



Indiana State Board of Nursing  
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Indianapolis, Indiana 46204

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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](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 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 \_\_\_\_\_ BSN X \_\_\_\_\_

Dates of Academic Reporting Year: August 11, 2012-August 18, 2013  
(Date/Month/Year) to (Date/Month/Year)

Name of School of Nursing: Marian University School of Nursing

Address: 3200 Cold Spring Road, Indianapolis, IN 46222

Dean/Director of Nursing Program

Name and Credentials: Anita Siccardi, EdD, APRN, FNGNA

Title: Dean and Professor School of Nursing

Email: asiccardi@marian.edu

Nursing Program Phone #: 317.955.6250

Fax: 317.955.6135

Website Address: www.marian.edu

Social Media Information Specific to the SON Program (Twitter, Facebook, etc.): Facebook is used by our online accelerated program

Please indicate last date of NLNAC or CCNE accreditation visit, if applicable, and attach the outcome and findings of the visit: CCNE: April 19-21, 2010

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 X No \_\_\_
- 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 X No \_\_\_
- 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 X Stable \_\_\_ Declining \_\_\_

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

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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. \_\_\_\_\_

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2C.) If so, which exam(s) do you require?  
Kaplan Nursing: Nursing Assessment Test (NAT), end of program assessment of mastery of nursing curriculum, 180 questions. *Kaplan Integrated Testing Program Faculty Manual, 10<sup>th</sup> Edition, 2012, page 163.*

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

2E.) If taken as part of a course, please identify course(s): NUB 450 Community Health (taken during the course, however, does not count toward grade in the course.

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

A. Faculty recruitment/retention: We lost two full time faculty (11%) at the end of academic year 2012-2013 both due to family responsibilities. We had two full time positions on hold academic year 2012-2013. We have hired four new faculty (two full time positions that were on hold, replaced two positions). We have one full time position vacant and will continue to recruit until appropriate candidate hired.

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B. Availability of clinical placements: We have contracts at 53 facilities in the greater Indianapolis area. Clinical placements are always a challenge related to the number of nursing schools but we are able to place all of our students.

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C. Other programmatic concerns (library resources, skills lab, Simulation lab, etc.): We have moved into our new state of the art Michael E. Evans Health Sciences Center on July 1, 2013. The second floor has three skills lab (one for individual practice/remediation), three SIM Rooms, computer lab. First floor has two 193-seat lecture halls, five classrooms, three study rooms, and 16 seminar rooms for student to study.

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4.) At what point does your program conduct a criminal background check on students?  
As part of the admission process to the School of Nursing, sophomore year.

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5.) At what point and in what manner are students apprised of the criminal background check

for your program? This information is discussed with students by the academic advisors during

the application admission process. The application is on the website. Information about criminal background check is also in the *Marian University Course Catalog*, 2011-2013 Edition, page. 61.

<b>SECTION 3: STUDENT INFORMATION</b>
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1.) Total number of students admitted in academic reporting year:

**Summer 2012** Traditional = 0, RN completion = 0, Online Accelerated = 50; **Total = 50**

**Spring 2013** Traditional = 23; RN Completion = 0, Campus Accelerated = 19, Online Accelerated = 71; **Total = 113**

**Fall 2012** Traditional = 50, RN completion = 9, Online Accelerated = 49; **Total = 108**

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

<b>Summer 2012</b> Traditional = 0, RN Completion = 0, Online Accelerated = 23; <b>Total = 23</b>	<b>Fall 2012</b> Traditional = 27, RN Completion = 0, Online Accelerated = 50; <b>Total = 77</b>	<b>Spring 2013</b> Traditional = 53, RN Completion = 4, Online Accelerated = 56; <b>Total = 113</b>
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3.) Please attach a brief description of all complaints about the program, and include how they were addressed or resolved. For the purposes of illustration only, the CCNE definition of complaint is included at the end of the report. None reported during 2012-2013.

4.) Indicate the type of program delivery system:

Semesters X      Quarters \_\_\_\_\_ Other (specify): \_\_\_\_\_

<b>SECTION 4: FACULTY INFORMATION</b>
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A. Provide the following information for all faculty new to your program in the academic reporting year (attach additional pages if necessary):

Faculty Name:	Holly Moore
Indiana License Number:	28093019
Full or Part Time:	Full time
Date of Appointment:	August 1, 2013
Highest Degree:	MSN
Responsibilities:	Adult Health NUB 440 online three sections, 6 credits, NUB 440 Adult Health 3 clinical fall orientation course improvement total 12 credits

Faculty Name:	Corinna Mayer
Indiana License Number:	28144983
Full or Part Time:	Full time
Date of Appointment:	August 1, 2013
Highest Degree:	MSN
Responsibilities:	NUB 220 Adult Health 1, two clinical NUB 220, course updates, orientation total 12 credits

Faculty Name:	Marilyn Sleppy
Indiana License Number:	28094385
Full or Part Time:	Full time
Date of Appointment:	August 1, 2013

Highest Degree:	MSN
Responsibilities:	NUB 220 online three sections, NUB 220 Adult Health 1 clinical, orientation course improvements total 12 credits
Faculty Name:	Jill Cardwell
Indiana License Number:	28087150
Full or Part Time:	Full time
Date of Appointment:	August 15, 2013
Highest Degree	MSN
Responsibilities	NUR 231 Pathophysiology two sections, NUB 350 Care of Adult Health II 2 sections total 12 credits

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

1. Number of full time faculty: Fall 2012 = 18; Spring 2013 = 18; Summer 2013 = 2
2. Number of part time didactic faculty: Fall 2012 = 13; Spring 2013 = 9; Summer 2013 = 14
3. Number of full time clinical faculty: Fall 2012 = 4; Spring 2013 = 4; Summer 2013 = 4
4. Number of part time clinical faculty: Fall 2012 = 16; Spring 2013 = 17; Summer 2013 = 10

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5. Number of adjunct faculty: Fall 2012 = 0; Spring 2013 = 0; Summer 2013 = 0

C. Faculty education, by highest degree only:

1. Number with an earned doctoral degree: 1
2. Number with master's degree in nursing: 17
3. Number with baccalaureate degree in nursing: 0 for full time, clinical faculty 15
4. Other credential(s). Please specify type and number: 3 = Certified by NLN Nurse Educator, 3 = FNP

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.

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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.

Anita Siccardi

September 16, 2013

Signature of Dean/Director of Nursing Program

Date

Anita Siccardi, Dean School of Nursing \_\_\_\_\_

Printed Name of **Dean**/Director of Nursing Program

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

Definitions from CCNE:

#### Potential Complainants

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

#### Guidelines for the Complainant

The CCNE Board considers formal requests for implementation of the complaint process provided that the complainant: a) illustrates the full nature of the complaint in writing, describing how CCNE standards or procedures have been violated, and b) indicates his/her willingness to allow CCNE to notify the program and the parent institution of the exact nature of the complaint, including the identity of the originator of the complaint.

The Board may take whatever action it deems appropriate regarding verbal complaints, complaints that are submitted anonymously, or complaints in which the complainant has not given consent to being identified.

**Section I. 8 New Clinical Agencies Added 2012-2013**

Home Services Unlimited

St. Vincent New Hope

Learning Well, Inc.

St. Vincent Hospital Anderson

St. Vincent Dunn Hospital

**Section 4. E.1. List of faculty no longer employed by the institution since the last Annual Report**

Diane Peabody

Lucia Schliessmann

# Marian University SON



