**Program Assessment Summary for Nursing**

**Introduction**

Trinity Washington University’s Bachelor of Science Degree in Nursing (BSN) Program within the School of Nursing and Health Professions has a pre-licensure BSN program and RN-BSN program for students who are already licensed as RNs. The BSN program received its initial accreditation by the Commission on Collegiate Nursing Education (CCNE) after a successful site visit in 2007. The next on-site evaluation by CCNE will be in March, 2012. In 2008 the Trinity Nursing Program graduated its first RN-BSN students. Our, now well-established, pre-licensure BSN program graduated its first class in December, 2010. Consistent with the University’s enrollment growth over the last 10 years, in which the College of Arts and Sciences (CAS) demonstrated greater than 100% growth, the Nursing Program has increased its enrollment from 11 RN-BSN students in the Fall of 2007 to 148 total students in the Spring of 2011. From the Fall of 2009 to the Spring of 2011, Trinity’s Nursing Program experienced a 92% growth in enrollment. Factors that have contributed to the growth of the nursing program include: (a) the continued availability of well-paid jobs in nursing; (b) the popularity of the program’s offerings during the day as well as evenings and weekends; (c) the proximity of our campus for students living and/or working in the District of Columbia; (d) the small sizes of our classes; (e) our commitment to the education of women and the promotion of women’s leadership; (f) our academic support services and attention to individualized learning needs; and (g) Trinity’s reputation for sustaining equitable access to education while providing excellence in academics.

In response to the growth of the BSN programs, we now have a Dean of the School of Nursing and Health Professions, a Director of the Nursing Program, 9 full-time 12-month nursing faculty, and 7 adjunct nursing professors. We have 26 clinical sites where students practice and continue to acquire new affiliation agreements and partnerships with prestigious health care facilities in the Washington, DC metropolitan area.

We recognize society’s need for more qualified nurses and are a University committed to providing an opportunity for education to students who come from a variety of diverse backgrounds. Over the last three years the faculty of our Nursing Program have evaluated and searched for innovative ways to improve and evaluate our curriculum and methods and quality of instruction. The report that follows will attest to the student learning outcomes we have identified, the processes we have in place to assess our effectiveness, the progress we have made, and the challenges that lie ahead as we continue to offer an exemplary education in nursing to all of our students, many of whom have been previously underserved by other educational systems.

Programmatic Goals and Objectives

The Nursing Program’s mission, philosophy, program goals, and expected student outcomes are congruent with Trinity Washington University’s mission, goals, and expected outcomes and can be found in Appendix A. The expected learning outcomes for the BSN students are listed in Appendix B. These outcomes are derived from the (a) nursing program’s mission, (b) philosophy of caring, (c) nursing program goals, (d) needs and expectations of the community of interest, (e) American Association of Colleges of Nursing’s (AACN) document, *The Essentials of Baccalaureate Education for Professional Nursing Practice* (2008), (f) ANA Code of Ethics, and (g) *District of Columbia Municipal Regulations for Nursing Schools* (2007).

Designated Assessments to Measure Expected Student Outcomes

Baccalaureate expected learning outcomes, selected pre-licensure BSN courses, sample course objectives, and performance indicators are shown in a table in Appendix C. A similar table in Appendix D illustrates examples from the RN-BSN program. The nursing program uses many performance indicator tools to assess expected student learning outcomes. Over the past three years the nursing program has been implementing the ATI Comprehensive Assessment and Review Program (CARP). The students take standardized tests at the end of each nursing course. They also take a comprehensive test at the end of the Nursing Program. This is a focused student remediation resource and also an academic measuring tool that identifies potential problems in the nursing curriculum and course content. Student progress and performance can be evaluated in comparison with national trends. The ATI tests are also used to measure pre- and post-nursing program critical thinking skills.

As can be seen in Appendices C and D, we have in place measurement tools and rubrics for assessing learning outcomes in the various domains of learning. Nurses must learn psychomotor, cognitive, and affective skills and we have tools to measure outcomes in all of these areas. Our hospital Clinical Evaluation Form measures the students’ caring behaviors, communication, math skills, technical skills, leadership skills, and professional behaviors. Other performance indicators are quantitative results of student performance on formal written papers, community surveys, group projects, power point presentations, on-line Moodle discussions, patient care plans, interviews, oral persuasive presentations, mock meetings, registered nurse portfolios, and attendance at congressional hearings. Samples of grading rubrics for these are included in Appendix E. These tools measure writing, math, oral presentation, and group dynamics skills. We also obtain assessment evidence from our community of interest, which includes our hospitals and public health agencies. Pre-licensure BSN student employment rates post-graduation, pass rates on the NCLEX-RN exam, employer satisfaction surveys, and the advisory committee questionnaire all contribute to the outcome assessment process.

Assessment of Expected Student Learning Outcomes

**Value and integrate knowledge from the liberal arts and sciences as a means of making nursing judgments and understanding the human experience.** Students entering the nursing program take pre-requisite courses to prepare them for a rigorous nursing program curriculum. Prior to their acceptance into our program they take the Test of Essential Academic Skills (TEAS) V, which provides us with data to determine their academic preparedness. Our data in Table 1 demonstrates that several of our nursing students are not proficient in math. Nursing students must pass medication math courses in order to progress in the program. This group of incoming Fall, 2011, students are representative of our student population in that remedial math courses are required. We have implemented group tutoring and math workshops in the nursing program. The data in Table 1 and our low first-time pass rate on our medications for math test have led us to request a change in the University required math course. We are currently in conference with the Deans of SPS and CAS to introduce a new basic math course tailored for the nursing students. We are also proposing summer math workshops taught by the math department to help students prepare for the TEAS and for their math for medications test. Changes in our nursing curriculum will include reviewing and administering medication math tests in every clinical lecture course, with increasing difficulty, up to the level of the critical care nursing and advanced cardiac life support medication intravenous drip calculations. Math tests will also be administered every week during the senior level NCLEX Review course.

Table 1

*Results of Test of Essential Academic Skills (TEAS) V for First Group of Nursing Students Accepted into Fall, 2011 Junior Class*

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| ATI Academic Preparedness Category | Individual Score Required for Academic Preparedness Category | Percentage (%) of Students and Number of Students in Each Academic Preparedness Category  N = 25 | | | | |
|  | | Composite Score | Reading | Math | Science | English & Language Usage |
| Exemplary | 90.7% - 100.0% |  |  |  |  |  |
| Advanced | 78.0% - 90.0% |  | 24% (6) | 4% (1) |  | 8% (2) |
| Proficient | 58.7% - 77.3% | 56% (14) | 32% (8) | 52% (8) | 16% (4) | 80% (20) |
| Basic | 41.3% - 58.0% | 40% (10) | 24% (6) | 32% (8) | 32% (8) | 32% (8) |
| Developmental | < 41.3% | 4% (1) | 20% (5) | 12% (3) | 16% (4) |  |

Not all of our entering nursing students are proficient in reading, as can be seen in Table 1. For many of them, English is their second language. The University has hired reading specialists to help the pre-nursing students with reading skills as reading is so very important for study skills once students enter nursing and must read their nursing textbooks.

Another pre-requisite course that has come to the attention of the nursing program is the pharmacology course. Graduating students are scoring below the mean in pharmacology on their RN Adult Medical-Surgical ATI test. Professors teaching the clinical lecture courses, such as medical-surgical nursing, are having to spend time reviewing medications. A proposal was introduced and approved by the School of Nursing and Health Professions Curriculum and Academic Policy Committee to move the pre-requisite pharmacology course into the first semester of the nursing program so as to place it closer in the sequence of courses to the clinical lecture courses in which the pharmacology content is first applied. The Nursing Program, in association with the Deans of the various schools continues to examine pre-requisite nursing courses in order to determine how best to prepare students for a rigorous nursing curriculum.

**Apply critical thinking in the nursing process using research-based knowledge and evidence based health care to individuals, families, groups, communities, and populations.** Foundational thinking, clinical judgment, and critical thinking in nursing are continually assessed in the Nursing Program. Our pre-licensure BSN students are exposed to many courses in their program that teach them to think critically. These courses utilize case studies, nursing situations, and ATI computer test questions to help students to think critically in courses such as Complex Nursing, Medical-Surgical Nursing, and NCLEX review. The nursing program instituted a mandatory enrollment of students in the ATI testing program effective the Spring 2011 term. Students are expected to read various nursing scenarios and answer questions. Correct answers with rationales are provided and are used to improve students’ critical thinking and clinical judgment skills. So, the pre-licensure BSN students are faring well on their critical thinking scores on the RN Comprehensive Predictor test they take at the end of their program. The RN-BSN students are not scoring as well on their critical thinking assessment exit test. Table 2 shows that 54% of the RN-BSN students are scoring below the national mean. When analyzing the individual student reports, often the students with English as their second language score below the national mean. These scores indicate a need to introduce more opportunities for teaching critical thinking in the RN-BSN nursing curriculum. Case study presentations and the analysis of nursing situations is an excellent method of improving critical thinking and these teaching strategies will be introduced in the new RN courses, Emergency Nursing and Illness Prevention, Pharmacology and Complementary/Alternative Therapies, and Contemporary issues in Nursing and Health Care.

Table 2

*Results of ATI Critical Thinking Assessment Exit Test for RN-BSN Students Graduated From December, 2007 to December, 2010*

|  |  |  |
| --- | --- | --- |
| Range of Individual Scores N = 26 | | Percentage (%) and Numbers of Students in Each Category |
| Above National Mean | 90.0% - 100% | 0% (0) |
| 80.0% - 89.9% | 15% (4) |
| 70.4% - 79.9% | 31% (8) |
| Below National Mean | 60.0% - 70.3% | 31% (8) |
| 50.0% - 59.9% | 8%(2) |
| 40.0% - 49.0% | 15%(4) |

**Demonstrate professionalism as evidenced by self-reflection and applying values that epitomize caring: altruism, autonomy, human dignity, integrity, and social justice.** Faculty have developed a new philosophy of caring as the conceptual foundation of the nursing program (see Appendix A). The course overviews and course objectives are currently being modified to include this philosophy, along with the new curriculum threads. Caring discussions are being introduced into clinical post-conferences. Faculty are searching for strategies, books, and tools to teach and measure caring. Currently student caring behaviors are assessed by the Nursing Program Clinical Evaluation Form. Professional behaviors and accountability is also assessed on this clinical tool. Students demonstrate excellent scores on this tool and their clinical performance is commendable. Occasionally students have needed counseling for poor response to constructive feedback, though these episodes have been rare. Faculty are excited about the nursing program’s new caring philosophy and eager to continue to find ways to implement this change.

**Provide quality health care within a framework of competent, moral, ethical, safe, and legal practices.** The graduating senior nursing students have the opportunity to demonstrate their skills in this area and have performed and scored very well on the clinical evaluation form, meting the expected outcomes. The only area where continual remediation is needed, again, is safety in medication administration and calculating dosages, as previously discussed.

**Perform technical skills competently which includes the use of computers, patient care technologies, and information management systems.** Students are performing with high proficiency scores in the hospital clinical settings and laboratory. Our students excel in their ability to perform nursing computer and technical skills. We have purchased more lab supplies and patient care simulators. We have a beginning and also an advanced skills course. The faculty are now researching ways to obtain grants and partnerships for advanced simulation labs. We have many excellent hospitals in the local DC metropolitan area where students can practice their nursing technologies. .

**Deliver safe, competent, humanistic care that respects a client’s cultural, spiritual, ethnic, gender, and sexual orientation diversity within the practice of an increasing global, multicultural environmental.** The performance of our students in the clinical settings with respect to being sensitive and respectful of socio-cultural differences and diversity is evaluated on their Clinical Evaluation Form. They have performed very well in this area and are very culturally diverse group themselves. We have a new curricular thread of diversity that is being integrated into every nursing course. Some of our courses are very focused on diversity, such as our Community Health course, but others are being examined for new methods of teaching cultural diversity. With our new Student Nursing Association we will also be examining ways of celebrating our own student population diversity.

**Evidence a beginning understanding of complementary and alternative modalities and their role in health care.** The AACN is now recommending that nursing programs introduce complementary and alternative modalities in their curriculums. Our professors are continuing to search for ways to teach these non-traditional topics. Certainly the Community Health care course addresses this topic, but other courses, such as pharmacology will need to be revised to integrate these topics. A new course has been developed for the RN-BSN program, Pharmacolgy and Complementary/Alternative Therapies. This course will not only be beneficial in updating RNs on the new drugs, but also the alternative therapies to pharmacological therapies that they will see practiced in the community.

**Apply knowledge of health promotion, risk reduction, disease and injury prevention, and illness and disease management throughout the lifespan from the individual through the population levels.** Approximately 80% of our students are scoring at Proficiency Level II or higher on the ATI nursing content mastery tests. We would like to raise this to a Proficiency Level I. Data collected since 2008 shows a gradual improvement. This level will most likely rise as students continue to practice their test-taking skills. Many professors are integrating weekly quizzes into nursing courses. ATI style and NCLEX RN style test questions are being incorporated into classroom tests. The faculty and director continue to examine ways to improve student test-taking skills.

**Communicate, collaborate, and utilize concepts of group dynamics in order to provide for safe, high quality patient care as a member of the health care team.** Speech, written and oral communication, collaboration, group dynamics; these are all very important skills in our University and Nursing Program. Trinity begins this process for us by requiring speech, English, and computer classes. The nursing program continues with progress in this area by requiring oral classroom presentations, group work, role playing, PowerPoint presentations, and written papers. Group projects are meeting expected student outcome benchmarks. There have been occasionally interventions by faculty in facilitating the group process for dysfunctional groups. Expected student outcomes are being attained on the PowerPoint and community health presentations. Several of the older students, especially in the RN-BSN program, are having to be taught remedial power point presentation skills and writing skills. Students need to continue to experience and learn about the very important process of group dynamics. Group work will continue to be implemented in the nursing curriculum in the psychiatric, community, and leadership nursing courses. The Nursing Program is also starting a Student Nurses Association chapter whereby students will learn how to function in groups, communicate, and participate in governance on student committees. Many students have asked for remedial help with APA format, so a stronger focus will be implemented in some of the earlier courses that require papers. In the Capstone course of the RN-BSN program students are required to submit a paper to a journal for publication. Assessment of their writing skills has shown a need for improvement. The program has outlined an early intervention process by which RN-BSN students maintain a student portfolio to reflect upon and document their writing progress.

**Demonstrate basic knowledge of nursing history, contemporary issues, healthcare policy, finance, and regulatory environments that impact quality improvement, nursing, healthcare costs, and healthcare delivery.** The nursing program has a Health Promotion, Policy ,and Politics course. One of the ways of assessing this expected student learning outcome is for all graduates of the nursing program to attend a legislative hearing related to health care and write a report of this experience. Being located in the nation’s capital has enabled students to have this opportunity. Plans are being made by the faculty to increase the exposure of students to free health care conventions and speeches and to participate in national events such as National Nurses Week. This is an area where further development in the curriculum and extra-curricular activities is needed. Again, when the NSA becomes established, the students can take a more active role. In regards to the RN-BSN program, a new course is being introduced, Contemporary issues in Nursing and Health Care, that will facilitate learning in this area.

**Deliver nursing care as a provider, patient advocate, educator, and counselor within a holistic, caring framework in the assessment, planning, implementing, and evaluating of outcomes of patient care.** Student performance on the ATI RN Comprehensive Predictor exam and on the NCLEX-RN® exam are good ways for assessing the achievement of this learning outcome that exemplifies the overall roles of the nurse in providing competent nursing care using the nursing process. As is seen in Table 3, our first graduating class has, so far,performed well on both of these exams and achieved the benchmark set for them. The national average is an 88% first-time pass rate on the NCLEX-RN exam. Our institution benchmark is for our students to achieve an 84% to 88% first-time pass rate on the exam.

Table 3

*Group Performance Summary on ATI RN Comprehensive Predictor for Pre-Licensure BSN Students Who Graduated in December, 2010*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Student | Predicted Probability of Passing NCLEX  (Institution Benchmark ≥84% - 88%) | Passed NCLEX-RN® Exam (Institution pass rate = 85%) | Adjusted Individual Score (Institution Benchmark ≥66% - 68%) |  |
| 1 | 92% | First time | 70.7% |  |
| 2 | 87% | First time | 67.3% |  |
| 3 | 87% | First time | 67.3% |  |
| 4 | 82% | First time | 65.3% |  |
| 5 | 81% | First time | 64.7% |  |
| 6 | 77% | Second time | 63.3% |  |
| 7 | 27% | Not yet taken | 50.7% |  |

Although we are continually making every attempt to refine and improve our nursing courses and curriculum, the current curriculum has served our students well in enabling them to pass their NCLEX exam. The NCLEX Review course also helped to improve the test-taking skills of the graduating seniors. The course will continue to meet weekly and base its content on the ATI testing program. One of our graduates performed below the norm and has not yet taken her NCLEX exam. In the future such students will need to be identified at a much earlier time so that interventions can be made. Having the diagnostic tools of the ATI program will help facilitate this process as remediation and counseling can be performed by faculty and the director.

**Discuss the nurse’s role and participation in emergency nursing situations, environmental disasters, and bioterrorism.** A new course has been introduced to the RN-BSN program, Emergency Nursing and Illness Prevention which meets the new AACN curriculum requirements to integrate emergency and disaster nursing into the BSN curriculum. More emergency and disaster nursing content has also been integrated into the senior level course, Complex Nursing.

**Perform as a designer/coordinator/manager of care through leading, collaborating, delegating, negotiating, and evaluating within interdisciplinary systems.** Our program has a very strong Leadership and Management in Health Care course and the students have achieved expected outcomes in this area. We continue to pursue management experience for the students when finding sites for senior practicum experiences. Our goals are to obtain more affiliation agreements with local hospitals and health care agencies in order to increase the depth of the senior students in leadership and management of groups of patients. Within our school we are starting a Nursing Student Association that will help provide for leadership and management experience for our nursing students. Student representation on the Committee on Students and also student governance via the Student Nurses Association has already begun during the Spring, 2011 semester.

**Articulate his/her professional identity as a member of the nursing profession in the role of advocate for the profession and respect for lifelong learning and advancement of the profession.** This learning outcome is assessedby having seniors in their last semester develop a personal philosophy of nursing while defining what it means to be a professional. This is evaluated in the RN Capstone course for the RN- BSN students and in the Senior Practicum course for the pre-licensure students. Contribution of the nursing students and graduates to the needs of the Community of Interest also need to be assessed. An Advisory Committee Questionnaire is currently being developed to measure Advisory Committee members’ satisfaction with student and graduate performance in the Community of Interest An Advisory Committee meeting is being planned for June, 2011. Members of the committee will be comprised of community leaders from those agencies with whom we have clinical affiliation agreements and also members of prominent health professions in the DC community. With alumni and other survey tools needing to be designed, the Nursing Program is planning on adding an Evaluation Committee to our current list of Nursing Program committees.

**Discuss the role of the nurse in collaboration with other health professionals and the public in the promotion of community, national, and international efforts to meet society’s health needs and shape social policy.**  This learning outcome is derived from the *American Nurses Association Code of Ethics for Nurses.* We have become a more global society and nursing curriculums cannot confine themselves to teaching only about the health of our own country. In response to many changes and concerns in national and international health care, a new course was added to the RN-BSN program, Contemporary issues in Nursing and Health Care. This new course was introduced to prepare RN-BSN students for management and leadership positions by increasing their knowledge in contemporary health issues in society.

**Conclusion**

Overall, Trinity’s BSN Program has grown rapidly since its initial accreditation in 2006. Much of our success can be attributed to our commitment to the Trinity mission as well as our goal to increase nursing education opportunities for individuals from disadvantaged backgrounds who are underrepresented among registered nurses. Many curriculum changes have been made in order to assimilate changes in the health care system and to comply with new recommendations from the American Association of Colleges of Nursing AACN) for improving nursing education. Through data collected and analyzed from our clinical evaluation tool, ATI testing, grading rubrics, and NCLEX-RN® pass rates, the Nursing Program is able to demonstrate that our expected student outcomes are being attained at a respectable level of competency. Improvement is needed in students’ math, critical thinking skills, and test-taking skills. Our nursing students demonstrate strengths in professional caring behaviors, nursing technological skills, the nursing process, safe delivery of patient care, and professional accountability.

We would like to raise ATI test performance from a Proficiency Level of II to a Level I. Data collected since 2008 shows a gradual improvement in students’ Proficiency Level; although the program continues to strive for higher student achievement scores. The ATI program is helping by providing on-going practice testing sessions on nursing topics. Many professors are integrating weekly quizzes into nursing courses. ATI style and NCLEX RN® style test questions are being incorporated into classroom tests. Faculty and students are reporting that test anxiety and poor test-taking skills are the number one source of frustration, failure, and disappointment among both students and faculty. For many of our students, English is their second language, so interpreting test questions takes much practice. But even for native American born students, interpreting test questions is difficult. The faculty and director continue to examine ways to improve student test-taking skills.

The Nursing Program has acquired a culturally diverse, eclectic faculty who demonstrate expertise within a full range of nursing specialties (pediatrics, maternity, critical care, emergency, psychiatric, community health, public health, and corrections nursing). The faculty received their educations from many different institutions and have shown that they have the resources and drive to make a difference with a culturally diverse and challenging student population. Initial feedback from the students indicates that they are impressed with the caring, attentiveness, and expertise of the faculty.

The data collected and analyzed for this report provides a strong foundation from which the Nursing Program can continue to build its student and programmatic outcomes assessment. Using evaluation instruments already designed, the Nursing Program finds itself in a solid position from which to further collect and analyze more extensive data that will contribute to assessing and strengthening the program. Future work is also needed to design more evaluation tools, collect additional types of data, and to continue to search for creative ways to improve the Nursing Program.