



**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 19, 2013-August 17, 2014
(Date/Month/Year) to (Date/Month/Year)

Name of School of Nursing: Alan & Sue Leighton School of Nursing

Address: 3200 Cold Spring Road, Indianapolis, IN 46222

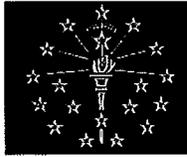
Dean/Director of Nursing Program

Name and Credentials Anita Siccardi, EdD, APRN, Title: Dean and Professor

Email: asiccardi@marian.edu

Nursing Program Phone # 317.955.6250 Fax: 317.955.6135

Website Address: www.marian.edu



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

Please indicate last date of NLNAC or CCNE accreditation visit, if applicable, and attach the outcome and findings of the visit: CCNE: April 19-21, 2010

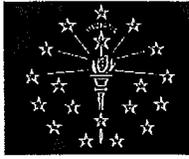
If you are not accredited by NLNAC or CCNE where are you at in the process? _____

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 X _____ No _____

The new BSN Curriculum was approved by Indiana State Board of Nursing on March 20, 2014. Curriculum changes since ISNB approval were warranted due to additional required 3-credit college wide freshman experience course. Upon careful review and research by the curriculum committee the following changes to the curriculum were made & approved by faculty (August 29, 2014) to maintain 128 credits for BSN with 57 credit in nursing. The major changes include:



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1. NSG 129 Concepts and Connections reduced to 1 credit from 2 credit
2. NSG 233 Nutrition changed from 8 week to 16 week offering
3. NSG 251/NSG 351 Pharmacology/Dose with Lab combined & credit reduced to 4 from 5 credit
4. NSG 343 Research & Informatics reduced from 3 to 2 credit, moved to semester 4 from 3
5. NSG 333 Maternal/Child Health 7 credit moved to 3rd semester from 4th semester, 7 credit
6. NSG 335 Nursing Care of Adult Health I & NSG 431 Nursing Care of Adult Health II moved to semester 4 & 5 respectfully, 5 credit each
7. NSG 490 Senior Seminar increased to 2 credit from 1 credit
8. NSG90 451 Clinical Immersion reduced to 5 credit from 6
9. NSG 475 Kaplan and NSG 493 Member of the Profession combined into 2 credit course from total 3 credit
10. Nursing elective (to be determined) credit required increased to 3 credit from 2

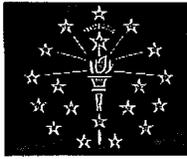
SECTION 2: PROGRAM

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? Required completion of 8 standardized exams at pre-determined benchmark prior to release of certificate of completion to Indiana State Board of Nursing.

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. _____



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2C.) If so, which exam(s) do you require? (1) Nursing Assessment Test (NAT), end of program assessment of mastery of nursing curriculum, 180 questions; (2) Diagnosis and (3) Readiness. *Kaplan Integrated Testing Program Faculty Manual*, 10th Edition, page 163.

2D.) When in the program are comprehensive exams taken: Upon Completion _____
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:

Two new hires, one replacement from 2012-2013, one newly created full time position. Both new hires at MSN level, difficult to recruit terminal degree nursing faculty with adult health expertise.

B. Availability of clinical placements:

Marian University holds facility agreements with 86 agencies in the greater Indianapolis area. Clinical placements are always a challenge related to the number of schools of nursing in the area. Marian University has priority status at St. Vincent's Health. All students were placed at appropriate clinical agencies.

C. Other programmatic concerns (library resources, skills lab, sim lab, etc.): None

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

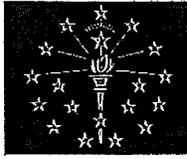
Criminal background check is part of the admission process to the school of nursing at the sophomore year.

5.) At what point and in what manner are students apprised of the criminal background check for your program? If a positive incident is noted on a criminal record, the applicant is required to meet with the Dean of the School of Nursing or designee.

SECTION 3: STUDENT INFORMATION

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

Fall: 2013 115 Spring: 2014 118 Summer: 2014 70



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

Fall: 2013 72 Spring 2014: 123 Summer 2014: 51

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 reported: 2013-2014.

4.) Indicate the type of program delivery system:

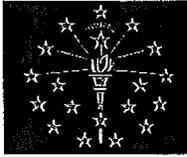
Semesters X _____ Quarters _____ Other (specify): _____

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:	Lyndsay Curran
Indiana License Number:	28147824A
Full or Part Time:	Full time
Date of Appointment:	August 15, 2014
Highest Degree:	MSN
Responsibilities:	Teaching mental health nursing and mental health clinical, member of university faculty council, nursing faculty council and curriculum committee..

Faculty Name:	Sue Ellen Edrington
Indiana License Number:	28127856A
Full or Part Time:	Full time



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Date of Appointment:	August 15, 2014
Highest Degree:	MSN
Responsibilities:	Teaching health assessment, fundamental, clinical teaching, member of university faculty council, nursing faculty council and resource committee.

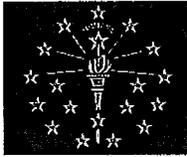
Faculty Name:	Billie Jones
Indiana License Number:	28085254a
Full or Part Time:	Full time
Date of Appointment:	January 15, 2014
Highest Degree:	MSN
Responsibilities:	Teaching online fundamentals, clinical teaching, member of faculty council and nursing faculty council and committees.

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

1. Number of full time faculty: 22: _____
2. Number of part time faculty: 10 _____
3. Number of full time clinical faculty: 5 _____
4. Number of part time clinical faculty: 49 _____
5. Number of adjunct faculty: 0 _____

C. Faculty education, by highest degree only:

1. Number with an earned doctoral degree: 3 _____



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2. Number with master's degree in nursing: 26 _____

3. Number with baccalaureate degree in nursing: 1 _____

4. Other credential(s). Please specify type and number: 3 Certified by NLN Nurse Educator (CNE), 3=FNP

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.

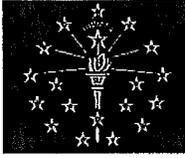
I hereby attest that the information given in this Annual Report is true and complete to the best of my knowledge. This form **must** be signed by the Dean or Director. No stamps or delegation of signature will be accepted.

Anita Secord

Signature of Dean/Director of Nursing Program

September 15, 2014

Date



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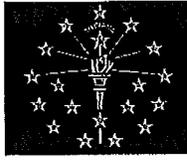
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Printed Name of Dean/Director of Nursing Program

Anita Siccardi

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:

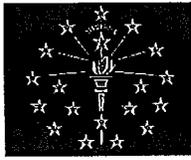
Potential Complainants

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.



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November 15, 2010



Serving the
Public Interest
Through Quality
Accreditation

Anita Hupy Siccardi, EdD, APRN, BC
Dean and Professor
School of Nursing
Marian University
3200 Cold Spring Road
Indianapolis, IN 46222-1997

Dear Dr. Siccardi:

On behalf of the Commission on Collegiate Nursing Education (CCNE), I am pleased to advise you that the CCNE Board of Commissioners acted at its meeting on October 14-16, 2010, to grant accreditation of the baccalaureate degree program in nursing at Marian University for the term of 10 years, extending to December 31, 2020. The accreditation action is effective as of April 19, 2010, which was the first day of the program's recent CCNE on-site evaluation. You should plan for the next on-site evaluation to take place in the spring of 2020.

One Dupont Circle, NW
Suite 520
Washington, DC
20036-4120
202-637-6391
fax 202-637-8976
www.aacn.nche.edu

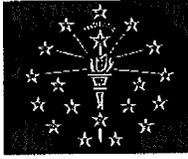
At its meeting, the Board determined that the program met all four accreditation standards. The Board additionally determined that there are no compliance concerns with respect to the key elements.

As is required for all accredited programs, the Board requested that the program submit a Continuous Improvement Progress Report (CIPR) at the mid-point of the accreditation term. The CIPR should address the nursing program's continued compliance with all accreditation standards. The deadline for submitting the progress report to CCNE is December 1, 2015. The Report Review Committee, and then the Board of Commissioners, will review the progress report in the spring of 2016. For more information about CIPRs, please refer to the CCNE Procedures for Accreditation of Baccalaureate and Graduate Degree Nursing Programs, available at <http://www.aacn.nche.edu/Accreditation/pdf/Procedures.pdf>.

Please note that the aforementioned CIPR will need to address the CCNE standards that are in effect at the time of submission. In the reminder letter sent approximately 6 months prior to the CIPR due date, CCNE will inform the program of the specific standards to be used and will provide guidance for the preparation of the report.

A copy of the accreditation report that was sent to you earlier, along with your response to it, is being transmitted to the institution's chief executive officer as the Commission's official report to Marian University. We hope that both the results of your self-study process and the accreditation report will be useful to the continued growth and development of the nursing program. A certificate of accreditation is enclosed.

As a reminder, programs are expected to continue to comply with the CCNE standards and procedures throughout the period of accreditation. This includes advising CCNE in the event of any substantive change in your nursing program or of any major organizational changes that may affect the program's administration, scope, or quality. Substantive change notifications must be submitted to CCNE no earlier than 90 days prior to implementation or occurrence of the change, but no



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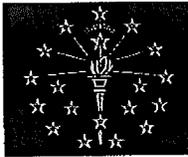
later than 90 after implementation or occurrence of the change. These reporting requirements are discussed further in the CCNE Procedures.

We appreciate the many courtesies and the helpfulness extended to the CCNE evaluation team in the spring of 2010. The Commissioners join me in expressing our best wishes as you proceed with tasks important to the future of your nursing program.

Sincerely,

Carol Ledbetter, PhD, FNP, BC, FAAN
Chair, Board of Commissioners

cc: President Daniel J. Eisener
CCNE Board of Commissioners
CCNE Accreditation Review Committee
CCNE Evaluation Team

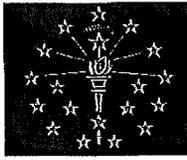


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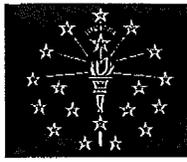
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Section 1:8 New Clinical Agencies: Added 2013-2014

American Red Cross of Greater Indianapolis
Butler Health & Recreation Complex
The Children's Bureau, Gen Glick Family Support Center
Concentra Health Services Allison Transmission
Davies's County Health Department
Especially Kids Health and Rehabilitation
Freedom Home Health and Hospice
Goodwill Industries Nurse Family Partnership
Indiana State Health Department
Inhouse Primary Care
Interfaith Hospitality Network/Family Promise
Jane Pauley Community Health Center
Kindred Healthcare @Allison Pointe
Kinsway Community Care Center
Premier Hospice and Palliative Care
Reliant @ Home
St. Vincent Anderson Regional Hospital
St. Vincent Dunn



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St. Vincent Fishers Hospital

New Hope of Indiana

St. Vincent Salem Hospital

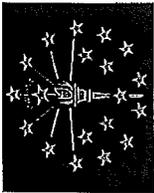
Section 4. E. 1. List of faculty no longer employed by the institution since the last Annual Report

Sharon Barclay (August 2014)

Billie Jones (July 2014)

Marilyn Sleppy (June 2014)

Ann Unversaw (January 2014)



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Section 4. E. 2. Alan & Sue Leighton School of Nursing

Alan & Sue Leighton School of Nursing
 DRAFT
 LSON Proposed Organization Chart 5

