



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.

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.

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.

Indicate Type of Nursing Program for this Report: PN ASN BSN X
Dates of Academic Reporting Year: 8/1/11 - 7/31/12
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: 10/2010 - Full accreditation through 2018

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 X Declining \_\_\_\_\_

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

N/A

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): <sup>Comprehensive unit exams</sup> NUR 231, 232, 313, 315, 316, 317, 411, 413

<sup>Comprehensive overall exam</sup>: NUR 426

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 spots.

C. Other programmatic concerns (library resources, skills lab, sim lab, etc.): Older nursing lab that does not include 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 40 Spring 0 (Total 105 students in program)

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

Summer 0 Fall 0 Spring 31

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:	Corie VanArsdale (Corinne)
Indiana License Number:	28110161A
Full or Part Time:	Full-time
Date of Appointment:	8/2011
Highest Degree:	MSN
Responsibilities:	obstetrics nursing

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

Ericson Continued...

Highest Degree:	msn
Responsibilities:	nursing fundamentals / medical-surgical

\* see additional sheet attached

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

1. Number of full time faculty: 12 \*
2. Number of part time faculty: 10 \*\*
3. Number of full time clinical faculty: 6 (\* these numbers are included w/ FT faculty)
4. Number of part time clinical faculty: 9 (\*\* these numbers are included w/ PT faculty)
5. Number of adjunct faculty: 10 \*\* (see above - All PT faculty are considered adjunct)

C. Faculty education, by highest degree only:

1. Number with an earned doctoral degree: 3
2. Number with master's degree in nursing: 16 (4 w/ doctorate in progress)
3. Number with baccalaureate degree in nursing: 3 (2 w/ msn in progress)
4. Other credential(s). Please specify type and number: 4

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.

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.



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### 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.

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

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, Ind 46545

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

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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.

## BOARD OF COMMISSIONERS

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Carlsbad, New Mexico

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Dean, Health Sciences  
Montgomery County Community College  
Blue Bell, Pennsylvania

### NURSING SERVICE REPRESENTATIVES

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Philadelphia, Pennsylvania

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Central Baptist Hospital  
Lexington, Kentucky

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Rocky Mountain National Telehealth Training Center  
Veterans Health Administration  
Aurora, Colorado

### PUBLIC REPRESENTATIVES

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Wiggin and Dana LLP  
Hartford, Connecticut

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Director, Program Development  
American Farm Bureau Federation  
Washington, District of Columbia

LEE E. WURSTER, JD  
Retired Attorney  
Dublin, Ohio

March 24, 2011

Carol Dorough, EdD, MSN, RN  
Dean of Nursing  
School of Nursing  
Bethel College  
1001 Bethel Circle  
Mishawaka, IN 46545

Dear Dr. Dorough:

This letter is formal notification of the action taken by the National League for Nursing Accrediting Commission (NLNAC) at its meeting on March 3-4, 2011. The Board of Commissioners granted the baccalaureate nursing program continuing accreditation and scheduled the next evaluation visit for Fall 2018.

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. (See Summary of Deliberations and Recommendation of the Evaluation Review Panel.)

The Board of Commissioners identified the following strengths and areas needing development:

#### Areas of Strength by Accreditation Standard

##### **Standard 1 Mission and Administrative Capacity**

- Interim and current administrators who provide strong leadership and continuity for the program

##### **Standard 2 Faculty and Staff**

- Highly dedicated and passionate nursing faculty who have a strong sense of community, commitment, and empowering bond with students.

## Areas Needing Development by Accreditation Standard

### **Standard 1 Mission and Administrative Capacity**

- Develop, implement, and evaluate the definition and utilization of distance education.

### **Standard 2 Faculty and Staff**

- Ensure that a minimum of 25% of the full-time faculty hold earned doctorates.

### **Standard 4 Curriculum**

- Ensure that faculty are directly involved in all curriculum revisions.

### **Standard 6 Outcomes**

- Implement strategies for collection of aggregated data for job placement and program satisfaction.
- Implement strategies to ensure that the systematic plan for evaluation includes evidence that student learning outcomes and program outcomes are comparable for all students including those engaged in distance education.

On behalf of the Commission, we thank you and your colleagues for your commitment to quality 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 professional staff.

Sincerely,



Sharon J. Tanner, EdD, RN  
Chief Executive Officer

cc: Margie Washnok, Program Evaluator  
Nancy Harms, Program Evaluator  
Denise Myricks, Program Evaluator

Enc. Summary of Deliberations of the Evaluation Review Panel

SUMMARY OF DELIBERATIONS AND RECOMMENDATION OF THE  
BACCALAUREATE EVALUATION REVIEW PANEL  
FALL 2010 ACCREDITATION CYCLE

**BETHEL COLLEGE**  
**MISHAWAKA, IN**

**Baccalaureate Accreditation History**

Established: 1983    Initial Accreditation: October 1, 1988    Last Evaluation Visit: Fall 2002  
Action: Continuing Accreditation

**Overview**

Length of Program: 126 credits  
Number of Students: 142    Full-time: 95    Part-time: 47  
Number of Faculty\*: 21    Full-time: 13    Part-time: 8  
*\*refers to faculty teaching assignment not contract*

**Evaluation Review Panel Summary**

**Recommendation:**

**Baccalaureate:**

**Continuing accreditation as the program is in compliance with all Accreditation Standards.  
Next visit in eight (8) years.**

**Commentary:**

**Areas of Strength by Accreditation Standard**

**Standard 1 Mission and Administrative Capacity**

- Interim and current administrators who provide strong leadership and continuity for the program

**Standard 2 Faculty and Staff**

- Highly dedicated and passionate nursing faculty who have a strong sense of community, commitment, and empowering bond with students.

*National League for Nursing Accrediting Commission*

*Has Awarded  
Accreditation*

*to*

**BETHEL COLLEGE**  
BACCALAUREATE NURSING PROGRAM

*For Achievement of Quality and Excellence in Nursing Education*

FALL 2010 to FALL 2018

*Elizabeth H. Mahaffey*

Elizabeth H. Mahaffey, PhD, RN  
Chair, NLNAC

*Sharon J. Tanner*

Sharon J. Tanner, EdD, RN  
Chief Executive Officer, NLNAC



**NLNAC**

National League for Nursing Accrediting Commission, Inc.

*Assuring Quality for the Future of Nursing Education*

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## Courses, Faculty, and Community Agencies

### BSN

2011-2012

Course	Faculty	Agency Used
Fundamentals NUR 231	S. Erdel (T) L. Ericson (C) R. Becker (C) N. DeRosa (C)	Golden Living (2 Groups) Sanctuary at St. Paul's (2 Groups) Miller's Merry Manor-Wakarusa
NUR 232 Nursing of Individuals	R. Becker (T&C) D. Geoghan (C) H. Johnson (C)	Riverpoint Surgery Center Allied Physicians Surgicenter St. Joe Reg. Med. Center & SJMC Radiation Oncology, Wound Clinic Elkhart General Hospital, MUS,PACU, Rehab, OR, Enterstomal Therapy, Oncology, APS Michiana Hematology/Oncology Clinic-South Bend & Elkhart Memorial Spine and Neuroscience Center (Memorial Center for Pain Mgt.) Center for Hospice Care Kindred
NUR 315 Children and their Families <u>Peds</u>	T. Jodway (T&C) L. Beck (C)	Dr. Diane Cook - Goshen Starz Academy – daycare St. Joseph Med. Center – Peds, Out Pt. Surgery, Pediatric Out Pt. Physical Therapy, Pediatric Specialty Clinic, Community Pediatrics Bethel College – Computer Simulations (St. Joe) – Immunization Clinic – Health Dept. @Mishawaka Immunizations @WIC St. Joseph County & Every Child by Two Sister Maura Brannick Health Center South Bend Community School System, Elementary, Intermediate Schools – High School Memorial Hospital – Pediatrics, Peds ICU, Outpt. Surgery, Peds Hematology/Oncology Unit Elkhart General Hospital – Sim Baby/Sim Man
NUR 313 Mental Health Issues <u>Psych</u>	C. Cramer (T&C) S. Abraham (C)	CAPS – Elkhart Child and Parent Services Oaklawn Hospital (including inpt. and outpt) & Oaklawn Center Elkhart General Hospital (In Pt. / Out Pt.)CBM Unit and Chronic Pain Clinic

<b>Course</b>	<b>Faculty</b>	<b>Agency Used</b>
NUR 317 Maternal Child Maternity	C. VanArsdale (T & C)	River Oaks – OB/GYN For Women Only Clinic St. Joe Regional Medical Center Elkhart General Hospital
NUR 316 Critical Care	K. Hoffer (T) H. Johnson (C) D. Geoghan (C)	St. Joseph Regional Medical Center Memorial Hospital of South Bend
NUR 413 Nursing Management	S. Erdel (T) T. Kendall (C) M. Hunsberger (C) L. Beck (C)	St. Joseph Regional Medical Center Goshen General Hospital Elkhart General Hospital
Community Health NUR 411	T. Kendall (C)  D. Geoghan (C)  B. Zellers (T & C)  M. King (C)	Elkhart Health Dept./Environmental Center for Hospice and Palliative Care South Bend/Elkhart/Plymouth St. Joseph County Health Dept./Environmental St. Joe County Jail Memorial Neighborhood Health Center Elkhart Faith Mission Homeless Center St. Joseph Health Center (Plymouth & Mishawaka), Wound Clinic, Specialty Clinic, (Sister Mara Brannick) Correct Care Solutions (Elkhart Cty. Correctional Center) South Bend School Corp – Clay H.S. and Nuner Elem. School Med Point Express – South Bend, Elkhart and Memorial Hospital On Site Health Solutions School Wellness Ministry – Mishawaka, IN Notre Dame Health Services Penn Harris Madison – Grissom – Penn High School Mishawaka School Corporation Southwestern Medical Clinic-Niles (under Lakeland Health Center) St. Joe VNA (Visiting Nurses-under SJRMC) Elkhart Area Career Center-Elkhart Memorial Home Care Plymouth School Corporation

1/20/09 =T=Theory C=Clinical

K:/Nursing/KarenDanz

## **Bethel College School of Nursing**

### **Complaints Received During the 2011-12 Academic Year**

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

- 1) One prospective student appealed the admission criteria of the School of Nursing. 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.) 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:	Marsha King
Indiana License Number:	28060484A
Full or Part Time:	Part-time
Date of Appointment:	8/2011
Highest Degree:	msn
Responsibilities:	community health/management

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

Faculty Name:	Megan Hunsberger
Indiana License Number:	28154340A
Full or Part Time:	Part-time
Date of Appointment:	1/2012

Highest Degree: BSN  
 Responsibilities: management

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.

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Faculty Name:	Ivelisse Campos
Indiana License Number:	28162828A
Full or Part Time:	part-time
Date of Appointment:	8/2011
Highest Degree:	msn
Responsibilities:	Spanish medical terminology

Faculty Name:	Le Anna Lalime
Indiana License Number:	28167146A
Full or Part Time:	Part-time
Date of Appointment:	8/2011
Highest Degree:	BSN (msnc)
Responsibilities:	medical-surgical /nursing fundamentals

Faculty Name:	
Indiana License Number:	
Full or Part Time:	
Date of Appointment:	

**Bethel College School of Nursing**

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

Lisa Bursch

Mary Downs-Last

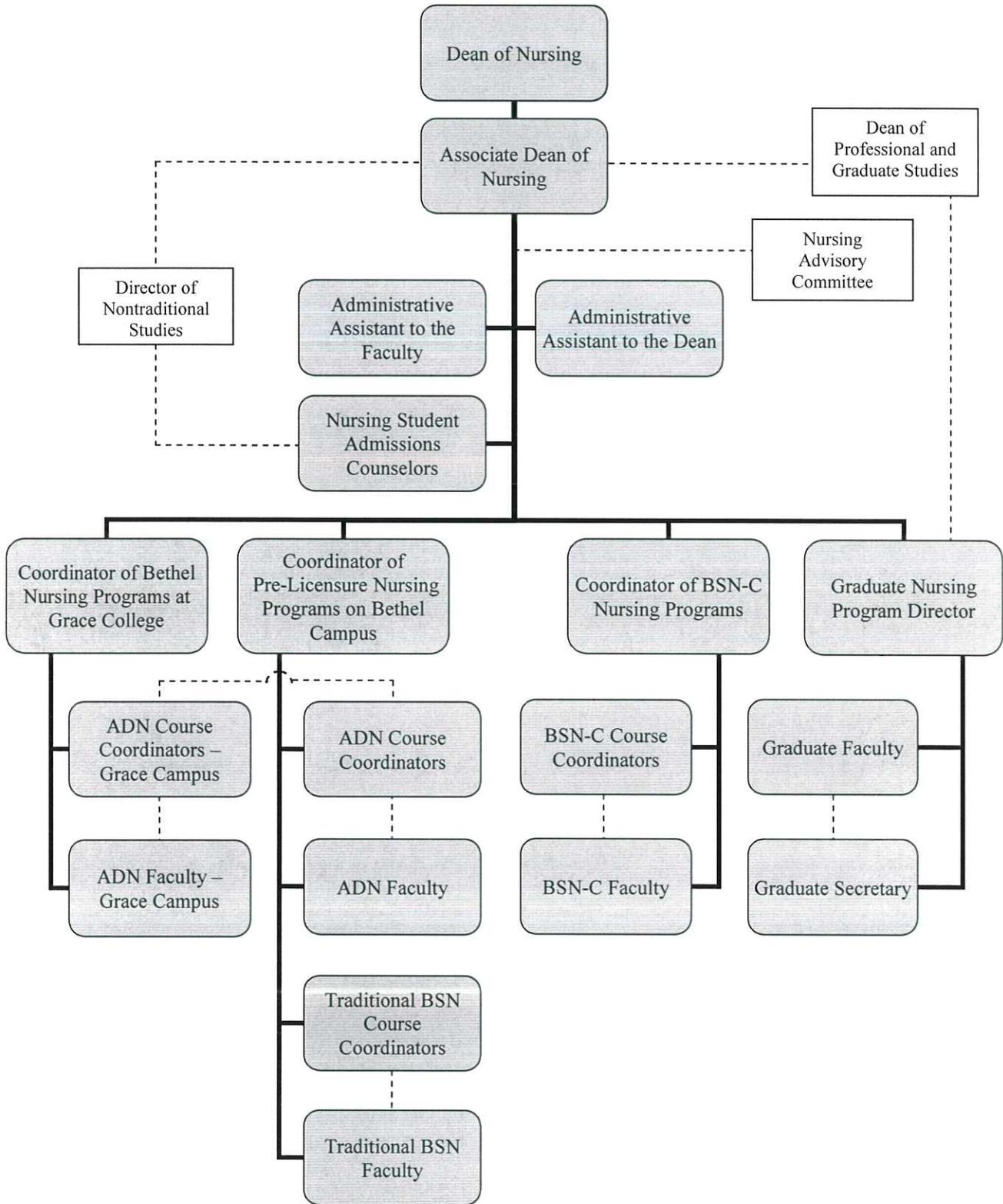
Beth Lockwood

Lisa Secrist

Teresa Steinmetz

Ethel Stringham

**Organizational Chart for the School of Nursing**



# College Organizational Chart: Administrative Flow Chart

