



**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 X BSN _____

Dates of Academic Reporting Year: August 29, 2013 – May 5, 2014
(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: _____ *10/2012 (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 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 _____ No X _____
- 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 X _____ No _____
- 9) Major changes in curriculum (list if positive response) Yes _____ No X _____

SECTION 2: PROGRAM



Michael R. Pence, Governor

Nicholas Rhoad, Executive Director

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? 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 229 Clinical Problem Solving

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

A. Faculty recruitment/retention: Unfilled faculty openings due to lack of qualified faculty remains a challenge. Doctorally prepared faculty are a particular challenge.

B. Availability of clinical placements: There are many schools of nursing in the South Bend area competing for a limited number of clinical spot, including schools of nursing from southern Michigan.

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

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. Information is also available in brochures and on the website.



Michael R. Pence, Governor

Nicholas Rhoad, Executive Director

SECTION 3: STUDENT INFORMATION

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

Summer _____ Fall 41 Spring 2

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

Summer _____ Fall _____ Spring 43

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. **No complaints received*

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:	Corrine Stokes
Indiana License Number:	28155868A
Full or Part Time:	PT
Date of Appointment:	8/29/13
Highest Degree:	BSN
Responsibilities:	Maternity Clinicals

Faculty Name:	Linda Johnson
Indiana License Number:	28121138A



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Full or Part Time:	PT
Date of Appointment:	8/29/13
Highest Degree:	BSN
Responsibilities:	Med-surg clinicals

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

1. Number of full time faculty: 9
2. Number of part time faculty: 8
3. Number of full time clinical faculty 6 (these are included w/ FT faculty listed above)
4. Number of part time clinical faculty: 8 (these are included w/PT faculty listed above)
5. Number of adjunct faculty: 8 (see above---all PT)

C. Faculty education, by highest degree only:

1. Number with an earned doctoral degree: 2
2. Number with master's degree in nursing: 13
3. Number with baccalaureate degree in nursing: 2
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 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;



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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, MSW, RN 9/12/14

Signature of Dean/Director of Nursing Program

Date

Deborah Gillum, PhD, MSW, 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.

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March 27, 2013

Deborah Gillum, PhD, MSN, RN, CNE
Dean
School of Nursing
Bethel College
1001 Bethel Circle
Mishawaka, IN 46545

Dear Dr. Gillum:

This letter is formal notification of the action taken by the National League for Nursing Accrediting Commission (NLNAC) at its meeting on March 7-8, 2013. The Board of Commissioners granted the master's nursing program continuing accreditation with the condition that the program submit a Follow-Up Report in two (2) years. If the Follow-Up Report is accepted by the Board of Commissioners, the next evaluation visit will be scheduled for Fall 2020. The Board of Commissioners granted the associate nursing program continuing accreditation with the condition that the program submit a Follow-Up Report in two (2) years. If the Follow-Up Report is accepted by the Board of Commissioners, the next evaluation visit will be scheduled for Fall 2020.

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 evidence of non-compliance and areas needing development:

Evidence of Non-Compliance by Accreditation Standard and Criterion

Standard 2 Faculty and Staff, Criterion 2.4 (A)

- There is a lack of evidence that the number and utilization of faculty are sufficient to achieve program outcomes. (A)

Bethel College
Page 1

Evidence of Non-Compliance by Accreditation Standard and Criterion

Standard 6 Outcomes, Criteria 6.1, 6.2, and 6.4.4 (M)

Criteria 6.1, 6.2, 6.5.3, and 6.5.4 (A)

- There is a lack of evidence that the systematic evaluation plan emphasizes the ongoing assessment and evaluation of the student learning outcomes, program outcomes, and NLNAC Standards. (M/A)
- There is a lack of evidence that aggregated evaluation findings are used to inform program decision-making and are used to maintain or improve the student learning outcomes. (M/A)
- There is a lack of evidence of ongoing assessment for employer and graduate satisfaction. (M/A)
- There is a lack of evidence that quantitative program satisfaction measures address employers. (A)
- There is a lack of evidence that job placement rates are addressed through quantified measures that reflect program demographics and history. (A)

Areas Needing Development by Accreditation Standard

Standard 1 Mission and Administrative Capacity

- Review the factors related to the number of student grievances. (A)

Standard 2 Faculty and Staff

- Ensure that the number and utilization of faculty are sufficient to ensure that program outcomes are achieved. (M)
- Review the number of available faculty positions to ensure that program outcomes are met. (A)
- Ensure those teaching and evaluating students in the laboratory hold appropriate credentials. (A)

Standard 3 Students

- Review and revise program documents (paper and electronic) to ensure that information intended to inform the public is current, clear, accurate, and consistent. (A)

Standard 4 Curriculum

- Ensure the program student learning outcomes are congruent with professional standards and contemporary nursing practice. (M)
- Review and revise the syllabi to ensure that they are current, accurate, and include information about class hours, the grading scale, and student expectations. (M)
- Ensure the curriculum incorporates current professional standards and guidelines. (A)
- Ensure the curriculum is regularly reviewed for currency by the faculty. (A)
- Ensure the identified curriculum threads and concepts in the conceptual framework are in all nursing courses, and the content of courses meets the identified student learning outcomes. (A)

Standard 5 Resources

- Ensure all learning resources are comprehensive and current. (M/A)

Areas Needing Development by Accreditation Standard (continued)

Standard 6 Outcomes

- Implement strategies to improve the survey response rates to ensure sufficient data are available for decision-making. (A)

A Follow-Up Report requires the nursing education unit to demonstrate compliance with a specific Accreditation Standard or Standards. The Follow-Up Report for the master's program is to address Standard 6 Outcomes. The Report is to be submitted to NLNAC in the Spring 2015 Accreditation Cycle by February 15, 2015. The Follow-Up Report for the associate program is to address Standard 2 Faculty and Staff and Standard 6 Outcomes. The Report is to be submitted to NLNAC in the Spring 2015 Accreditation Cycle by February 15, 2015. At the time of its review of the Follow-Up Report, the Board of Commissioners will either affirm the next evaluation visit or deny continuing accreditation and remove the nursing program from the list of accredited programs. We recommend contacting a member of the NLNAC professional staff after reviewing this decision letter.

On behalf of the Board of Commissioners, 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 contact me.

Sincerely,



Sharon J. Tanner, EdD, RN
Chief Executive Officer

cc: Nancy Bittner, Program Evaluator
Nancy Rubino, Program Evaluator
Wendee Guth, Program Evaluator
Nancy Stahl, Program Evaluator

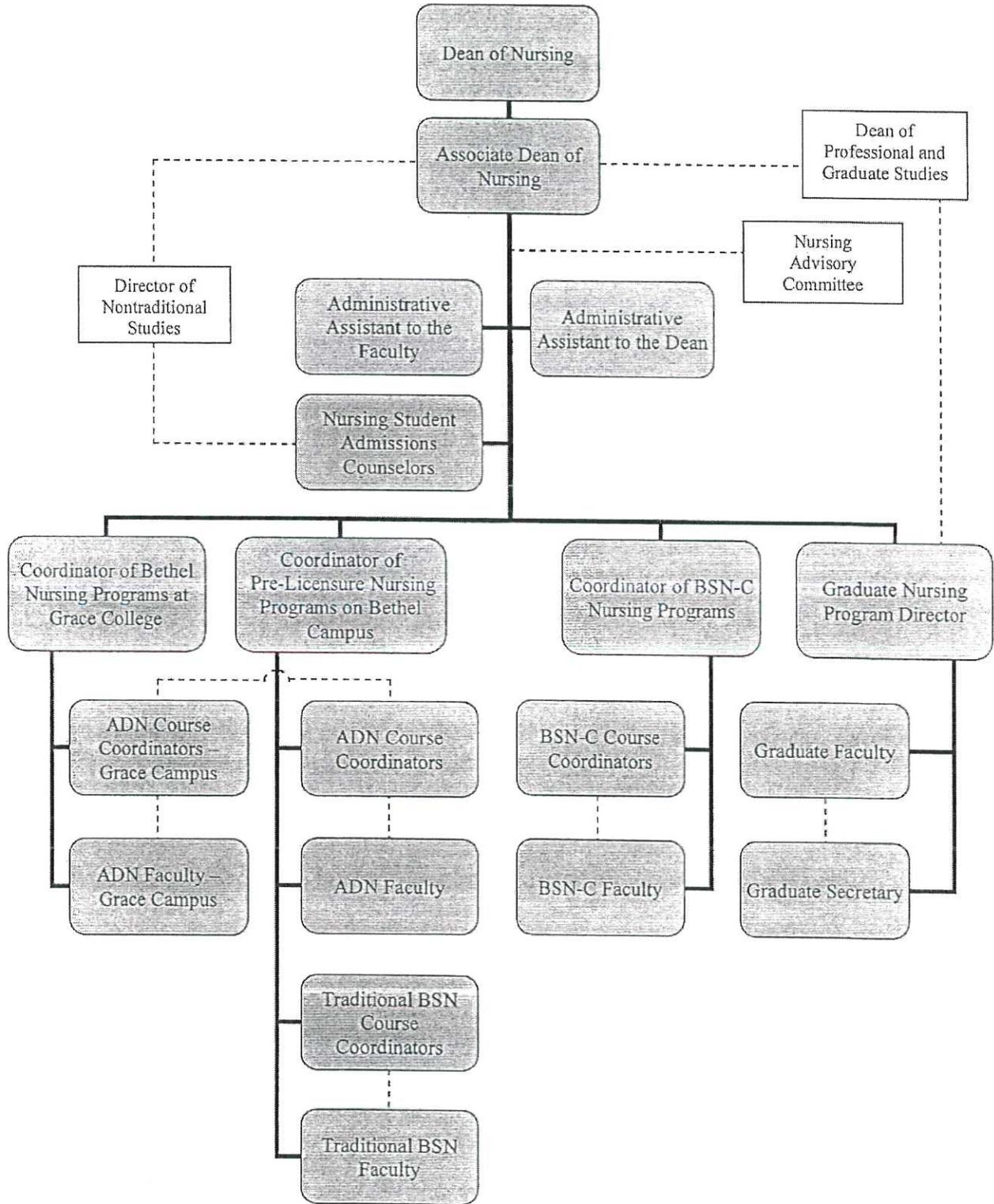
Enc. Summary of Deliberations of the Evaluation Review Panel

Bethel College School of Nursing

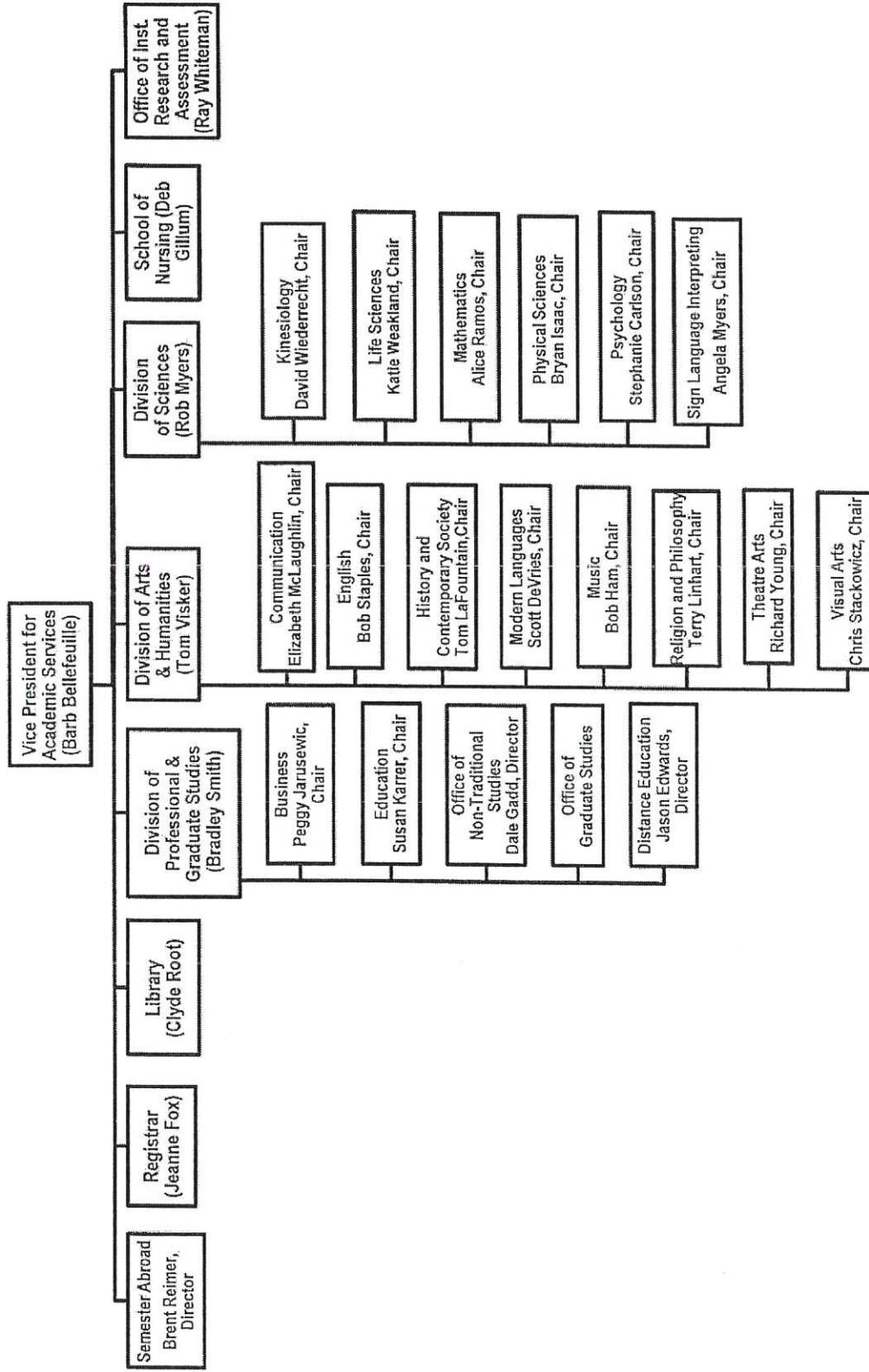
ADN Program Nursing Faculty No Longer Employed by the College Since 2012-2013

- 1. Amy Noble**
- 2. Jane Cox**
- 3. Patricia Moisan**
- 4. Amy Michels**
- 5. Rose Gesaman**

Organizational Chart for the School of Nursing



College Organizational Chart: Administrative Flow Chart



Courses, Faculty, and Community Agencies
ADN
BETHEL
2013-2014

Course	Faculty	Agency Used
Fundamentals NUR 111	S. Erdel S. Robinson N. Miller	<i>Sprenger Healthcare (2 groups)</i> Greencroft Golden Living (2 groups) Southfield Village
Nursing I NUR 112	<p style="text-align: center;"><u>M/S</u> L.Ericson (C & T)</p> <p style="text-align: center;"><u>Psych</u> C. Cramer (C) S. Abraham (C) & T</p>	<p>Elkhart General Hospital PSCU – Medical and Post Surgery MUN – Medical North & South <i>MUS - Medical North & South</i> TJU – total joint unit (floor work) Observation site - Elkhart General Hospital OR – operating room PACU – Post Anesthesia Care Unit Endoscopy Lab</p> <p>Elkhart Gen. Hospital Pain Clinic Greencroft (Homestead Unit) Oaklawn Center, Oaklawn Hospital (Elkhart & South Bend) (including inpt & outpt.) CAPS (Elkhart Child & Parent Services) <i>Epworth Center (S.B.) inpatient</i></p>

05/02/2012

Course	Faculty	Agency Used
Nursing II NUR 211	<u>M/S</u> A. Hart (T&C)	Elkhart General Hospital IU Health Goshen Hospital
	<u>Maternity</u> (T & C) C. VanArsdale (C) D. Ganser (C)	EGH – OB floor & Prenatal Classes at EGH-p.m. River Oaks OB/GYN For Women Only – EGH, Women’s Care Center Healthy Beginnings – WIC Office – Elkhart & Goshen St. Joe Regional Medical Center
Nursing III NUR 212	<u>Management</u> A. Hart (T) T. Kendall (C) <u>CC</u> A. Hart (T & C) <u>Peds</u> T. Jodway (T & C)	Elkhart General Hospital EGH – ER, ICU, PCU WIC – St. Joseph County St. Joseph Co. Health dept. – immunization clinic “Every Child by Two” WIC SJRMC, (Sister Maura Branick Clinic.) Elkhart Hospital – peds, surgery School Nurse – S.B. School System
NUR 212	(C) - Management - Critical Care - Peds -	Goshen General Hospital (Sister Maura Branick Clinic Immunizations) Bethel College – Computer Simulation School Nurse – S.B. School System St. Joseph County WIC Offices- Immunization Clinic Health Dept. Mishawaka “Every Child by Two” Wic Elkhart General Hospital Peds – see above

08/31/2011 T = Theory

C = Clinical

Italic = New Agency used 2013-2014

Crossed Out = Agency not used 2013-2014

<p>Nursing III NUR 212</p>	<p><u>Management</u> A. Hart (T) B. Lee (C)</p> <p><u>CC</u> A. Hart (T) L. Johnson (C)</p> <p><u>Peds</u> L. LeMasters (C) T. Jodway (T)</p>	<p>Kosciusko Community Hospital</p> <p>Kosciusko EMS Kosciusko Community Hospital Cardio Cath Lab, SJRMC-Plymouth</p> <p>Amish Immunization Clinic (Kosciusko County Health Dept) Cardinal Center, Warsaw Healthy Families – Cardinal Center Services Columbia City Schools Columbia City High School Indian Spring Middle School Northern Heights Elementary School Home Care Nappanee – Kosciusko Health Department Home Care Warsaw – Kosciusko Health Department Dr. Lisa Hatcher – Columbia City Head Start Plymouth – Kaleidoscope Children’s Services Head Start & Kaleidoscope – Marshall and Stark Co. Immunization Clinic - (Warsaw & Whitley) (Warsaw – Kosciusko Health Department) Kosciusko Community Hospital Medical Floor Pediatrics Unit Med Surg Out Patient Surgery Surgery Center T & A Clinic Kosciusko Co. Home Care & Hospice Mentone Elementary School Plymouth Community Schools Plymouth High School Integrated Preschool Plymouth (Good Beginnings) Menominee Elementary School Memorial Home Care of South Bend OT Works, Inc.-The Therapy Place Wawasee Community Schools Wawasee High School Milford Elementary School North Webster Elementary School Whitko High School Warsaw Community Schools Eisenhower, Harrison, Lincoln, Jefferson, Leesburg, Lakeview, Madison (all Elementary Schools) Edgewood Middle School Integrated Preschool at Lakeview Middle School Rapp School (emotionally handicapped) at Lakeview Middle School Warsaw Community High School Nurses Office Warsaw Community High School Special Ed. Dept. Well Child Clinic Tippecanoe Valley High School Wee Care Day Care – Warsaw Wesleyan Church</p>
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8/31/11

Italic = New Agency used 2013-2014
Crossed Out = Agency not used 2013-2014