

**Indiana  
Professional  
Licensing  
Agency**

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

Michael R. Pence, Governor

Nicholas Rhoad, Executive Director

**ANNUAL REPORT FOR PROGRAMS IN NURSING**

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

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

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

This form is due to the Indiana Professional Licensing Agency by the close of business on October 1st each year. The form must be electronically submitted with the original signature of the Dean or Director to: [PLA2@PLA.IN.GOV](mailto: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 x \_\_\_\_\_ BSN \_\_\_\_\_

Dates of Academic Reporting Year: 09/01/2012 to 08/31/2013

Name of School of Nursing: Harrison College

Address: 8150 Brookville Road Indianapolis IN 46239

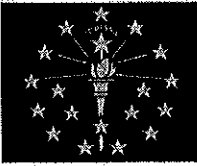
Dean/Director of Nursing Program

Name and Credentials: Paula Hartman MSN, RN, ANP, CNE

Title: Dean of Nursing ASN Program, Email; paula.hartman@ Harrison.edu

Nursing Program Phone #: 317- 447-6416 Fax: 317-351-1871

Website Address: <http://harrison.edu>



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Social Media Information Specific to the SON Program (Twitter, Facebook, etc.):  
<http://www.facebook.com/HarrisonCollege>    <http://twitter.com/harrisoncoll>

Please indicate last date of NLNAC or CCNE accreditation visit, if applicable, and attach the outcome and findings of the visit: No ACEN visits this academic reporting year.

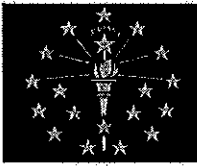
If you are not accredited by NLNAC or CCNE where are you at in the process? \_\_\_\_\_

**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 <u>  x  </u> |
| 2) Change in mission or program objectives  | Yes _____ No <u>  x  </u> |
| 3) Change in credentials of Dean or Director  | Yes _____ No <u>  x  </u> |
| 4) Change in Dean or Director   | Yes <u>  x  </u> No _____ |
| 5) Change in the responsibilities of Dean or Director   | Yes _____ No <u>  x  </u> |
| 6) Change in program resources/facilities   | Yes _____ No <u>  x  </u> |
| 7) Does the program have adequate library resources?  | Yes <u>  x  </u> No _____ |
| 8) Change in clinical facilities or agencies used (list both additions and deletions on attachment) | Yes <u>  x  </u> No _____ |
| 9) Major changes in curriculum (list if positive response)  | Yes <u>  x  </u> No _____ |

**SECTION 2: PROGRAM**



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

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

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

2B.) If **not**, explain how you assess student readiness for the NCLEX. \_\_\_\_\_  
\_\_\_\_\_

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

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

2E.) If taken as part of a course, please identify course(s): Adult Health I, Adult Health III,  
Pharmacology, Maternity, Pediatrics

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

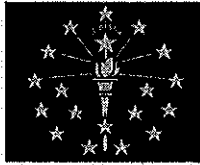
A. Faculty recruitment/retention: \_\_\_\_\_  
\_\_\_\_\_

B. Availability of clinical placements: \_\_\_\_\_  
\_\_\_\_\_

C. Other programmatic concerns (library resources, skills lab, sim lab, etc.): \_\_\_\_\_  
\_\_\_\_\_

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

Prior to pre-admission interview with the Dean of Nursing.



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5.) At what point and in what manner are students apprised of the criminal background check for your program? Orientation session presented by the Dean of Nursing after passing the TEAS pre-admission exam.

**SECTION 3: STUDENT INFORMATION**

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

Summer 0 Fall 45 Spring 11

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

Summer 0 Fall 0 Spring 27

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.

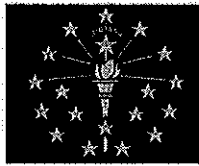
4.) Indicate the type of program delivery system:

Semesters \_\_\_\_\_ Quarters x 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):

<b>Faculty Name:</b>	Mary Myers
<b>Indiana License Number:</b>	28105117A
<b>Full or Part Time:</b>	FT
<b>Date of Appointment:</b>	11-5-12
<b>Highest Degree:</b>	MSN



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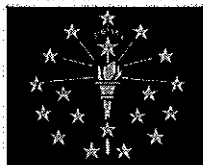
<b>Responsibilities:</b>	Instructor Didactic and Clinical
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<b>Faculty Name:</b>	Valerie Reed
<b>Indiana License Number:</b>	28145689A
<b>Full or Part Time:</b>	FT
<b>Date of Appointment:</b>	3-18-2013
<b>Highest Degree:</b>	MSN
<b>Responsibilities:</b>	Instructor didactic and clinical

<b>Faculty Name:</b>	Brook Huber
<b>Indiana License Number:</b>	28157492A
<b>Full or Part Time:</b>	PT (adjunct)
<b>Date of Appointment:</b>	4/25/2013
<b>Highest Degree:</b>	MSN
<b>Responsibilities:</b>	Instructor - clinical

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

1. Number of full time faculty: 6
2. Number of part time faculty: 0
3. Number of full time clinical faculty: 6
4. Number of part time clinical faculty: 0



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5. Number of adjunct faculty: 1

C. Faculty education, by highest degree only:

1. Number with an earned doctoral degree: 0

2. Number with master's degree in nursing: 7

3. Number with baccalaureate degree in nursing: \_\_\_\_\_

4. Other credential(s). Please specify type and number: \_\_\_\_\_

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

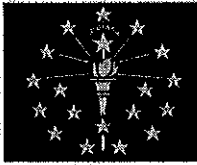
Yes x No \_\_\_\_\_

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;
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.



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Paula Hartman

Sept 26, 2013

Signature of Dean/Director of Nursing Program

Date

Paula Hartman

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.



## ISBN 2013 Annual Report Attachment

Harrison College ASN Program

**Change of Dean** Debi Erick October 2012 to Feb 2013

Paula Hartman Feb 2013 to present

Restructuring of parent organization

### **Deletion of clinical facilities:**

1. Franciscan Alliance – Fall 2013  
St. Francis is no longer allowing ASN programs to use their facility for clinical
2. Valle Vista - Winter 2013  
The facility has decreased the allotted number of clinical affiliations to four. Harrison was eliminated.

### **Major Change of Curriculum**

The ASN program was decreased in total credit hours from 112 to 108 at the suggestion of ACEN, to align our program with the national standard. The majority of ASN programs nationwide are 104 to 108 total credit hours. After much discussion between nursing faculty and with our advisory board, it was decided to remove CPU 1000 Computers and Office Automation from our curriculum. Most of our students enter the program with the necessary computer skills to be successful in nursing. This class will continue to be offered for those who desire enrolling in it. The Indiana Board of Nursing approved this change on January 17, 2013. The Accreditation Commission for Education in Nursing (ACEN) approved this change on September 17, 2013. The new vertical curriculum is attached.

### **Faculty no longer employed at Harrison:**

Margaret Broadus

Debi Erick

### **Grievance -**

The student began the ASN program in Sept 2012. During the second quarter, the student did not obtain a passing grade in Adult Health 1 and was dismissed from the program. She applied for re-entry and met with the re-entry committee in April of 2013. The re-entry committee denied her request for re-entry citing reprimands for disruptive behavior, excessive tardiness and some absences. It was the opinion of the committee that the student did not demonstrate dedication to her studies. Nor could she show or verbalize how her attitude had changed. When questioned by the committee on her past difficulties, the student took no responsibility for her actions. Per policy, the decision of the re-entry

committee is final. The committee was comprised of the National Dean of Nursing and Health Sciences, the Dean of the ASN program, one member of the nursing faculty, Dean of Academics, the chair of Student Resources and the chair of Medical Laboratory Technologies. The student's grievance was with the decision. She felt that she was judged unfairly and initiated the grievance process with the Campus President. After investigating the incident, the campus president upheld the decision of the re-entry committee.

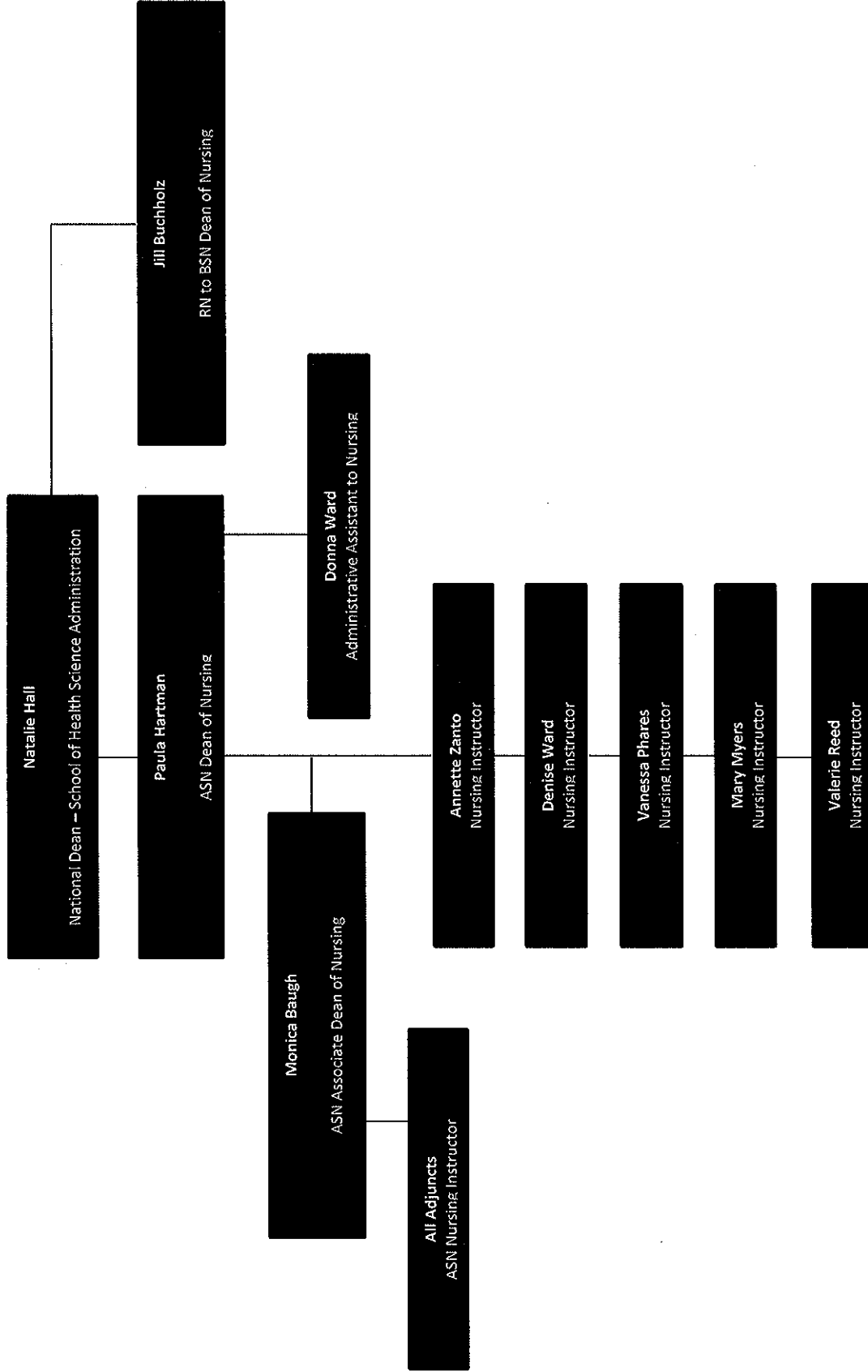
**Harrison College ASN Associate of Science Program  
Vertical Curriculum  
Fall Start**

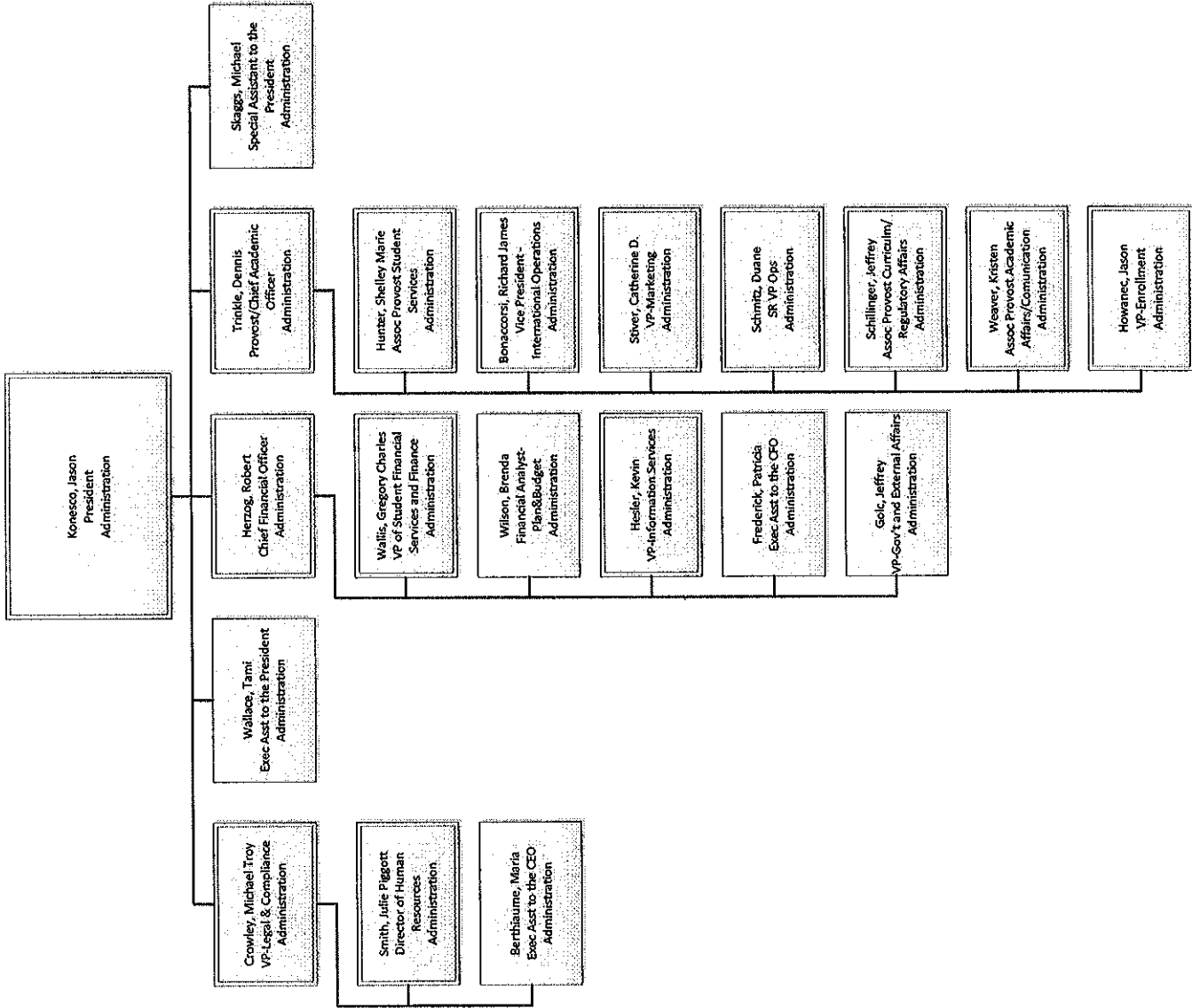
First Year					
Course Code	Course Title	Quarter Credit Hours	Lecture Hours/ Quarter	Lab Hours/ Quarter	Clinical Hours/ Quarter
<b>First Quarter-Fall (12 weeks)</b>					
ANP1040	Human Anatomy & Physiology I ☞	4	36	12	0
PSY1050	Strategies for Success	4	48	0	0
NUR1015	Nursing Fundamentals ☞	6	40	40	0
INF1100	Intro to Information Literacy	2	24	0	0
		<b>16</b>	<b>148</b>	<b>52</b>	<b>0</b>
<b>Second Quarter-Winter (12 weeks)</b>					
ANP1050	Human Anatomy & Physiology II ☞	4	36	12	0
NUR1055	Adult Health & Illness I ☞	6	40	0	60
PHM1160	Dosage Calculations ☞	2	24	6	0
COM2060	Composition II	4	36	12	0
		<b>16</b>	<b>136</b>	<b>30</b>	<b>60</b>
<b>Third Quarter-Spring (11 weeks)</b>					
PHM1360	Vital Pharmacology ☞	4	48	0	0
PSY1060	Psychology	4	48	0	0
NUR2015	Adult Health & Illness II ☞	8	40	20	90
		<b>16</b>	<b>136</b>	<b>20</b>	<b>90</b>
<b>Fourth Quarter-Summer (12 weeks)</b>					
NUR1155	Developing Family/Pediatric Nursing ☞	8	40	20	90
PSY1470	Human Growth & Development ☞	4	48	0	0
CHM1020	General Chemistry I	4	36	12	0
		<b>16</b>	<b>124</b>	<b>32</b>	<b>90</b>
	Page Total	<b>64</b>	<b>544</b>	<b>134</b>	<b>240</b>

Second Year					
Course Code	Course Title	Quarter Credit Hours	Lecture Hours	Lab Hours	Clinical Hours
<b>Fifth Quarter-Fall (12 weeks)</b>					
SOC1050	Introduction to Sociology	4	45	0	0
NUR1105	Psychosocial/Gerontologic Nursing ☞	8	40	20	90
BIO1070	Microbiology ☞	4	36	12	0
		<b>16</b>	<b>121</b>	<b>32</b>	<b>90</b>
<b>Sixth Quarter-Winter (12 weeks)</b>					
NUR2055	Adult Health & Illness III ☞	8	40	0	120
SPC1010	Presentation Skills	4	45	0	0
	Gen Ed Elective	4	48	0	0
		<b>16</b>	<b>133</b>	<b>0</b>	<b>120</b>
<b>Seventh Quarter-Spring (11 weeks)</b>					
NUR2105	Health Promotion & Management of Care ☞	8	40	0	120
NUR2150	Transition to Nursing Practice ☞	4	36	12	0
		<b>12</b>	<b>76</b>	<b>12</b>	<b>120</b>
	Page 2 Total	44	330	44	330
	Page 1 Total	64	544	134	240
	<b>TOTAL</b>	<b>108</b>	<b>874</b>	<b>178</b>	<b>570</b>
	<b>Total Program Hours 1622</b>				

☞ = Core Courses

# ASN Nursing Program





Schillinger, Jeffrey  
Assoc Provost Curriculum/Regulatory  
Affairs  
Administration

Reeves, Louis  
National Dean-School of  
CI&Social Services  
Terre Haute

Parrish, Jennifer  
Director of Central  
Registration  
Distance Education/Virtual  
Services

Duggan, Shannon  
Director of Registration  
Services  
Indianapolis

Belton, Krystal  
Director of Regulatory  
Affairs  
Administration

Bluemle, Eileen R  
Academic Publications  
Coordinator  
Administration

Thomas, Vicki J.  
Assoc National Dean-School  
of Hth Science  
Administration

Meadors, Joseph  
National Dean - School of  
Information Tech  
Indpls Northwest

Holt, Natalie  
National Dean - School of  
Health Sciences  
Administration



**HARRISON COLLEGE**  
career focused. success driven.

Harrison College-Confidential  
Data as of 8/31/13 (updated monthly)  
A complete list of Harrison College's Instructors can be found in our Catalog  
*This doesn't account for vacant/open positions*