board of Registered Nursing, Barkley & Associates 2013 Family Nurse Practitioner Certification Review/Continuing Education Course, January 1—20, 2013, New York, NY (9.75 pharmacology hours)	22.0
			2012	Community Health Network, Second Annual Advanced Practice Nursing Symposium—An Integrated Approach to Care, October 27, 2012, Indianapolis Marriot East, Indianapolis, IN (4.25 pharmacology hours)	6.5
			2012	American Academy of Nurse Practitioners Fitzgerald Health Education Associates Nurse Practitioner Certification Exam Review-Family Track, April 23-25, 2012, Atlanta, GA (9.4 pharmacology hours)	18.75

Name	Certification	Faculty Practice	Activities to Maintain Expertise		
			2012	National Organization of Nurse Practitioner Faculties, NONPF 38 th Annual Meeting, April 11-15, 2012, Charleston, SC	
			2012	NURS 6980: Family Nurse Practitioner Practicum, spring 2012 (graduate course)	6 cr hr
			2012	"Nursing and Technology Updates" - Faculty Development Day	2.25
			2011	NURS 6890: Family Nurse Practitioner: Health Promotion and Problems of the Elderly and their Families, Georgia Health Sciences University, fall 2011 (graduate course)	5 cr hr
			2011	NURS 6900: Family Nurse Practitioner III: Health Promotion of Children and their Families, Georgia Health Sciences University, summer 2011 (graduate course)	6 cr hr
			2011	NURS 7350: Psychopharmacotherapeutics for Advanced Practice Nursing, Georgia Health Sciences University, summer 2011 (graduate course)	2 cr hr
			2011	NURS 6880: Family Nurse Practitioner Seminar I: Health Promotion and Problems of Adults and Their Families, Georgia Health Sciences University, spring 2011 (graduate course)	6 cr hr
			2011	GERD: A case study presentation for advanced practice nurses, Georgia Health Sciences University, February 16, 2011	1 cr hr
Southard, Erik	FNP Board Certification, American Nurses Credentialing Center	Union Hospital Center for Occupational Health Terre Haute, IN	2013	AANP 28 th National Conference	33.25
			2013	AACN's "National Dialogue on Quality and Excellence in DNP Education"	11.0

Name	Certification	Faculty Practice	Activities to Maintain Expertise		
		Wabash Valley Health Center (dba St. Ann Clinic) Terre Haute, IN	2012	CIC Deans Conference "Promoting Quality and Excellence in DNP Education"	7.9
			2012	38 th Annual NONPF Conference	23.75
			2012	Blackboard Training Seminar (ISU-OIT)	2.0
			2012	"Nursing and Technology Updates" - Faculty Development Day	2.25
			2011	American Medical Seminars, Evidence-Based Approach to Family Medicine	18.0
Stewart, Felicia	FNP Board Certification, American Association of Nurse Practitioners	St. Thomas Clinic, Franklin, IN	2013	NONPF Annual Meeting	19
			2013	CAPNI Annual Spring Conference	9.5
			2012	An Integrated Approach to Care	6.5
			2012	Rural Nursing Leading for Quality	6.25
			2012	AANP 27 th National Conference	29.5
			2012	CAPNI Annual Spring Conference	11
			2012	"Nursing and Technology Updates" - Faculty Development Day	2.25
			2011	AANP Partners in Self-Care: Supporting Self-Care for Osteoarthritis	2
			2011	Polypharmacy: Pills, Potions, Problems and Preventions	1.4
			2011	The Role of Nonprescriptive Antihistamines in the Treatment of Allergic Rhinitis	1.6
			2011	AANP 26 th National Conference	29.75

Name	Certification	Faculty Practice	Activities to Maintain Expertise		
Vincent, Debra	FNP Board Certification, American Nurses Credentialing Center	St. Ann Clinic, Terre Haute, IN	2013	AANP National Conference	29
			2012	38 th Annual NONPF Conference	21
			2012	Blackboard Training: Updates	2
			2012	"Nursing and Technology Updates" - Faculty Development Day	2.25
			2011	Blackboard CIRT Training: Tegrity	7.25
			2011	Blackboard Town Hall Meeting	4.25
			2011	Advanced Cardiac Life Support	8
			2011	Turning Practice into Publication (ISU)	26.75
			2011	Pharmacology Update (ISU)	8
2011	AANP Annual Conference	45			
Part Time Faculty			Year	Program/Activity	Contact Hours
Durbin, Jessica	FNP Board Certification, American Nurses Credentialing Center	Minute Clinic Terre Haute, IN	2013	Therapeutic Research Center/Prescribers Letter—Prescribers Letter CME	3
			2010-2012	DNP-degree completion	39cr
Howk, Cherie	FNP Board Certification. American Nurses Credentialing Center	Occupational health South University	2012-2013	AKH—Mission: Pain Management	18
			2013	Harvard Medical School—Current Clinical Issues in Primary Care	12
			2013	UMA—Persistent and Breakthrough Pain	1
Matteson, Tara	RN	Nurse Educator UPMC Passavant Pittsburgh, PA	2013	UPMC—Cardiac Arrest Education	0.5
			2013	NIH Stroke Recertification	1

Name	Certification	Faculty Practice	Activities to Maintain Expertise		
			2013	Developing a Successful Abstract	1.0
			2012	MS-Nurse Education Concentration	35 cr
McNeil, Ann Marie	FNP Board Certification, American Nurses Credentialing Center Association of Clinical Research Professionals	Community Express Care Clinic Parma, OH	2013	VA Annual Nursing Research Conference Poster presentation	3.5
			2013	American Nursing Informatics Association Meeting-Podium Presentation	11.75
			2012-2013	DNP Program credits	18
Miley, Kathryn	FNP Board Certification, American Nurses Credentialing Center	EmCare Logansport IN	2013	Testicular Torsion	1.6
			2013	Advanced Pharm Series for Prescribers	6.0
			2013	Domestic Violence/Intimate Sexual Partner Abuse	3.0
			2012	ER Boot Camp	24
			2012	Appendicitis Medical Error and Risk Reduction	1.7
			2011	Chest Radiography	1.0
			2011	Anxiety Disorders	1.4
Smith, Stacey	FNP Board Certification American Nurses Credentialing Center	UAP-Clinic Sullivan, IN	2012-2013	Currently enrolled in DNP courses	30 cr
			2011	Pharmacology Update Indiana State Univ.	8
Thum, Patti	FNP Board Certification, American Academy of Nurse Practitioners	Cole Medical Group Northern Potter Health Center Ulysses, PA	2013	AANP conference	27.5
			2012	AANP Conference	29.5
			2012	PA Coalition of Nurse Practitioners	15

Name	Certification	Faculty Practice	Activities to Maintain Expertise		
			Year	Activity	Hours
			2011	AANP Conference	32
			2011	PA Coalition of Nurse Practitioners	9.75
Wasson, Molly	FNP Board Certification American Nurses Credentialing Center	Vericare Terre Haute, IN	2013	CAPNI 2013 Spring Conference: Drug Therapy in 2013	9.5
			2012	Notes from the Toolbox: Reviewing Helpful Measures of Mood and Cognition, 2/15/12, Deanna Miller, LCSW and Lorraine Hornung, LCSW, Vericare.	1
			2012	Second Annual Advanced Practice Nursing Symposium, An Integrated Approach to Care, 10/27/12, includes 4.25 Pharmacology, Community Health Network, Indianapolis, IN.	6.25
			2012	Ethics, 11/29/12, Deanna Miller, LCSW, Vericare.	1
			2012	MDS 3.0: Implications for Earlier Psychological Treatment in Long Term Care Settings,	3
			2011	1/27/2011, Deanna Miller, LCSW, Jody Hirst, LCSW, and Denise Stewart, Vericare.	1
			2011	Long Term Care Regulations Related to Mental Health Services, 4/1/2011, Katie Campbell, BSW, Vericare.	1
			2011	Pharmacology Update 2011, 4/9/2011, Pharmacology, Indiana State University College of Nursing, Health and Human Services, Terre Haute, IN.	8
			2011	ADA Treatment Algorithms and Standards of Care, 4/12/11, Society of Advanced Practice Nurses, Terre Haute, IN.	1
			2011	You Can Do It & We Can Help: Turn Everyday	

Name	Certification	Faculty Practice	Activities to Maintain Expertise		
			2011	Practice into Publication, 8/18/11, Indiana State University College of Nursing, Health and Human Services, Terre Haute, IN.	4.25
Zwerner, Randi	RN	TCB Grant Assistant Lilly endowment, Indiana Campus Compact Grant	2013	Rural Health Association Leading for Health Conference Sigma Theta Tau Int'l Conference (November 2013)	4.75

Scholarly activity encompasses multiple intellectual pursuits such as research, professional writing, and presentations for the purpose of expansion of knowledge and advancement of learning. The faculty subscribes to Boyer's* (1990) four types of scholarship model that include discovery, teaching, application, and integration. As described by Boyer, discovery includes the generation of new and unique knowledge, which is suggestive of traditional research. Teaching includes the creative building of bridges between the teacher's understanding and the students' learning, and is congruent with expectations of experiential learning and interdisciplinary education. Application includes the effective movement between theory and practice, particularly in relation to solving problems in society. Integration includes the development of new relationships among disciplines. The annual faculty evaluation performance review process addresses scholarship activities and evidence-based practice.

Table 2.6.2 indicates that faculty members have evidence of scholarship activities through the four domains of Boyer's model.

Table 2.6.2 Full-time APN Faculty Scholarship NOTE: Individual scholarship categories are identified by the following letters after each table entry: (D) Discovery; (T) Teaching; (A) Application; and (I) Integration.

<p>Boyer Model Applied to Nursing</p>	<p><i>Scholarship in nursing can be defined as those activities that systematically advance the teaching, research, and practice of nursing through rigorous inquiry that: 1) is significant to the profession; 2) is creative; 3) can be documented; 4) can be replicated or elaborated; and, 5) can be peer-reviewed through various methods. This definition is applied in the following standards that describe scholarship in nursing (AACN, 1998, p.1).</i></p>
<p>Eley, Susan</p> <p>Publications: Contributor, NLNAC Self-Study Report (2011 & 2012). (T)</p> <p>Eley, S., DeYoung, J., Bracy, C., & Bauer, R. (2011) Controlling blood glucose levels in hospital patients: Current recommendations. Manuscript submitted for publication to and provisionally accepted by <i>American Nurse Today</i>. (D) (T) (A)</p> <p>Walters, L., & Eley, S. (2010) The effects of Da Vinci robotic surgeries vs. traditional open surgeries on patient outcomes: A review of the literature. <i>Association of PeriOperative Registered Nurses (AORN)</i>, 93(4), 455-463. (T) (A)</p> <p>Grant, H., Stuhlmacher, A., & Bonte-Eley, S. (2012) Overcoming barriers to research utilization and evidence-based practice among staff nurses. <i>Journal for Nurses in Staff Development</i> 28(4), 163-165. (T) (A)</p> <p>Presentations: Bauer, R., Brady, C., DeYoung, J. & Eley, S. (2011) Weight-based correction insulin: Time to lose the sliding scale. <i>The Global Impact of Nursing Research</i>, Sigma Theta Tau International, Lambda Sigma Chapter, Terre Haute, IN. (A)</p> <p>Frank, B., Eley, S., & Hall, L. Use of Macromedia Breeze for defense of Master’s culminating projects and theses, AACN, Albuquerque, NM, 2007. (Also to be presented at NLN Faculty Summit in Phoenix, AZ and Sigma Theta Tau in Baltimore, MD). (T)</p> <p>Grants: Mini-grant: Mobile e-learning option of MeLO: Meeting the challenge of the net generation, ISU Information Technology, co-investigators Susan Eley and Lea Hall, funded 2007. (T)</p> <p>Use of Macromedia Breeze for Defense of Master’s Culminating Projects and Theses, IRTS. \$5,000, co-investigators Lea Hall and Susan Eley, 2005-2007. (A)</p> <p>Advising/mentoring: Advising/mentoring graduate students. (T)</p>	
<p>Fairchild, Roseanne</p> <p>Publications: Contributor, NLNAC Self-Study Report (2011 & 2012). (T)</p> <p>Fairchild, R.M., Ferng, S.F., Zwerner, R. (2014). A rural hospital case study informs authentic leadership</p>	

practices. *Journal of Nursing Administration* (Under Review). (I)

Varian, L. & Fairchild, R.M. Placing the bottle or breast in their premature hands: A review of cue-based feeding research. *Journal of Neonatal Nursing* [In press]. (A, I)

Fairchild, R.M. (2014). Ethics: Basic Concepts for Nursing Practice: Nurses' Ethical Reasoning Skills Model, pp. 88-112, in *Professional Nursing: Concepts and Challenges* (Black, B.P., Ed.), Saunders Elsevier: St. Louis, MO. (D, A)

Thompson, J, Fairchild, R.M. (2013). Educational preparation of nurse managers: Does it really matter? *Nursing Management*, 44 (9), 10-14. (T, A)

McCarthy, R., Fairchild, R.M. (2013). Fall Prevention in Long Term Care. *ADVANCE for Nurses*. Available at: <http://long-term-care.advanceweb.com/Features/Articles/Fall-Prevention-in-Long-Term-Care.aspx> (A,I)

Frost, N., Nickolai, L., Desir, S., Fairchild, R.M. (2013). How mentorship affects retention rates of new nurse. *American Nurse Today*, 8 (4), 21-22. (D, A)

Ring, L., Fairchild, R.M. (2013) Evidence-Based Direction for Nurse Regulators: Leadership and Patient Safety. *Journal of Nursing Regulation*, 4 (1), 1-5. (A, I)

McNeil, A., Underwood, A., Wisniewski, A., Sitzenstock, S., Fairchild, R.M. (February 2013). Development of a Health-Related Social Network Site: A Doctoral Nursing Informatics Project. *Online Journal of Nursing Informatics*, 17 (1), 1-8. Available at <http://ojni.org/issues/?p=2394> (D, A, I)

Fairchild, R. (2012). Curricular Commentary for an Interprofessional British Advanced Practice Program. *International Journal of Therapy and Rehabilitation*, 19 (8), 456-7. (T, A, I)

Fairchild, R.M, Everly, M., Bauer, R., Walters, L., Anderson, L, Laws, S. (2013). Rural Nurses' Continuing Education Needs: A U.S. Multi-Site Survey Reveals Challenges and Opportunities. *Journal of Nursing Education and Practice*, 3 (5), 45-55. Available at: <http://dx.doi.org/10.5430/jnep.v3n5p45> (T, D)

Novak, Katherine, Fairchild, R.M. (2012). Bedside Reporting and SBAR: Improving Patient Communication and Satisfaction. *Journal of Pediatric Nursing*. Available at: <http://dx.doi.org/10.1016/j.pedn.2012.09.001> (D, A)

Frazetta, D., Willet, K. and Fairchild, R. (October 2012). A systematic review of smartphone application use for type 2 diabetic patients. *Online Journal of Nursing Informatics (OJNI)*, 16 (3), available at <http://ojni.org/issues/?p=2041> (D, A)

Fairchild, R.M, Everly, M., Bozarth, L., Bauer, R., Walters, L., Sample, M., Anderson, L. (2012). A Qualitative Study of Continuing Education Needs of Rural Nursing Unit Staff: The Nurse Administrator's Perspective. *Nurse Education Today*, 33, (4), 364-369. Available at <http://dx.doi.org/10.1016/j.nedt.2012.05.023> (D, T)

Fairchild, R.M. (2012) Hold That Tiger! A Collaborative Service Learning Academy-Practice Partnership in Information Technology with Rural Healthcare Facilities. *Nurse Educator*, 37 (3), 108-114. (T, A, I)

Fairchild, R.M. (2011). Quality of Care in Critical Access Hospitals, Research Letter and Scholarly Responses, *Journal of the American Medical Association*, 306(15), 1653-1655. (A, I)

Fairchild, R. M. (2010) West-Central Indiana-Area Health Education Center (WCI-AHEC) Needs Assessment Study Report on the Continuing Education Needs of Nursing Staff in the WCI-AHEC Region. Terre Haute, IN. Report #102-2010, 1-58. (D)

Fairchild, R. (2010) Practical ethical theory for nurses responding to complexity in care. *Nursing Ethics*, 17(3), 353-362. (D)

McCarthy, R., Adedokun, C. W., & Fairchild, R. (2009) Preventing falls in the elderly long term care facilities. *RNJournal Online*, available at:
http://www.rnjournal.com/journal_of_nursing/preventing_falls_in_the_elderly_long_term_care_facilities.htm.

(I)

Presentations:

"Defining Sustainability of Care Delivery in Rural Hospitals: A TCAB Pilot Project", with Shiaw-Fen Ferng and Randi Zwerner, Sigma Theta Tau International, Honor Society of Nursing, 42nd Biennial Convention (16 November - 20 November, 2013). **(D, A, I)**

"Development of Health-Related Social Networking Site: A Doctoral-Level Nursing Informatics Project." American Nursing Informatics Association, Annual National Conference Proceedings, May 1 – 4, 2013, San Antonio, Texas. **(D, A, I)**

"Partners in Care: A Pilot Study to Innovate Rural Hospital QI Interventions at the Grassroots Level." Rural Nurses Leading for Quality Conference, Indiana State University, Indiana Rural Health Association, Health Care Excel, Landsbaum Center for Health Education, October 4th, 2012, Terre Haute, Indiana. **(D, A, I)**

"Development of Health-Related Social Networking Site: A Doctoral Nursing Informatics Project." College of Nursing, Health, and Human Services Nurse Faculty Retreat, "Health Information Technology Updates in Nursing", August 16th, 2012, Terre Haute, Indiana. **(D, T, A, I)**

"Relevance of the Medical Home Concept and Interprofessional Education to Rural Healthcare", Spring Into Quality Conference, Indiana Rural Health Association, March 2nd, 2012. **(D, A, I)**

"Sharing Needs Assessment Results in Mental Health for Rural Healthcare Providers in West Central Indiana", Diversity Issues Graduate Luncheon, Department of Psychology, Spring, 2012. **(D, A, I)**

NLN Health Information Technology (HIT) Scholars 2011-2012 Faculty Empowerment Program and Workshops (6). On-site Continuing Education Conference in HIT/Nursing Informatics, March 17-19, 2011. HITS Project Management Webinars/Teleconferences through January, 2012. **(A)**

"Nursing Leadership: Fostering Academy-Practice Partnerships". Indiana Organization of Nurse Executives, Central Indiana Chapter, Annual Meeting, Clinton, Indiana, December 9th, 2011. **(D, A)**

"There is Gold in This House!" Collaborations in Research, Indiana State University Rural Health Innovation Collaborative (RHIC), Landsbaum Center for Health Education, Terre Haute, Indiana, Nov. 1st, 2011. **(D, A)**

HOLD THAT TIGER! Actualizing the TIGER HIT initiative via service learning. International Nursing Administration Research Conference, Denver, CO, October 13-16, 2011 [Submitted]. **(A)**

Continuing education needs of professional nurses and nursing staff in rural health care facilities: From CE to IPE! Annual Conference of the Indiana Rural Health Association (IRHA), Marriott Conference Center North, Indianapolis, IN, June 7, 2011 [Accepted]. **(T)**

Creating a culture of excellence: Enhancing use of medication EMR in a rural Indiana hospital, Tenth Annual Conference on Nursing Education, University of Southern Indiana, October 20, 2010 (Manjeet Kaur). **(A)**

Collaborative research opportunities in rural health. Indiana Rural Health Association, Spring Into Quality Conference, Plainfield, IN, March 4, 2010. **(I)**

WCI-AHEC: Facilitating a formal research working group with ISU-AHEC faculty and staff to promote and support the continuing education needs of health care providers in Central Indiana (work ongoing). **(D)**

Grants

EXTERNAL GRANTS (Funded)

Lilly Endowment, Indiana Campus Compact Grant Program, “Evaluating Sustainability of Quality Improvements in Rural Hospitals: A Pilot Project”, for a Sponsored Research Service Engagement Grant. [2013; Completed; \$12,500; with Shiaw-Fen Feng and Randi Zwerner]. **(D, A, I)**

Health Resource Services Administration (HRSA) program: Health Information Technology Scholar (HITS) Faculty Empowerment Grant, National League of Nursing’s National HITs Faculty Program. Amount variable based upon plan developed by Faculty-NLN Mentor. [Completed; \$1000]. **(D, T, A)**

Focus Indiana Grant from the Lilly Foundation, awarded for 2009-2010, for implementation of Health Informatics Technology projects by graduate-level students in the Nursing Informatics NURS 600-700 course – “HOLD THAT TIGER! The TIGER Initiative in Health Informatics for Rural Hospitals in Central Indiana”. [Completed; \$8000] **(D, T, A, I)**

INTERNAL GRANTS (Funded)

Community Engagement Travel Grant, “Developing a Health-Related Social Networking Site: A Doctoral-Level Nursing Informatics Project, for an Office of Community Engagement National Presentation Travel Grant [2013; Completed; \$7,600]. **(D, T, A, I)**

Dean’s internal grant for organizing ISU’s 1st Biennial “Rural Nurses Leading for Quality” Conference offering “Healthcare Leadership” and “Interprofessional” Tracks held on October 4th, 2012 at Landsbaum Center for Health Education, to support registration fees and food for attendees [2012; Completed; \$1800]. **(D, T, A, I)**

Zietlow Faculty Scholar Award from the Charlotte Zietlow Endowment and Indiana State University [2010; Completed; \$700] **(D, A)**

Indiana State University and the Area Health Education Center-West Central Indiana, combined award for the conduct of a community needs assessment study of the continuing education needs of healthcare management and staff in the region’s 10 hospitals and 34 long-term care facilities. [2009-2010; Completed; \$5000] **(D, T, A)**

Advising/mentoring:

Advising/mentoring graduate students. **(T)**

Mentor, Evidence-based Practice student projects. **(T, A, I)**

Awards:

Zietlow Faculty Scholar Award from the Charlotte Zietlow Endowment and ISU, 2010. **(D)**

Community-Based Learning and Scholarship Award, Indiana State University, 2013. **(T, D, A, I)**

Fine, Julie:

Publications:

Contributor, NLNAC Self-Study Report. (2011). **(T)**

Presentations:

Shin, C.-N., & Fine, J. (2011). Cultural sensitivity of nursing faculty in clinical courses. Poster presentation, Midwest Nursing Research Society (MNRs) Annual Research Conference, Columbus, OH. **(D)**

Applied Nutrition Workshop, Coronary Health Improvement Project; CHIP Pilot Project; CHIP #2, CHIP #3 class series. **(T)**

Review of Modules: American Association of Nurse Practitioners Modules. **(A)**

Nurses for the Nations, Assessment of Dalit Tribal members for future outreach missions. **(D) (A)**

Mentor, Students enrolled in NURS697. **(T)**

Mallory, Debra

Publications:

Contributor, NLNAC Self-Study Report (2011-2012). **(T)**

Carter, C., Stratton, C., & Mallory, D. (2011). Yoga to treat nonspecific low back pain. *AAOHN Journal*. 59 (8) 355-362 **(D)**

EXECUTIVE SUMMARY LAYMAN Women's Health Screening Clinic, Georgia Health Sciences University, Interdisciplinary Health Sciences Center, October 2011. **(A)**

Presentations:

Psychosis and Schizophrenia Antipsychotic Agents, Georgia Health Sciences University, July 2011. **(T)**

Advising/mentoring:

Advising/mentoring graduate students. **(T)**

Mentor, Evidence-based Practice student projects. **(T, A, I)**

Stewart, Felicia

Publications:

Contributor, NLNAC Self-Study Report (2012). **(T)**

Presentations:

Stewart, F. (2013) New Diagnosis Toolkit, Poster Presentation, Sigma Theta Tau International Biennial Conference, Indianapolis, IN. **(T)**

Stewart, F. (2012) Basic Assessment Skills and When to Be Concerned about Change in Behavior, Podium Presentation, Indiana Association for Adult Day Services Fall Conference, Indianapolis, IN **(A) (T)**

Stewart, F. (2012) Using Personal Experience to Drive Innovation and Evidence-Based Inquiry, Podium Presentation, Rural Nurses Leading for Quality Conference, Terre Haute, IN **(A) (T)**

Stewart, F. (2012) New Diagnosis Toolkit, six minute lecture at American Academy of Nurse Practitioners National Conference, Orlando, FL. **(T)**

Stewart, F. (2012) New Diagnosis Toolkit, Poster Presentation, American Academy of Nurse Practitioners National Conference, Orlando, FL. **(T)**

Stewart, F. (2012) New Diagnosis Toolkit, Poster Presentation, Sigma Theta Tau Spring Research Day, Terre Haute, IN. **(T)**

Stewart, F. (2012) New Diagnosis Toolkit, Poster Presentation, Coalition of Advanced Practice Nurses of Indiana Spring Conference, Indianapolis, IN. **(T)**

Stewart, F. (2011) Adult Back Pain Algorithm, Poster Presentation, American Academy of Nurse Practitioners National Conference, Las Vega, NV. **(A) (T)**

Stewart, F. (2010) Using the FRAX Survey to Assess Osteoporotic Fracture Risk, American Academy of Nurse Practitioners National Conference, Phoenix, AZ. **(A) (T)**

Advising/mentoring:

Advising/mentoring graduate students. (T)

Mentor, Evidence-based Practice student projects. (T)

Grants:

Edith Anderson Leadership Education Grant, Sigma Theta Tau International, funded 2013. \$750 (A)

Southard, Erik**Publications:**

Southard, E.P., Neufeld, J., & Laws, S. (2013). Telementalhealth evaluations enhance access and efficiency in a critical access hospital emergency department. Manuscript submitted for publication.

Southard, E.P. & Sacopulos, M. (2013, January/February) Medication mistakes may lead to malpractice. NurseWorks Magazine,17(1) Retrieved from <https://nurseworksmagazine.com/webmag/welcome.php>

Southard, E.P. & Sacopulos, M. (2013, March/April) Mandatory overtime and fiving proper care. NurseWorks Magazine,19(2) Retrieved from <https://nurseworksmagazine.com/webmag/welcome.php>

Southard, E.P. & Sacopulos, M. (2013, May/June) Patients as FaceBook friends. NurseWorks Magazine,17(3) Retrieved from <https://nurseworksmagazine.com/webmag/welcome.php>

Southard, E.P. & Sacopulos, M. (2013, July/August) Nurse supervisor gets legal advice on dealing with thieving nurses. NurseWorks Magazine,18(4) Retrieved from <https://nurseworksmagazine.com/webmag/welcome.php>

Southard, E.P. & Sacopulos, M. (2013, September/October)When angry doctors complicate patient care. NurseWorks Magazine,20 (5) Retrieved from <https://nurseworksmagazine.com/webmag/welcome.php>

Contributor, NLNAC Self-Study Report (2012) (T)

Southard, E. (2009) The Role of Telemedicine in Improving Access to Urgent Mental Health Consults in Rural Hospital Emergency Departments. Unpublished Doctoral Dissertation. (I)

Southard, E. (2003) The Effectiveness of Chronic Disease Management for People with Diabetes Mellitus. Unpublished Master's Thesis. (D)

Presentations:

Southard, E. (2007) Chronic Disease Management and Electronic Medical Record Utilization, Podium Presentation, Indiana Primary Health Care Association, Indianapolis, IN. (T)

Southard, E. (2007) The Future of Health care Delivery: Telemedicine, Podium Presentation, Indiana Rural Health Association Conference, Indianapolis, IN. (A)

Southard, E. (2007) Telemedicine and Neurology, What Does the Future Hold?, Podium Presentation, American Heart Association Annual Conference, Indianapolis, IN. (T)

Southard, E. (2007) Telemedicine: Past, Present and Future, Podium Presentation, Indiana Office of Community and Rural Affairs Broadband Conference, Terre Haute, IN. (T)

Southard, E. (2008) Evidence Based Treatment of Asthma, Podium Presentation, National Rural Health Association Annual Conference, New Orleans, LA. (T)

Southard, E. & Laws, S. (2009) The Role of Telemedicine in Improving Access to Urgent Mental Health

Consults in Rural Hospital Emergency Departments, Podium Presentation, Emergency Nurses Association Annual Conference, Baltimore, MD. **(I)**

Southard, E. & Laws, S. (2010) Rural Telecardiology: Utilization, Stratification, and Cost Savings, Podium Presentation, National Rural Health Association Annual Conference, Savannah, GA. **(D)**

Southard, E. & Laws, S. (2010) Rural Telecardiology, Podium Presentation, Indiana Rural Health Association Annual Conference, Indianapolis, IN. **(T)**

Southard, E. (2012) The Patient Centered Medical Home: What Do They Think We Have Been Doing All of These Years, Podium Presentation, Indiana Rural Health Association Annual Conference, Indianapolis, IN. **(T)**

Southard, E. (2013) Patients perceptions of electronic medical records, Podium Presentation, National Rural Health Association Annual Conference, Louisville, KY. **(T)**

Southard, E. & Fairchild, R (2014) Implementing Interprofessional DNP Education: The Future of Nursing is Here, Podium Presentation, American Association of Colleges of Nursing, Naples, FL. **(T)**

Southard, E. (2014) More Regulations! A look at case law, pitfalls and snags associated with DOT physicals, Podium Presentation, American Association of Nurse Practitioners, Nashville, TN. **(T)**

Advising/Mentoring:

Advising/mentoring graduate students. **(T)**

Mentor, Evidence-based Practice student projects. **(T)**

Grants:

St. Ann Clinic

Supervisor: Sister Joan Slobig, Providence Self Sufficiency Ministries

Wabash Valley Community Foundation, Inc.

Role: Co-grant writer

Funded: \$12,500 (April 05 – March 06) **(A)**

Union Hospital Midwest Center for Rural Health

Supervisor: Sarah Snider, MBA

HHS Residency Training and Primary Care Grant (Title VII Federal Funding)

Role: Member of grant writing team

Funded: \$550,800 (July 05 – June 08) **(A)**

Union Hospital Midwest Center for Rural Health

Supervisor: Sarah Snider, MBA

Indiana State Department of Health Rural Hospital Flexibility Grant Program

Role: Lead grant writer

Funded: \$53,707 (September 04 – August 05) **(A)**

Union Hospital Midwest Center for Rural Health

Supervisor: Sarah Snider, MBA

Indiana State Department of Health Rural Hospital Flexibility Grant Program

Role: Lead grant writer

Funded: \$60,000 (September 05 – August 06) **(A)**

Union Hospital Richard G. Lugar Center for Rural Health (formerly Midwest Center)

Supervisor: Sarah Snider, MBA

Indiana State Department of Health Tobacco Settlement Community Health Center Operating Grant
Role: Member of grant writing team
Funded: \$350,000 (June 06 – July 07) (A)

Union Hospital Richard C. Lugar Center for Rural Health
Supervisor: Sarah Snider, MBA
Indiana State Department of Health Rural Hospital Flexibility Grant Program
Role: Lead grant writer
Funded: \$60,000 (December 06 – August 07) (A)

Union Hospital Richard G. Lugar Center for Rural Health
Supervisor: Sarah Snider, MBA
Indiana State Department of Health Rural Hospital Flexibility Grant Program
Role: Lead grant writer
Funded: \$150,000 (December 06 – August 07) (A)

Union Hospital Richard G. Lugar Center for Rural Health
Supervisor: Sarah Snider, MBA
Indiana State Department of Health Rural Hospital Flexibility Grant Program
Role: Lead grant writer
Funded: \$70,000 (December 06 – August 07) (A)

Union Hospital Richard G. Lugar Center for Rural Health
Supervisor: Sarah Snider, MBA
Indiana State Department of Health Tobacco Settlement Community Health Center Operating Grant
Role: Member of grant writing team
Funded: \$350,000 (June 07 – July 08) (A)

Union Hospital Richard G. Lugar Center for Rural Health
Supervisor: Sarah Snider, MBA
Indiana Department of Health Rural Hospital Flexibility Grant Program
Role: Lead grant writer
Funded: \$100,000 (October 07 – August 08) (A)

Union Hospital Richard G. Lugar Center for Rural Health
Supervisor: David Doerr, CEO
Indiana State Department of health Tobacco Settlement Community Health Center
Operating Grant
Role: Co-grant writer
Funded: \$350,000 (June 08 – July 09) (A)

Union Hospital Richard G. Lugar Center for Rural Health
Supervisor: David Doerr, CEO
Indiana State Department of Health Rural Hospital Flexibility Grant Program
Role: Grant writer
Funded: \$142,346 (May 09 – August 09) (A)

Union Hospital Richard G. Lugar Center for Rural Health
Supervisor: David Doerr, CEO
Indiana Area Health Education Center Grants
Role: Grant writer
Funded: \$45,000 (May 08 – June 09) (A)

Indiana State University, Center for Community Engagement

Supervisor: Dr. Lea Hall, Executive Director of Nursing, Dr. Susan Eley, Department Chair
Domestic Travel Grant Recipient
Role: Grant Writer
Funded \$11,000 (3/11/2013) **(A)**

Wabash Valley Health Center d.b.a. St. Ann Clinic
Supervisor: Sr. Lawrence Ann Liston
FQHC New Access Point Grant
Role: Member of Grant Writing Team
Funded \$778,750 (1/02/2014) **(A)**

Indiana State University, Center for Community Engagement
Supervisor: Dr. Lea Hall, Executive Director of Nursing, Dr. Susan Eley, Department Chair
Domestic Travel Grant Recipient
Role: Grant Writer
Funded \$2,500 (1/02/2014) **(A)**

Vincent, Debra

Publications:

(Unpublished Dissertation)

Vincent, D. (2013). Nursing Students' Educational Benchmarks and Outcomes: An Examination of the Differences Based on Residence.

(Seven Submitted to journals and in review process)

Bowers, A., Titsworth, W., Eley, S., & Vincent, D. (2013). Does instituting pain contracts with narcotic prescribing prevent accidental overdose? Submitted to the *Journal for Nurse Practitioners*.

Carr, J., Vincent, D., & Eley, S. (2013). ADHD: It is more than medication. Submitted to the *Journal of the American Association of Nurse Practitioners (JAANP)*.

DeFeo, K., Sykora, K., Eley, S., & Vincent, Debra (2013). How does pharmacogenetic testing alter the treatment course and patient response for chronic pain patients in comparison with the current "trial and error" standard of care? Submitted to the *Journal of the American Association of Nurse Practitioners (JAANP)*.

Dietz, T., Muttai, L., Eley, S., & Vincent, D. (2013). Utilizing waist circumference as a clinical tool to reduce the risk of developing diabetes and cardiovascular disease. Submitted to *Health Promotion Practice*.

Haugh, D., Chance, E., Vincent, D., & Eley, S. (2013). Educational concerns for diabetic patients at low-functional health literacy levels. Submitted to the *Journal of the American Association of Nurse Practitioners (JAANP)*.

Kolwey, J., Crum, M., Eley, S., & Vincent, D. (2013). How provider bias can influence the use of generic substitution. Submitted to *ADVANCE* for NPs & PAs.

Wilson, L., Tucker, N., Eley, S., & Vincent, D. (2013). Benzodiazepines in primary care: Strategies to limit misuse. Submitted to *ADVANCE* for NPs & PAs.

(Submitted to journals and declined)

Vance, D., Eley, S., & Vincent, D. (2013). Exploring Effectiveness of Antibiotic Stewardship in Primary Care. Submitted to the *Journal for Nurse Practitioners*.

Hicks, C., Leger-Woods, D., Nelson, J., & Vincent, D. (2013). Improving women's access to healthcare through telehealth technologies: A literature review. Submitted to *Online Journal of Nursing Informatics*

(OJNI) # 844.

Contributor, NLNAC Self-Study Report (2011- 2012) **(T)**

Comprehensive literature review preparation for doctoral dissertation. **(I)**

Review of books for Doody Health Sciences. **(A)**

Presentations:

Vincent, D. (2013). Nursing Students' Educational Benchmarks and Outcomes: An Examination of the Differences Based on Residence. Dissertation Poster Presentation, Sigma Theta Tau International Conference, November 2013, Indianapolis, IN. **(D)**

Rural Nurses Leading for Quality Conference, Planning Committee and Panel Participant, October 2012. **(D)**

Gosse, S., Kidd-Marshall, R., & Vincent, D. (2010). Using Simulation to Build Nursing Skills Across Three Medical-Surgical Courses, Poster Presentation, NLN Research Day. **(D)**

Grants:

Indiana State University, IPE: Health, Wellness, and Life Enrichment Center
HRSA 13 – 188 Improving Health Outcomes and Preparing Health Students Interprofessional Collaborative Practice and Education (Unfunded, May 2013). **(D)**

Charlotte Zietlow Endowment Women Faculty Research Grant, unfunded. **(D)**

Advising/Mentoring:

Mentorship: Dr. Felicia Stewart, junior colleague, in scholarship (2012-2013). **(T)**

Mentorship: J. Moore, junior colleague, in scholarship (2010). **(T)**

Advising/mentoring graduate students. **(T)**

Doctor of Philosophy, Capella University, January 2013. **(A)**

CRITERION 2.7 The number, utilization, and credentials of staff and non-nurse faculty within the nursing education unit are sufficient to achieve the program goals and outcomes.

There are no non-nursing faculty teaching nursing courses. The number and credentials of staff are appropriate to meet the goals of the program. There is one Student Services Assistant (SSA) and one Administrative Assistant (AA) specific to the Department of APN. In addition, one Contract Specialist and one Technology Coordinator provide support to the nursing education unit. Additional staff members are utilized throughout the nursing education unit and are available to assist one another if needed, i.e. vacation, illness, etc.

Table 2.7.1 Staff Who Support the Department of APN

Name	Initial Appoint.	Position	Responsibilities
Jamie Payne	2013	Student Services Assistant (SSA), Department of APN	Student Services, including but not limited to: <ul style="list-style-type: none"> • Queries • Student Records/Compliance • Registration assistance/overrides • Student Scheduling • Graduation Applications • Plans of Study • Marketing
Debra Jatczak	2012	Administrative Assistant (AA), Department of APN	Department administrative duties including, but not limited to: <ul style="list-style-type: none"> • Travel arrangements for faculty • Answering department/Chair phones • Part-time faculty contracts • Agenda and minutes for all departmental meetings • Purchasing of supplies • Faculty Files/Compliance • General reports as per Chair
Rhonda Reed	1981	Technology Coordinator, CONHHS	<ul style="list-style-type: none"> • Maintains College and Department Websites • Orients faculty to technology
Mark Schaffer	1997	Contract Coordinator, Nursing	<ul style="list-style-type: none"> • Establishes and maintains clinical agency contracts

CRITERION 2.8 Faculty (full and part-time) are oriented and mentored in their areas of responsibility.

New, full-time faculty members attend a University-wide orientation. There are approximately 27 sessions, lasting 90 minutes each. New Faculty Orientation (NFO) supports the University’s Strategic Goal Six: *Recruit and Retain Great Faculty and Staff*. NFO designates four sessions to be held in each department to address: Creating the Promotion and Tenure Profile, College Research, College Expectation for Service and Community Engagement, and College Governance. Full-time faculty members are given three (3) credit hours release to attend the NFO. Upon completion of the NFO, faculty members are given \$3,000 for further professional development.

Faculty members are oriented to the department upon hire and on-going as needed by the Department Chairperson and an assigned faculty mentor. New faculty members are assigned to a nursing faculty member by the Department Chair to assist in role transition. Often the mentor-

mentee will teach different sections of the same course to enhance the mentorship experience. Mentor-mentee relationships are negotiated between those involved, but mentors are assigned for one year. Formal mentorship is extended as needed by the mentee. At least a minimum of three meetings between the mentor and mentee are scheduled during the mentorship period. Mentorship meetings may occur face-to-face, via telephone, or via a web assisted video system. The Nursing New Mentor Role and Responsibilities can be found in Appendix O, pg. 85.

Part-time, temporary faculty members are oriented to their role and responsibilities by the course faculty, who also serves as their faculty mentor. In addition, part-time faculty members are mentored by the Department Chairperson and are encouraged to attend department meetings. They meet frequently throughout the semester with the course facilitator to discuss any issues related to their role or the course.

CRITERION 2.9 Systematic assessment of faculty (full- and part-time) performance demonstrates competencies that are consistent with program goals and outcomes.

Faculty performance guidelines focus on teaching, research and scholarly activity, service, and community engagement. The timing of systematic appraisal is determined by the Office of Academic Affairs; and, a Calendar of Key Activities is published for each academic year with the timeline for the appraisal of faculty at each rank. Full-time, tenure-track faculty, multi-year contract instructors, one year instructors, and part-time adjunct faculty are evaluated annually based on University, College, and Department criteria. The departments have also developed a biennial faculty performance evaluation model for post-tenure review. The first biennial post-tenure review occurred fall 2011. Feedback from the process was received and further enhancements to the review process have occurred for fall 2013. Feedback from this review will once again be considered to further improve the biennial post-tenure review process.

All evaluations are conducted by a department peer review committee, respective Department Chair, the Executive Director of Nursing, the College Faculty Affairs Committee (FAC), the Dean of the College, and the Provost, who also serves as the Vice President for Academic Affairs. University policies related to appointment, retention, promotion, and tenure, are located in the Indiana State University Handbook, Section 305.1 at

<http://www.indstate.edu/adminaff/docs/305%20Faculty%20Appt,%20Promotion,%20and%20Tenure%20Policies.pdf>.

Evaluation materials including student evaluations, peer evaluations, teaching methods, scholarly work, and service record are presented in an annual report submitted by the faculty member to the respective Department Chair. All faculties in each department are evaluated by students within their respective courses at the conclusion of each semester. Students evaluate faculty based on course organization, communication, educator effectiveness, program goals, and outcomes. Standard electronic course evaluations (eSIRs) are sent out or provided for all students at the close of each semester and results are disseminated to the faculty responsible for each individual course. The faculty is encouraged to utilize feedback from these evaluations to make course enhancements and improvements, as necessary. The course faculty of record and Department Chair evaluate the part-time, adjunct faculty. Based on annual evaluations, Department Chairs determine the effectiveness of the part-time faculty and utilize this information to determine future faculty needs.

CRITERION 2.10 Faculty (full and part-time) engage in ongoing development and receive support for instructional and distance technologies.

Distance faculty receives orientation, ongoing development, and support for distance education courses. The Office of Information Technology (OIT) employs Instructional Designers to help in the development and delivery of online teaching modalities, evaluation and the effective utilization of Blackboard. OIT also offers ongoing faculty development workshops and support in the use of Blackboard, Tegrity, Lectora, and other instructional programs, as well as new technological methods and modalities for distance education courses. In spring of 2013, the workshops presented were: *Creating & Grading Exams in Blackboard* and *Posting Grades in Blackboard*. Several times throughout the year, OIT personnel come to the nursing faculty meetings to update the faculty on changes to Blackboard or other systems, such as Collaborate. Additionally, if there is a problem that the faculty members are experiencing, a representative from OIT will provide one-on-one instruction, attend a nursing faculty meeting or a special request meeting. Furthermore, full- and part-time faculty are enrolled in a Blackboard course for orientation to the online learning system and have access to various webinar offerings, and other online workshops. Additional opportunities to enhance the online environment are available at

local, regional, and national conferences. For new faculty, an instructional session on Blackboard is included in the New Faculty Orientation.

If there are immediate issues, OIT has a telephone Help-Line/Help Desk at 812-237-2910 that can be contacted from Monday-Thursday from 7:30 a.m. to 7:00 p.m., Friday 7:30 a.m. to 4:30 p.m. and Sunday 3:00-9:00 p.m. For non-emergent issues there is also a “ticketing” system where issues can be emailed to the Help Desk. The web site of OIT can be found at <http://www.indstate.edu/oit/>.

Appendix A.

Faculty Profiles, Advanced Practice Nursing

Faculty Name	FT or PT	Date Initial Appt.	Rank	BS Institution	MS Institution	Doctoral Institution	Clinical Expertise	Academic (T)	Other (O)
Durbin, Jessica	PT	July 2010	Adjunct	Indiana State University	IUPUI (MS - FNP)	Indiana State University (DNP)	FNP Minute Clinic	APN 624 Adv. Assessment	Certifications: FNP-BC
Fairchild, Roseanne	FT	June 2009	Associate Professor	Butler University (BSN)	Indiana University (MSN- Nursing Administration with Nurse Educator focus)	Indiana University (PhD)	ED Care Traumatic Brain Injury Oncology Nursing Hospice Nursing	Administration Health Services Informatics Nursing Education	Director, Nursing Education/Nursing Administration Certifications: Certified Nurse Educator (CNE); Nurse Executive (NE-BC)
Fine, Julia	FT	August 1995	Associate Professor	University of Texas-Austin (BA) University of Texas-Austin (BSN)	Indiana University (MSN- Perinatology) Ball State University (FNP)	University of Texas-Austin (PhD)	Family Nurse Practitioner Perinatology	FNP Role FNP Foundations of Family Health Care	Certifications: FNP-C
Howk, Cherie	PT	Jan 2012	Adjunct	Indiana State University	Indiana State University (MS-FNP)	Rush University (PhD)	Occupational Health Family Nurse Practitioner	APN 605 Nursing Theory	Certifications: FNP-BC
Mallory, Debra	FT	July 1992	Professor	Texas Christian University	Indiana University (MSN in	Texas Woman's University (PhD)	Women's Health Care Nurse Practitioner	Education FNP Courses	Certifications: FNP-C

Faculty Name	FT or PT	Date Initial Appt.	Rank	BS Institution	MS Institution	Doctoral Institution	Clinical Expertise	Academic (T)	Other (O)
				(BSN)	maternal nursing with minor in teacher education) Medical College of Georgia (Post-MS FNP Certificate)		Family Nurse Practitioner	Evidence-based practice	WHNP-C
Matteson, Tara	PT	August 2013	Adjunct	Binghamton University	Indiana State University (MS in nursing education)		Nursing Education	APN 653 Nursing Curriculum APN 683 Advanced Clinical Concepts in Ed	Certifications: CNE
McNeil, Ann Marie	PT	Jan 2014	Adjunct	Ursuline College	Indiana State University (MS-FNP)	Enrolled: Indiana State University (DNP) Anticipated date of completion: May 2015	Family Nurse Practitioner-Community Express Care Association of Clinical Research Professions	APN 633 Nursing Research	Certifications: FNP-BC
Miley, Kathryn	PT	August 2011	Adjunct	Macon State College	Indiana State University (MS-FNP)	Indiana State University (DNP)	Family Nurse Practitioner	APN 601 Nursing Perspectives	Certifications: FNP-BC
Smith, Stacey	PT	Dec 2011	Adjunct	University of South Florida	University of South Florida (MSN- FNP)	Enrolled: Indiana State University (DNP) Anticipated date of completion:	Family Nurse Practitioner	APN 601 Nursing Perspectives, APN 644, 664, 670 FNP Clinical	Certifications: FNP-BC

Faculty Name	FT or PT	Date Initial Appt.	Rank	BS Institution	MS Institution	Doctoral Institution	Clinical Expertise	Academic (T)	Other (O)
						May 2014		Management	
Southard, Erik	FT	January 2012	Assistant Professor	Vincennes University (ADN) Indiana State University (BSN)	Indiana State University (MS-FNP)	Johns Hopkins University (DNP)	Family Nurse Practitioner Rural Family Medicine Diabetes Occupational Health	Health Policy and Leadership Analytical Methods Grants FNP Role	Director, DNP Program Certifications: FNP-BC
Stewart, Felicia	FT	July 2012	Assistant Professor	Indiana State University (BSN)	Indiana State University (MS- FNP)	Indiana State University (DNP)	Family Nurse Practitioner	Health Assessment FNP Role FNP Foundations of Family Health Care	Certifications: FNP-C
Thum, Patti	PT	Jan 2014	Adjunct	Regents College	Indiana State University (MS-FNP)	Indiana State University (DNP)	Family Nurse Practitioner	APN 635 FNP Role I	Certifications: FNP-C
Vincent, Debra	FT	August 2010	Assistant Professor	Indiana State University (BS)	Indiana State University (MS- FNP)	Capella University (PhD)	Family Nurse Practitioner Family Care Occupational Health	Pharmacology Clinical Practicum Evidenced-Based Practice	Director, Family Nurse Practitioner Program Certifications: FNP-BC
Wasson, Molly	PT	August 2010	Adjunct	Indiana Wesleyan University	Indiana State University (MS-FNP)		Family Nurse Practitioner	APN 644, 664, 670 FNP Clinical Management	Certifications: FNP-BC

Faculty Name	FT or PT	Date Initial Appt.	Rank	BS Institution	MS Institution	Doctoral Institution	Clinical Expertise	Academic (T)	Other (O)
Zwerner, Randi	PT	Jan 2012	Adjunct	Millikin University	Indiana State University (MS in nursing education)		Critical Care/Administration Nursing Education	APN 651 Theories of Health Care Adm.	

Appendix B

College of Nursing, Health, and Human Services

Position Description Executive Director of Nursing

General Description

Appointed by the Dean of the College of Nursing, Health, and Human Services, subject to the approval of the Provost, the Executive Director of Nursing reports to the Dean and has full authority and responsibility for the development and administration of the nursing programs. The position of Executive Director of Nursing is a full-time, 12-month appointment in the College of Nursing, Health, and Human Services. The individual in this position is expected to hold a tenured or tenure-eligible appointment in one of the college's nursing departments, be an exemplary teacher and researcher in the college and devote the equivalent of one-quarter of his/ her time to teaching in the college.

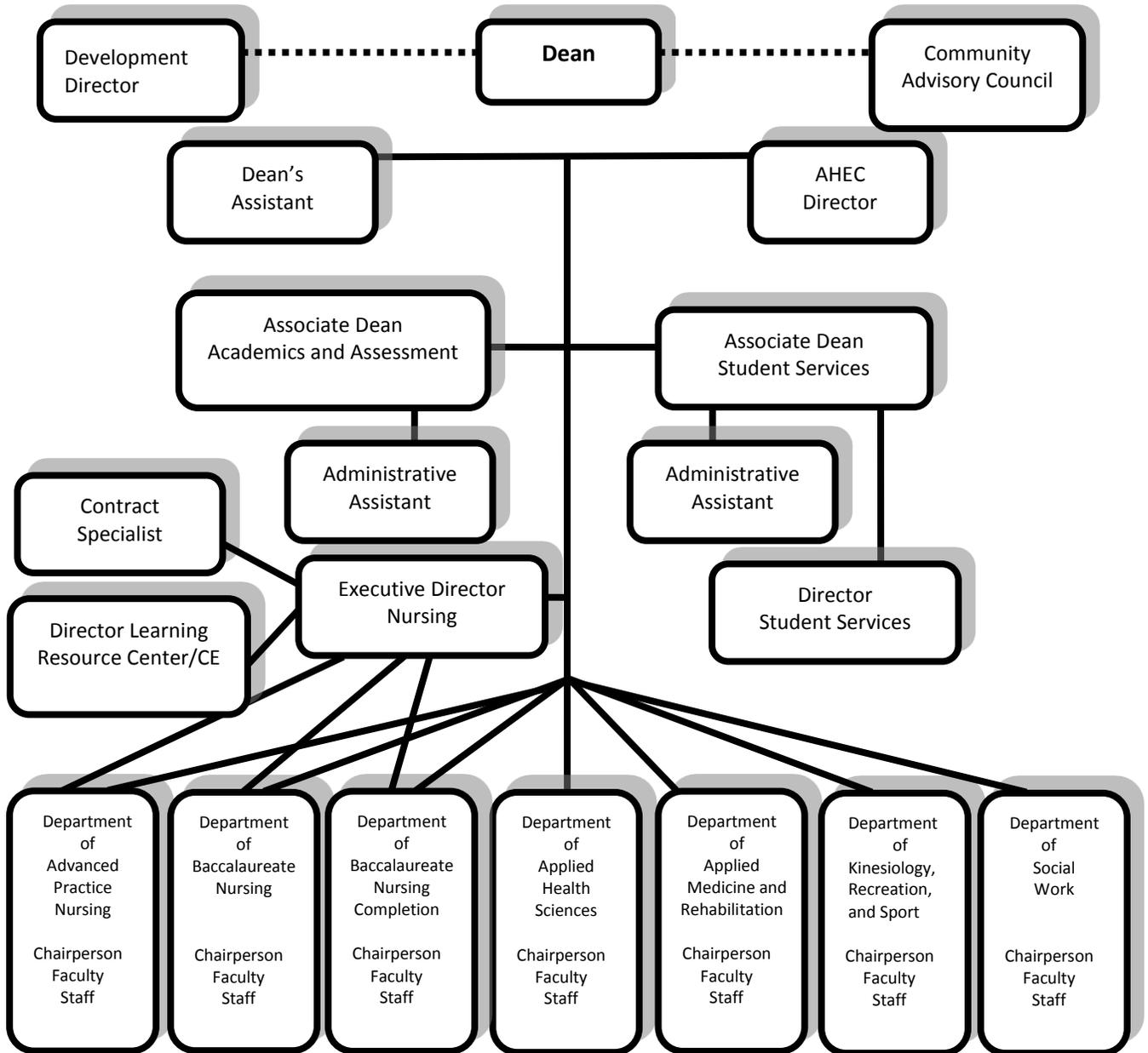
The Executive Director of Nursing has principal responsibility for establishing, monitoring, and strengthening the nursing programs within the college. He/she will oversee the development, operation, evaluation, improvement, approval, licensing, and accreditation of the undergraduate and graduate programs. To meet the responsibilities of this position, the Executive Director of Nursing must have superior interpersonal, communication, and organizational skills; working knowledge of common university policies, procedures, and practices; and knowledge of issues confronting the nursing programs.

Specific Responsibilities

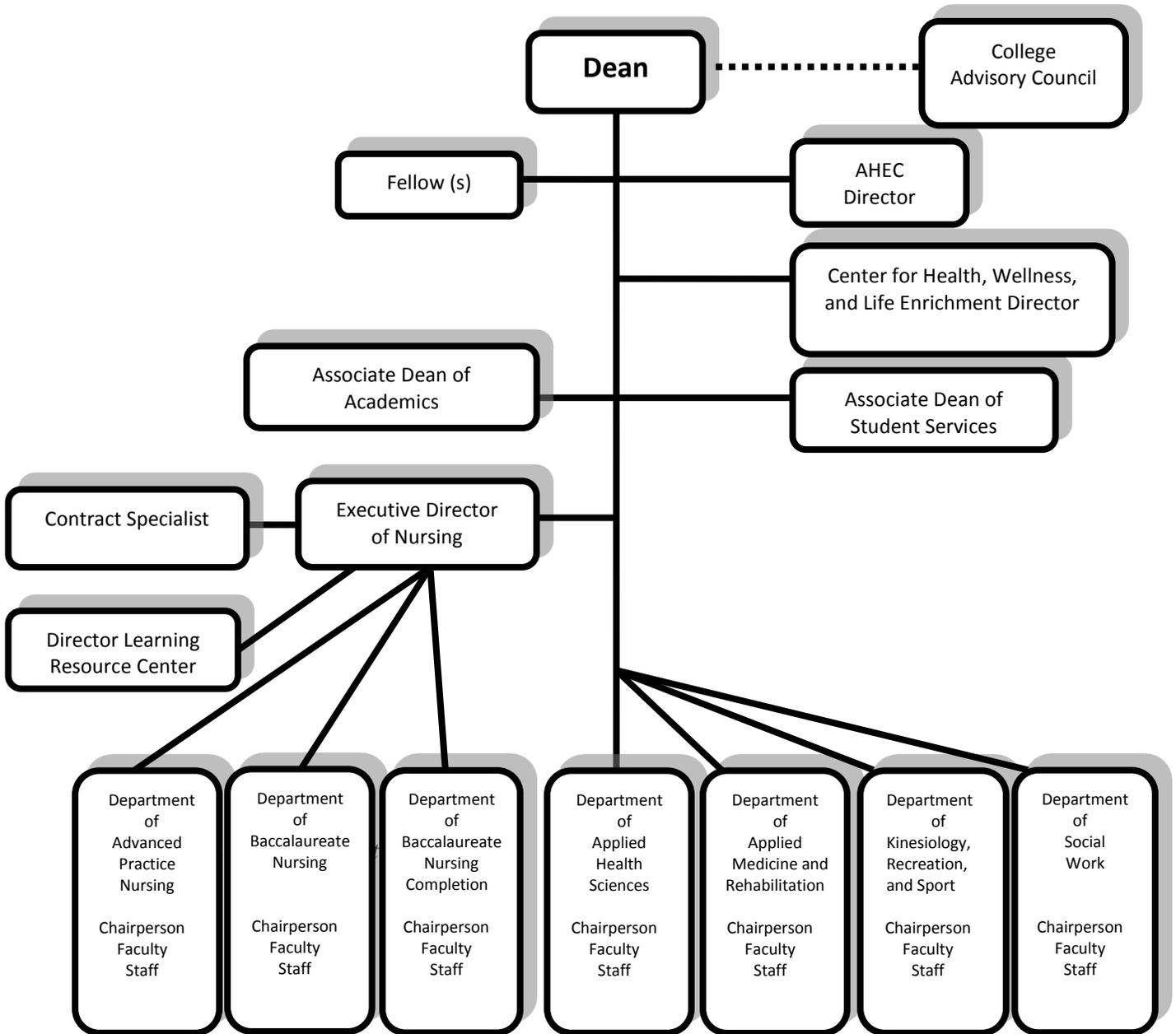
Working as appropriate with department chairs, faculty committees, individual faculty members, teams of faculty, and other administrative staff members, the Executive Director of Nursing has the following specific responsibilities:

- I. Serve as chief administrative officer for the nursing programs by providing effective management, support and leadership.
- II. Negotiate for resources for the College's nursing programs.
- III. Supervise the expenditure of funds budgeted within the nursing programs.
- IV. Facilitate prescribed and approved nursing governance procedures within departments.
- V. Evaluate the promotion and tenure process of nursing faculty.
- VI. Make recommendations for hiring and dismissal of the nursing faculty.
- VII. Effectively communicate within the College, University, profession and community.
- VIII. Advocate for equity between the nursing programs and other units within the governing organization.
- IX. Ensure accreditation standards are maintained for all nursing programs.
- X. Submit accurate and timely documentation for nursing program accreditation.
- XI. Provide mentorship to nursing faculty and chairpersons.
- XII. Delegate tasks to department chairpersons and/or faculty when appropriate.
- XIII. Monitor maintenance and enhancement of the physical facilities and environment.
- XIV. Monitor inventory of furnishings and equipment.
- XV. Propose specifications and recommendations for new facilities, furnishings, and equipment.

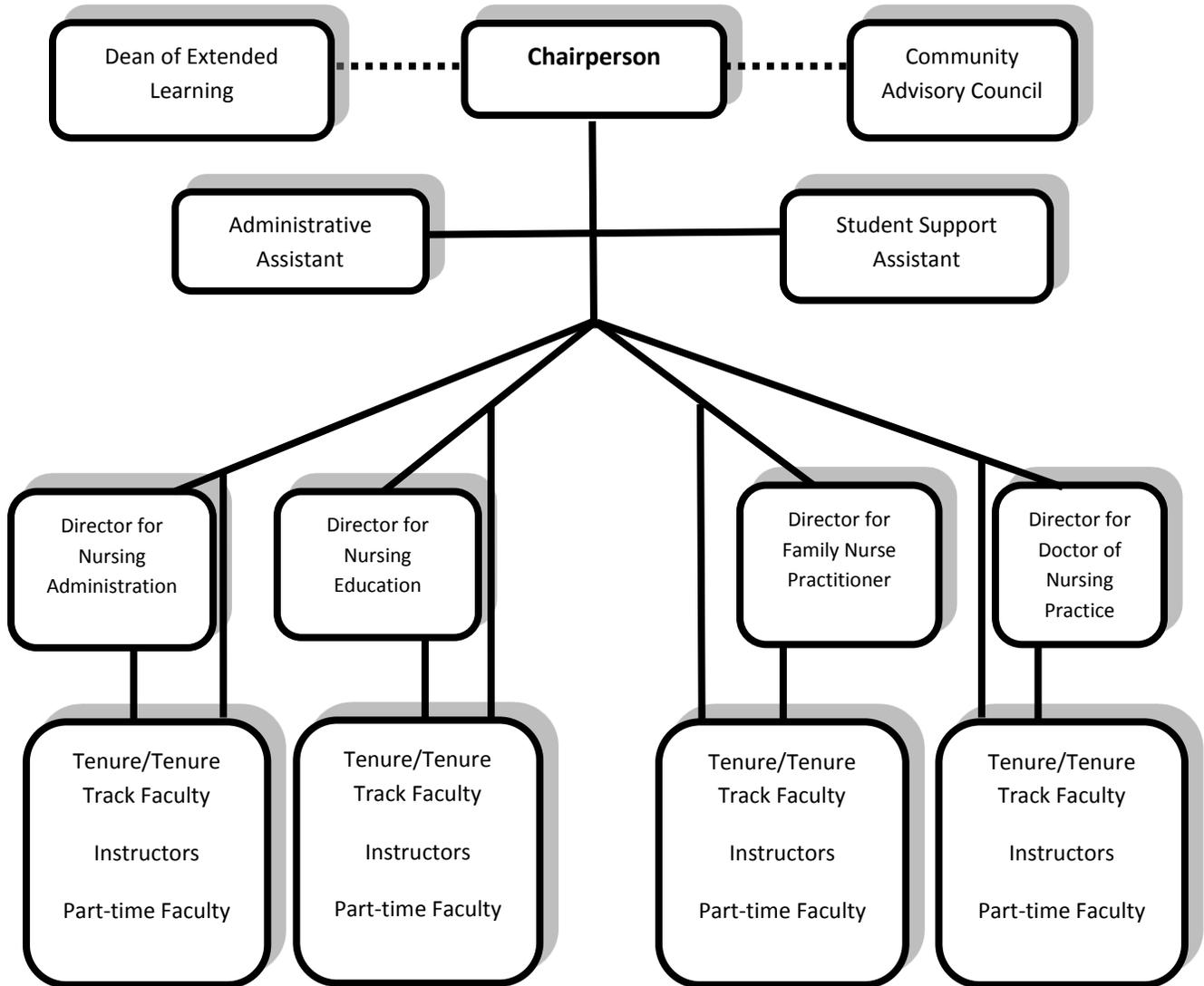
Appendix C. College of Nursing, Health, and Human Services Previous Organizational Chart



Appendix D. College of Nursing, Health, and Human Services Revised Organizational Chart



Appendix E. Department of Advanced Practice Nursing Organizational Chart



Appendix F.

BY-LAWS OF THE FACULTY OF THE DEPARTMENT ADVANCED PRACTICE NURSING INDIANA STATE UNIVERSITY

PREAMBLE

The purpose of these By-Laws is to establish the role that the faculty in the Department of Advanced Practice Nursing (hereinafter called the Department) shall have in developing the goals and educational philosophy of the Department and in formulating the policies of the Department.

ARTICLE I. THE FACULTY OF THE DEPARTMENT

Section 1. Definition of Faculty

- A. All appointees of academic rank appointed to the Department who are subject to academic tenure shall constitute the faculty of the Department.
- B. Special purpose, part-time temporary, emeriti and visiting professors not eligible for academic tenure shall be associate faculty of the Department.

Section 2. Voting Members. All tenured, tenure-track, and multi-year contract faculty appointed to the Department shall constitute the voting members of the Department.

Section 3. Ex-Officio Members. The Dean, Associate Deans, Executive Director of Nursing, temporary nursing faculty and professional staff of the nursing programs within the College of Nursing, Health, and Human Services shall hold speaking seats.

ARTICLE II. AUTHORITY

Section 1. Source of Authority. The authority of the Department faculty to participate in the governance of the Department shall be within the limitations of the Constitution of the Faculty of Indiana State University and the Constitution of the College of Nursing, Health, and Human Services.

Section 2. Autonomy of the Department. The Department shall be autonomous in matters of internal governance, subject to the provisions of the Constitution of the Faculty of Indiana State University and to actions of the University Faculty and Faculty Senate pursuant to the Constitution of the College of Nursing, Health, and Human Services.

Section 3. Primary Authority. The Department faculty shall have the authority to formulate policy governing:

- A. The Advanced Practice Nursing curriculum which shall include program assessment and evaluation.
- B. The facilitation of teaching, research and service.

- C. The structure of the Department with reference to academic matters.
- D. Standards for admission, retention, progression, graduation and dismissal of students.
- E. Faculty conduct and discipline.
- F. Faculty appointment, retention, tenure and promotion.
- G. Protection for freedom of expression and academic freedom.
- H. Aspects of student life which relate directly to the educational process.
- I. Grievances and hearing procedures.

Section 4. Advisory Authority. The Department faculty shall have the prerogative to advise those responsible for making decisions on:

- A. Selection and removal of the principal administrative officers having Department-wide responsibilities, as well as the creation or abolition of such offices.
- B. Department budgets.
- C. Department faculty benefits, including salaries, insurance, retirement and leaves.
- D. Department research or service obligations to public and private agencies.
- E. Student conduct and discipline related to academic performance, professional ethics and laws pertaining to patient confidentiality and patient welfare.
- F. Department physical facilities and program support services.

To permit the exercise of the Department faculty advisory prerogative, the Department faculty shall be appraised in advance of significant prospective actions by the administration.

ARTICLE III. ORGANIZATION OF FACULTY GOVERNMENT

Section 1. Means of Exercising Authority.

When a need arises for the Department to function within its primary or advisory authority, a meeting of the Department as a whole will be called by the Chair and decisions will be made as a group. In cases where the Chair might have a conflict of interest, the meeting will be called by the Executive Director of Nursing.

Section 2. Department Faculty Meetings

- A. Regularly Scheduled Meetings.

1. The Chairperson shall call at least one (1) meeting of the entire department each semester during the academic year.
2. When appropriate and the primary focus of the meeting is on curricular affairs or student affairs issues, a nursing student representative will be invited to participate in the discussion.

B. Special Meetings

1. Called Meetings. The Chairperson may call a meeting of the Department faculty at any time he/she deems necessary. Such meetings shall be announced by the Chairperson of the Department no less than **three (3)** days in advance, except in cases of emergency. In cases of emergency, the Chairperson shall use every reasonable means at his/her disposal to notify all voting faculty members of the meeting. All called meetings shall have an established agenda which shall be followed. All faculty members shall be notified in advance as to what the agenda will be.

2. Petitioned Meetings. A meeting of the Department faculty may be called by a signed petition of at least two (2) members of the voting faculty. This petition shall be delivered to the Chairperson of the Department whose duty it shall be to call the meeting. All petitioned meetings shall have an established agenda, which shall be followed. All faculty members shall be notified in advance as to what the agenda shall be.

C. Conduct of Meetings. All meetings of the Department faculty shall be conducted in a manner acceptable to the majority. If needed, a parliamentarian shall be appointed by the Department Chairperson from the voting faculty.

D. Quorums. One half of the voting faculty members shall constitute a quorum.

E. Majorities. A simple majority of those present and voting shall constitute a majority with the exception of constitutional change which shall require a two-thirds affirmative vote by all voting faculty members of the Department.

ARTICLE IV. AD HOC COMMITTEES

A. *Ad Hoc* Committees may be established as needed by the faculty or by the Chairperson with the consent of the faculty. The Chairperson of the Department may at will serve as a member of any *ad hoc* committee, except for the purposes of departmental faculty review and faculty grievance.

B. Unless other provision is made when a committee is created, the Department Chairperson will appoint the members.

C. Special or *ad hoc* committees will make recommendations to the faculty and the Department Chairperson and shall not act as policy making bodies.

D. An *ad hoc* committee established for the purpose of Departmental faculty review shall consist of at least three tenured faculty members. Tenured members from other departments may serve if needed to comprise a full committee.

ARTICLE V. BY-LAWS AMENDMENTS

Proposed amendments to these By-Laws may be submitted to the Department Chairperson by one-third of the voting faculty of the Department. Proposed amendments shall be distributed to the Department faculty at least one (1) week prior to a meeting held for the purpose of considering the proposed amendments. Approval by a two-thirds majority of all voting faculty members is required for adoption.

APN Department approved 8/21/2012 8-0-0

Appendix G.

Lea R. Hall, PhD, MS. FNP-BC, RN
Executive Director of Nursing, Associate Professor
Indiana State University College of Nursing, Health and Human Services
Office: 812-237-2326
E-mail: Lea.Hall@indstate.edu

EDUCATION

- **Doctor of Philosophy**, Indiana State University, 2010
Major: Curriculum, Instruction & Media Technology with specialization in Teaching and Learning
Dissertation Title: *Perceptions of Faculty Caring: Comparison of Distance and Traditional Graduate Nursing Students*
Doctoral Committee Chair: Dr. Susan Powers
- **Master of Science**, Indiana State University, 2001
Major: Family Nurse Practitioner
Culminating Project Title: *Factors Related to Maternal Infant Feeding Method*
Committee Chair: Dr. Betsy Frank
- **Bachelor of Science in Nursing**, University of Alabama at Birmingham, 1997
Major: Nursing

PROFESSIONAL EXPERIENCES

- **Indiana State University**, Executive Director of Nursing, May, 2012-present, Terre Haute, IN
- **Indiana State University**, Department of Advanced Practice Nursing Chairperson, May, 2011-2012, Terre Haute, IN
- **Indiana State University**, Associate Professor, 2007-present, Terre Haute, IN
- **Providence Medical Group Endocrinology**, Advanced Practice Nurse, 2004-present, Terre Haute, IN
- **Clay County Well Child Clinic**, Advanced Practice Nurse, 2007-2010, Brazil, IN
- **Indiana State University**, Clinical Coordinator FNP Program/Instructor, 2003-2007, Terre Haute, IN
- **Associated Physicians and Surgeons Endocrinology**, Advanced Practice Nurse, 2001-2003, Terre Haute, IN
- **Indiana State University**, Adjunct Clinical Instructor, 2001-2003, Terre Haute, IN
- **Registered Nurse**, Terre Haute Regional Hospital Labor and Delivery, Nursery, Pediatrics, 2000-2001 and 1998-2000, Terre Haute, IN; Riley Hospital for Children Float Pool, 2000, Indianapolis, IN; Bloomington Hospital Pediatrics, 1998-1999, Bloomington, IN

ACADEMIC/TEACHING EXPERIENCES

Indiana State University, Department of Baccalaureate and Higher Degree Nursing, Appointed Clinical Coordinator/Instructor Family Nurse Practitioner Program July 1, 2003-2007, Appointed Assistant Professor July 1, 2007, Appointed Family Nurse Practitioner Program Director January 2010, Appointed Department of Advanced Practice Nursing Chairperson, May 2011, Appointed Executive Director of Nursing, May 2012, Tenure and Promotion to Associate Professor, 2013

Appendix H.

350 ACADEMIC DEPARTMENT CHAIRPERSONS

Policy 350 was included in the 2001 University Handbook revision and was further amended by the ISU Board of Trustees as follows: Section 350.2.6 on June 22, 2007; Section 350.2.2 on May 6, 2011; Sections 350.3.1, 350.5.3.1.2, 350.5.31.4, 350.5.4.4.1 amended on December 17, 2011; Sections 350.2.2, 350.2.21, 350.2.2.2, 350.2.2.2.1, 350.2.2.2.2, 350.2.2.2.3, 350.2.2.3, 350.2.2.4.1, 350.2.2.4.2, 350.2.2.5, and 350.2.2.5.1 on February 17, 2012.

350.1 Appointment. Academic department chairpersons are appointed by the University President on the recommendation of the Provost and Vice President for Academic Affairs and the recommendation of the dean, based on the formal recommendation of the faculty of the department.

350.1.1 Tenure. A chairperson may be awarded tenure as a faculty member but not as chairperson. A candidate for chairperson must be a faculty member of the department or must be qualified by education and experience in the discipline to become a faculty member of the department.

350.1.2 Delegation; Limitations on Delegation. Certain elements of department administration may be delegated by the chairperson to faculty members and staff. However, in matters of personnel administration, responsibility rests primarily with the chairperson. He/she is expected to consult with members of the faculty in a manner which seems most appropriate in maintaining constructive personnel relationships; in furthering the professional development of the faculty; and in furthering the best interests of the department, the school, or the college, and the University.

350.1.2.1 Leadership. The chairperson leads his/her department through persuasion, the weight of experience, evenhandedness, openness, and candor. Through suggestions, recommendations, and committee appointments, the chairperson assumes leadership in the implementation of new programs and in the revision of existing programs.

350.2 Duties and Responsibilities. The duties and responsibilities of academic department chairpersons are in part dependent on the size and character of each department. The following description of duties and responsibilities is intended to set forth broad and general principles which can be adapted to the circumstances of particular departments. Nothing in these descriptions is intended to abrogate general University administrative policies, the constitution of the faculty, or legislative acts of university government.

350.2.1 Recommendations for Faculty Awards. The chairperson encourages and recommends rewards for outstanding teaching, scholarship, and research, attempts to define the research goals of the department, fosters cooperative projects, and brings individual and department achievements to the attention of the academic community.

350.2.2 Responsibilities of the Departmental Chairperson. It is the responsibility of the departmental chairperson to lead his/her department through difficult and critical decisions involving faculty appointments, non-renewals, promotion and tenure decisions, awards for meritorious activities, regular evaluations, and compliance with faculty performance expectations as outlined in Section 310 (Faculty Duties and Responsibilities), Section 500 (Employment), and Section 570 (Personnel Files) of this Handbook

350.2.2.1 Communication of Faculty Duties and Responsibilities. Each departmental chairperson shall communicate in writing to each member of the chairperson's faculty the duties and responsibilities of employment at Indiana State University that are expected of each such faculty.

350.2.2.2 Notification and Consultation- Deficient Performance. In the event that a departmental chairperson believes that a faculty member is performing deficiently his or her duties and responsibilities of employment, then such chairperson shall notify the faculty member in writing and request to know whether the faculty member would prefer for the chairperson to consult with the departmental personnel committee about the matter, or not.

350.2.2.2.1 Time for Response. The faculty member shall either respond to the chairperson in writing to indicate his or her preference within five (5) business days, or the chairperson shall proceed to notify and consult with the departmental personnel committee.

350.2.2.2.2 Faculty Desire for Consultation. If the faculty member responds with a preference for consultation, then the departmental chairperson shall notify the departmental personnel committee of the nature of the deficient performance and consult with the personnel committee regarding the same.

350.2.2.2.3 Faculty Desire for No Consultation. If the faculty member responds that he or she would prefer that no consultation with the departmental personnel committee occur, then there shall be no consultation about the matter.

350.2.2.3 Notice to Faculty Member. After consideration of the matter and/or consultation with the departmental committee discussed above, the chairperson shall provide to the subject faculty member notice of the deficient performance.

350.2.2.4 Continued Deficient Performance. If the subject faculty member continues to perform deficiently, then the chairperson shall meet with the departmental personnel committee to notify this committee of the continued deficient performance and to consult with the committee
350.2.2.4.1 Written Admonishment. After consultation about the continued deficient performance, the chairperson shall provide the faculty member with a written admonishment that sets forth the deficiency of performance, actions the faculty member can take to cure the deficiency, and a date by which the deficiency must be cured.

350.2.2.4.2 Continued Uncured Deficient Performance.
If the deficient performance continues uncured, then the chairperson shall notify the appropriate dean of the continued deficient performance so that further action can be determined.

350.2.2.5 Personnel Committee. If the faculty member in issue normally sits on the departmental committee that addresses personnel matters, then the subject faculty member shall be disqualified from this committee for purposes of consideration of the issues addressed in this Section 350.2.2.

350.2.2.5.1 Notices and Responses. The subject faculty member shall be entitled to submit a written response to all written notices and admonishments. All notices and admonishments shall be retained in the official personnel file of the subject faculty member.

350.2.3 Representation of Departmental Faculty. The chairperson represents the interests of individual faculty members and of the department to the dean and to the University administration. The chairperson is the representative of the department, but he/she should also be able to convey to his/her colleagues the positions of the University administration.

350.2.4 Official Departmental Spokesperson. The chairperson is authorized to speak officially for and on behalf of the department in matters concerning personnel decisions, budget requests, recommendations for membership in the graduate faculty, approval of grant and contract applications, and other issues concerning resources.

350.2.5 Advocacy. The chairperson is an advocate for the academic interests of the faculty of the department, especially in curricular affairs wherein faculty authority is paramount. Those issues that require approval beyond the department will ordinarily be firmly advocated by the chairperson. If earlier internal deliberations result in the chairperson's disagreement with the majority opinion of the department faculty, and if the chairperson cannot support the majority position, he/she is obliged to make known to the dean the position of department colleagues together with his/her own position with appropriate justification and rationale for both positions. The chairperson will inform departmental colleagues of his/her opposition to or disagreement with the majority view.

350.2.6 Course Scheduling. The chairperson, acting on the advice of his/her faculty, has responsibility for scheduling classes, arranging teaching hours, and meeting student needs in graduate and undergraduate programs in accordance with the policies and procedures of the University and the standards of the department. He/she serves as mediator in faculty-student disputes.

350.2.7 Administration of Departmental Office. It is the duty of the chairperson to administer the department office, to request supporting resources for the work of department faculty, to provide the administration with a means of communicating with faculty and students, and to handle the routine paperwork of the department.

350.2.8 Operational Duties. The chairperson has responsibility and authority for the hiring of

support staff; the hiring of temporary and part-time help; the preparation and submission of catalog materials based on the curricular decisions and recommendations of the faculty; the supervision of the procedures of budget development; the administration of the operating budget (the chairperson has the responsibility of maintaining department expenses within the allocations to the department operating budget); the maintenance of department files and records; the supervision of procedures for developing the schedule of classes; the representation of the department in administrative matters relating to the school/college and to the University as a whole; the supervision of student advisement procedures; nominations for department representation to the school/college committees; the supervision of department publicity (brochures, program announcements, news releases, catalog and bulletin copy, state and regional outreach information); the control of department equipment, properties, books, records, and supplies; and coordination, through the appropriate dean's office, of activities that cross department lines.

350.3 Regular Consultation with Departmental Faculty. It is a general principle of the administration of academic departments that the chairperson should consult regularly with members of his/her department. To consult is to seek the opinion, judgment, and advice of the members of the department. It remains the prerogative of the chairperson to make determination contrary to this counsel, but if he/she does so, it is his/her duty to explain the reasons both to colleagues within the department and (if it is a matter which is forwarded to higher administrative authority) to administrative superiors, together with the nature and extent of the disagreement.

350.3.1 Limitations on Consultative Requirement. This duty of consultation is not to be construed as implying that the chairperson is only an executant without power of initiative. Perhaps the most important duty of a chairperson is to lead the way in setting policies and, as much as possible, in making tactical decisions. The chairperson should have a program for the department and should aim at marshalling the support of the department for that program. The emphasis upon consultation is designed not to shackle the chairperson but to enlist the active and effective participation of the staff in joint endeavors.

350.3.2 Form of Consultation. Consultation with the department may take the form of meetings of the department as a whole or of conference with departmental committees. In small departments, an elaborate committee structure would be artificial; in large departments, meetings of the entire department might be awkward. It is the prerogative of the department as a whole to determine its own internal structure and procedures, which shall be codified and filed with the dean of the college and with the Provost and Vice President for Academic Affairs.

350.3.3 Ad Hoc Committees. The apparatus of committees, their scope and function, and the procedures by which committee members are selected, are determined by full-time regular members of the department. The chairperson has the prerogative of appointing ad hoc committees to investigate and advise upon matters which are not regularly recurring concerns and which may not be of crucial importance to the department as a whole, but this prerogative is not to be used to avoid the duty of conferring with the entire department or with regularly constituted committees on all matters of general concern or of continuing or recurring character.

350.3.3.1 Matters of General Concern or Recurring Character. Among those matters of general concern or of recurring character are such issues as:

- A. the formal curriculum and methods of instruction in the department and also conferences, colloquia, non-credit courses, and the establishment of requirements for departmental programs and academic standards,
- B. the recruitment and advising of students, the department budget for services, travel, equipment, and supplies,
- C. the recruitment, evaluation, retention, promotion, and salary of faculty, and
- D. the assignment of faculty to classes and offices.

350.3.3.2 Matters of Delicacy. Matters of particular delicacy—such as the salary, tenure, and promotion of faculty—may in general be best dealt with by a committee, but a department is not precluded from discussing as a whole either policies or individual decisions on these questions, and the chairperson should seek the advice of the department as a whole on the procedure to be followed in these matters.

350.4 Meetings of Department. Notwithstanding any other provision of this document, the chairperson shall call at least one (1) meeting of the entire department in each semester of the regular academic year. A standing item on the agenda of such meeting(s) shall be “New Business.”

350.5 Selection and Removal. Chairpersons serve at the pleasure of the dean and the department faculty.

350.5.1 Evaluation. An evaluation of the performance of a department chairperson will be conducted triennially by the dean, in accordance with rules and procedures prescribed and established by the dean, based on consultation with the chairperson and department faculty. The dean will weigh and balance the several principles cited above in his/her decision regarding retention of the chairperson. The dean has the authority to call for an evaluation of the performance of the chairperson at any time the dean determines it is necessary.

350.5.2 Retention. When there is disagreement between the department faculty and the dean on the retention of a chairperson, the decision rests with the University President, based on the reports and recommendations of the department faculty, dean, and the Provost and Vice President for Academic Affairs.

350.5.3 Vacancy. Whenever a vacancy occurs in the position of chairperson of an existing academic department or one which is scheduled to exist as determined by the appropriate academic dean or his/her superior, the appropriate academic dean will so advise the department faculty members.

350.5.3.1 Nominating Committee. The full-time tenured and tenure-track faculty members of the department should then proceed to elect a nominating committee composed of at least five (5) but not more than seven (7) full-time tenures or tenure-track faculty members who shall conduct a search for candidates.

350.5.3.1.1 Limitation on Service. No member shall serve on the nominating committee who wishes to be considered for the position or who comes under consideration after being elected.

350.5.3.1.2 Additional Member. If five (5) department members having full-time appointments are not available, the members of the department may, with approval from the appropriate academic dean, select one (1) or more full-time tenured and tenure-track faculty members from closely-associated academic disciplines to serve on the committee.

350.5.3.1.3 Rules of Procedure. The nominating committee shall determine its own rules of procedure and shall notify the appropriate academic dean when it has accomplished its assigned task.

350.5.3.1.4 Candidate Nominations. The nominating committee shall recommend to the appropriate academic dean possible candidates who, if not on campus, should be invited to the University for the interview. The dean shall approve or disapprove such visits. The nominating committee shall obtain evaluations from each full-time tenured or tenure-track faculty member, or as many as interviewed each candidate.

350.5.3.1.5 Recommendation by Nominating Committee. Should the nominating committee recommend one (1) or more of those interviewed, the name(s) shall be submitted to the academic dean with a copy to the Provost and Vice President for Academic Affairs. In the event that the nominating committee recommends more than one (1) candidate, the names shall be ranked in order of preference.

350.5.3.2 Recommendation of Dean. After a meeting with the nominating committee, the dean may concur or object, sending a written recommendation to the Provost and Vice President for Academic Affairs and a copy to the chairperson of the nominating committee.

350.5.3.3 Recommendation by Provost and Vice President for Academic Affairs. If the academic dean and the nominating committee have not agreed on the recommendation, the Provost and Vice President for Academic Affairs, if he/she chooses, shall meet with the nominating committee and the academic dean in an attempt to resolve differences. In only rare and exceptional circumstances shall a candidate other than one designated by both the nominating committee and the academic dean be recommended to the ISU Board of Trustees. In such a case, the reasons shall be communicated to the nominating committee and the academic dean prior to submission of the recommendation to the ISU Board of Trustees.

350.5.4 Removal Careful selection of a department chairperson combined with the cooperative efforts of all concerned in the development and improvement of the department will contribute to the stability and growth of department leadership. Nevertheless, provisions shall be made for dealing with extraordinary instances of administrative failure.

350.5.4.1 Departmental Faculty Communication. After serving at least one (1) academic year as chairperson, a chairperson may be relieved of his/her administrative post provided at least 50 per cent of the full-time tenured or tenure-track faculty members of the department endorse a written communication to the appropriate academic dean giving support of such action.

350.5.4.2 Investigation. The academic dean shall conduct an investigation and convey his/her observations and recommendations to the Provost and Vice President for Academic Affairs.

350.5.4.3 Determination. If the Provost and Vice President for Academic Affairs and the University President concur with the recommendations of the petitioning department members, the chairperson shall be removed as soon as possible. A chairperson may also be removed if his/her continuance is held by the University President not to be in the best interests of the University.

350.5.4.4 Acting Chairperson. The position of department chairperson may fall vacant at such a time that a permanent replacement cannot be appointed immediately. In such a case, appointment of an acting chairperson is the prerogative of the administration, but that prerogative should be exercised only after consultation with the membership of the department.

350.5.4.4.1 Nominations. The dean of the school or college within which the vacancy occurs shall invite nominations for acting chairperson from all full-time regular members of the department, to which list the dean may add other nominees. The dean shall then determine, by a poll of the full-time tenured or tenure-track faculty members of the department, the degree of support for each nominee.

350.5.4.4.2 Recommendation and Appointment. The dean shall then forward to the Provost and Vice President for Academic Affairs a recommendation, accompanied by the complete results of the poll of the department. The appointment is made by the Provost and Vice President for Academic Affairs, subject to approval of the University President and the ISU Board of Trustees.

350.5.4.4.3 Continuing Consultation. In the event that an acting chairperson is needed for more than one (1) year, the department shall again be consulted in the same fashion before the acting chairperson is confirmed in office for another year or a new acting chairperson is appointed.

350.5.4.4.4 Removal. An acting chairperson may also be removed if his/her continuance is held by the University President not to be in the best interest of the University.

Last revised February 17, 2012.

Appendix I.

Susan M. Eley PhD, RN, APN

Department of Advanced Practice Nursing, Chairperson and Associate Professor
Indiana State University College of Nursing, Health and Human Services

Office: 812.237.7918

E-mail: Susan.eley@indstate.edu

Education

- **Doctor of Philosophy**, Indiana State University, Terre Haute, IN, 2002
Major: Education, Leadership, Administration, & Foundations
Dissertation Title: *Utilizing Selected Criteria in a Community College Setting for Prediction of NCLEX Success by Practical Nursing Students*
Advisor/Committee Chair: Dr. Greg Ulm
- **Master of Science**, University of Illinois-Chicago, May 19, 1993
Major: Public Health Nursing/Family Nurse Practitioner
Thesis Title: *Quality of Life in Men with Prostate Cancer Post Radical Prostatectomy*
Committee Chair: Sandra Theis RN, Ph.D.
- **Bachelor of Science in Nursing**, Southern Illinois University, Edwardsville, IL, June 9, 1990
Major: Nursing
- **Associate Degree in Nursing**, Illinois Eastern Community College, Olney, IL, 1981
Major: Nursing
- **Practical Nursing Certificate**, Indiana Vocational Technical College, Terre Haute, IN, 1979

Professional Nursing Experience

Veterans Administration, Advanced Practice Nurse, 2010-present, Effingham, IL

- Practice limited to 8 hours per week
- Care provided for adults related to current and past military service
- Health promotion & Disease management are emphasized
- Screening for PTSD, Behavioral Health related issues, and acute care provided during triage hours

Prompt Care Office, Advanced Practice Nurse, 2003-present, Effingham, IL (part-time)

- Internal medicine, family practice and urgent care setting with assessment, diagnosis, treatment and evaluation of patients of all age groups with primary population of adult and geriatric populations
- Provider & management of care for acute and chronic patients in outpatient clinic, urgent care, & co-management of inpatients in medical, surgical, & ICU settings.
- St. Anthony Memorial Hospital Allied Health privileges.

Carle Clinic, Advanced Practice Nurse 1992-1993, Urbana, IL

- Provider & management of patients in outpatient clinic, care of chronic and acute patient's, impotence care, and education.

Professional Nurse, St. Anthony Memorial Hospital, 1981-1992, Effingham, IL

- Staff Nurse - Providing perioperative care to patients within the hospital and outpatient settings. Including but not limited to duties as first assistant, impotence education and follow-up care, intravesical cancer therapy, cystograms, flow studies, and discharge planning.

- Staff Nurse - Surgical Services/Surgical Floor Responsibilities: First Assistant, circulating and scrub duties.
- Staff Nurse - Delivery of care in post surgical setting.

Union Hospital, LPN Surg. Maximum Care Unit 1979-1981 Terre Haute, IN

- Surgical Maximum Care unit providing care to patients within hospital setting with focus on acute major surgical patients under RN supervision

Academic/Teaching Experience

Indiana State University, Director of Department of Advanced Practice Nursing May 1, 2012-current

Indiana State University, Chair of Department of Advanced Practice Nursing 2012-current

Indiana State University, Director of DNP program 2010-2012

Indiana State University, Director of FNP program 2008-2010

Indiana State University, Department of Baccalaureate and Higher Degree Nursing Department, July, 1, 2005 to present, Assistant Professor

Appendix J.

Indiana State University
Department of Advanced Practice Nursing
Program Directors Duties and Responsibilities

1. Course and Program Development
 - a. Lead the development of new courses that fit the mission of the program, college and university
 - b. Oversee the revising of courses, adding new courses, and deleting old ones (i.e. F forms completed when appropriate)
 - c. Supervise the updating of the program website, brochures and other marketing materials
 - d. Check catalog for accuracy of program information and update yearly
 - e. Assist with accreditation of program
 - f. Collaborate with the chair in scheduling of classes, and the need for faculty resources
 - g. Support the chair in the development of policies, procedures and reports on programmatic issues
 - h. Complete required documentation for both students and preceptors as related to the program
2. Recruitment and Admissions/Retention
 - a. Facilitate admission to programs
 - b. Assist chair in developing recruitment /retention plan for the programs
 - c. Market and recruit along with faculty for the program; organize faculty to participate in recruitment activities
3. Assessment
 - a. Program's Assessment Plan
 - a. Maintain and manage plan in TaskStream
 - b. Update plan as appropriate
 - c. Gather data from faculty
 - d. Analyze data for assessment
 - e. Prepare data to share/discuss with faculty at meetings
 - f. Ensure implementation of actions as determined by faculty discussion
 - b. Obtain and maintain data on graduates each semester, including job placement, certification pass rates (when appropriate) and provide data to student services assistant
4. Advisement- Lead advisor for program and provides guidance to other faculty on development of plans of study
5. Relationship with Chairperson- meets regularly with chair to discuss/update on any program issues related to the above items. Frequency of meetings determined by both parties.
6. Leadership-attends nursing leadership meetings

Appendix K.

Faculty Work Load Policy for Nursing

The Faculty Workload Policy applies to tenure/tenure track faculty in the Nursing Departments. The faculty supports the mission of the University and the College of Nursing, Health, and Human Services which defines the main activities of faculty as teaching, scholarly activities and service. Recognized activities include classroom and clinical teaching, scheduled office hours, student advising, course and curriculum development, supervision of graduate student research, assistance in academic administration, research, publication and other academic commitments that contribute to the overall enrichment of the faculty members, students and university community. Professional responsibilities may also include committee service, continuing education and other service to the University and to the profession of nursing.

Based on University guidelines, the normal teaching load is 24 semester credit hours over an academic year. Any teaching load greater than 13 hours per semester is considered an overload. Teaching assignments will not exceed 16 credit hours per semester. For didactic courses or the theory component of a clinical nursing course, one credit hour is equal to one contact hour, whether online or face-to-face, for the purpose of workload calculation. The workload for faculty teaching in the Nursing Departments is decided in a collaborative process with the department chair.

Tenure/Tenure Track Faculty Clinical Teaching Guidelines

The profession of nursing is a practice profession and the faculty recognizes that clinical time provides a valuable teaching environment for our students in which all members of the nursing faculty may participate. Clinical teaching loads in a given semester shall be established through a coordinated, collegial, consultative approach involving the faculty and the department chair. A part of this process includes recognition that the intensity and time-demand of clinical teaching is highly variable. The variability is a function of the design of the course, the requirements for on-site faculty supervision, the numbers of students per clinical group and the type of student clinical performance being supervised. In an effort to support faculty engagement in scholarly and service pursuits and to promote balance in the distribution of clinical teaching responsibilities, the following guidelines have been established:

- Nursing labs on campus and clinical with direct supervision in an agency will generate one contact hour of faculty workload for each clinical contact hour with students.
- Indirect clinical supervision of campus students and on-line/distance students through preceptors will generate:

0.5 contact for faculty workload calculation per each contact hour with students where the required student clinical contact for the course is 3-12 hours/week.
0.25 contact for faculty workload calculation per each contact hour with students where the required student clinical contact for the course is greater than 12 hours/week.

- The maximum clinical teaching load for undergraduate and graduate T/TT faculty is 12 clinical contact hours per week.
- The student numbers for clinical groups in undergraduate clinical courses for non-RN licensed students are set by the Board of Nursing in Indiana as a maximum of 10 students (Indiana Nursing Licensure Stats and Rules: 848IAC1-2-19 clinical experiences for all programs, section 19d).
- Fewer students per group will be established when safety, low patient census and patient acuity justify a reduced number (a collegial decision between faculty and chairperson).
- Clinical groups taught in the college laboratory may have faculty/student ratios greater than ten students per group, commensurate with the teaching-learning environment of the course and are negotiated between faculty and chairperson.
- Undergraduate and graduate (other than FNP) clinical groups requiring indirect supervision (including arranging for preceptors, evaluation of papers, occasional site visits and consultation with clinical agencies, students and preceptors) will consist of no more than 10 students at any one time.
- Family Nurse Practitioner clinical groups requiring indirect supervision (including arranging for preceptors, evaluation of papers, occasional site visits and consultation with clinical agencies, students and preceptors) will consist of no more than 6 students at any one time.
- In extraordinary situations an extra clinical group (overload) may be assigned the faculty member and will be compensated at an established rate per semester hour or the faculty member may be assigned a compensatory load in the following semester. It is the faculty member's prerogative to accept a clinical overload in lieu of other assignments.

Tenure/Tenure Track Faculty Academic Advisement Policy

As enrollment in the Nursing Programs increases, institutional responsibilities and demands become greater, and faculty resources decline, the provision of quality academic advising has become more challenging.

The faculty is committed to providing quality advising and recognizes that academic advising is an integral part of the educational process. Faculty members must have a thorough understanding of the Foundational Studies Program, the institutional requirements, the nursing major requirements for multiple tracks within the program, and the University and College Policies and Procedures. Faculty members also must be available to students, provide the student information about alternatives and consequences of academic decisions, monitor progress toward educational goals, maintain accurate records and refer students to appropriate resources for needed services. Compensation must be available for faculty in

order to enhance the process of developmental advising and to acknowledge the value of faculty members in their roles as academic advisors and on the process of advising. The following policy regarding the recognition of Academic Advisement as part of the Faculty Workload is recommended.

Faculty members will only be given contact hour credit for academic advising when their advisee assignment exceeds the median advisee assignment for colleagues in their respective departments. Faculty members with a reduced number of advisees during orientation to the advising role will not be included in the calculation of the average number of advisees. Faculty will receive 0.5 contact hours for each increment of 1-15 undergraduate and graduate students above the median number.

Nursing Faculty Workload Guidelines

Didactic/Theory Contact Ratio	Graduate/Undergraduate	1 credit :1 contact hour
Expected Total Workload= 1 FTE	Tenured & Tenure Track Faculty	12 contact hours (>26/ academic year = overload)
	Special Purpose/Instructor	Full-time work week: may include classroom or didactic on-line teaching, clinical, academic advising and/or special assignments as negotiated with the Department Chair.
Minimum Class Size	Undergrad: Fr./ Soph.	Min. 15
	Jr./ Senior	Min. 12
	Graduate	Min. 8
Max Class Size		Determined by Chair in collaboration with faculty member
Clinical Contact Ratio	Lab & Direct Contact	1 clinical contact hour: 1 contact hour workload. 1:10 faculty student ratio
	On-line/Distance Supervision & Indirect Contact (3-12 clinical contact course)	1 clinical contact hour: 0.5 contact hour workload. 1:10 faculty student ratio 1:6 faculty student ratio (FNP)
	On-line/Distance Supervision & Indirect Contact (>12 clinical contact course)	1 clinical contact hour: 0.25 contact hour workload. 1:10 faculty student ratio 1:6 faculty student ratio (FNP)
Clinical Hours/Week	Tenured & Tenure Track Faculty	Max 12 clinical hours for direct supervision.
		Max. 15 clinical hours for in-direct supervision.
	Special Purpose/Instructor	Max 24 clinical contact hours

Approved, Nursing Council CAAC, 3-25-08

Revised, Joint Departments of Baccalaureate Nursing, Baccalaureate Nursing Completion and Advanced Practice Nursing, 10-11-11.

1-13-14.

Appendix L.

Criteria for Non-Physician Primary Care Provider Preceptors (FNP Students)

Preceptor Qualifications:

1. Licensed to practice professional nursing in the state and is eligible to practice in an advanced practice role as deemed appropriate by the State Board of Nursing or other regulatory agency OR licensed to practice as a physician assistant in the state (**Copy of license required.**)
2. Maintains national board certification for the clinical population served. (**Copy of certification required.**)
3. Has been employed in a midlevel role within a primary care setting or specialty setting for **at least one year.**

Preceptor Functions & Responsibilities:

1. **Precepts the nurse practitioner student on a one-to-one clinical basis.**
2. Serves as an exemplary role model, host, sponsor and teacher to the nurse practitioner student.
3. Provides student orientation to the clinical staff and area, including any appropriate clinical policies.
4. Provides temporary office space and examination room facilities for the student.
5. Facilitates selection of appropriate clients for the student to meet specified outcomes based on the student's level in the program of study, learning readiness, skill level and the preceptor's level of expertise.
6. Provides the student with clinical experiences as appropriate to meet the course requirements/objectives and specific educational expectations.
7. Critiques the student's clinical skills and knowledge during the designated preceptor period. Discusses results of clinical evaluation with the student.
8. Maintains ongoing communication with the nurse practitioner faculty, discuss/evaluate student progress in the clinical area.
9. Notifies faculty of areas of concern regarding the nurse practitioner student.

Criteria for Physician Preceptors (FNP Students)

Preceptor Qualifications:

1. Licensed to practice medicine in the state. **(Copy of state license required. Copy of board certification, if applicable.)**
2. Actively engaged in family practice or other specialty area involving the family in an outpatient/ambulatory setting.
3. Can provide and/or facilitate achievement of the student's learning objectives based upon the preceptor responsibilities listed below.

Preceptor Functions & Responsibilities:

1. **Precepts the nurse practitioner student on a one-to-one clinical basis.**
2. Serves as an exemplary role model, host, sponsor and teacher to the nurse practitioner student.
3. Provides the student orientation to the clinical staff and area.
4. Provides temporary office space and examination room facilities for the student.
5. Facilitates selection of appropriate clients for the student to meet specified outcomes based on the student's level in the program of study, learning readiness, skill level, and the preceptor's level of expertise.
6. Provides the student with clinical experiences as appropriate to meet the course requirements/objectives and specific educational expectations.
7. Critiques the student's clinical skills and knowledge during the designated preceptor period. Discusses results of clinical evaluation with the student.
8. Maintains communication with the nurse practitioner faculty; discusses/evaluates student progress in the clinical area.
9. Notifies faculty of areas of concern regarding the nurse practitioner student.

Appendix M.

**INDIANA STATE UNIVERSITY
COLLEGE OF NURSING, HEALTH, AND HUMAN SERVICES
FNP Clinical Agency Student Scheduling Form**

Course Number _____ Section : _____ Semester _____
 Student Name _____
 ISU Faculty _____ Faculty Phone _____
 ISU Clinical Instructor: _____ Contact _____

Faculty are available to students						
Date	Time of Clinical	Agency and Unit	# of Students (on this day)	Student Role (Active vs Passive Participation)	Student Initials	Preceptor Initials

Both the student and the preceptor initials are required above each clinical period.
 The initialing of this form is verification of the accuracy of the clinical hours completed. Falsification of clinical hours may result in dismissal from the FNP program and/or Indiana State University in congruence with the ISU Student Academic Integrity Code.

Note: (multiple copies of this form may be necessary per semester)

Initials:	Printed Name:	Signature:	Preceptor Hours tracked on this form

Appendix N.

Faculty-Student Ratios (Past 3 semesters)

*Students in each clinical group are assigned to a preceptor for 1:1 clinical experiences. Campus faculty supervises indirectly.

APN 601	Summer 2013	Fall 2013	Spring 2014
Didactic Sections			
301		28	21
302		28	16

APN 605	Summer 2013	Fall 2013	Spring 2014
Didactic Section			
301		29	26
302		30	15

APN 624 (FNP)	Summer 2013	Fall 2013	Spring 2014
Didactic Section			
301		29	17
302			12
Clinical Sections			
624L-301		1:6	1:6
-301		1:6	1:6
-301		1:6	1:5
-301		1:6	
-301		1:5	
624L-302			1:6
-302			1:6

APN 633	Summer 2013	Fall 2013	Spring 2014
Didactic Section			
301	32	20	20
302	0	0	20

APN 635 (FNP)	Summer 2013	Fall 2013	Spring 2014
Didactic Section			
301		26	17
302			12

APN 644 (FNP)	Summer 2013	Fall 2013	Spring 2014
Didactic Section			
301	23		28
302	10		0
Clinical Sections			
644L-301	1:6		1:6
-301	1:6		1:6
-301	1:6		1:6
-301	1:5		1:6
-301			1:4
644L-302	1:5		
-302	1:5		

APN 645	Summer 2013	Fall 2013	Spring 2014
Didactic Section			
301	26	25	21
302	0	9	20

APN 646 (FNP)	Summer 2013	Fall 2013	Spring 2014
Didactic Section			
301	23		28
302	8		

APN 651	Summer 2013	Fall 2013	Spring 2014
Didactic Section			
301		5	

APN 652	Summer 2013	Fall 2013	Spring 2014
Didactic Section			
301	3		6

APN 653	Summer 2013	Fall 2013	Spring 2014
Didactic Section			
301		6	

APN 662	Summer 2013	Fall 2013	Spring 2014
Didactic Section			
301			13

APN 664 (FNP)	Summer 2013	Fall 2013	Spring 2014
Didactic Section			

301	25	29	
302	18	5	
Clinical Sections			
664L-301	1:5	1:6	
-301	1:5	1:6	
-301	1:5	1:6	
-301	1:5	1:6	
-301	1:5	1:5	
664L-302	1:6	1:5	
-302	1:6		
-302	1:6		

APN 667 (Admin.)	Summer 2013	Fall 2013	Spring 2014
Didactic Section			
301			0
Clinical Sections			
667L-301			0

APN 670 (FNP)	Summer 2013	Fall 2013	Spring 2014
Didactic Section			
301		25	24
302		17	10
Clinical Sections			
670L-301		1:5	1:6
-301		1:5	1:6
-301		1:5	1:6
-301		1:5	1:6
-301		1:5	
-301			
670L-302		1:6	1:5
-302		1:6	1:5
-302		1:5	

APN 671 (Admin.)	Summer 2013	Fall 2013	Spring 2014
Didactic Section			
301			8
302			0
Clinical Sections			
671L-301			1:8

APN 673 (Educ.)	Summer 2013	Fall 2013	Spring 2014
Didactic Section			
301			7
673L-301			1:7

APN 675 (FNP)	Summer 2013	Fall 2013	Spring 2014
Didactic Section			
301		25	18
302		17	16

APN 683 (Educ.)	Summer 13	Fall 2013	Spring 2014
Didactic Section			
301		11	
Clinical Sections			
683L-301		1:5	
-301		1:6	

APN 697	Summer 13	Fall 2013	Spring 2014
Didactic Section			
301		27	13
302		10	15
303		3	11

Appendix O.

Indiana State University

College of Nursing, Health, and Human Services

Nursing New Mentor Role and Responsibilities

ISU nursing promotes the use of faculty mentoring, in addition to university specific new faculty orientation, as a means to foster the career development of new faculty, enhance the recruitment and retention of nurse educators, and establish healthful academic work environments. Upon appointment to a nursing department, the chairperson will assign a faculty mentor to a new faculty member. The faculty mentor:

- Participates in mentorship activities, such as new faculty orientation, training programs and evaluation feedback.
- Reaches out to mentees to insure the development and maintenance of relationships throughout the semester.
- Makes time for and initiates regular meetings with the assigned mentee at least twice per semester.
- Reviews departmental new faculty orientation manual with the mentee.
- Provides opportunities for discussion and reflection on professional development and the mentor/mentee relationship.
- Reviews specific short- and long-term goals with the mentee and monitors progress toward these goals regarding university standards of tenure track including service, scholarship and teaching.
- Provides guidance, information, and feedback relative to research productivity, clinical responsibilities, publication progress, teaching effectiveness, and the nursing's mission and strategic plan as well as significant policies and procedures, particularly those for reappointment and promotion. The mentor will help with developing professional and organizational leadership skills, goal setting, access to resources, advising students and personal career issues.
- Acts as an advocate for the mentee by connecting him/her with an appropriate local colleagues and resources through the college and university at large.
- Helps mentee to set priorities, manage time, and make wise choices among options and opportunities.
- Provides counsel and strategies for working within a team framework.
- Works closely with Department Chair by noting mentor-mentee contacts and at the end-of-year, addressing issues as they arise, and changing the mentor/mentee meeting arrangements if appropriate.
- Provides support and encouragement, when needed.
- Maintains strict confidentiality yet provides a nurturing relationship with the mentee to help the new faculty member succeed throughout their first year and continued progression within Indiana State University.