



**Indiana
Professional
Licensing
Agency**

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. 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: _____ *August 30, 2012 – May 3, 2013* _____
(Date/Month/Year) to (Date/Month/Year)

Name of School of Nursing: Bethel College School of Nursing _____

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 #: 574-807-7235 Fax: 574-807-7955 _____



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Address: Nursing@BethelCollege.edu

Social Media Information Specific to the SON Program (Twitter, Facebook, etc.): Bethel College School of Nursing Facebook page

Please indicate last date of NLNAC or CCNE accreditation visit, if applicable, and attach the outcome and findings of the visit: 10/2010 (see attached)

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



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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? We are continuing to critically analyze each test administered, we have raised the minimum GPA to enter and remain in the program to 2.7, the minimum score to pass each course has raised from a 76% to 78%; All full-time faculty members will complete the NCSBN test writing seminar, ATI has been brought in to consult with course associated benchmarks for ATI testing

2A.) Do you require students to pass a standardized comprehensive exam before taking the NCLEX?
Yes X No *If 94% predictability score is not achieved by 2nd attempt, Kaplan remediation is required before NCLEX

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

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

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

2E.) If taken as part of a course, please identify course(s): NUR 426 Clinical Problem Solving

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

A. Faculty recruitment/retention: We have openings for a Critical Care faculty member and Graduate Program Director that are still unfilled

B. Availability of clinical placements: There are many schools of nursing in the South Bend area competing for a limited number of clinical spots

C. Other programmatic concerns (library resources, skills lab, sim lab, etc.): We currently do not have a high fidelity simulation lab due to financial considerations

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



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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 application process, prospective students are notified in writing and verbally*_____

SECTION 3: STUDENT INFORMATION

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

Summer _____ Fall 42 Spring _____

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

Summer _____ Fall 32 Spring _____

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:	Jane Cox
Indiana License Number:	28084261A
Full or Part Time:	PT
Date of Appointment:	8/2012
Highest Degree:	MSN, PhD
Responsibilities:	Adjunct OB Clinicals



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Faculty Name:	Amy Michels
Indiana License Number:	28157008A
Full or Part Time:	PT
Date of Appointment:	8/2012
Highest Degree:	BSN, MSN(c)
Responsibilities:	Adjunct Pediatrics Clinicals

Faculty Name:	Nancy Miller
Indiana License Number:	28072221A
Full or Part Time:	PT
Date of Appointment:	8/2012
Highest Degree:	MSN
Responsibilities:	Adjunct Nursing Fundamentals Clinicals

Faculty Name:	Jamie Moore
Indiana License Number:	28190259A
Full or Part Time:	PT
Date of Appointment:	1/2013
Highest Degree:	BSN
Responsibilities:	Adjunct Medical-Surgical Clinicals



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Faculty Name:	Sharvon Robinson
Indiana License Number:	28186327A
Full or Part Time:	PT
Date of Appointment:	1/2013
Highest Degree:	BSN
Responsibilities:	Adjunct Medical-Surgical Clinicals

Faculty Name:	Hannah Stutzman
Indiana License Number:	28175993A
Full or Part Time:	PT
Date of Appointment:	1/2013
Highest Degree:	MSN
Responsibilities:	Adjunct Management Clinicals

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: _____ 12 _____
3. Number of full time clinical faculty ___ 8 (these are included w/ FT faculty listed above)
4. Number of part time clinical faculty: ___ 10 (these are included w/PT faculty listed above)_
5. Number of adjunct faculty: ___ 12 (see above---all PT) _____

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: 17
3. Number with baccalaureate degree in nursing: 3
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 or 848 IAC 1-2-14?**

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. Gillon

9/30/13

Signature of Dean/Director of Nursing Program

Date

Deborah R. Gillon

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.

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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,

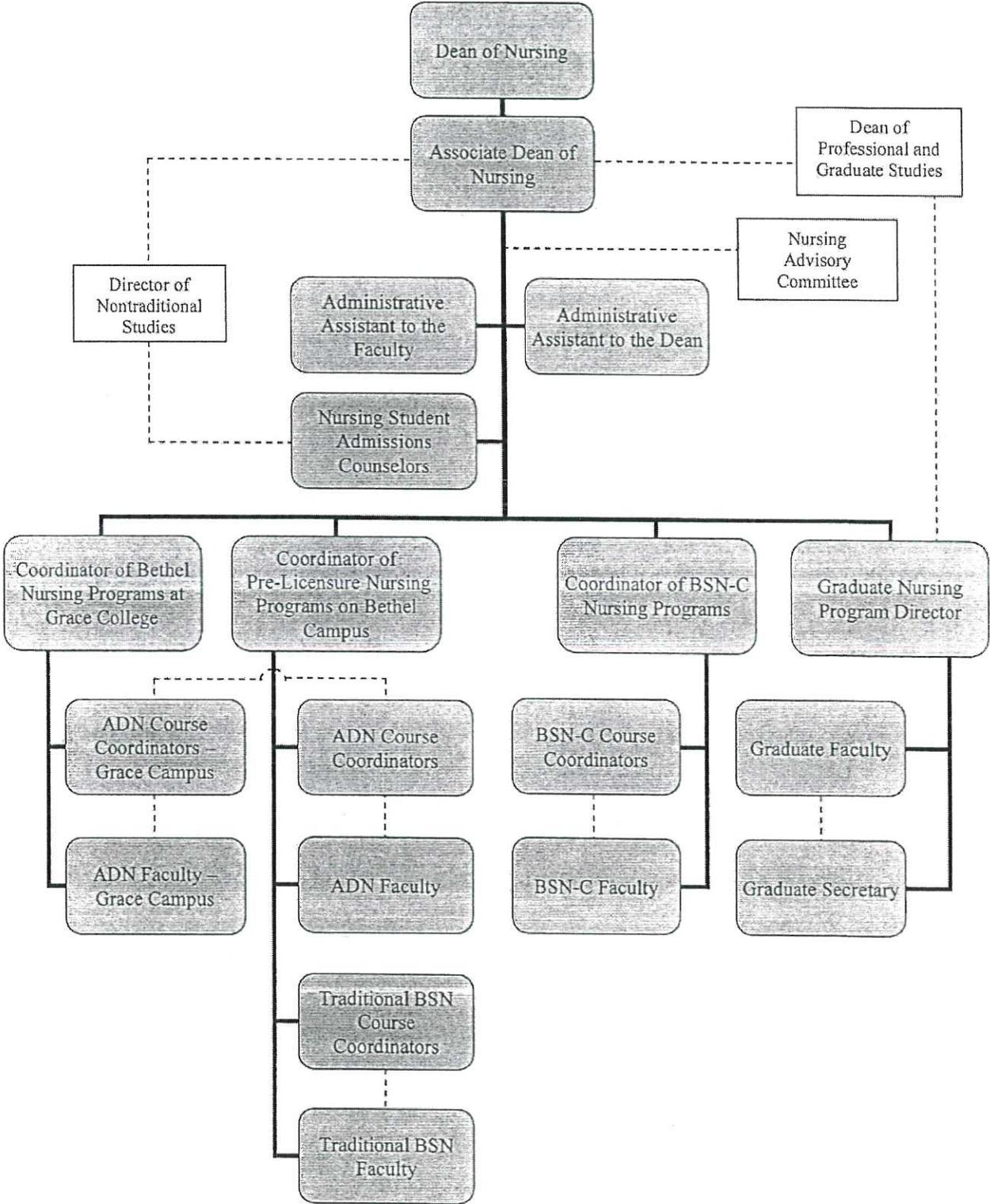


Sharon J. Tanner, EdD, RN
Chief Executive Officer

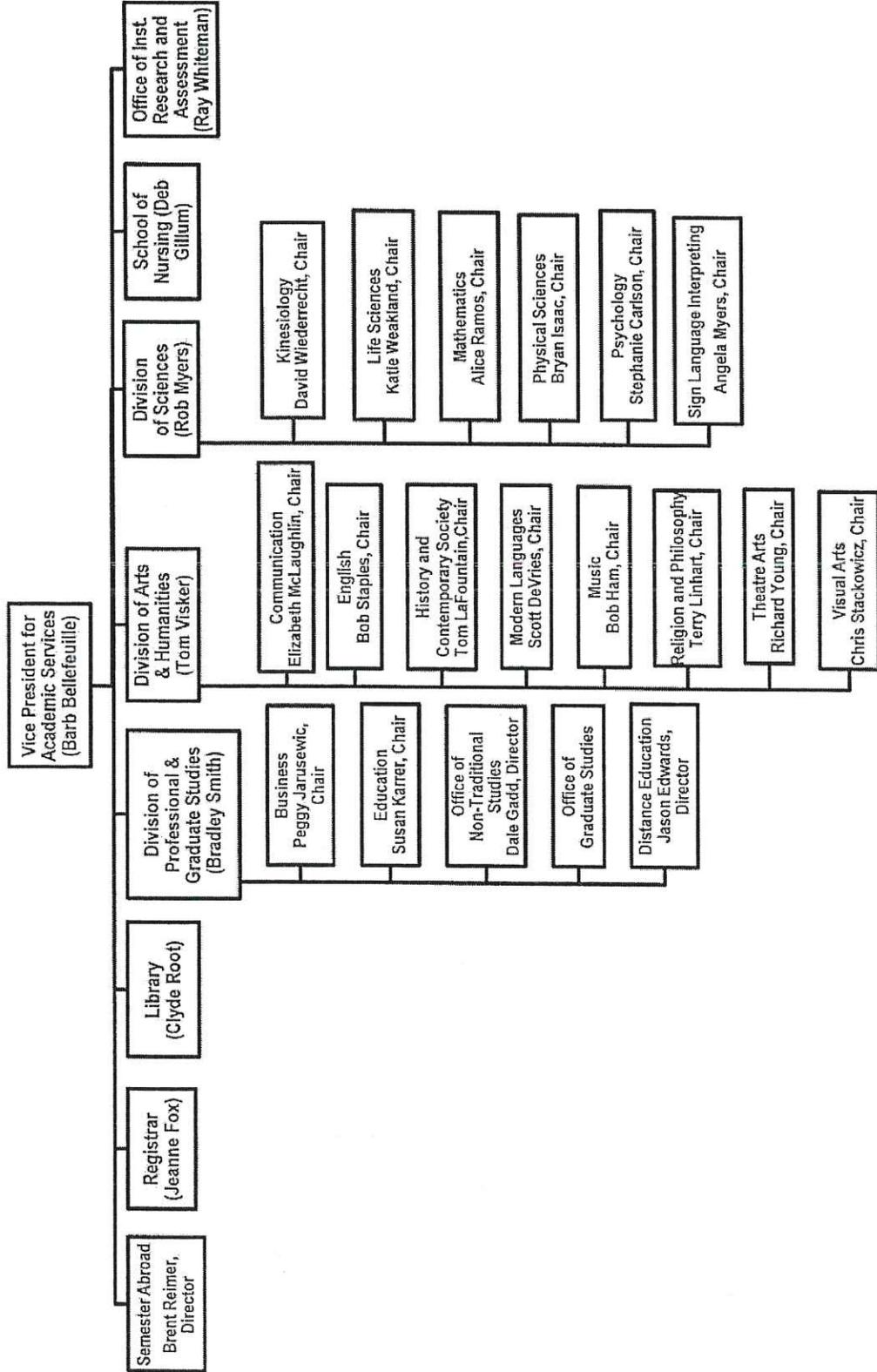
cc: Margie Washnok, Program Evaluator
Nancy Harms, Program Evaluator
Denise Myricks, Program Evaluator

Enc. Summary of Deliberations of the Evaluation Review Panel

Organizational Chart for the School of Nursing



College Organizational Chart: Administrative Flow Chart



Bethel College School of Nursing

BSN Program Nursing Faculty No Longer Employed by the College Since 2011-2012

- 1. Marsha King**
- 2. Sheron Crudup**

Bethel College School of Nursing

Complaints Received During the 2012-13 Academic Year

No complaints were received regarding the BSN program.

Courses, Faculty, and Community Agencies

BSN - Bethel

2012-2013

*Bethel
BSN 1/2*

Course	Faculty	Agency Used
Fundamentals NUR 231	S. Erdel (T) L. Ericson (C) R. Becker (C) N. Miller (C)	Hubbard Hill (2 Groups) Sanctuary at St. Paul's (2 Groups) Miller's Merry Manor-Wakarusa Golden Living (2 Groups)
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) A. Michels (C)	Dr. Diane Cook - Goshen Starz Academy – daycare St. Joseph Med. Center – Peds, Out Pt. Surgery, Pediatric Out Pt. Physical Therapy, 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

Course	Faculty	Agency Used
NUR 317 Maternal Child Maternity NUR 316 Critical Care	C. VanArsdale (T & C) K. Hoffer (T) H. Johnson (C) D. Geoghan (C)	River Oaks – OB/GYN For Women Only Clinic St. Joe Regional Medical Center Elkhart General Hospital, OB Floor & Prenatal classes (p.m.) 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), Care Management 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

Italic = New Agency used - 2012-2013
Crossed Out = Agency not used - 2012-2013

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

K:/Nursing/KarenDanz