



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 _____ BSN X

Dates of Academic Reporting Year: August 22, 2011- August 10, 2012
(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, BC

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.): None at this time

Please indicate last date of NLNAC or CCNE accreditation visit, if applicable, and attach the outcome and findings of the visit: 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 <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 _____ No <u>X</u> _____ |
| 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 _____ No <u>X</u> _____ |

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?

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?

Kaplan Diagnostic Test

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): Leadership and Management NUB 401

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

A. Faculty recruitment/retention: We lost one full time faculty this academic year due to relocation. Salary ranges continue to be an issue when recruiting. Two applicants declined a full time offer due for full time related to full time salary.

B. Availability of clinical placements: We are able to schedule students in the greater Indianapolis area, but of course, it is a challenge.

C. Other programmatic concerns (library resources, skills lab, sim lab, etc.): None at this time, we will be moving into a new building summer of 2013.

4.) At what point does your program conduct a criminal background check on students?
Required as part of the admission packet.

5.) At what point and in what manner are students apprised of the criminal background check for your program? Students acquire and pay for the criminal check. The report is mailed directly to the School of Nursing and filed in a separate locked file. If a positive event is noted, students are asked to meet with the Dean of the School of Nursing.

SECTION 3: STUDENT INFORMATION

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

Summer 50 Fall 124 Spring 97 plus 16 RN Completion Students through MAP

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

Summer 23 Fall 37 Spring 74

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:	Ann Unversaw, RN., MSN
Indiana License Number:	#28082746A
Full or Part Time:	Full Time
Date of Appointment:	January 5, 2012
Highest Degree:	MSN
Responsibilities:	Teaches Fundamentals and Adult Health 1 online and Spirituality in Healthcare on campus

Faculty Name:	Chris Burns, RN, MSN, FNP-C
Indiana License Number:	#28138103A
Full or Part Time:	Full time
Date of Appointment:	January 5, 2012
Highest Degree:	MSN
Responsibilities:	Teaches pathophysiology online and Adult Health 3 clinical

Faculty Name:	Dianne Wagner, RNC, MSN, MBA
Indiana License Number:	#28055831A
Full or Part Time:	Full time
Date of Appointment:	August 15, 2011
Highest Degree:	MSN
Responsibilities:	Teaches maternity nursing online NUB 330, teaches role course NUB 255 on campus, maternity clinicals NUB 330

Faculty Name:	Sheila McNelis, RN, MSN
Indiana License Number:	#28113577A
Full or Part Time:	Full time
Date of Appointment:	August 15, 2012
Highest Degree:	MSN
Responsibilities	Teaches fundamentals NUB 201, Pediatrics NUB 340, Dosage, NUR 105. clinical for fundamental and peditrics

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

1. Number of full time faculty: Fall 2011 = 17; Spring 2012 = 19; Summer 2012 = 2
2. Number of part time faculty: Fall 2011 = 11; Spring 2012 = 10; Summer 2012 = 16
3. Number of full time clinical faculty: 0
4. Number of part time clinical faculty: Fall 2011 = 14; Spring 2012 = 19; Summer 2012 = 9
5. Number of adjunct faculty: 0

C. Faculty education, by highest degree only:

1. Number with an earned doctoral degree: 1
2. Number with master's degree in nursing: 19
3. Number with baccalaureate degree in nursing: 0
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 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.

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

10-4-2012

Signature of Dean/Director of Nursing Program

Date

Anita Siccardi

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.

November 15, 2010



Commission on
Collegiate Nursing
Education

Serving the
Public Interest
Through Quality
Accreditation

Anita Hupy Siccardi, EdD, APRN, BC
Dean and Professor
School of Nursing
Marian University
3200 Cold Spring Road
Indianapolis, IN 46222-1997

Dear Dr. Siccardi:

On behalf of the Commission on Collegiate Nursing Education (CCNE), I am pleased to advise you that the CCNE Board of Commissioners acted at its meeting on October 14-16, 2010, to grant accreditation of the baccalaureate degree program in nursing at Marian University for the term of 10 years, extending to December 31, 2020. The accreditation action is effective as of April 19, 2010, which was the first day of the program's recent CCNE on-site evaluation. You should plan for the next on-site evaluation to take place in the spring of 2020.

At its meeting, the Board determined that the program met all four accreditation standards. The Board additionally determined that there are no compliance concerns with respect to the key elements.

As is required for all accredited programs, the Board requested that the program submit a Continuous Improvement Progress Report (CIPR) at the mid-point of the accreditation term. The CIPR should address the nursing program's continued compliance with all accreditation standards. The deadline for submitting the progress report to CCNE is December 1, 2015. The Report Review Committee, and then the Board of Commissioners, will review the progress report in the spring of 2016. For more information about CIPRs, please refer to the *CCNE Procedures for Accreditation of Baccalaureate and Graduate Degree Nursing Programs*, available at <http://www.aacn.nche.edu/Accreditation/pdf/Procedures.pdf>.

Please note that the aforementioned CIPR will need to address the CCNE standards that are in effect at the time of submission. In the reminder letter sent approximately 5 months prior to the CIPR due date, CCNE will inform the program of the specific standards to be used and will provide guidance for the preparation of the report.

A copy of the accreditation report that was sent to you earlier, along with your response to it, is being transmitted to the institution's chief executive officer as the Commission's official report to Marian University. We hope that both the results of your self-study process and the accreditation report will be useful to the continued growth and development of the nursing program. A certificate of accreditation is enclosed.

As a reminder, programs are expected to continue to comply with the CCNE standards and procedures throughout the period of accreditation. This includes advising CCNE in the event of any substantive change in your nursing program or of any major organizational changes that may affect the program's administration, scope, or quality. Substantive change notifications must be submitted to CCNE no earlier than 90 days prior to implementation or occurrence of the change, but no

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later than 90 after implementation or occurrence of the change. These reporting requirements are discussed further in the CCNE *Procedures*.

We appreciate the many courtesies and the helpfulness extended to the CCNE evaluation team in the spring of 2010. The Commissioners join me in expressing our best wishes as you proceed with tasks important to the future of your nursing program.

Sincerely,

A handwritten signature in cursive script, appearing to read "Carol Ledbetter".

Carol Ledbetter, PhD, FNP, BC, FAAN
Chair, Board of Commissioners

cc: President Daniel J. Elsener
CCNE Board of Commissioners
CCNE Accreditation Review Committee
CCNE Evaluation Team

Section 1: Administration

7. We currently have adequate library resources.

8. Change in clinical facilities:

We added the following clinical facilities in 2011-2012:

- a) Homeless Resource Team, Wishard
- b) IPS 54, Wishard
- c) Southpoint Community Physicians, Community Physicians
- d) Community Primary Care, Community Physicians

Section 3: Student Information

3. None

Section 4: Faculty Information E.1.

List of faculty no longer employed by the institution since the last Annual Report:

- 1. Shandra Burton, RN, MSN resigned full time position Summer 2012, continues to teach part time online classes only.

School of Nursing
Organizational Structure
2009

