



Michael R. Pence, Governor

Nicholas Rhoad, Executive Director

ANNUAL REPORT FOR PROGRAMS IN NURSING

Guidelines: An Annual Report prepared and submitted by the faculty of the school of nursing, will provide the Indiana State Board of Nursing with a clear picture of how the nursing program is currently operating and its compliance with the regulations governing the professional and/or practical nurse education program(s) in the State of Indiana. The Annual Report is intended to inform the Education Subcommittee and the Indiana State Board of Nursing of program operations during the academic reporting year. This information will be posted on the Board’s website and will be available for public viewing.

Purpose: To provide a mechanism to provide consumers with information regarding nursing programs in Indiana and monitor complaints essential to the maintenance of a quality nursing education program.

Directions: To complete the Annual Report form attached, use data from your academic reporting year unless otherwise indicated. An example of an academic reporting year may be: August 1, 2012 through July 31, 2013. Academic reporting years may vary among institutions based on a number of factors including budget year, type of program delivery system, etc. Once your program specifies its academic reporting year, the program must utilize this same date range for each consecutive academic reporting year to insure no gaps in reporting. You must complete a **SEPARATE report** for each PN, ASN and BSN program.

This form is due to the Indiana Professional Licensing Agency by the close of business on October 1st each year. The form must be electronically submitted with the original signature of the Dean or Director to: PLA2@PLA.IN.GOV. Please place in the subject line “Annual Report (Insert School Name) (Insert Type of Program) (Insert Academic Reporting Year). For example, “Annual Report ABC School of Nursing ASN Program 2013.” The Board may also request your most recent school catalog, student handbook, nursing school brochures or other documentation as it sees fit. It is the program’s responsibility to keep these documents on file and to provide them to the Board in a timely manner if requested.

Indicate Type of Nursing Program for this Report: PN _____ ASN _____ BSN X

Dates of Academic Reporting Year: September 3, 2012 to September 3, 2013
(Date/Month/Year) to (Date/Month/Year)

Name of School of Nursing: Anderson University School of Nursing

Address: 1100 East Fifth Street, Anderson, IN, 46012

Dean/Director of Nursing Program

Name and Credentials: Dr. Karen Selwa Williams DNP, MSN, APRN, ANP-C

Title: Dean, School of Nursing Email: kswilliams@anderson.edu

Nursing Program Phone #: 765-641-4385 Fax: 765-641-4389



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Website Address: <http://anderson.edu/academics/nursing>

Social Media Information Specific to the SON Program (Twitter, Facebook, etc.): Anderson University School of Nursing maintains a Facebook page.

Please indicate last date of NLNAC or CCNE accreditation visit, if applicable, and attach the outcome and findings of the visit: Accreditation by the CCNE for a 10 year period of time was granted in April, 2006. The next site visit of the CCNE will be Fall, 2015.

If you are not accredited by NLNAC or CCNE where are you at in the process? _____

SECTION 1: ADMINISTRATION

Using an "X" indicate whether you have made any of the following changes during the preceding academic year. For all "yes" responses you must attach an explanation or description.

- 1) Change in ownership, legal status or form of control Yes ___ No X
- 2) Change in mission or program objectives Yes ___ No X
- 3) Change in credentials of Dean or Director Yes ___ No X
- 4) Change in Dean or Director Yes ___ No X
- 5) Change in the responsibilities of Dean or Director Yes ___ No X
- 6) Change in program resources/facilities Yes ___ No X
- 7) Does the program have adequate library resources? Yes X No ___
- 8) Change in clinical facilities or agencies used (list both additions and deletions on attachment) Yes ___ No X
- 9) Major changes in curriculum (list if positive response) Yes ___ No X



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SECTION 2: PROGRAM

1A.) How would you characterize your program's performance on the NCLEX for the most recent academic year as compared to previous years? Increasing X Stable _____ Declining _____

2010-2011=100%, 2011-2012=92%, 2012-2013 Unknown at this time.

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

2A.) Do you require students to pass a standardized comprehensive exam before taking the NCLEX?
Yes _____ No X

2B.) If **not**, explain how you assess student readiness for the NCLEX? We do require students to take the Kaplan Review Course which contains a readiness test. We also require students to take the ATI readiness test. We do not require students to "pass" these tests before taking NCLEX. Obviously it is highly desirable – however, we cannot withhold graduation on the basis of failing a readiness test.

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

2D.) When in the program are comprehensive exams taken: Upon Completion _____
As part of a course NURS 4520 _____ Ties to progression or thru curriculum _____

2E.) If taken as part of a course, please identify course(s): NURS 4520 (Senior Year, Spring Semester)

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

A. Faculty recruitment/retention: Impossible to hire doctorally prepared faculty members. Must hire BSN and enroll in MSN program (Grow Our Own)

B. Availability of clinical placements: Competition for clinical placement is fierce especially in small units – OB, PEDS. Unfair advantages given to some universities by some hospitals – preference given to their students over others.

C. Other programmatic concerns (library resources, skills lab, sim lab, etc.): None



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4.) At what point does your program conduct a criminal background check on students? A criminal background check is required upon entering the clinical nursing courses at the beginning of the sophomore year of study.

5.) At what point and in what manner are students apprised of the criminal background check for your program? Students are informed that it is required before they apply to the sophomore year. Questionable results of the background check are discussed with every student by the Dean, School of Nursing.

SECTION 3: STUDENT INFORMATION

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

Fall 2011-2012: 71 Students

Fall 2012-2013: 85 Students

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

Summer _____ Fall _____ Spring 37

3.) Please attach a brief description of all complaints about the program, and include how they were addressed or resolved. For the purposes of illustration only, the CCNE definition of complaint is included at the end of the report. No complaints about the program during the academic year.

4.) Indicate the type of program delivery system:

Semesters _____ X _____ Quarters _____ Other (specify): _____



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SECTION 4: FACULTY INFORMATION

A. Provide the following information for **all faculty new** to your program in the academic reporting year (attach additional pages if necessary):

Faculty Name:	Mr. Ken Osborn
Indiana License Number:	28149210A
Full or Part Time:	Full Time (Increased from part-time last year)
Date of Appointment:	September 3, 2013
Highest Degree:	BSN (Currently enrolled in MSN program)
Responsibilities:	Simulation Lab Coordinator, Clinical, Classroom

Faculty Name:	Mrs. Christina Eaton
Indiana License Number:	28186718A
Full or Part Time:	Full Time (Increased from part-time last year)
Date of Appointment:	September 3, 2013
Highest Degree:	BSN (Currently enrolled in MSN program)
Responsibilities:	Clinical, Classroom (Sophomores and Juniors)

Faculty Name:	Ms. Jane Mathavich
Indiana License Number:	28069585A
Full or Part Time:	Part-time
Date of Appointment:	September 3, 2012



**Indiana
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Indiana State Board of Nursing
402 West Washington Street, Room W072
Indianapolis, Indiana 46204
Phone: (317) 234-2043
Website: PLA.IN.gov

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Highest Degree:	BSN (Currently enrolled in MSN program)
Responsibilities:	Simulation Laboratory, Clinical

Faculty Name:	Ms. Connie Shults
Indiana License Number:	28117786A
Full or Part Time:	Part-time
Date of Appointment:	September 3, 2012
Highest Degree:	BSN (Currently enrolled in MSN program)
Responsibilities:	Simulation Laboratory, Clinical

Faculty Name:	Mrs. Allisa Eskew Prater
Indiana License Number:	28176425A
Full or Part Time:	Part-time
Date of Appointment:	September 3, 2012
Highest Degree:	BSN (Currently enrolled in MSN program)
Responsibilities:	Simulation Laboratory, Clinical



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Faculty Name:	Ms. Brenda Alexander
Indiana License Number:	28151594A
Full or Part Time:	Part-time
Date of Appointment:	September 3, 2013
Highest Degree:	BSN
Responsibilities:	Simulation Laboratory, Clinical

Faculty Name:	Ms. Brandi Crum
Indiana License Number:	28162782A
Full or Part Time:	Part-time
Date of Appointment:	September 3, 2013
Highest Degree:	BSN (Currently enrolled in MSN program)
Responsibilities:	Simulation Laboratory, Clinical

Faculty Name:	Ms. Rachel Reifel
Indiana License Number:	28179158A
Full or Part Time:	Part-time
Date of Appointment:	September 3, 2013
Highest Degree:	BSN (Currently enrolled in MSN program)
Responsibilities:	Simulation Laboratory, Clinical



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Faculty Name:	Ms. Denise Renna
Indiana License Number:	28194938A
Full or Part Time:	Part-time
Date of Appointment:	September 3, 2013
Highest Degree:	BSN (Currently enrolled in MSN program)
Responsibilities:	Simulation Laboratory, Clinical

Faculty Name:	Denna Thompson
Indiana License Number:	28134205A
Full or Part Time:	Part-time
Date of Appointment:	September 3, 2013
Highest Degree:	BSN (Currently enrolled in MSN program)
Responsibilities:	Simulation Laboratory, Clinical

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

1. Number of full time faculty: 10, Plus 1 Dean
2. Number of part time faculty: 0
3. Number of full time clinical faculty: 0
4. Number of part time clinical faculty: 8
5. Number of adjunct faculty: 0



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C. Faculty education, by highest degree only:

1. Number with an earned doctoral degree: 1 (Dean-DNP); 1 (MSN Coordinator-Enrolled in Indiana University School of Nursing PhD program).
2. Number with master's degree in nursing: 8, One with MSN, Ed, (Full-time only)
3. Number with baccalaureate degree in nursing: 2 (Full-time) enrolled in MSN program; 7 (Part-time) enrolled in MSN program, 1 (Part-time) to enroll in MSN program next academic year.
4. Other credential(s). Please specify type and number: 2 MSN/MBA, 2NP, 1 MSN-Education

D. Given this information, does your program meet the criteria outlined in **848 IAC 1-2-13 or 848 IAC 1-2-14**?

Yes X No _____

E. Please attach the following documents to the Annual Report in compliance with **848 IAC 1-2-23**:

1. A list of faculty no longer employed by the institution since the last Annual Report;
Ms. Denise Thompson (Resigned to practice, May 2013)
2. An organizational chart for the nursing program and the parent institution.



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I hereby attest that the information given in this Annual Report is true and complete to the best of my knowledge. This form **must** be signed by the Dean or Director. No stamps or delegation of signature will be accepted.

Dr. Karen Selwa Williams
GNP, MSN, APRN, ANP-C
Signature of Dean/Director of Nursing Program

9-11-13
Date

DR. KAREN SELWA WILLIAMS

Printed Name of Dean/Director of Nursing Program

Please note: Your comments and suggestions are welcomed by the Board. Please feel free to attach these to your report.



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Definitions from CCNE:

Potential Complainants

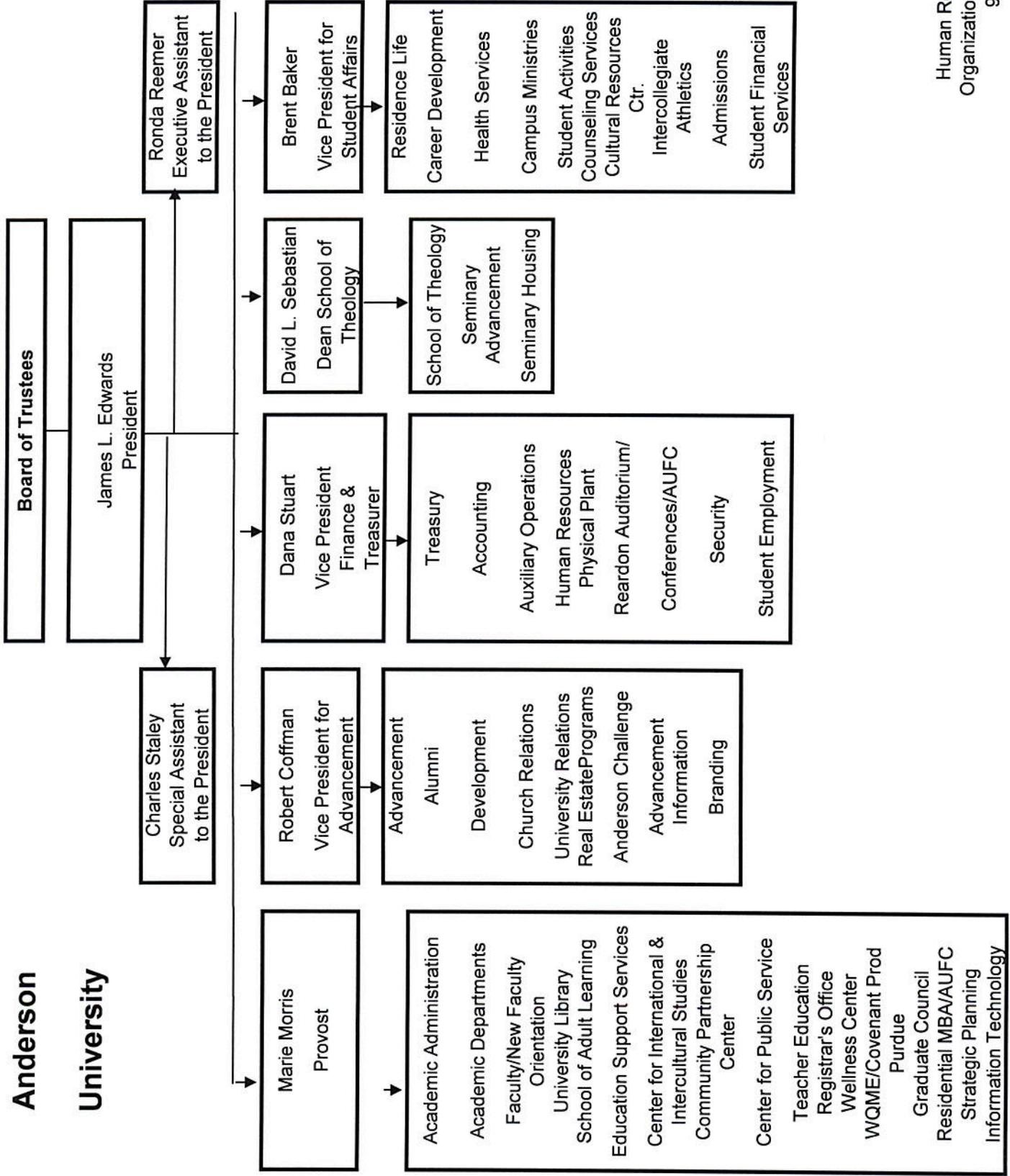
A complaint regarding an accredited program may be submitted by any individual who is directly affected by the actions or policies of the program. This may include students, faculty, staff, administrators, nurses, patients, employees, or the public.

Guidelines for the Complainant

The CCNE Board considers formal requests for implementation of the complaint process provided that the complainant: a) illustrates the full nature of the complaint in writing, describing how CCNE standards or procedures have been violated, and b) indicates his/her willingness to allow CCNE to notify the program and the parent institution of the exact nature of the complaint, including the identity of the originator of the complaint. The Board may take whatever action it deems appropriate regarding verbal complaints, complaints that are submitted anonymously, or complaints in which the complainant has not given consent to being identified.

Anderson

University



ANDERSON UNIVERSITY SCHOOL OF NURSING
ORGANIZATIONAL CHART

