

Government of the District of Columbia

Department of Health

Health Regulation and Licensing Administration
Board of Nursing



2013 ANNUAL REPORT FOR POST SECONDARY DIPLOMA AND HIGHER DEGREE PROGRAMS IN NURSING

GUIDELINES: An Annual Report, prepared and submitted by the faculty of the nursing program will provide the 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 District of Columbia. The annual report is intended to inform the Board of program operations during the preceding year.

PURPOSE: To provide a mechanism to monitor components essential to the maintenance of a quality nursing education program.

DIRECTIONS: To complete the annual report form attached, use data from the academic period **August 2012 – July 2013** unless otherwise indicated.

Complete a **separate** Annual Report for **APRN, BSN, ADN, PN** program.

Return by **October 31, 2013**

Include the most recent school catalog and nursing school brochures.

Indicate type of Nursing Program for this Report: **APRN__ BSN_X_ ADN __ PN__**

Name of School of Nursing:
Nursing Program
School of Nursing and Health Professions
Trinity Washington University
125 Michigan Avenue, NE
Washington, DC 20017

Dean/Director of Nursing Program

Name and credentials: Teresa Panniers, RN, PhD
Title: Associate Dean, NHP and Chief Nursing Officer
Email: PanniersT@trinitydc.edu
Program Phone #: 202-884-9689
Website: <http://www.trinitydc.edu/nursing/>

Accreditation status:

* Indicate **current nursing accreditation status**: Accredited by CCNE

Indicate date of **next** accreditation visit: 2017

***If nursing accreditation has not been attained, attach documentation detailing your progress towards achieving accreditation**

SECTION I: ADMINISTRATION

Using an X, indicate whether you have made any of the following changes during the preceding academic year. **For all “yes” responses attach an explanation or description.**

- 1) Change in ownership, legal status or form of control Yes__ No X
- 2) Change in mission or objectives Yes__ No X
- 3) Implementation of distance education Yes__ No X
- 4) Addition of courses or programs that are different in context or method of delivery from what was previously offered and accepted Yes__ No X
- 5) Addition of course(s) or programs(s) with higher level of credentials Yes__ No X
- 6) Change in method of academic measurements of clock and/or credit hours or change in the number of clock and/or credit hours Yes__ No X
- 7) Significant change in length of program and fees Yes__ No X
- 8) Adverse action by institutional accrediting agency Yes__ No X
- 9) Program closing Yes__ No X
- 10) Change in credentials of the Dean or Director Yes__ No X
- 11) Change in Dean or Director Yes__ No X
- 12) Change in the responsibilities of the Dean or Director Yes__ No X
- 13) Change in program resources/facilities Yes__ No X
- 14) Change in clinical facilities or agencies used (attach additions and deletions) Yes X No__
- 15) Identified pattern of declining performance on NCLEX, certifying exams and/or employment rates/evaluations Yes__ No x

Graduation Date	Number of Graduates	First Time Test Takers	First Time Pass Rate Percentage
August, 2012	2	2	50%
December, 2012	24	12/21	57%
May, 2013**	28	5/10	50%

*1 graduate deceased before ever taking NCLEX-RN®

**Awaiting 3rd Quarter report from DCBON

Quarterly Results	NCLEX Pass Rate (as reported by DCBON)	
	Quarter Pass Rate	Quarter Rolling YTD
2012 3 rd Quarter	73.33%	56.86%
2012 4 th Quarter	0%	52.83%
2013 1 st Quarter	68.75%	68.75%
2013 2 nd Quarter	12.5%	54.76%

SECTION II: PROGRAM

- 1) What was your job placement (percentage) during the preceding calendar or academic year? (Employment in nursing within 6-9 months after graduation) 100 %
- 2) Do you require students to pass a *standardized* comprehensive exam before taking NCLEX? (Prelicensure Programs ONLY) **Yes _ No X _**
 If so, which exam(s)? _____

When in the program:a) Upon completion
Yes _ No X _

b) As part of a course **Yes X No _**

If part of a course, identify course see below: _____

Courses using the ATI standardized test	Course Title(s)
NURS 117	Foundations for Nursing Practice
NURS 350 & &	Medical-Surgical Nursing I
NURS 361	Medical-Surgical Nursing II
NURS 480	Nursing of Older Adults
NURS 410	Leadership & Management of Health Care
NURS 460	Maternity & Newborn Nursing
NURS 461	Pediatric Nursing
NURS 215	Pharmacology
NURS 360	Psychiatric & Mental Health Nursing
NURS 420	Community and Public Health Nursing

SECTION III: STUDENTS

- 1) Total number of students admitted during the reporting period. (Provide the number of **new** students admitted to the nursing program during the preceding academic year, and the number that have graduated, as applicable). Please include only those admitted to the nursing program. (Do not include pre-nursing students with nursing as a declared major and not yet admitted to the program).

Fall 2012 (57 Pre-licensure; 6 RN-BSN)
 Spring 2013 (30 Pre-licensure; 6 RN-BSN)
 Summer 2013 N/A

- 2) Total number of graduates during the reporting period

August 2012: 2 pre-licensure
 Fall 2012: 24 pre-licensure; 4 RN-BSN
 Spring 2013: 29 pre-licensure; 1 RN-BSN

- 3) Total number of graduates during the reporting period

August 2012 – July 2013

55 pre-licensure; 5 RN-BSN

- 4) Please attach a brief description of all formal complaints/grievances about the program, and include how they were addressed /resolved.

We received one complaint from a group of students regarding use of the ATI exams for course progression. We responded to the students here at Trinity, to the DCBON, and to the HELC indicating that we appreciate the recommendations made and that we continue to work to improve all aspects of our program including the judicious use of standardized tests within our curriculum. We strive to provide our students with a high-quality education that will, in the end, lead to successful outcomes with the NCLEX exam.

- 5) Significant change in enrollment in the program (>20%)

Increase ___ Decrease ___ No significant change x___

- 5) Indicate the type of program delivery system:

Semesters Quarters _____ Other _____ (specify) _____

- 6) Frequency of student admissions: Fall Spring Summer ___x (RN-BSN only)___

- 7) Indicate the number of students by ethnic/racial distribution and gender for the total student population in the nursing program during the reporting period.

Racial/Ethnic/Gender Distribution	Student Population
African	Not Used
American Indian	1
Asian/Pacific Islander	7
Black, non Hispanic	198
Hispanic	15
White, non Hispanic	12
Unknown	27
Female	227
Female Mean Age	35
Male	33
Male Mean Age	39

- 8) Describe the limitations on the capacity of your program below:

a) Faculty Recruitment - None Specify area(s)

b) Challenges to clinical placements No___ Yes X (Specify challenges, if any)

1. We are not guaranteed clinical placements. Each semester we must request clinical days and times. Granting of these requests is at the benevolence of the facility. The facilities have to place the needs of the nursing unit above the needs of outside entities.
2. Due to the many other nursing programs in the area, clinical placement opportunities are often limited. Hospitals try to be fair and award clinical placements accordingly. Usually there are multiple schools asking for the same days and times.
3. We offer many weekend and evening clinicals because of this situation. However other programs are also scheduling evening and weekend clinical instruction.
4. Some clinical placement sites also have limits on how many students are allowed in each clinical rotation.

c) Availability of clinical placements. Specify area(s)

- i. Medical-Surgical Nursing 1: Although we usually obtain a sufficient number of clinical sites, occasionally internal issues in the facilities limit the number awarded. Some issues our local hospitals have encountered recently are new computer systems, new ownership, and financial crises. The facility may need to limit the number of groups when they are dealing with such issues in order to pool their resources.
- ii. Medical Surgical Nursing 2 and Senior Practicum: Although we usually obtain enough clinical sites, occasionally internal issues in the facilities limit the number awarded. Also, some facilities limit the number of higher level students on the individual units. This means that we require more clinical groups to accommodate the number enrolled.
- iii. Pediatric nursing: This is one of our most challenging areas to schedule. The number of hospitals in the area which offer inpatient pediatric care is very limited. The competition with other schools is therefore greatest in this area. Also, these facilities allow only 4 to 7 students per rotation, fewer than the DCBON limit of 8 students per group. Therefore, we need more clinical sites for the same number of students.
- iv. Psychiatric and Mental Health nursing: We are fortunate to have a hospital in the district that is able to accommodate multiple groups per day. Therefore we rarely have difficulty finding placement.
- v. Maternity nursing: This area is also challenging due to limits of the clinical sites. Each facility typically only has one maternity unit.
- vi. Community Nursing: This is truly our most challenging area to schedule. Community clinical sites tend have limited space and therefore can only accommodate 1-4

students per day. We therefore must utilize multiple clinical sites for each group of 8 students.

d) Other programmatic concerns - None Specify

SECTION IV: FACULTY

A. Complete the attached Faculty Roster form for new faculty only.

B. Total full-time equivalent faculty teaching in this program in the preceding academic year (2012 – 2013).

- 1) Number of full-time faculty _____ 11 _____
- 2) Number of part-time faculty _____ 6 _____
- 3) Number of full-time clinical instructors _____ 0 _____
- 4) Number of part-time clinical instructors _____ 13 _____

C. Total number of faculty positions unfilled _____ 0 _____

D. Indicate names of faculty who have retired or resigned during 2011-2012 academic year

Dr. Karen Bartice - Resigned

Ms. LaVerne Green - Retired

SECTION V: DISTANCE EDUCATION

Which of the following options best apply to the *on-line* offerings of your nursing program? Indicate option(s) with an X.

1) Entire Nursing program major is on-line	
2) Several Courses of the nursing program major are on-line	
3) One Course of the nursing program major is on-line	
4) On-line Activities as requirements in at least one course of the nursing major	X
5) No On-line Activities	

SECTION VI: PROGRAM EVALUATION

Please attach pertinent data retrieved from your evaluation plan, and indicate any changes that have been implemented as a result of this evaluation process.

Trinity's nursing program attracts a more diverse pool of applicants than what is generally seen in nursing programs in urban areas (Colalillo, 2007). Trinity students tend to be of differing age groups, educational preparation, English language competence, and sociocultural diversity. This pool of nontraditional students requires faculty to rethink past practice beliefs and strategies around student learning and success on the NCLEX-RN® given how such characteristics influence student success in college (Vecchione, 1995). At Trinity, nursing students bring risk factors that include, but are not limited to family support, child and family responsibilities, socioeconomic status, test-taking skills, and previous educational experiences, some of which may contribute to Trinity's low NCLEX-RN first time pass rate (Colalillo, 2007).

The Administration has supported several initiatives to increase Trinity Washington's NCLEX scores for our graduates. In 2012, Katie Mancusi, a full-time faculty member in the nursing program was appointed as the ATI coordinator. She has investigated the product, found solutions ATI support personnel were unable to provide, and met with full-time and adjunct faculty to assist with test question integration and test administration. As the ATI program was fully implemented in fall, 2012, faculty received extensive training related to using the ATI product. Students and faculty became educated on the technical aspects of the ATI. In addition, significant time was invested in faculty education on the ATI program's pedagogical elements.

In summer 2012, we instituted a new plan to improve the nursing program first time NCLEX-RN® pass rates. The ATI CARP was mandated; achievement of a level II competency on ATI tests was implemented; students were required to have a personal laptop computer; nursing admission criteria were evaluated; and transfer credit policies were changed.

In our planning process, we have identified an MSN-prepared NCLEX Coordinator who is a full-time member of the Faculty and who will work with faculty and students on a new initiative to directly address the Program's desire to meet the District of Columbia Board of Nursing (DCBON) required NCLEX pass rates. Trinity Washington University strives for full approval by the DCBON. Our plan includes a multifaceted approach. The NCLEX Coordinator will provide a comprehensive individualized (1:1) plan initiated at entry into 3rd semester nursing courses. She will conduct individual student assessment on readiness and confidence. She will maximize student's strengths, remedy weakness, promote positive psychosocial outcomes and nurture professional growth and development. The goals of this program will be that 100% of nursing program graduates will submit licensure applications by their BSN graduation date. Ninety percent of nursing program graduates will sit for the NCLEX-RN within 6 weeks of the graduation date. The Program will achieve at least an 85% NCLEX-RN first time pass rate.

References

Colalillo, G. (2007). Mentoring as a retention strategy in a diverse multicultural , urban associate degree nursing program. *Teaching and Learning in Nursing*, 2, 28-3.

Vecchione, E. (1995). Looking at problems that hinder nontraditional students' achievements. *Nursing Leadership Forum*, 3, 94-98.

*For APRN programs please include certification pass rates for the year. Please indicate the date range for the year reported.

*For PN programs, please attach minutes from your Advisory Committee meetings held 10/2012 – 9/20132. Include the names and titles of each attendee.

I hereby attest that the information given in this Annual Report is true and complete to the best of my knowledge.

Director of Nursing

Date

Your comments and suggestions are welcomed. Please attach to the end of your Annual Report.

**Submit completed reports to Dr. Bonita Jenkins via email (bonita.jenkins@dc.gov) or
Mail: 899 North Capitol St. NE Suite 200 Washington, DC 20002**

Revised BJ: 08/13