



**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 \_\_\_\_\_ BSN X

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

(Date/Month/Year) to (Date/Month/Year)

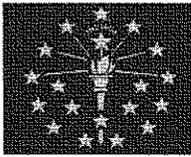
Name of School of Nursing: Indiana Wesleyan University

Address: 4201 S Washington Street Marion, IN 46953

Dean/Director of Nursing Program

Name and Credentials: Barbara A. Ihrke, PhD, RN

Title: Dean, School of Nursing Email: barbara.ihrke@indwes.edu



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Nursing Program Phone #: 765-677-2269 Fax: 765-677-2284

Website Address: indwes.edu/nursing

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

Facebook.com/IWUSofN

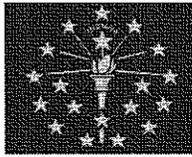
Please indicate last date of NLNAC or CCNE accreditation visit, if applicable, and attach the outcome and findings of the visit: CCNE visit November 2009 10 year renewal

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> |



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**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?  
\_\_\_\_\_  
\_\_\_\_\_

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 \_\_\_\_\_ Ties to progression or thru curriculum X

2E.) If taken as part of a course, please identify course(s): \_\_\_\_\_

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

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

B. Availability of clinical placements: Students traveling long distances for clinical  
experience. Competition with other nursing programs for days and times.

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?  
Before entrance to nursing at the sophomore level (clinical nursing).



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5.) At what point and in what manner are students apprised of the criminal background check for your program? During the freshman year. Meetings, handouts, e-mail.

**SECTION 3: STUDENT INFORMATION**

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

Summer 0 Fall 173 Spring 10

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

Summer 24 Fall 17 Spring 87

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.

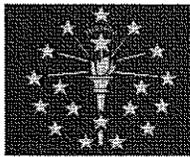
4.) Indicate the type of program delivery system:

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):

<b>Faculty Name:</b>	Carol Bence
<b>Indiana License Number:</b>	28048970A
<b>Full or Part Time:</b>	Part time
<b>Date of Appointment:</b>	September 1, 2012
<b>Highest Degree:</b>	MS
<b>Responsibilities:</b>	Teach courses in Zambia - semester abroad



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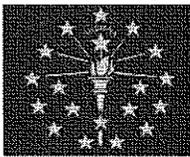
<b>Faculty Name:</b>	Denise Bachman
<b>Indiana License Number:</b>	28104654A
<b>Full or Part Time:</b>	Adjunct (Clinical Preceptor)
<b>Date of Appointment:</b>	9/15/2012
<b>Highest Degree:</b>	BSN
<b>Responsibilities:</b>	Clinical

<b>Faculty Name:</b>	Michelle Enochs
<b>Indiana License Number:</b>	28110111A
<b>Full or Part Time:</b>	Adjunct (Clinical Preceptor)
<b>Date of Appointment:</b>	July 2013
<b>Highest Degree:</b>	BS
<b>Responsibilities:</b>	Clinical (TTN)

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

1. Number of full time faculty: 19
2. Number of part time faculty: 2
3. Number of full time clinical faculty: 2
4. Number of part time clinical faculty: 0
5. Number of adjunct faculty: 42

C. Faculty education, by highest degree only:



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1. Number with an earned doctoral degree: 4
2. Number with master's degree in nursing: 25
3. Number with baccalaureate degree in nursing: 36
4. Other credential(s). Please specify type and number: FNP - 4

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

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.

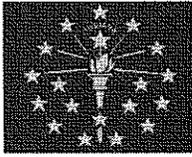
I hereby attest that the information given in this Annual Report is true and complete to the best of my knowledge. This form **must** be signed by the Dean or Director. No stamps or delegation of signature will be accepted.

Barbara A. Shibe

9/24/13

Signature of Dean/Director of Nursing Program

Date



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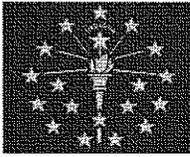
Nicholas Rhoad, Executive Director

Barbara A. Ihrke

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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.

Indiana State Board of Nursing Annual Report – 2012-2013

Faculty No longer employed by the institution since last Annual Report

Ben Crandall	Full Time
Carol Applegate	Adjunct
Diane Conner	Adjunct
Joy Davies	Adjunct
Dauida Wilson	Adjunct
Stephanie Wilson	Adjunct
	Adjunct
	Adjunct
	Adjunct

**Indiana Wesleyan University**  
**New Faculty for 2012-2013 Academic Year**

Faculty Name:	Melinda Stuard
Indiana License Number:	28184378A
Full or Part Time:	Adjunct Faculty ( Clinical Preceptor)
Date of Appointment:	8/30/12
Highest Degree:	BSN
Responsibilities:	Adult Health I Clinical

Faculty Name:	Lacy Veyon
Indiana License Number:	28175979A
Full or Part Time:	Adjunct Faculty ( Clinical Preceptor)
Date of Appointment:	8/30/12
Highest Degree:	BSN
Responsibilities:	Adult Health I Clinical

Faculty Name:	Sherrie Florence
Indiana License Number:	28092932A
Full or Part Time:	Adjunct Faculty ( Clinical Preceptor)
Date of Appointment:	1/15/13
Highest Degree:	BS
Responsibilities:	Adult Health III Clinical

Faculty Name:	Gloria Greentree
Indiana License Number:	28125289A
Full or Part Time:	Adjunct Faculty ( Clinical Preceptor)
Date of Appointment:	1/15/13
Highest Degree:	BS
Responsibilities:	Adult Health I, II Clinical

Faculty Name:	Jennifer Osborne
Indiana License Number:	28187224A
Full or Part Time:	Adjunct Faculty ( Clinical Preceptor)
Date of Appointment:	2/20/13
Highest Degree:	BSN
Responsibilities:	Maternal Newborn Clinical

Faculty Name:	Susann Weaver
Indiana License Number:	28087600A
Full or Part Time:	Adjunct Faculty ( Clinical Preceptor)
Date of Appointment:	1/15/13
Highest Degree:	BS
Responsibilities:	Gerontological Nursing Clinical

**Indiana Wesleyan University**  
**New Faculty for 2012-2013 Academic Year**

Faculty Name:	Laura Harris
Indiana License Number:	28187036A
Full or Part Time:	Adjunct Faculty (Clinical Preceptor)
Date of Appointment:	9/10/12
Highest Degree:	BSN
Responsibilities:	Adult Health III Clinical

Faculty Name:	Nena Hart
Indiana License Number:	28184424A
Full or Part Time:	Adjunct Faculty (Clinical Preceptor)
Date of Appointment:	8/30/12
Highest Degree:	BSN
Responsibilities:	Gerontological Nursing Clinical

Faculty Name:	Renee Lehrian
Indiana License Number:	28123349A
Full or Part Time:	Adjunct Faculty (Clinical Preceptor)
Date of Appointment:	8/30/12
Highest Degree:	BSN
Responsibilities:	Adult Health I Clinical and Maternal Newborn Nursing Clinical

Faculty Name:	Kristin Morris
Indiana License Number:	28064915A
Full or Part Time:	Adjunct Faculty
Date of Appointment:	8/30/12
Highest Degree:	BSN
Responsibilities:	Zambia – Clinical & Resident Director with students semester abroad

Faculty Name:	Karrie Osborne
Indiana License Number:	28151418A
Full or Part Time:	Adjunct Faculty (Clinical Preceptor)
Date of Appointment:	8/30/12
Highest Degree:	BSN
Responsibilities:	Adult Health III Clinical

Faculty Name:	Julie Riddle
Indiana License Number:	28136346A
Full or Part Time:	Adjunct Faculty (Clinical Preceptor)
Date of Appointment:	9/28/12
Highest Degree:	BSN
Responsibilities:	Adult Health I Clinical

**Indiana Wesleyan University**  
**New Faculty for 2012-2013 Academic Year**

Faculty Name:	Bethany Johns
Indiana License Number:	28184240A
Full or Part Time:	Adjunct Faculty ( Clinical Preceptor)
Date of Appointment:	9/15/2012
Highest Degree:	BSN
Responsibilities:	Adult Health I Clinical

Faculty Name:	Craig Peel
Indiana License Number:	28162730A
Full or Part Time:	Adjunct Faculty ( Clinical Preceptor)
Date of Appointment:	9/15/2012
Highest Degree:	BSN
Responsibilities:	Adult Health III Clinical/ Computer training for MGH

Faculty Name:	Sharee Strand
Indiana License Number:	28106714A
Full or Part Time:	Adjunct Faculty ( Clinical Preceptor)
Date of Appointment:	1/15/2013
Highest Degree:	BS
Responsibilities:	Adult Health I Clinical

Faculty Name:	Christa Wall
Indiana License Number:	28128423A
Full or Part Time:	Adjunct Faculty ( Clinical Preceptor)
Date of Appointment:	9/15/2012
Highest Degree:	MSN
Responsibilities:	Adult Health I Clinical

Faculty Name:	
Indiana License Number:	
Full or Part Time:	Adjunct Faculty ( Clinical Preceptor)
Date of Appointment:	
Highest Degree:	
Responsibilities:	

Clinical Facilities		School Year 12/13			
Agency Name	Accredited By	Clinical Course	Instructor	Last Contract Renewal Date	Agency no longer used since last annual report? Yes = X
Allen County Youth Service				8/30/2012	x
Angels of Mercy Homecare Plus		Community Health	Ben Crandall	8/30/2012	
Bluffton Regional Medical Center		Adult Health II	Deb Parker	8/31/2014	
Bona Vista		Community Health	Ben Crandall	8/30/2013	
Boys and Girls Club of Grant County		Community Health	Ben Crandall	8/30/2013	
Bridges to Health		Community Health	Pam Leslie, Dot Clark Ott	8/30/2013	
Cambridge Square		Community Health	Ben Crandall	8/30/2013	
Cancer Services of Grant County		Community Health	Pam Leslie, Dot Clark Ott	8/30/2013	
Carey Services		Community Health, Nursing Care of Children	Ben Cradall, Pam Leslie, Veronica Peters	8/30/2013	
Cedar Canyon Elementary				8/30/2012	x
Cherokee Indian Hospital				8/30/2012	x
Colonial Oaks Health Care Center		Gerontology	Debra Parker, Mary Jane Whitton, Barbara Hulsman, Gloria Greentree	8/30/2013	
Community Hospital of Anderson		Maternal Newborn Nursing	Jennifer Galan	6/1/2013	
Community Hospitals of Indiana (Community Health Network)		Mental Health Nursing			x
Covenant Care		Gerontology	Joy Myers	8/30/2013	
Dupont Hospital		Maternal Newborn Nursing	Teresa Wright, Anna Miller	2/28/2014	
Eastbrook Community Schools		Community	Dot Clark Ott	8/30/2013	
Eastern Jr/Sr High School		Community Health	Dot Clark Ott	8/30/2013	
Fairbanks Hospital		Mental Health Nursing	Barbara Bidwell	8/30/2013	
Family Service Society, Inc.		Community Health	Ben Crandall, Pam Leslie	8/30/2013	
First Light		Community Health	Ben Crandall, Pam Leslie	8/30/2013	
Franciscan St. Francis		Adult Health III	Angela Bailey	8/1/2013	
Genesis Place				8/30/2012	x
Grant Blackford Community Mental Health Center		Mental Health Nursing	Lori Webb, Renee Lehrian Rhonda Ridlen	8/30/2013	
Grant County Health Department		Community Health	Dot Clark Ott, Ben Crandall	8/30/2013	
Grant County Rescue Mission				8/30/2012	x
Guardian Angel Hospice		Leadership/Management	Pam Leslie	8/30/2013	
Hearts with Integrity				8/30/2012	x
Howard County Criminal Justice Center				8/30/2012	x
Howard County Health Department		Community Health	Ben Crandall	8/30/2013	
Huntington Schools		Community Health	Dot Clark Ott	8/30/2013	
Indiana Homecare				8/30/2012	x
Indiana School for the Deaf		Community Health	Dot Clark Ott	8/30/2013	
IU Health Ball Memorial Hospital		Adult Health I, II, III, Leadership & Management	Marcie Baird, Christa Walls, Karie Osborne Lacey Veyon, Heather Brady	5/1/2013	

IU Health Riley Hospital		Nursing Care of Children	Janet Lincoln, Ronda Starr, Julie Petty,	6/30/2013	
Jay County Hospital		Leadership/Management	Barbara Bidwell	8/30/2013	
Lakeview Christian School		Community Health	Ben Crandall	8/30/2013	
Lifestream (Area IV)		Gerontology	Debra Parker, Barbara Hulsman	8/30/2013	
Lutheran Hospital		Nursing Care of Children, Adult Health I, III, Leadership and Management	Teresa Wright, Corrie Oberlin, Kathleen Buck, Marcie Baird, Michelle Enochs, Pam Harrison	8/15/2013	
Madison County Community Health Center		Community Health	Ben Crandall, Pam Leslie	8/30/2013	
Madison County Health Department		Community Health	Ben Crandall	8/30/2013	
Madison Grant United School Corporation		Community Health	Dot Clark Ott	8/30/2013	
Marion Community Schools		Community Health	Dot Clark Ott	8/30/2012	
Marion Community Schools Head Start		Community Health	Ben Crandall	8/30/2013	
Marion General Hospital		Maternal Newborn Nursing, Nursing Care of Children, Adult Health I, II, III, Leadership/management	Jeanine Hinton, Karen Hopkins, Erica Jefferies, Joy McFarren, Connie Nave, Rochelle Page, Sara Pierce, Marilyn Simons, Sheree Strand, Denise Brehmer, Renee Lehrian, Jennifer Osborne, Chelsea Lynch, Craig Peel, Julie Riddle, Denise Bachman, Laura Harris, Faith Labus	8/30/2013	
Marion-Grant County Senior Center		gerontology	Debra Parker, Barbara Hulsman	8/30/2013	
Marion Pediatrics		Nursing Care of Children	Veronica Peters, Denise Brehmer	8/30/2013	
MSD of Wabash County		Community Health	Dot Clark Ott	8/30/2013	
MFD Medical Department		Community Health	Dot Clark Ott	8/30/2013	
Miller's Merry Manor		Gerontology	Joy Myers, Susann Weaver	8/30/2013	
Mississinewa Community Schools		Community Health	Dot Clark Ott	8/30/2013	
NAIHS/DAMC		Transcultural Nursing	Marcie Baird	3/12/2013	
New Hope Hospice		Leadership/Management	Pam Harrison	8/30/2013	
North Miami Community Schools		Community Health	Ben Crandall	8/30/2012	x
Oak Hill United School Corporation		Community Health	Dot Clark Ott	8/30/2013	
Open Door Health Service		Community Health	Pam Leslie	8/30/2013	
Parkview Health		Maternal Newborn Nursing, Adult Health I	Bethany Johns, Joanna Beals, Barbara Bidwell,	7/30/2014	
Prime Time Pediatrics		Nursing Care of Children	Veronica Peters, Denise Brehmer	8/30/2013	
Riverview Hospital		Maternal Newborn Nursing, Adult Health III	Kim Jones, Marcie Baird	8/30/2013	
Riverview surgery Center				8/30/2012	x
St. John's Health System		Adult Health II	Veronica Peters, Gloria Greentree, Rebecca Allen	12/31/2014	
St. Joseph St. Vincent Hospital		Leadership/Management	Rose Sprunger	2/28/2014	
St. Vincent Hospital & Health Care Center		Leadership and Management	Janet Lincoln, Pam Harrison	2/28/2013	
St. Vincent Seton Specialty Hospital				12/31/2012	x
St. Vincent Carmel Hospital		Leadership & Management	Pam Harrison	12/31/2013	

St. Vincent Mercy		Adult Health I	Mindy Stuard	9/1/2013	
Saint Vincent de Paul School					x
Southwick Elementary School					x
Suite Living					x
Timbercrest				8/30/2013	
VA Northern Indiana Health Care System		Adult Health I, Mental Health Nursing, Leadership and Management	Jill Steike, Barbara Bidwell, Deborah Folk, Barbara Lyons, Julie Riddle, Wanda Lewis	1/30/2014	
Wabash City Schools		Community Health	Dot Clark Ott	8/30/2013	
Wabash County Health Department		Community Health	Dot Clark Ott	8/30/2012	x
Wesleyan Health Care Center				8/30/2013	

