



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

Telephone: (317) 234-2043 Fax: (317) 233-4236
Website: www.PLA.IN.gov Email: pla2@pla.in.gov

Governor Mitchell E. Daniels, Jr.

ANNUAL REPORT FOR PROGRAMS IN NURSING

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

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

Directions: To complete the Annual Report form attached, use data from your academic reporting year unless otherwise indicated. An example of an academic reporting year may be: August 1, 2011 through July 31, 2012. Academic reporting years may vary among institutions based on a number of factors including budget year, type of program delivery system, etc. Once your program specifies its academic reporting year, the program must utilize this same date range for each consecutive academic reporting year to insure no gaps in reporting. You must complete a SEPARATE report for each PN, ASN and BSN program.

This form is due to the Indiana Professional Licensing Agency by the close of business on October 1st each year. The form must be electronically submitted with the original signature of the Dean or Director to: PLA2@PLA.IN.GOV. Please place in the subject line "Annual Report (Insert School Name) (Insert Type of Program) (Insert Academic Reporting Year). For example, "Annual Report ABC School of Nursing ASN Program 2011." The Board may also request your most recent school catalog, student handbook, nursing school brochures or other documentation as it sees fit. It is the program's responsibility to keep these documents on file and to provide them to the Board in a timely manner if requested.

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

Dates of Academic Reporting Year: 8/1/11 - 7/31/12
(Date/Month/Year) to (Date/Month/Year)

Name of School of Nursing: Bethel College

Address: 1001 Bethel circle, Mishawaka, IN 46545

Dean/Director of Nursing Program

Name and Credentials: Deborah R. Gillum, PhD, MSN, RN, CNE

Title: Dean of Nursing Email: gillumd@bethelcollege.edu

Nursing Program Phone #: 574-257-3369 Fax: 574-257-2683

Website Address: www.bethelcollege.edu/academics/programs/nursing

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

Please indicate last date of NLNAC or CCNE accreditation visit, if applicable, and attach the outcome and findings of the visit: 10/2005 - Full accreditation through 2013

* Next site visit 10/2012

If you are not accredited by NLNAC or CCNE where are you at in the process? N/A

SECTION 1: ADMINISTRATION

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

- 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 X No _____
- 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

SECTION 2: PROGRAM

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

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

Testing Committee review of all tests to assure test difficulty, compliance w standards; T'd admission criteria (GPA 2.5 → 2.7, T'd compass scores); T grading scale (minimum score required 76% → 78%); T utilization of ATI

2A.) Do you require students to pass a standardized comprehensive exam before taking the NCLEX?

Yes No * if not successful, remediation is required

2B.) If not, explain how you assess student readiness for the NCLEX. N/A

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

ATI Comprehensive Predictor

2D.) When in the program are comprehensive exams taken: Upon Completion _____

As part of a course Ties to progression or thru curriculum

2E.) If taken as part of a course, please identify course(s): NUR 111, 112, 211, 212 (comprehensive content exams)
NUR 229: Comprehensive predictor

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

A. Faculty recruitment/retention: Limited doctorally prepared faculty

B. Availability of clinical placements: Limited clinical placement ability due to competition with other schools for clinical placement

C. Other programmatic concerns (library resources, skills lab, sim lab, etc.): older nursing lab that does not have high fidelity simulation

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

At the beginning of the program

5.) At what point and in what manner are students apprised of the criminal background check for your program? Prior to admission in recruitment literature and meetings with nursing recruiter. Also included in admission packet.

SECTION 3: STUDENT INFORMATION

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

Summer 0 Fall 57 Spring 3

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

Summer 0 Fall 0 Spring 56

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.

4.) Indicate the type of program delivery system:

Semesters X Quarters _____ Other (specify): _____

SECTION 4: FACULTY INFORMATION

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

Faculty Name:	Penny Robison
Indiana License Number:	28124367A
Full or Part Time:	Full-time
Date of Appointment:	8/2011
Highest Degree:	MSN
Responsibilities:	medical - surgical nursing

Faculty Name:	Corie (Corinne) Van Arsdale
Indiana License Number:	28110161A
Full or Part Time:	Full-time
Date of Appointment:	8/2011
Highest Degree:	MSW
Responsibilities:	obstetrics

Faculty Name:	Lisa Ericson
Indiana License Number:	28184992A
Full or Part Time:	Part-time
Date of Appointment:	8/2011

Erickson, continued...

Highest Degree:	msw
Responsibilities:	nursing fundamentals, medical-surgical

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

1. Number of full time faculty: 11 *
2. Number of part time faculty: 15 **
3. Number of full time clinical faculty: 8 * (these numbers are included w/FT faculty)
4. Number of part time clinical faculty: 13 ** (these numbers are included w/PT faculty)
5. Number of adjunct faculty: 15 ** (see above - All PT)

C. Faculty education, by highest degree only:

1. Number with an earned doctoral degree: 3
2. Number with master's degree in nursing: 18 (1 w/doctorate in progress)
3. Number with baccalaureate degree in nursing: 5 (3 w/master's in progress)
4. Other credential(s). Please specify type and number: 0

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

Yes No

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

1. A list of faculty no longer employed by the institution since the last Annual Report;
2. An organizational chart for the nursing program and the parent institution.

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

Deborah R. Gillum, PhD, MSN, RN 9/27/12

Signature of Dean/Director of Nursing Program Date

Deborah R. Gillum, PhD, MSN, RN

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.

NLNAC

National League for Nursing Accrediting Commission, Inc.

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March 17, 2006

Ruth E. Davidhizar, DNS, RN, ARNP, BC, FAAN
Dean, Division of Nursing
Bethel College
1001 West McKinley Avenue
Mishawaka, IN 46545

Dear Dr. Davidhizar:

This letter is formal notification of the action taken by the National League for Nursing Accrediting Commission at its meeting on February 22-24, 2006. **The Commission granted the associate degree nursing program continuing accreditation and scheduled the next evaluation visit for Fall 2013.**

Deliberations centered on the Self Study Report, the School Catalog, the Site Visitors' Report, and the recommendation for accreditation proposed by the program evaluators and the evaluation review panel.

The Commission affirmed the strengths and areas needing development as outlined in the attached Summary of Deliberations of the Evaluation Review Panel.

On behalf of the Commission, we thank you and your colleagues for your commitment to quality nursing education. By choosing to stand for accreditation by NLNAC, your nursing program demonstrates a continued interest in having the program measured against the highest national standards of quality in nursing education. If you have questions about this action or about Commission policies and procedures, please write or call me or a member of the NLNAC Staff.



Patricia R. Forni, PhD, RN, FAAN
Chair, NLNAC Board of Commissioners

cc: Sharon Tanner, EdD, RN Program Evaluator
Jennifer Pearce, MSN, RN, CNS Program Evaluator

Enc. Summary of Deliberations of the Evaluation Review Panel

NLNAC

National League for Nursing Accrediting Commission, Inc.

61 Broadway - 33rd Floor • New York, NY 10006
P. 800.669.1656 ext.153 • F. 212.812.0390 • www.nlnac.org

SUMMARY OF DELIBERATIONS AND RECOMMENDATION OF THE ASSOCIATE DEGREE EVALUATION REVIEW PANEL FALL 2005 ACCREDITATION CYCLE

BETHEL COLLEGE
MISHAWAKA, INDIANA

Associate Degree Program Accreditation History

Established: 1990 Initial Accreditation: November 1991 Last Evaluation Visit: September 1997
Action: Continuing Accreditation. Next visit in 8 years (Fall 2005).

Overview

Length of Program: 72 credits
Number of Students: 100 Full time: 68 Part-time: 32
Number of Faculty*: 15 Full time: 5 Part-time: 10
** refers to faculty teaching assignment not contract*

Evaluation Review Panel Recommendation

Continuing Accreditation. Next review in eight (8) years.

Commentary:

Areas of Strengths by Accreditation Standard

Standard I: Mission and Governance

- The highly qualified and experienced nursing program administrator who has demonstrated exceptional leadership within nursing education and the college community.
- Support of the College Administration.

Areas Needing Development by Accreditation Standard

Standard II: Faculty

- Facilitate the timely completion of graduate study for those faculty who do not currently hold, at a minimum, a graduate degree with a major in nursing.
- Identify strategies to recruit and retain academically and experientially qualified faculty.

Courses, Faculty, and Community Agencies
ADN
BETHEL
2011-2012

Course	Faculty	Agency Used	
Fundamentals NUR 111	S. Erdel (T&C) H. Johnson (C) L. LaLime (C) T. Kendall (C)	Hubbard Hill (2 groups) Southfield Greencroft Miller's Merry Manor - Wakarusa	
Nursing I NUR 112	<p style="text-align: center;"><u>M/S</u></p> <p style="text-align: center;"><u>Psych</u></p>	<p>K. Hoffer (T&C) L. Ericson (C)</p> <p>C. Cramer (T&C) S. Abraham (C)</p>	<p>Elkhart General Hospital PSCU – medical and post surgery MUN – units Observation site - Elkhart General Hospital OR – operating room PACU – Post Anesthesia Care Unit Endoscopy Lab Rehabilitation TJU</p> <p>Elkhart Gen. Hospital CBM unit (including inpt. and outpt) and pain clinic (chronic) Greencroft (Homestead Unit) Oaklawn Center, Oaklawn Hospital (including inpt & outpt.) CAPS (Elkhart Child & Parent Services)</p>

05/02/2012

Course	Faculty	Agency Used
Nursing II NUR 211	<u>M/S</u> A. Hart (T&C) H. Tuholski (C)	Elkhart General Hospital IU Health Goshen Hospital
	<u>Maternity</u> (T & C) C. VanArsdale (C) D. Ganser (C)	EGH – OB floor & Prenatal Classes at EGH-p.m. River Oaks OB/GYN St. Joe Regional Med Center For Women Only Healthy Beginnings – WIC Office – Elkhart & Goshen
Nursing III NUR 212	<u>Management</u> A. Hart (T) T. Kendall (C) <u>CC</u> A. Hart (T & C) <u>Peds</u> T. Jodway (T & C)	Elkhart General Hospital IU Health Goshen Hospital EGH – ER, ICU, PCU IU Health Goshen Hospital, ER, PCU, ICU WIC – St. Joseph County St. Joseph Co. Health dept. – immunization clinic “Every Child by Two” WIC SJRMC, (Sister Maura Branick Clinic.) Elkhart Hospital – peds, surgery Bethel College – Computer Simulation School Nurse – S.B. School System (Hay, Navarre & Adams)
NUR 212	H. Tuholski (C) - Management - Critical Care - Peds S. Crudup (C) - Management - Critical Care - Peds	Goshen General Hospital “Every Child by Two” WIC (Sister Maura Branick Clinic & Wic Clinic) Bethel College – Computer Simulation School Nurse – S.B. School System (Hay & Navarre) St. Joseph County WIC Offices-Immunization Clinic Health Dept.-Mishawaka Elkhart General Hospital Peds – see above

Courses, Faculty, and Community Agencies

ADN GRACE 2011-2012

Course	Faculty	Agency Used
Fundamentals NUR 111	K. Hoffer (T) L. LeMasters (C) D. Robbins (C & T)	Miller's Senior Living Community in Warsaw Grace Village Retirement Community, Winona Lake
Nursing I NUR 112	<u>M/S</u> P. Robison (T & C) <u>Psych</u> C.Cramer (T) M. Hopper (C)	Medsurg unit – Kosciusko Community Hosp. (KCH) Kosciusko Community Hospital, Warsaw, IN Grossnickle Eye Clinic Observations Same Day Surgery-KCH OR & Recovery – KCH GI Lab - KCH Bowen Center at Warsaw In-patient & Bowen Center Out Patient, Rose House, Isaiah II Ministry, A.A. Shady Rest-Plymouth (Bowen Center)
Nursing II NUR 211	<u>M/S</u> R. Robison (T & C)	Med-surg unit – KCH Grace Campus – observation sites: <ol style="list-style-type: none"> 1. Center of Hope – KCH campus – chemo, radiation-St. Joseph Hosp. Plymouth 2. Kosciusko Co. Hospital Home Care & Hospice Homecare/Hospice observation 3. KCH Coumadin & IV clinics 4. Cardiac rehab – Goshen Hospital
<u>Maternity</u>	J. Reimer (T & C)	Warsaw Women's Center KCH – Birthplace unit WIC – Kosciusko NICU-Lutheran Ft. Wayne Early Prenatal Clinic (Kosciusko County Health Dept.) Diana Sanders, Community Nurse Midwife (Childbirth choices & Women's Health) Heartline Pregnancy Center

<p>Nursing III NUR 212</p>	<p><u>Management</u> K. Hoffer (T) R. Gesaman (C)</p> <p><u>CC</u> K. Hoffer (T) B. Lee (C)</p> <p><u>Peds</u> L. LeMasters (C) T. Jodway (T)</p>	<p>Kosciusko Community Hospital</p> <p>Kosciusko EMS Kosciusko Community Hospital Cardio Cath Lab, SJRMC-Plymouth</p> <p>Amish Immunization Clinic (Kosciusko County Health Dept) Cardinal Center, Warsaw Healthy Families- Cardinal Center Services Columbia City Schools Columbia City High School Indian Spring Middle School Northern Heights Elementary School Home Care Nappanee – Kosciusko Health Department Home Care Warsaw – Kosciusko Health Department Dr. Lisa Hatcher – Columbia City Head Start Plymouth - Kaleidoscope Children’s Services Head Start & Kaleidoscope – Marshall and Stark Co. Immunization Clinic - (Warsaw & Whitley) (Warsaw – Kosciusko Health Department) Kosciusko Community Hospital Medical Floor Pediatrics Unit Med Surg Out Patient Surgery Surgery Center T & A Clinic Kosciusko Co. Home Care & Hospice Mentone Elementary School North Winona Child Care Ministry Plymouth Community Schools Plymouth High School Integrated Preschool Plymouth (Good Beginnings) Menominee Elementary School Memorial Home Care of South Bend OT Works, Inc.-The Therapy Place Wawasee Community Schools Wawasee High School Milford Elementary School North Webster Elementary School Whitko High School Warsaw Community Schools Eisenhower, Harrison, Lincoln, Jefferson, Leesburg, Lakeview, Madison (all Elementary Schools) Edgewood Middle School Integrated Preschool at Lakeview Middle School Rapp School (emotionally handicapped) at Lakeview Middle School Warsaw Community High School Nurses Office Warsaw Community High School Special Ed. Dept. Well Child Clinic Tippecanoe Valley High School Wee Care Day Care – Warsaw Wesleyan Church</p>
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Bethel College School of Nursing

Complaints Received During the 2011-12 Academic Year

Three complaints were received by the School of Nursing regarding the ADN program. Details are noted below:

- 1) One entering student appealed the requirement to take the Nursing Strategies class, based on her TEAS scores that were below the national program mean. The appeal was denied by the Nursing Admission/Progression Committee.
- 2) A senior nursing student requested an extension of time to complete the requirements for graduation. Extension granted by the Nursing Admission/Progression Committee.
- 3) One student appealed a class grade and requested the ability to retake a final exam. The appeal was denied by the Nursing Admission/Progression Committee and later by the Dean of Nursing.

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.

4.) Indicate the type of program delivery system:

Semesters _____ Quarters _____ Other (specify): _____

SECTION 4: FACULTY INFORMATION

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

Faculty Name:	Sheron Crudup
Indiana License Number:	28158005 A
Full or Part Time:	part-time
Date of Appointment:	1/2012
Highest Degree:	BSN
Responsibilities:	medical-surgical, team leading

Faculty Name:	Dione Ganzer
Indiana License Number:	28138415 A
Full or Part Time:	part-time
Date of Appointment:	8/2011
Highest Degree:	BSN (msn in progress)
Responsibilities:	obstetrics

Faculty Name:	LeAnna LaLime
Indiana License Number:	28167146A
Full or Part Time:	part-time
Date of Appointment:	8/2011

Highest Degree: BSN (msn)

Responsibilities: medical-surgical/nursing fundamentals

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.

4.) Indicate the type of program delivery system:

Semesters _____ Quarters _____ Other (specify): _____

SECTION 4: FACULTY INFORMATION

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

Faculty Name:	Hollyann Trholski
Indiana License Number:	28165865A
Full or Part Time:	part-time
Date of Appointment:	8/2011
Highest Degree:	Bsn (msn/c)
Responsibilities:	medical-surgical

Faculty Name:	Rosie Gesaman
Indiana License Number:	28043494A
Full or Part Time:	part-time
Date of Appointment:	1/2012
Highest Degree:	msn
Responsibilities:	medical-surgical team leading

Faculty Name:	Michelle Hopper
Indiana License Number:	28178021A
Full or Part Time:	part-time
Date of Appointment:	1/2011

Highest Degree: BSN
 Responsibilities: mental health nursing

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.

4.) Indicate the type of program delivery system:

Semesters Quarters _____ Other (specify): _____

SECTION 4: FACULTY INFORMATION

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

Faculty Name:	Samuel Abraham
Indiana License Number:	28194431A
Full or Part Time:	part-time
Date of Appointment:	8/2011
Highest Degree:	MSW (DHA)
Responsibilities:	mental health nursing

Faculty Name:	Laurie Beck
Indiana License Number:	28102261A
Full or Part Time:	part-time
Date of Appointment:	8/2011
Highest Degree:	BSN (MSW)
Responsibilities:	obstetrics

Faculty Name:	Ivelisse Campos
Indiana License Number:	28162828A
Full or Part Time:	part-time
Date of Appointment:	8/2011

Highest Degree: MSW
 Responsibilities: Spanish medical terminology

Bethel College School of Nursing

Nursing Faculty no Longer Employed by the College Since 2010-2011

Mary Downs-Last

Tina Johnson

Kathy Kloss

Beth Lockwood

Virginia Lonser

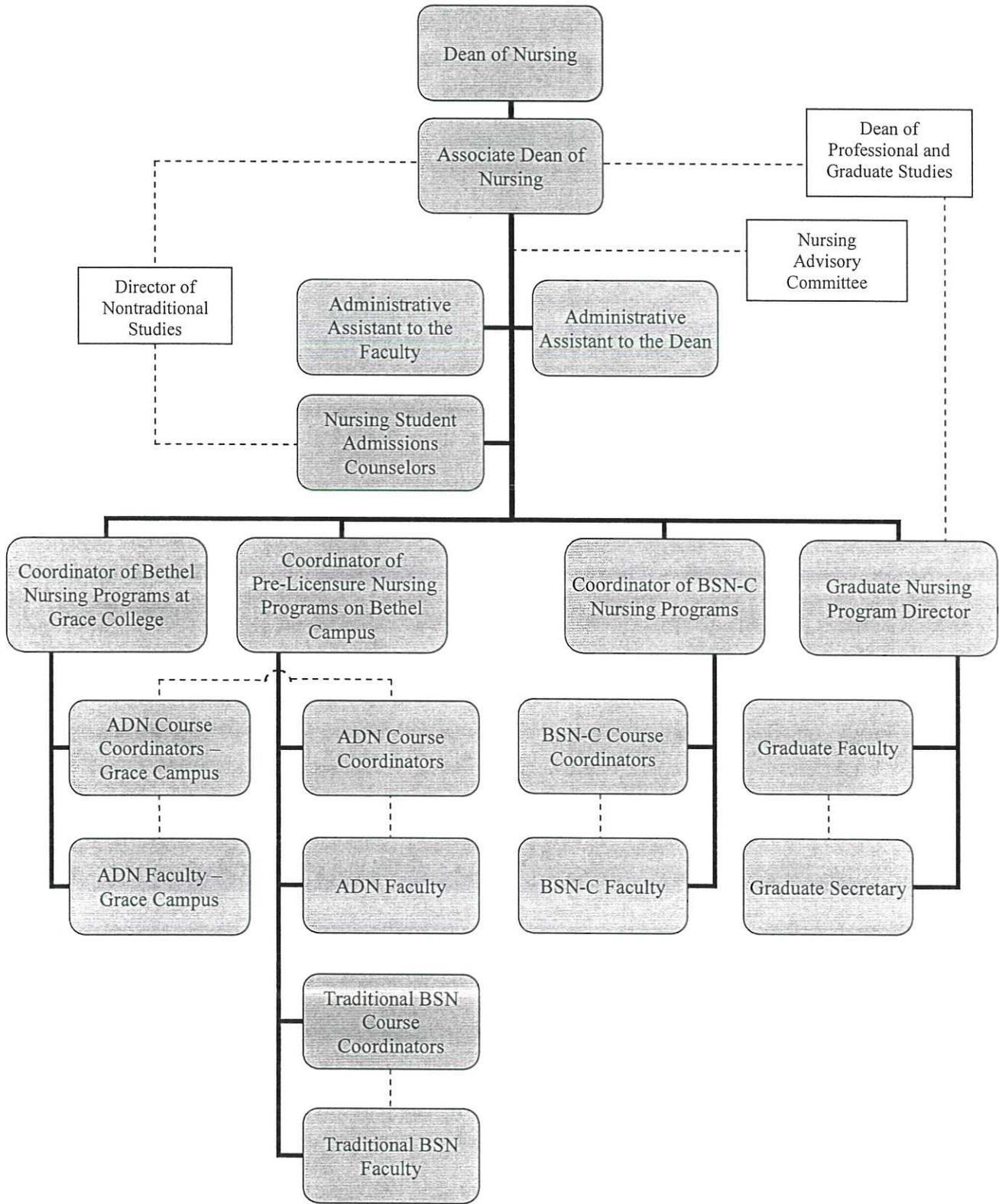
Teresa Null

Lisa Secrist

Ethel Stringham

Isabelle White

Organizational Chart for the School of Nursing



College Organizational Chart: Administrative Flow Chart

