



Indiana State Board of Nursing  
402 West Washington Street, Room W072  
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 1, 2011 through July 31, 2012  
(Date/Month/Year) to (Date/Month/Year)

Name of School of Nursing: Anderson University, School of Nursing

Address: 1100 E. 5th Street, Anderson, IN 46012

Dean/Director of Nursing Program

Name and Credentials: Dr. Karen Selwa Williams DNP, MSN, APRN, ANP-C

Title: Dean, School of Nursing Email: kswilliams@anderson.edu

Nursing Program Phone #: 765-641-4385 Fax: 765-641-3095

Website Address: http://www.anderson.edu/academics/nursing

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

http://twitter.com/AUNursing; https://www.facebook.com/pages/Anderson-University-School-of-Nursing

Please indicate last date of NLNAC or CCNE accreditation visit, if applicable, and attach the outcome and findings of the visit: October 31-November 2, 2005; Full 10 year accreditation

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 <u>X</u> |
| 2) Change in mission or program objectives  | Yes <u>X</u> No ___ |
| 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 ___ No <u>X</u> |
| 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 \_\_\_  
2010-2011 NCLEX Pass Rate 100%. 2011-2012 93% (with one student remaining to test)

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  No

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

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

The Kaplan Review course is integrated into the final semester of the senior year. We also utilize the Assessment Technology Institute (ATI) Comprehensive Exam.

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): NURS 4520 (Last semester senior year)

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

A. Faculty recruitment/retention: No faculty turnover at this time - we have retained all faculty for two years. Have been able to secure qualified part-time faculty also.

B. Availability of clinical placements: Clinical placement remains a challenge as we compete for available space. However, Community Hospital-Anderson and Saint Vincent-Anderson are very supportive of our program of nursing.

C. Other programmatic concerns (library resources, skills lab, sim lab, etc.): We have been fortunate to double the size of our computer lab and invest in several new simulation models over the last year.

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

Students are accepted to the School of Nursing at the sophomore level and complete the criminal background check prior to the beginning of classes.

5.) At what point and in what manner are students apprised of the criminal background check for your program? We utilize Backgroundcheck.com - students are able to view their data as soon as it becomes available. Background concerns are addressed with the student by the Dean.

### SECTION 3: STUDENT INFORMATION

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

Summer \_\_\_\_\_ Fall 78 Spring \_\_\_\_\_

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

Summer \_\_\_\_\_ Fall 30 Spring \_\_\_\_\_

The 2011-2012 graduating class included 55 upon admission.

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. Anderson University School of Nursing has had no complaints.

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):

<b>Faculty Name:</b>	Mrs. Cheryl Vincent
<b>Indiana License Number:</b>	28097850A
<b>Full or Part Time:</b>	Full-Time
<b>Date of Appointment:</b>	8-2010
<b>Highest Degree:</b>	Masters in Nursing (Major Nursing Education)
<b>Responsibilities:</b>	Clinical and Classroom - Pediatrics/OB

<b>Faculty Name:</b>	Mrs. Joy Weller
<b>Indiana License Number:</b>	28117949A
<b>Full or Part Time:</b>	Full-Time
<b>Date of Appointment:</b>	8-2011
<b>Highest Degree:</b>	Masters in Nursing
<b>Responsibilities:</b>	Clinical and Classroom-Pediatrics/OB

<b>Faculty Name:</b>	Christina Eaton
<b>Indiana License Number:</b>	28186718A
<b>Full or Part Time:</b>	Part-time Clinical Faculty (Enrolled in MSN program)
<b>Date of Appointment:</b>	8-2012

<b>Highest Degree:</b>	BSN (Enrolled in MSN Program)
<b>Responsibilities:</b>	Clinical/Lab Responsibilities with sophomore students

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

1. Number of full time faculty: 10
2. Number of part time faculty: 0
3. Number of full time clinical faculty: 0
4. Number of part time clinical faculty: 6
5. Number of adjunct faculty: 0

C. Faculty education, by highest degree only:

1. Number with an earned doctoral degree: 1 (+1 second year doctoral student)
2. Number with master's degree in nursing: 10
3. Number with baccalaureate degree in nursing: 10=BSN/MSN; 6clinical faculty=BSN enrolled in MSN program.
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**?

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.

Anderson University  
School of Nursing  
Annual Report

Faculty Name:	Kinsey Jutte
Indiana License Number:	28174120A
Full or Part Time:	Part-Time
Date of Appointment:	8-2012
Highest Degree:	BSN-Researching MSN Programs
Responsibilities:	Part-Time Clinical Only

Faculty Name:	Jane Mathavich
Indiana License Number:	28069585A
Full or Part Time:	Part-Time
Date of Appointment:	8-2011
Highest Degree:	BSN-Enrolled in MSN Program
Responsibilities:	Part-Time Clinical/Lab Only

Faculty Name:	Ken Osborn
Indiana License Number:	28149210A
Full or Part Time:	Part-Time
Date of Appointment:	8-2011
Highest Degree:	BSN-Enrolled in MSN Program
Responsibilities:	Part-Time Clinical/Lab Only

Faculty Name:	Allisa (Eskew) Prater
Indiana License Number:	28176425A
Full or Part Time:	Part-Time
Date of Appointment:	8-2012
Highest Degree:	BSN-Enrolled in MSN Program
Responsibilities:	Part-Time Clinical/Lab Only

Faculty Name:	Connie Shults
Indiana License Number:	28117786A
Full or Part Time:	Part-Time
Date of Appointment:	8-2011
Highest Degree:	BSN-Enrolled in MSN Program
Responsibilities:	Part-Time Clinical/Lab Only

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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.

Dr. Karen Selwa Williams

9/21/2012

Signature of Dean/Director of Nursing Program

Date

Dr. Karen Selwa Williams, DNP, MSN, APRN, ANP-C

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:

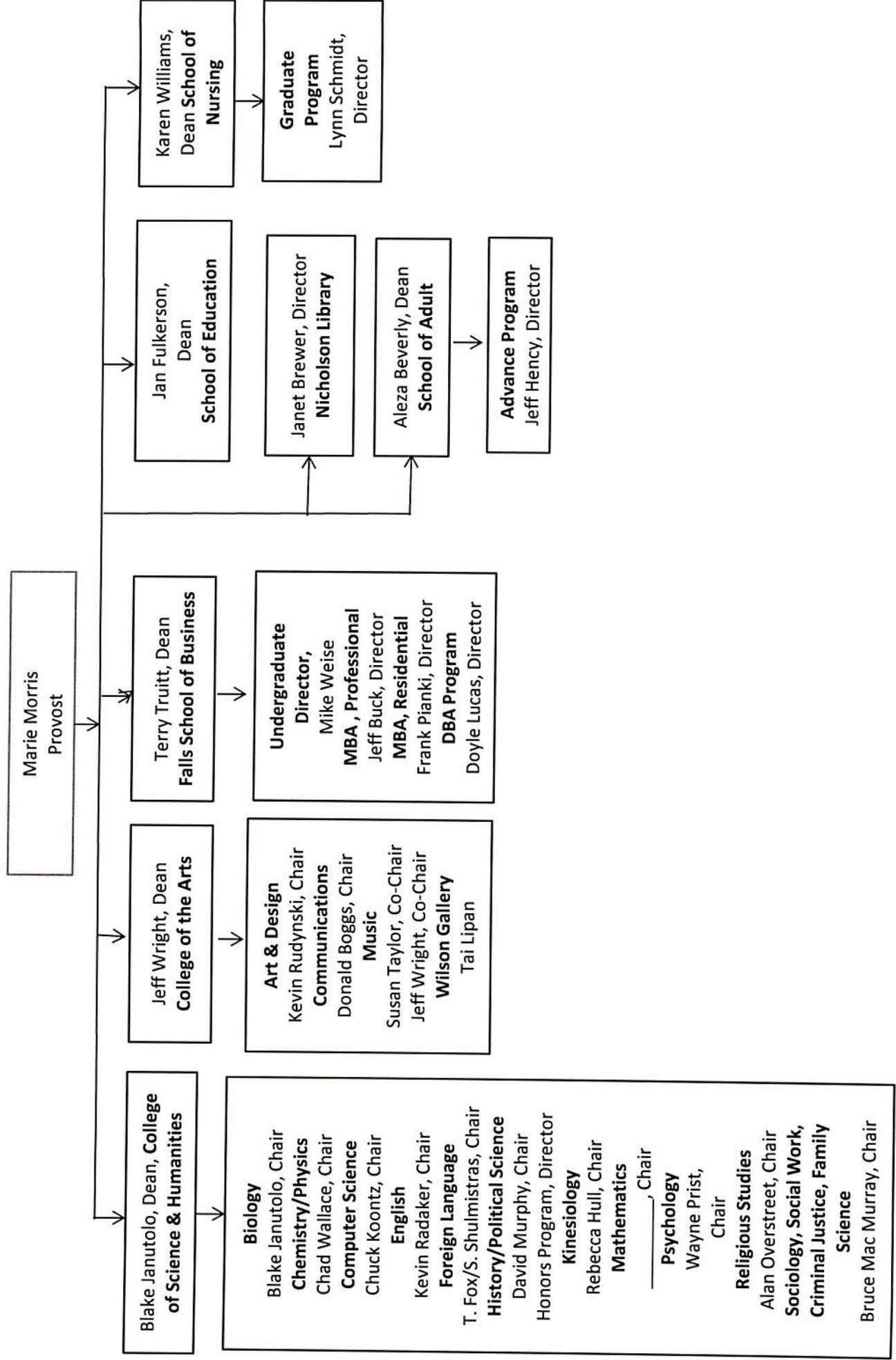
**Potential Complainants**

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.

Vice President for Academic Affairs Organizational Chart- Academic Cabinet



ANDERSON UNIVERSITY SCHOOL OF NURSING  
ORGANIZATIONAL CHART

