



# Continuous Improvement Progress Report (CIPR) Program Information Form Baccalaureate & Graduate Nursing Programs

## General Information

Official Name of Institution: Trinity Washington University

Type of Institution (check one): public private, secular private, religious proprietary

Institution's Carnegie Classification: N/A

Chief Executive Officer of Institution (Full Name and Title): Patricia McGuire

Chief Executive Officer of Institution's email address: McGuireP@Trinitydc.edu

Official Name of Nursing Unit: School of Nursing and Health Professions

Chief Nurse Administrator (Full Name, Title and Credentials): Denise S. Pope, RN, Ph.D

Address: 125 Michigan Avenue, N.E.

City: Washington State: DC Zip Code: 20017

Phone: 202 884.9682 Fax: 202 884.9308

Email address: poped@trinitydc.edu

Web site address (URL) of institution: www.trinitydc.edu

Web site address (URL) of nursing unit: www.trinitydc.edu/nursing-health/

Web site address (URL) of institution's catalog (if available electronically): http://www.trinitydc.edu/catalog-14-15/

Web site address (URL) of nursing student handbook (if available electronically):  
http://www.trinitydc.edu/nursing-health/handbooks/

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Check here to verify that the Chief Nurse Administrator, identified above, has approved this completed form and confirms its contents as of 06.01.2015. (Date)

## Accreditation and Approval

### Institutional Accreditation

Institutional Accreditor (identify agency name)	Last Review (year or N/A)	Current Status (e.g., full accreditation, probation, warning, show cause)
Commission on Collegiate Nursing Education	2012	

If the current accreditation status of the institution is anything other than full accreditation (e.g., probation, warning, show cause, or other equivalent status), please attach a copy of the institutional accrediting agency's most recent accreditation action letter to this form. Also provide (below) an explanation of the institution's current accreditation status and how the nursing unit is impacted and/or implicated, if at all:

\_\_\_\_\_

### Specialized Accreditation

Specialized Accreditor	Last Review (year or N/A)	Current Status (e.g., full accreditation, probation, warning, show cause, N/A)
Council on Accreditation of Nurse Anesthesia Educational Programs  N/A	Master's Degree Program  Doctoral Degree Program  Post-Graduate Nurse Anesthesia Certificate Program	Master's Degree Program  Doctoral Degree Program  Post-Graduate Nurse Anesthesia Certificate Program
Accreditation Commission for Midwifery Education  N/A	Master's Degree Program  Doctoral Degree Program  Post-Graduate Nurse- Midwifery Certificate Program	Master's Degree Program  Doctoral Degree Program  Post-Graduate Nurse- Midwifery Certificate Program
Commission on Collegiate Nursing Education	Baccalaureate Degree Program 2012 Master's Degree Program N/A Doctor of Nursing Practice N/A Post-Graduate APRN Certificate Program	Baccalaureate Degree Program  Master's Degree Program N/A Doctor of Nursing Practice N/A Post-Graduate APRN Certificate Program N/A

Accreditation Commission for Education in Nursing (ACEN, formerly NLNAC)	Baccalaureate Degree Program	Baccalaureate Degree Program
N/A	Master's Degree Program	Master's Degree Program
	Doctor of Nursing Practice	Doctor of Nursing Practice
	Post-Graduate Certificate Program	Post-Graduate Certificate Program

If the current accreditation status of a nursing program is anything other than full accreditation (e.g., probation, warning, show cause, or other equivalent status), please attach a copy of the accrediting agency's most recent accreditation action letter to this form. Also provide (below) an explanation of the program's current accreditation status and what specific deficiencies were noted:

### State Board of Nursing Approval

Name of applicable state board of nursing: District of Columbia Board of Nursing (DCBON)

Nursing Program	Last Review (year or N/A)	Current Status (e.g., full approval/ recognition/accreditation, probation, warning, show cause, N/A)
Baccalaureate Degree Program	2015	Conditional
Master's Degree Program		
Doctor of Nursing Practice Program		
Post-Graduate APRN Certificate Program		

If the current approval/recognition/accreditation status of the program is anything other than full approval/recognition/accreditation (e.g., probation, warning, show cause, or other equivalent status), please attach a copy of the board of nursing's most recent action to this form. Also provide (below) a brief explanation of the current status of the program with regard to the state board of nursing and what specific deficiencies were noted:

The Trinity Nursing program has been granted "Licensure Status" by the DC Board of Nursing due to continued poor performance on the NCLEX. The program was able to meet the required minimum pass of not more than 5% below the national norm for the first quarter in 2015. The program will need to maintain or show continued compliance with this requirement for all (4) quarters in 2015 to receive full licensure status with the DC Board of Nursing. (letters & certificate attached)

## Nursing Program Information

### Degree Programs Offered (Student Data)

Regardless of whether the program is under review, please identify all baccalaureate, master's, and Doctor of Nursing Practice tracks offered by the nursing unit. For each track, list current enrollment data, as well graduation data for the previous academic year. For the baccalaureate program, include only nursing students (not pre-nursing students).

Nursing Degree Program <i>(identify all tracks)</i>	Month*/Year Track Became Operational	Number of Students Enrolled	Number of Graduates
Baccalaureate Degree	9/2008		
Generic/Traditional/Pre-licensure	9/2008		
RN-BSN/Post-licensure	9/2008		
Second Career/Fast Track/Accelerated			
Other <i>(specify)</i>			
Totals:			
Master's Degree <i>(Identify all tracks offered)</i>			
Totals:			
Doctor of Nursing Practice <i>(Identify all tracks/majors offered and indicate whether post-baccalaureate or post-master's)</i>			
Totals:			

\*Month needs to be identified only if the track began operation in the current or past two calendar years.

Has there been a 50% or greater increase in student enrollment (headcount) during the past three years for the overall baccalaureate degree program in nursing?

yes     no

If Yes, please provide the enrollment numbers in each of the past three years, describe the growth and how, specifically, the program accommodated the growth (e.g., in terms of faculty and other resources):

N/A

Has there been a 50% or greater increase in student enrollment (headcount) during the past three years for the overall master's degree program in nursing?

yes     no

If Yes, please provide the enrollment numbers in each of the past three years, describe the growth and how, specifically, the program accommodated the growth (e.g., in terms of faculty and other resources):

N/A

Has there been a 50% or greater increase in student enrollment (headcount) during the past three years for the overall Doctor of Nursing Practice program in nursing?

yes     no

If Yes, please provide the enrollment numbers in each of the past three years, describe the growth and how, specifically, the program accommodated the growth (e.g., in terms of faculty and other resources):

N/A

Identify any doctoral degree programs (other than the Doctor of Nursing Practice program) offered by the nursing unit, e.g., PhD or DNSc (note that research doctorates are not eligible for CCNE accreditation):

N/A

Identify any joint degree programs in nursing offered with any other unit at the institution (e.g., MSN/MPH, MSN/MSW):

N/A

**Post-Graduate APRN Certificate Programs (Student Data)**

Regardless of whether the program is under review, please identify all post-graduate APRN certificate program tracks offered by the nursing unit. For each track, include role and population focus, student enrollment data, and whether the track is also offered as a track in the graduate degree program (master's and/or DNP).

List each track (role and population focus) in the post-graduate APRN certificate program (e.g., post-master's FNP certificate, post-master's community health CNS certificate).	Current Number of Students Enrolled in Each Track	Identify whether each track in the post-graduate APRN certificate program is also offered as a track in the graduate degree program (e.g., type "Yes" if there is an FNP certificate track and also an FNP track in the master's degree and/or DNP program).
N/A	N/A	N/A

Has there been a 50% or greater increase in student enrollment (headcount) during the past three years for the post-graduate APRN certificate programs?

yes     no    **N/A**

If Yes, please provide the enrollment numbers in each of the past three years, describe the growth and how, specifically, the program accommodated the growth (e.g., in terms of faculty and other resources):

\_\_\_\_\_

Identify any post-graduate certificate programs that are offered by the nursing unit that do not prepare APRNs, e.g., a certificate in nursing education or nursing administration (note that such certificate programs are not eligible for CCNE accreditation):    **N/A**

**NCLEX-RN® Pass Rates**

Please identify the NCLEX-RN® pass rate for each campus/site and track for each of the three most recent calendar years (January 1-December 31)\*

Track	Campus/ Site	Year	Number of Students Taking NCLEX-RN® for 1st Time	NCLEX-RN® Pass Rate for 1st Time Test Takers	NCLEX-RN® Pass Rate for All Test Takers
Pre Licensure	Trinity	2014	77	43	55.84%
		2013	48	20	41.67
		2012	53	28	52.83

\*If data from all three years are not available due to the newness of the program, report the data that are available.

**Certification Pass Rates**

Please identify the certification pass rate for each examination for which the program prepares graduates, for each of the three most recent calendar years (January 1-December 31)\*

Year	Certification Organization	Certification Exam (by population focus area)	Number Taking Exam	Certification Pass Rate
N/A	N/A	N/A	N/A	N/A

\*If data from all three years are not available due to the newness of the program, report the data that are available.

**Program Completion and Employment Data**

**Baccalaureate Program (for the three most recent calendar years):**

Term/Year of Graduation	Term/Year of Admission	# Students Admitted	# Students Graduated+	% Students Graduated	% Graduates Employed++
2012	2010	48	46	96%	56.5%
2013	2011	89	64	72%	34.3%
2014	2012	116	73	63%	24.6%

+ Based on the entry point and time period to completion as defined by the program.

++Provide employment rate within 12 months of program completion.

Please explain how program completion rates are calculated:

\_\_\_\_\_

**Master’s Program (for the three most recent calendar years): N/A**

Term/Year of Graduation	Term/Year of Admission	# Students Admitted	# Students Graduated+	% Students Graduated	% Graduates Employed++

+ Based on the entry point and time period to completion as defined by the program.

++Provide employment rate within 12 months of program completion.

Please explain how program completion rates are calculated: **N/A**

\_\_\_\_\_

**Doctor of Nursing Practice Program (for the three most recent calendar years):**

Term/Year of Graduation	Term/Year of Admission	# Students Admitted	# Students Graduated+	% Students Graduated	% Graduates Employed++

+ Based on the entry point and time period to completion as defined by the program.

++Provide employment rate within 12 months of program completion.

Please explain how program completion rates are calculated:

\_\_\_\_\_

**Post-Graduate APRN Certificate Programs (for the three most recent calendar years):**

Track	Term/Year of Graduation	Term/Year of Admission	# Students Admitted	# Students Graduated+	% Students Graduated	% Graduates Employed++
N/A	N/A	N/A	N/A	N/A	N/A	N/A

+ Based on the entry point and time period to completion as defined by the program.

++Provide employment rate within 12 months of program completion.

Please explain how program completion rates are calculated:  
 Completion rates are calculated from date of admission to date of graduation from nursing program.



## Nursing Program Faculty

CCNE recognizes that faculty may teach across program levels. Nonetheless, please estimate the faculty full-time-equivalent by program level for the academic year in which this form is submitted.

Identify the number (headcount) of faculty currently devoted to the nursing unit:

Number Full-Time	Number Part-Time	Total Number of Faculty
5	10	15

Identify the faculty full-time-equivalent (FTE) currently devoted to the baccalaureate degree program:

Full-Time FTE	Part-Time FTE	Total Faculty FTE
5	10	15

Identify the faculty full-time-equivalent (FTE) currently devoted to the master's degree program:

Full-Time FTE	Part-Time FTE	Total Faculty FTE
N/A	N/A	N/A

Identify the faculty full-time-equivalent (FTE) currently devoted to the Doctor of Nursing Practice program:

Full-Time FTE	Part-Time FTE	Total Faculty FTE
N/A	N/A	N/A

Identify the faculty full-time-equivalent (FTE) currently devoted to the post-graduate APRN certificate program:

Full-Time FTE	Part-Time FTE	Total Faculty FTE
N/A	N/A	N/A

### Additional Campuses/Sites

Identify any additional campuses/sites where the nursing degree/certificate program is offered (within the United States and/or internationally), the distance from the main campus (unless outside the United States), the average number of nursing students currently enrolled at each location, and the programs offered at each location.

Campus/Site (City, State/Country)	Distance From Main Campus (in miles)	Number of Students Enrolled	Programs Offered (check all that apply)
N/A	N/A	N/A	<input type="checkbox"/> Baccalaureate Degree Program <input type="checkbox"/> Master's Degree Program <input type="checkbox"/> Doctor of Nursing Practice Program <input type="checkbox"/> Post-Graduate APRN Certificate Program
			<input type="checkbox"/> Baccalaureate Degree Program <input type="checkbox"/> Master's Degree Program <input type="checkbox"/> Doctor of Nursing Practice Program <input type="checkbox"/> Post-Graduate APRN Certificate Program
			<input type="checkbox"/> Baccalaureate Degree Program <input type="checkbox"/> Master's Degree Program <input type="checkbox"/> Doctor of Nursing Practice Program <input type="checkbox"/> Post-Graduate APRN Certificate Program
			<input type="checkbox"/> Baccalaureate Degree Program <input type="checkbox"/> Master's Degree Program <input type="checkbox"/> Doctor of Nursing Practice Program <input type="checkbox"/> Post-Graduate APRN Certificate Program
			<input type="checkbox"/> Baccalaureate Degree Program <input type="checkbox"/> Master's Degree Program <input type="checkbox"/> Doctor of Nursing Practice Program <input type="checkbox"/> Post-Graduate APRN Certificate Program

Please provide a brief description of any nursing degree/certificate program that is offered at a campus/site located outside of the United States:

N/A

## Professional Nursing Standards and Guidelines

### Baccalaureate Program:

Identify the professional nursing standards/guidelines that are used by the baccalaureate program (note different dates of documents):

*The Essentials of Baccalaureate Education for Professional Nursing Practice* (AACN, 2008)

yes    no    not applicable (no baccalaureate offerings)

Other (please specify): Quality and Safety Education for Nurses Competencies (QSEN) and NCLEX Test Plan 2013

### Master's Program: N/A

Identify the professional nursing standards/guidelines that are used by the master's program:

*The Essentials of Master's Education in Nursing* (AACN, 2011)

yes    no    not applicable (no master's offerings)

*Criteria for Evaluation of Nurse Practitioner Programs* (National Task Force on Quality Nurse Practitioner Education, 2012)

yes    no    not applicable (no nurse practitioner offerings)

Other (please specify):

\_\_\_\_\_

### Doctor of Nursing Practice Program: N/A

Identify the professional nursing standards/guidelines that are used by the Doctor of Nursing Practice program:

*The Essentials of Doctoral Education for Advanced Nursing Practice* (AACN, 2006)

yes    no    not applicable (no DNP offerings)

*Criteria for Evaluation of Nurse Practitioner Programs* (National Task Force on Quality Nurse Practitioner Education, 2012)

yes    no    not applicable (no nurse practitioner offerings)

Other (please specify):

\_\_\_\_\_

### Post-Graduate APRN Certificate Program: N/A

*Criteria for Evaluation of Nurse Practitioner Programs* (National Task Force on Quality Nurse Practitioner Education, 2012)

yes    no    not applicable (no nurse practitioner offerings)

Other (please specify):

\_\_\_\_\_

**Distance Education** N/A

The Commission utilizes the definition of distance education established in the Higher Education Opportunity Act of 2008, as follows:

- (A) Education that uses one or more of the technologies described in subparagraph (B)—
  - (i) to deliver instruction to students who are separated from the instructor; and
  - (ii) to support regular and substantive interaction between the students and the instructor, synchronously or asynchronously.
- (B) INCLUSIONS.—For the purposes of subparagraph (A), the technologies used may include—
  - (i) the Internet;
  - (ii) one-way and two-way transmissions through open broadcast, closed circuit, cable, microwave, broadband lines, fiber optics, satellite, or wireless communications devices;
  - (iii) audio conferencing; or
  - (iv) video cassettes, DVDs, and CD-ROMs, if the cassettes, DVDs, or CD-ROMs are used in a course in conjunction with any of the technologies listed in clauses (i) through (iii). The Higher Education Opportunity Act of 2008, Pub. L. No. 110-315, § 103(a)(19)

Does the nursing unit currently offer curricula (or any part thereof) via distance education, as defined above?

Baccalaureate Degree Program (check one):  yes  no  not applicable

If yes, please provide a brief (one paragraph) description of the distance learning offerings at the baccalaureate level:

\_\_\_\_\_

If yes, is 50% or more of the required academic credit hours in nursing (excluding practica) accrued through distance education activities?  yes  no

Master's Degree Program (check one):  yes  no  not applicable

If yes, please provide a brief (one paragraph) description of the distance learning offerings at the master's level:

\_\_\_\_\_

If yes, is 50% or more of the required academic credit hours in nursing (excluding practica) accrued through distance education activities?  yes  no

Doctor of Nursing Practice Program (check one):  yes  no  not applicable

If yes, please provide a brief (one paragraph) description of the distance learning offerings in the Doctor of Nursing Practice program:

\_\_\_\_\_

If yes, is 50% or more of the required academic credit hours in nursing (excluding practica) accrued through distance education activities?  yes  no

Post-Graduate APRN Certificate Program (check one):  yes  no  not applicable

If yes, please provide a brief (one paragraph) description of the distance learning offerings in the post-graduate APRN certificate program:

\_\_\_\_\_

If yes, is 50% or more of the required academic credit hours in nursing (excluding practica) accrued through distance education activities?  yes  no

**Government of the District of Columbia  
Department of Health**

Health Care Regulation and  
Licensing Administration  
Board of Nursing



May 11, 2015

Denise S. Pope, PhD, RN  
Associate Dean/CNO  
Trinity University  
School of Nursing MUS 107  
125 Michigan Avenue, N.E.  
Washington, DC 20017

Dear Dr. Pope:

This is to notify you that at its May 6, 2015 meeting the District of Columbia Board of Nursing determined that the Trinity Washington University Nursing Program obtained a 75% NCLEX pass rate on the first quarter 2015. However, the program has not demonstrated consistent performance at greater than or equal to 75% on the NCLEX pass rate. The Trinity Washington University Baccalaureate Nursing Program is not in compliance with the following regulatory requirements:

*5603.7 In order to maintain full accreditation status, a program with full accreditation shall maintain:*

*(b) A minimum pass rate, for first time test takers on the NCLEX, of not more than five percent (5%) below the national norm, based on the cumulative results of the four (4) quarters in each year;*

The Trinity Washington University's Baccalaureate Nursing Program has been granted continuing:

**CONDITIONAL APPROVAL**

- The progress of the baccalaureate program will be reviewed November 2015 for progressive improvement in NCLEX-RN pass-rate to achieve 75% for the Oct. 1, 2014 – Sept. 30, 2015 annual review.

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899 North Capitol Street NE Suite 200 Washington, DC 20002 (202) 724-8800 FAX (202) 724-8677

Failure to meet this condition will result in additional Board actions, up to and including a proposal to withdraw approval.

If you have any questions or need additional information please contact Dr. Bonita Jenkins at 202.724.8846 or [Bonita.Jenkins@dc.gov](mailto:Bonita.Jenkins@dc.gov).

Sincerely,



Cathy Borris-Hale, MHA, BSN, RN  
Chairperson  
District of Columbia Board of Nursing

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899 North Capitol Street NE Suite 200 Washington, DC 20002 (202) 724-8800 FAX (202) 724-8677

★ ★ ★  
GOVERNMENT  
OF THE  
DISTRICT OF COLUMBIA

DEPARTMENT OF HEALTH  
HEALTH REGULATION AND LICENSING ADMINISTRATION  
BOARD OF NURSING

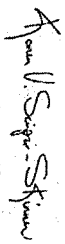
*This is to certify*  
*Trinity Washington University*  
*Baccalaureate Nursing Program*

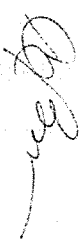
*has been granted*  
**Conditional Approval**

by  
The District of Columbia Board of Nursing  
*in accordance with D.C. Law 6-99, District of Columbia Health Occupations  
Revision Act of 1985, as amended.*

*In witness whereof, said Board caused this  
certificate to be granted and attested by the official seal of  
the District of Columbia.*

January 1, 2015 – December 31, 2015  
Date

  
Karen Scipio-Skinner  
Executive Director, Board of Nursing

  
Cathy Borriss-Hale  
Chairperson, Board of Nursing



## Continuous Improvement Progress Report (CIPR) Template

### *Standards for Accreditation of Baccalaureate and Graduate Nursing Programs*

Official Name of Institution: Trinity Washington University



## Checklist for Writing the CIPR

- the font size must be a minimum of 10;
- the Program Response must be single spaced;
- the document must be no longer than 50 pages (the appendices are excluded from the page limit);
- the institution must provide a Program Response for each key element/elaboration statement;
- the Program Response to each key element/elaboration statement must adequately address all nursing degree programs and/or post-graduate APRN certificate programs that were directed to submit the CIPR; and
- the standard, key element, and elaboration statements provided in the CIPR template must not be altered or deleted by the institution.

## Continued Compliance with CCNE Standards & Key Elements

### Introduction

#### Program Response:

In one page or less, summarize under “Program Response” major events that have occurred at the institutional and/or program level since the most recent CCNE on-site evaluation. Include a description of changes at the parent institution if they have had a significant impact on the program.

The following major events have occurred within the Trinity Washington University nursing program since the CCNE on- site visit of Spring 2012

2012- 2013	MAJOR EVENTS
Appointment of new leadership	Dr. Teresa Panniers appointed Associate Dean, School of Nursing and Health Professions and Chief Nursing Officer
Expansion and Improvement of Nursing Laboratory	<ul style="list-style-type: none"> <li>- Larger space secured and laboratory relocated to Alumnae Hall</li> <li>- Capacity increased to accommodate a total of 32 students</li> <li>- Eleven additional beds added to nursing laboratory</li> <li>- Budget increased to purchase additional supplies and equipment</li> </ul>
Increase in nursing program support staff	Two new positions established, recruited and filled : <ul style="list-style-type: none"> <li>- Clinical Coordinator- Stephanie Denison, RN CNM, MSN, in January, 2012</li> <li>- Lab Coordinator position established and filled – Erica Edge, RN, MSN</li> </ul>
RN-BSN TRACK	<ul style="list-style-type: none"> <li>- Dr. Nancie Bruce, RN, PhD- appointed Director of RN-BSN program</li> <li>- Program modified to hybrid format</li> <li>- New curriculum plan implemented</li> </ul>
Transfer credit policy revised	<ul style="list-style-type: none"> <li>- Assessment of student performance data indicated students admitted into the nursing program from the School of Professional Studies (SPS) revealed a large percentage (90%) of the pre-requisite courses were transfer credits and demonstrated 20% lower success on the NCLEX. Based on these findings the following actions were initiated:</li> <li>- Transfer student admissions placed on HOLD</li> <li>- Effective Fall 2012 all pre-requisite courses must be completed at Trinity Washington University.</li> <li>- College of Arts and Sciences (CAS) designated as only pathway for entry into undergraduate pre-licensure student pipeline</li> </ul>
Clinical Affiliations	<ul style="list-style-type: none"> <li>- Nursing program secured new affiliation agreements to support student learning outcomes in community health, pediatrics, material child health , and acute care;               <ul style="list-style-type: none"> <li>o National Institutes of Health</li> <li>o Hospice of Montgomery County</li> <li>o Howard University Hospital</li> <li>o Bright Beginnings LLC,</li> <li>o District of Columbia Department of Health</li> <li>o Dimensions Health Care System</li> </ul> </li> <li>- Revised criminal background check and drug screening policies to be in alignment with the standards for all clinical affiliation agreements.</li> </ul>
Spring 2012	<ul style="list-style-type: none"> <li>- Pre-licensure program implemented the Assessment Technologies Institute (ATI) Comprehensive Assessment Review Program across the curriculum.</li> <li>- Implemented Comprehensive Predictor 3.0, achievement for end of program senior assessment (achievement benchmark of 75%).</li> <li>- Implemented ATI proctored examinations as a requirement for progression in the following</li> </ul>

	<p>content areas:</p> <p>NURS 117 Foundations of Nursing  NURS 215 Pharmacology  NURS 360 Psych/Mental Health Nursing  NURS 361 Medical/Surgical Nursing II  NURS 410 Leadership and Management of Healthcare  NURS 420 Community and Public Health Nursing  NURS 460 Maternity/Newborn Nursing  NURS 461 Pediatric Nursing  NURS 492 NCLEX Preparation</p>
Student Enrollment restriction	District of Columbia Board of Nursing (DCBON) restricted enrollment to a total 60 new students per year until improvement in NCLEX rates
<b>2014-2015</b>	
July 2014 Change in leadership	<ul style="list-style-type: none"> <li>- Dr. Denise S. Pope, Ph.D., RN appointed Associate Dean, Chief Nursing Officer</li> <li>- Danielle Artis, MSN, RN, CPN appointed NCLEX Coordinator and Assistant Dean</li> <li>- Jennifer Dahlman, MSN, RN appointed Conway scholar program advisor and Assistant Dean</li> </ul>
Fall 2014	<ul style="list-style-type: none"> <li>- 2<sup>nd</sup> Degree Bachelors track reopened with new admission requirements <ul style="list-style-type: none"> <li>o Overall GPA of 3.0 or greater</li> <li>o Minimum Grade of B in all pre-requisite courses</li> </ul> </li> <li>- Reopened transfer credits for general education and nursing pre-requisite courses for pre-licensure pathways</li> <li>- Faculty evaluated and revised program goals, expected student learning outcomes for alignment with the <i>2013 Baccalaureate Essentials</i>, Quality &amp; Safety Education for Nurses Guidelines (QSEN), and the National Council of State Boards of Nursing NCLEX-RN® Test Plan.</li> </ul>

Following each key element statement, please provide evidence demonstrating continued compliance. Additionally, summarize any pertinent changes or program improvement initiatives that have occurred since the last comprehensive on-site evaluation by CCNE. **Before completing this template, refer to CCNE's FAQs and Guidelines for Preparing the Continuous Improvement Progress Report.**

Were you requested to address any specific areas of focus/concern (e.g., a compliance concern at the key element level) according to the most recent CCNE accreditation action letter? If so, please note the specific areas of focus/concern here by indicating which key element(s) this translates to in the 2013 CCNE *Standards*:

[Please contact CCNE if you need a copy of the most recent accreditation action letter. Refer to the reminder email to access the Crosswalk Table showing the relationship between the former (2009) CCNE *Standards* and the current (2013) CCNE *Standards*.]

A response must be provided for each standard and key element below. Give special attention to any specific areas of focus/concern that were identified previously in the CCNE accreditation action letter.

## Standard I

### Program Quality: Mission and Governance

The mission, goals, and expected program outcomes are congruent with those of the parent institution, reflect professional nursing standards and guidelines, and consider the needs and expectations of the community of interest. Policies of the parent institution and nursing program clearly support the program's mission, goals, and expected outcomes. The faculty and students of the program are involved in the governance of the program and in the ongoing efforts to improve program quality.

#### I-A. The mission, goals, and expected program outcomes are:

- congruent with those of the parent institution; and
- consistent with relevant professional nursing standards and guidelines for the preparation of nursing professionals.

*Elaboration: The program's mission statement, goals, and expected program outcomes are written and accessible to current and prospective students, faculty, and other constituents. Program outcomes include student outcomes, faculty outcomes, and other outcomes identified by the program. A mission statement may relate to all nursing programs offered by the nursing unit or specific programs may have separate mission statements. Program goals are clearly differentiated by level when multiple degree/certificate programs exist. Student outcomes may be expressed as competencies, objectives, benchmarks, or other terminology congruent with institutional and program norms.*

*The program identifies the professional nursing standards and guidelines it uses. CCNE requires, as appropriate, the following professional nursing standards and guidelines:*

- *The Essentials of Baccalaureate Education for Professional Nursing Practice [American Association of Colleges of Nursing (AACN), 2008];*
- *The Essentials of Master's Education in Nursing (AACN, 2011);*
- *The Essentials of Doctoral Education for Advanced Nursing Practice (AACN, 2006); and*
- *Criteria for Evaluation of Nurse Practitioner Programs [National Task Force on Quality Nurse Practitioner Education (NTF), 2012].*

*A program may select additional standards and guidelines.*

*A program preparing students for certification incorporates professional standards and guidelines appropriate to the role/area of education.*

*An APRN education program (degree or certificate) prepares students for one of the four APRN roles and in at least one population focus, in accordance with the Consensus Model for APRN Regulation: Licensure, Accreditation, Certification and Education (July 2008).*

## Program Response:

Trinity College was established in 1897 by the Sisters of Notre Dame de Namur admitting the first students in 1900 to the nation's first Catholic liberal arts college for women. Trinity College was committed to the education of women which provided students with a strong liberal arts foundation, a rigorous curriculum promoting strong leadership skills, while advancing the principles of equity, social justice and honor. This mission has been expanded to include men and the integration of liberal arts in the preparation of students to enter the health professions. Trinity's mission continues to reflect its ongoing commitment to lifelong education rooted in the liberal arts, the Catholic tradition, and with a profound commitment to women. Trinity Washington University today has a total of five schools serving graduate and undergraduate students.

Trinity's mission and core values emphasize:

- **Commitment to the Education of Women** in a particular way through the design and pedagogy of the historic undergraduate women's college, and by advancing principles of equity, justice and honor in the education of women and men in all other programs;
- **Foundation for Learning in the Liberal Arts** through the curriculum design in all undergraduate degree programs and through emphasis on the knowledge, skills and values of liberal learning in all graduate and professional programs;
- **Integration of Liberal Learning with Professional Preparation** through applied and experiential learning opportunities in all programs;
- **Grounding in the mission of the Sisters of Notre Dame de Namur** and the Catholic tradition, welcoming persons of all faiths, in order to achieve the larger purposes of learning in the human search for meaning and fulfillment (Adopted May, 2000)

These core values are integrated in all aspects of student life, university events and instruction at Trinity and the nursing program as it educates and prepares students to live and work in an ever-changing society and global environment. Trinity welcomes persons of all faiths and ethnicity. Beyond spiritual growth realized through theological studies and liturgies, the Trinity community also lives its faith through service to the Metropolitan Washington Area as well as local community and healthcare organizations.

The nursing program was conceptualized in response to concerns from local community groups, health care organizations, and the District of Columbia government to help alleviate projected nurse workforce shortages, and improve the health care outcomes for its residents. The program started with the RN-to-BSN Completion track, adding a Pre-Licensure track with the first nursing courses beginning in Fall 2008. The School of Nursing and Health Professions (NHP) was established in 2010 to expand allied health education programs.

The Nursing Program's mission, philosophy, program goals, and student learning outcomes are congruent with the mission and core values of Trinity and NHP (Appendix I.A.1). Truly, the work and beliefs of the Sisters of Notre Dame continues as Trinity educates and socializes culturally diverse students who are often from disadvantaged backgrounds for entry into the nursing workforce.

The mission, philosophy, program goals, and student learning outcomes of the Trinity nursing program are guided by a holistic and caring perspective utilizing a model of caring; *The Essentials of Baccalaureate Education for Professional Nursing Practice* (2013); the American Nurses Association (ANA) Code of Ethics; the Quality and Safety Education for Nurses (QSEN) guidelines; 2013 NCLEX Test Plan; and *District of Columbia Municipal Regulations for Nursing Schools* (2007). All information for current and prospective nursing students and the general public can be accessed on the Trinity Washington University website at the following URL (<http://www.trinitydc.edu> and (<http://www.trinitydc.edu/nursing-health/>).

**I-B. The mission, goals, and expected student outcomes are reviewed periodically and revised, as appropriate, to reflect:**

- professional nursing standards and guidelines; and
- the needs and expectations of the community of interest.

*Elaboration: There is a defined process for periodic review and revision of program mission, goals, and expected student outcomes. The review process has been implemented and resultant action reflects professional nursing standards and guidelines. The community of interest is defined by the nursing unit. The needs and expectations of the community of interest are reflected in the mission, goals, and expected student outcomes. Input from the community of interest is used to foster program improvement.*

**Program Response:**

The Nursing Program continues to review its mission, goals, student learning outcomes, and curriculum annually in order to evaluate overall program effectiveness, alignment with professional standards and guidelines, compliance with regulatory bodies, and to meet the expectations of the program's external and internal communities of interest. Trinity faculty, students, organizations, administration, and the Board of Trustees comprise Trinity's internal community of interest (COI). The external community of interest (ECOI) includes graduates of the program, employers, professional nursing organizations, local colleges and universities, health care organizations, credentialing and regulatory agencies, consumers of health care and residents of the District of Columbia.

The Nursing Program completed a revision of its program goals and expected student learning outcomes and curriculum at end of the Spring 2015 semester. This work began in the Fall 2014 in response to feedback from students, adjunct clinical faculty, clinical agencies, employer expectations, and revision of *The Essentials of Baccalaureate Education for Professional Nursing Practice* (2013), NCLEX Test Plan (2013), and as an strategy to improve NCLEX pass rates. (Appendix I.B.1)

Trinity seeks input from our external and internal communities of interest through a variety of methods to complete the annual review of the program. They include but are not limited to (1) end of semester evaluations from our clinical partners, (2) clinical agency feedback during the semester, (3) attending DCBON meetings, (4) senior student exit surveys and interview with the CNO, (5), faculty student roundtable discussions, (6) faculty end of semester course reports, and (7) student course evaluations. Additionally, the Associate Dean / Chief Nursing Officer (CNO)

is continuously seeking feedback on how the nursing program can improve its program and meet the needs of its constituents through attendance at DCBON meetings, clinical education forums, hospital affiliation meetings with CNOs and/or designated nurse leaders to maintain current relationships and pursue new opportunities.

The CNO is in frequent dialogue with students seeking feedback on how to improve the program and meet the needs of the students. Trinity continues to schedule both didactic and clinical courses on evenings and weekends based upon the feedback from our students. Students have also expressed a desire to reactivate the Trinity chapter of the National Student Nurses Association (NSNA) in the fall of 2015. Annual surveys are sent to clinical agencies, employers and graduates.

**I-C. Expected faculty outcomes are clearly identified by the nursing unit, are written and communicated to the faculty, and are congruent with institutional expectations.**

*Elaboration: The nursing unit identifies expectations for faculty, whether in teaching, scholarship, service, practice, or other areas. Expected faculty outcomes are congruent with those of the parent institution.*

**Program Response:**

Expected faculty outcomes for teaching, scholarship and service at Trinity Washington University are outlined in the Trinity Faculty Handbook, individual faculty contracts and annual faculty development plans. These expectations are communicated to faculty through faculty orientation sessions, ongoing faculty development sessions, and faculty meetings at both the University and unit level, and in regular communications from the office of the President and Provost.

Faculty expectations and contractual provisions for faculty in NHP and the nursing program are congruent with other institutional faculty members designated as Category B employees (non-tenure track teaching faculty appointments that exist for a finite period of time to meet particular professional needs in the academic programs, Faculty Handbook, 2010). The nursing faculty receives annual contracts with no limit on the number of years that a faculty member may hold a Category B appointment. The primary responsibility of nursing faculty is instructional and involves teaching in classroom, laboratory, and clinical settings, The Dean of NHP and CNO in consultation with the Provost and with the knowledge of the President, may allocate each faculty member one day a week for practice, service, and scholarship and research, which are encouraged and supported, but not required. A listing of nursing faculty qualifications and teaching responsibilities has been provided in this report (Appendix I.C.1).

Both full time and part-time faculty regularly participate in an annual assessment of their teaching through peer review by a colleague and administration. As part of this assessment process, each faculty member develops a brief self-assessment, which is shared with the colleague. Colleague(s) who conduct the classroom observation provide feedback using a standard rubric utilized for both adjunct and full time faculty. The information from this process informs ongoing dialogue and fosters a culture of excellence in teaching, faculty development, and achievement at Trinity.

**I-D. Faculty and students participate in program governance.**

*Elaboration: Roles of the faculty and students in the governance of the program, including those involved in distance education, are clearly defined and promote participation. Nursing faculty are involved in the development, review, and revision of academic program policies.*

**Program Response:**

Trinity students, faculty, and administrators work together to accomplish the University’s mission and goals, although individual responsibilities and roles are clearly delineated: The Board of Trustees is the legal governing body of the University with final authority over all matters of academic policy, programs, and personnel. The President is the Chair of the Faculty as well as the educational and administrative head of the College, with final authority in all administrative matters. The President is a voting member of the full-time faculty and is a member of all academic and advisory committees. The Provost supervises the conduct of all matters related to academic policies and procedures, curriculum development, program assessment, faculty governance and faculty personnel matters, and the academic administration of the college. The Academic Deans are the chief administrative officers of each school. Program Directors oversee certain very large and complex academic programs. Full-time faculty members hold appointments in Category A or B. The individual faculty member creates and manages his/her own courses, course requirements, syllabi, pedagogy and student assessment methods within the commonly agreed upon standards and practices of the program, discipline and academic policies of Trinity. Nursing faculty are involved in the development, review, and revision of all academic policies that govern the nursing program (Appendices I.D.1 and I.D.2)

**University and School Committees**

Trinity utilizes the committee structure to facilitate academic governance at the university level and within each school. There are a total of six university wide committees, three at this time with nursing faculty representation. One nursing faculty member and the CNO serve on a NHP committee. Nursing faculty comprise two committees in the nursing program.

**Table I.D.1 Nursing Faculty Members on University and NHP Committees**

Committee Name	Description	Nursing Faculty Representation
University Committee on Curriculum and Academic Policy (UCAP)	Curricula on program requirements, assessment activities, and academic policies, proposals for new degrees, program reviews, and student progress toward degrees. Membership includes faculty members from each school, the academic vice president, the deans, and the director of the library.	Denise McKain
Academic Honesty Review Board	A body composed of four faculty members and the director, and this body is empowered to hear cases involving suspensions or dismissals; the sole purpose of this body is to determine if cheating or plagiarism occurred	Jane Brophy
Faculty Welfare	A committee responsible to oversee the fulfillment of faculty membership on the committees according to the methods chosen by the schools, and the FWC may provide further guidance on the selection/election process as necessary or desired by	Jennifer Dahlman



	the schools. The FWC also conducts elections for positions on college-wide committees that are not tied to selection/election by the individual schools.	
Nursing and Health Professions Committee on Curriculum and Academic Policies (NHP CAP)	NHP CAP oversees curricula and program requirements, assessment activities and academic policies related to NHP. The committee also handles academic appeals from students.	Denise Pope, Daphne Waite, Nancie Bruce, Karen Walters
Nursing Admission Committee	A nursing committee to evaluate the credentials of nursing program candidates for selection of admittance into the nursing program.	Denise Pope, Erica Edge, Denise McKain, Sarah Trippensee
Nursing Curriculum Committee	The committee oversees the nursing program curricula, academic progression policies, and other policies specifically related to the nursing program	All Nursing Faculty

### **Nursing Program Role in Governance**

The nursing faculty have jurisdiction over the Nursing Program’s curriculum and program evaluation, academic policies, and student admissions. All Nursing Program faculty members have input into curricular changes through nursing faculty and curriculum meetings. The NHP Curriculum and Academic Policy Committee (NHP CAP) approves curricular and policy changes adopted by nursing faculty prior to review by the Provost and President and subsequent implementation. Nursing student input into the Program occurs through the Committee on Students with representatives from the junior class, senior class, and RN-BSN program. This committee’s activity has been limited because of low student enrollment. This has not prevented students from providing input regarding the program. The Nursing Program makes a concerted effort to include student input in discussion and deliberations regarding the Nursing Program. Students also have the ability to email and/or meet with the Dean, CNO, respective program director, assigned advisors, and their course professors with their concerns and feedback. The Dean, CNO and faculty all have open-door policies whereby students may visit their offices without an appointment if they have urgent concerns.

### **Student Nurses Association**

Student governance and group process among students has been enhanced by initiating student elections, a Committee on Students with student representatives, and a Trinity chapter of the Student Nurses Association (SNA). Students and administration are in the process of reestablishing the SNA in the fall 2015 and Committee on Students in Spring 2016. Both student groups have been inactive during the past year due to transition in leadership, decreased student enrollment and lack of student interest. Trinity supports the SNA and provides guidance from the NHP Dean and Trinity’s Vice President of Student Affairs and the Dean of Students to ensure that SNA policies are consistent with Trinity policies for student groups.

**I-E. Documents and publications are accurate. A process is used to notify constituents about changes in documents and publications.**

*Elaboration: References to the program’s offerings, outcomes, accreditation/approval status, academic calendar, recruitment and admission policies, grading policies, degree/certificate completion requirements, tuition, and fees are accurate. Information regarding licensure and/or certification examinations for which graduates will be eligible is accurate. For APRN education*

programs, transcripts or other official documentation specify the APRN role and population focus of the graduate.<sup>1, 2</sup>

If a program chooses to publicly disclose its CCNE accreditation status, the program uses either of the following statements:

*“The (baccalaureate degree in nursing/master’s degree in nursing/Doctor of Nursing Practice and/or post-graduate APRN certificate) at (institution) is accredited by the Commission on Collegiate Nursing Education, One Dupont Circle, NW, Suite 530, Washington, DC 20036, 202-887-6791.”*

*“The (baccalaureate degree in nursing/master’s degree in nursing/Doctor of Nursing Practice and/or post-graduate APRN certificate) at (institution) is accredited by the Commission on Collegiate Nursing Education (<http://www.aacn.nche.edu/ccne-accreditation>).”*

**Program Response:**

All documents and publications, related to Trinity and the Nursing Program is provided via the Web which is continuously updated to reflect changes, revisions, new program information and recruitment activities. Other documents are also available virtually, including the University catalog, which is updated on an annual basis (in process of being updated (Summer 2015) with additional updates uploaded in “real time” (i.e., at the time of implementation) in the online catalog. The nursing handbook on the web is the 2010 version and will be updated in 2015. To ensure students’ awareness of all policies, Trinity provides written communication via email, posting on Moodle, and by faculty in the classroom. Further explanation and elaboration for nursing students occurs in the orientation sessions held for all students entering the program, and by the CNO visiting each class when needed. Every course syllabus includes classroom policies and is available via Moodle, Trinity’s Learning Management System, which launches from the website at [www.trinitydc.edu](http://www.trinitydc.edu). Additional web links provide information about Trinity’s program offerings, outcomes, accreditation/approval status, academic calendar, recruitment and admission policies, grading policies, degree completion requirements, tuition, and fees.

**I-F. Academic policies of the parent institution and the nursing program are congruent and support achievement of the mission, goals, and expected student outcomes. These policies are:**

- fair and equitable;
- published and accessible; and
- reviewed and revised as necessary to foster program improvement.

*Elaboration: Academic policies include, but are not limited to, those related to student recruitment, admission, retention, and progression. Policies are written and communicated to*

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<sup>1</sup> *Consensus Model for APRN Regulation: Licensure, Accreditation, Certification and Education (July 2008).*

<sup>2</sup> *Criteria for Evaluation of Nurse Practitioner Programs (National Task Force on Quality Nurse Practitioner Education, 2012).*

*relevant constituencies. Policies are implemented consistently. Differences between the nursing program policies and those of the parent institution are identified and support achievement of the program's mission, goals, and expected student outcomes. A defined process exists by which policies are regularly reviewed. Policy review occurs and revisions are made as needed.*

**Program Response:**

The School of Nursing and Health Profession's academic policies support its mission, program goals, and expected student learning outcomes while supporting and maintaining educational quality of its academic programs and meeting the mission of the university. The faculty, CNO and Dean develop and revise Nursing Program policies, both academic and otherwise, as appropriate. Subsequently, the faculty review and approve these policies at regularly scheduled nursing faculty meetings, and if needed are reviewed by the NHP-CAP. Once a policy is approved and implemented (including executive administrative review if appropriate), it is the responsibility of the Dean or CNO to periodically review it per the procedures established in the Nursing Total Program Evaluation Plan (Appendix I.F.1).

Trinity's Student Handbook, found at <http://www.trinitydc.edu/policies/trinity-student-handbook/>, the Nursing Program Student Handbook, found at <http://www.trinitydc.edu/nursing-health/nursing-studenthandbook/>, (in process of being updated), and the School of Nursing and Health Professions catalog found at <http://www.trinitydc.edu/catalog-14-15/nhp/> are the primary sources for information related to institutional policies, academic and otherwise, and explains the differences if any for Nursing Program policies and those of the University (i.e. policies on admission, grading, retention, and dismissal and progression).

The University's Admissions Department is responsible for the recruitment of students for the Nursing Program. Two positions have been specifically allocated to NHP with the primary responsibility to recruit and assist students through the application process with the end goal being admission to Trinity and the nursing program. This is achieved through a number of activities primarily holding information sessions internally and externally (education day at clinical agencies) for each track of the nursing program throughout the school year. They also visit local and regional high schools, community colleges, employers, and career fairs and nursing association conferences, college transfer days, and upon request from organizations.

Admissions advisors counsel students interested in nursing. All students who are interested in nursing are admitted into Trinity University as pre-nursing majors through the College of Arts and Sciences (CAS). All required pre-requisites courses must be completed prior to applying for entry into the nursing program. Upon completion of the required prerequisites courses students may apply for admission into the pre-licensure program. The pre-licensure program admits students with and without a previous undergraduate degree. RN-BSN students are admitted directly into NHP, gaining simultaneous admission to Trinity and the Nursing Program.

Admission to the Nursing Pre-licensure Program occurs twice a year in the spring and fall. The CNO and nursing admission committee use the following criteria and guidelines in review of applications for acceptance into the nursing program:

- GPA of 2.5 or higher
- All pre-requisite grades of C or higher
- Completion of all nursing pre-requisite courses
- Written essay on topic determined by nursing faculty
- Scores on the TEAS (Test of Essential Academic Skills) in reading, math, science, and English
- Over all academic performance

In evaluating applicants for admission into the Nursing Program the holistic process remains consistent with the University's admission process.

The Nursing Program's admission selection process exemplifies a commitment to the Trinity mission as well as the goal to increase nursing education opportunities for individuals from disadvantaged backgrounds, including racial and ethnic minorities, who are underrepresented among registered nurses. The University fosters retention and program admission by providing pre-entry preparation, academic support, and financial support for pre-nursing and enrolled nursing students. The Program maintains high standards for students, requiring at least a 2.5 GPA to remain in the Program.

After admission, students must earn a minimum of C (78%) as a final grade in all nursing courses to remain in the Program. Specific policies designed to promote academic rigor include students who fail, withdraw, or drop a nursing didactic course may repeat it only once; students may not repeat more than one nursing course; a second failure will result in dismissal from the Nursing Program. To promote student success, professors provide continuous feedback in Moodle so that students can review their progress in class. Should a faculty member identify a student who is not progressing satisfactorily, a Student Learning Contract is initiated. The contract specifically addresses the individual student's learning needs, develops a plan of action to address the needs, and includes timeframe for completion which is reviewed with the student and signed by both faculty and student. It is the practice in the Nursing Program to complete a learning contract prior to mid-term or date of withdrawal deadline, whichever is earlier. This allows the student the opportunity to either improve or withdraw from the course.

The nursing faculty is committed to the success of our students. Faculty understands students may have needs or concerns which can be overwhelming and a barrier to their success in the nursing program. The faculty interacts with students daily, and assists them in making the best choices possible to be successful in our program.

Recent nursing program academic policies revisions have addressed the integration of ATI products in the curriculum. The new ATI policy emphasizes importance of student mastery of content (5% of course grade) instead of being viewed as punitive when used for progression (Appendix I.F.3). The program reopened the transfer student pipeline by allowing for pre-requisite transfer credit for transfer students and admitting 2<sup>nd</sup> degree candidates with new admission criteria. Monthly faculty meetings will continue to provide the forum for review, revision and development of current and/or new academic or program policies which are impact the nursing program.

## Standard II

### Program Quality: Institutional Commitment and Resources

The parent institution demonstrates ongoing commitment to and support for the nursing program. The institution makes resources available to enable the program to achieve its mission, goals, and expected outcomes. The faculty, as a resource of the program, enable the achievement of the mission, goals, and expected program outcomes.

**II-A. Fiscal and physical resources are sufficient to enable the program to fulfill its mission, goals, and expected outcomes. Adequacy of resources is reviewed periodically and resources are modified as needed.**

*Elaboration: The budget enables achievement of the program's mission, goals, and expected outcomes. The budget also supports the development, implementation, and evaluation of the program. Compensation of nursing unit personnel supports recruitment and retention of qualified faculty and staff. Physical space is sufficient and configured in ways that enable the program to achieve its mission, goals, and expected outcomes. Equipment and supplies (e.g., computing, laboratory, and teaching-learning) are sufficient to achieve the program's mission, goals, and expected outcomes.*

*A defined process is used for regular review of the adequacy of the program's fiscal and physical resources. Review of fiscal and physical resources occurs and improvements are made as appropriate.*

### Program Response:

Trinity has made considerable investments in the Nursing Program to ensure its success and continued growth since the program's inception. This is reflected in the increase in the overall budget allocation and additional support resources which includes faculty and staff positions for the School of Nursing and Health Professions shown in Table II.A.1.

Table II.A.1. Trinity Budget for Nursing Program FY 12 to FY15

FY 2015	FY 2014	FY 2013	FY 2012
1,022,625.02	1,345,044.44	1,432,956.44	\$1,317,286

The budget is remarkable in any institution, and particularly one of Trinity’s size and relatively modest financial profile. The growth reflects these key factors:

1. *Strategic Investments:* Trinity’s budget decisions rest upon the institutional strategic plan. The investments in NHP programs are consistent with Trinity’s strategic goals for enrollment growth and program development.

2. *Faculty Size and Development:* Trinity has invested heavily to recruit qualified nurse educators for faculty positions and administrative personnel to support the needs of the students and faculty in a program that has expanded to now include three paths with additional growth expected. Trinity’s faculty investments in the nursing program is demonstrated through nursing faculty salaries which are competitive with other local universities/ colleges which is a significant increase compared to other full time and adjunct faculty at Trinity, and lower full –time to adjunct faculty ratio.

3. *Administrative Personnel:* Trinity has provided additional administrative personnel to support the needs of Nursing. The program enjoys a nursing lab coordinator, clinical coordinator, executive administrative assistant, and a professional academic advisor. These individuals support the nursing program and the NHP Dean’s office.

4. *Equipment:* Trinity’s annual budget process includes requests for program needs which include equipment requested by the CNO in consultation with nursing faculty, lab coordinator and the Dean. The program has purchased its first high-fidelity simulator (Sim-Mom and Baby) as the result of a grant award from Care-First. The nursing program will benefit from all new laboratory space in Trinity’s new Academic Center when it opens in fall, 2016

5. *Facilities:* For the initial program start-up in 2006, Trinity invested more than \$500,000 in renovations to the Arts and Music program to provide program space for nursing. Trinity invested in the program again in fall 2012 moving nursing laboratory and classroom space to larger facilities in Alumnae Hall. While the current nursing labs and classrooms have served the program well given the ageing infrastructure and anticipated growth in overall university enrollment, NHP program expansion, and emphasis on increasing the number of Trinity women prepared for careers in STEM fields, Trinity has begun construction on a new a \$40 million state-of-the-art Academic Center which will house all science and nursing laboratories, simulation labs, interview rooms and SMART classrooms. The building is expected to be ready for use effective Fall 2016.

Trinity conducts an annual budget review for all academic programs which includes the nursing program. Budget requests are considered in collaboration with the Provost, NHP Dean and CNO prior to submission to the President and CFO. Nursing can also request off-cycle budget requests as critical needs arise, although keeping within the approved budget is always a top priority. The university is committed to the success of programs within the

School of Nursing and Health Professions and will continue to invest in current programs as well as expansion plans expansion of new allied health programs.

Trinity is able to make continuing investments in the Nursing Program as a result of strong growth, clear institutional commitment to the success of Nursing and Health Professions, and a remarkably strong institutional financial profile.

**II-B. Academic support services are sufficient to ensure quality and are evaluated on a regular basis to meet program and student needs.**

*Elaboration: Academic support services (e.g., library, technology, distance education support, research support, admission, and advising services) are adequate for students and faculty to meet program requirements and to achieve the mission, goals, and expected program outcomes. There is a defined process for regular review of the adequacy of the program's academic support services. Review of academic support services occurs and improvements are made as appropriate.*

**Program Response:**

Academic support services has been clustered under one umbrella through the Academic Services Center (ASC) which is available for both students and faculty to assist the nursing program in achieving its mission, program goals, and expected student learning outcomes as well as overall program goals. The ASC is comprised of the following services: Academic Support (tutoring), Career Services, Disability Student Services, Testing Services and Writing Center. The services provided by the ASC are reviewed regularly by the University's academic administration for alignment with overall university and individual academic programs needs with adjustments made accordingly. Individual academic program units can make requests which may pertain to certain support services utilized by their specific program area. The Director of Academic Services and the CNO work collaboratively to identify personnel and services needed (i.e. peer tutors; workshops on test taking, math assistance) specifically for nursing students to assist them in being successful in their nursing courses.

Additional service areas within the university also support the nursing program (faculty and students) in meeting their program goals. They are technology, advising and student retention services, counseling and Enrollment Services Center.

**II-C. The chief nurse administrator:**

- is a registered nurse (RN);
- holds a graduate degree in nursing;
- holds a doctoral degree if the nursing unit offers a graduate program in nursing;
- is academically and experientially qualified to accomplish the mission, goals, and expected program outcomes;
- is vested with the administrative authority to accomplish the mission, goals, and expected program outcomes; and
- provides effective leadership to the nursing unit in achieving its mission, goals, and expected program outcomes.

*Elaboration: The administrative authority of the chief nurse administrator is comparable to that of chief administrators of similar units in the institution. He or she consults, as appropriate, with faculty and other communities of interest to make decisions to accomplish the mission, goals, and expected programs outcomes. The chief nurse administrator is perceived by the communities of interest to be an effective leader of the nursing unit. The program provides a rationale and a plan to come into compliance if the chief nurse administrator does not hold a graduate degree in nursing and a doctoral degree (if applicable).*

**Program Response:**

Dr. Denise Pope, PhD, RN began as Trinity's Associate Dean of Nursing and Chief Nursing Officer on July 31, 2014. Dr. Pope holds registered nurse licensure in the District of Columbia. She earned nursing degree (s) at the baccalaureate, master, and doctoral levels.

Dr. Pope's previous work as the Associate Dean of Baccalaureate Education at the Helene Fund School of Nursing at Coppin State University included managing the undergraduate nursing program with responsibility for the program's daily operations. Dr. Pope demonstrates experience in curriculum, instruction, budget management, faculty development, workload planning, and clinical placements. Dr. Pope brings Trinity knowledge and skills around nursing test preparation following her experience as administrator at Coppin State as well as her prior employment as an Integration Specialist/Nurse Educator with Assessment Technologies Institute, Inc. (ATI) Nursing Education.

Dr. Pope provides Trinity with a nursing leader who possesses nursing education and NCLEX pass rate success with students similar to Trinity's student population. She holds the tools to facilitate student retention, persistence to graduation, and success on the NCLEX. Her education and professional experience make her academically and experientially qualified to accomplish the mission, goals, and expected program outcomes of Trinity's nursing program.

Dr. Pope is vested with the decision-making and evaluative authority to accomplish the mission, goals, and expected student and faculty outcomes of the Nursing Program. Her administrative authority, including budgetary responsibilities, is comparable to that of other leaders of similar units within Trinity. In order to carry out her assigned administrative authority, Dr. Pope consults, as appropriate, with the faculty, deans, university administrators, students, and members of the community of interest. Consultations with faculty are formalized in the school's structure in the form of faculty and governing committee meetings.

Dr. Pope began her tenure only a year ago and has contributed to significant improvements in the Nursing Program resulting in graduates' readiness and success on the NCLEX. She guides faculty regarding curriculum and incorporates feedback from faculty, students, and the Community of Interest (COI) regarding decisions affecting the program's mission, goals, and expected student and faculty outcomes. Dr. Pope has an "open door" policy for program faculty and staff and solicits faculty input through monthly meetings provide students input in graduate exit interviews as well as nursing program meetings with students during the semester to afford them an opportunity to discuss their concerns and/or make suggestions for program improvement Dr. Pope solicits COI input to decision-making at hospital affiliation program meetings, informal discussions with other nursing program leaders at District of Columbia Board of Nursing (DCBON) meetings, and involvement in community events. Dr. Pope has attended AACN



semiannual meetings in Washington, D.C. which have provided her with a forum to discuss critical issues facing nursing programs in universities and four-year colleges. She has had the opportunity to learn how other nursing administrators are approaching issues of infrastructure, funding, programming, trends, and concerns of nursing higher education.

Dr. Pope is well-respected within Trinity and the greater Washington community. Many of Dr. Pope's contacts have been through her prior employment in the District of Columbia Department of Health (DOH) and as a Nurse Integration Specialist with ATI. Dr. Pope's effectiveness as a leader is further evidenced by the excellent working relationships she enjoys with faculty and staff throughout the University.

#### **II-D. Faculty are:**

- sufficient in number to accomplish the mission, goals, and expected program outcomes;
- academically prepared for the areas in which they teach; and
- experientially prepared for the areas in which they teach.

*Elaboration: The full-time equivalency (FTE) of faculty involved in each program is clearly delineated, and the program provides to CCNE its formula for calculating FTEs. The overall faculty (whether full-time or part-time) is sufficient in number and qualifications to achieve the mission, goals, and expected program outcomes. Faculty-to-student ratios ensure adequate supervision and evaluation and meet or exceed the requirements of regulatory agencies and professional nursing standards and guidelines.*

*Faculty are academically prepared for the areas in which they teach. Academic preparation of faculty includes degree specialization, specialty coursework, or other preparation sufficient to address the major concepts included in courses they teach. Faculty teaching in the nursing program have a graduate degree. The program provides a rationale for the use of any faculty who do not have a graduate degree.*

*Faculty who are nurses hold current RN licensure. Faculty teaching in clinical/practicum courses are experienced in the clinical area of the course and maintain clinical expertise. Clinical expertise may be maintained through clinical practice or other avenues. Faculty teaching in advanced practice clinical courses meet certification and practice requirements as specified by the relevant regulatory and specialty bodies. Advanced practice nursing tracks are directly overseen by faculty who are nationally certified in that same population-focused area of practice in roles for which national certification is available.*

#### **Program Response:**

Trinity has experienced a decrease in nursing faculty coinciding with a significant decrease in nursing program enrollment for all pathways since the previous CCNE site visit in 2012. The nursing program enrollment decline resulted from a number of factors: 1) more students graduating than being admitted; and 2) increased number of students prevented from progression within the program with the implementation of demonstrated ATI competency at Level II or greater on end of course evaluation using the ATI proctored assessments.

Trinity continues to demonstrate compliance with Key Element II-D in that the number of faculty are sufficient to accomplish the mission, goals, and expected program outcomes per the Trinity model used for course delivery and faculty workload. Current nursing faculty (FTE and adjunct) are in compliance with Trinity and DCBON criteria/ qualifications for teaching in an institution of higher learning and nursing program located in the District of Columbia. This includes demonstrated completion of at least 18 graduate credits in their respective teaching area; hold a current RN license with a minimum of a master's degree, doctoral degree preferred and are assigned to provide instruction in the courses related to their areas of expertise. (Appendix I.C.1).

Full time faculty contracts at Trinity are awarded for a ten or twelve month period. Each faculty member is expected to teach four courses per each 16 week semester or two courses per each eight week term ( 2x per semesters = four courses/ 12 credits). The nursing program faculty teach two courses during the summer which may include labs, clinical or didactic instruction. The nursing faculty workload expectations are consistent with other Category B faculty throughout the University. Faculty are expected to work five days per week, and may be designated a day for professional development (which allows for clinical practice, community service, or scholarly pursuits) depending on the needs of the nursing program. Faculty members also serve on department and university committees and as advisors to nursing students.

Face-to-face class sizes in the nursing program are small ranging from a minimum of six to a maximum of thirty two students and laboratory classes have a 1:16 ratio per class. The small class sizes are beneficial for both faculty and students resulting in additional individualized attention and time for remediation.

The majority of clinical instruction is done by adjunct faculty whose workload is restricted to two courses per semester/four credits). However, full-time faculty do teach clinical courses when needed to provide for a full work load. The clinical ratio is 3:1 (three hours of clinical for each course credit hr.)

A majority of the clinical instruction is conducted by adjunct faculty. Each adjunct faculty is active in current nursing practice through employment with a variety of health care organizations in the area. Faculty-to-student ratios in the clinical environment established by Trinity is 1:8. However, given the restrictions currently placed on nursing programs in the Trinity geographical area by the health care organizations nursing programs are now faced with a ratio of 1: 5 or 1: 6 (faculty/student) for clinical groups which we are currently able to meet given the decrease in enrollment. This will place an undue burden on the program as we diligently work to increase our student enrollment in all three program pathways over the next three years.

The Trinity nursing program current staffing pattern reflects ten FTE with five staff positions which includes the Associate Dean/CNO, Clinical Lab Coordinator, Clinical Coordinator, Academic Advisor, and Executive Administrative Assistant, five full time faculty members, and 15 adjunct faculty (Appendix I.C.1) This mix of full-time and part-time faculty has enabled the Nursing Program to achieve its mission, goals, and expected student and faculty outcomes.

Trinity works to ensure that the mix of full-time and part-time faculty maintains the academic quality and integrity of the Trinity degree. Additionally, mentoring is provided to adjunct and full-time faculty to ensure that students are receiving the Trinity quality of instruction expected.

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 long-term care nursing). Trinity has the unique advantage of being located in the nation's capital, where the abundance of universities and attraction of a prominent city draw many well-qualified faculty.

Despite the decline in the number of nursing faculty Trinity's nursing program is able to assign faculty to teach courses in their areas of expertise. The faculty is adequate to meet the mission and goals of the program in compliance with CCNE's standards for accreditation.

**III-A. The curriculum is developed, implemented, and revised to reflect clear statements of expected student outcomes that are congruent with the program's mission and goals, and with the roles for which the program is preparing its graduates.**

*Elaboration: Curricular objectives (e.g., course, unit, and/or level objectives or competencies as identified by the program) provide clear statements of expected learning that relate to student outcomes. Expected outcomes relate to the roles for which students are being prepared.*

**Program Response:**

Curricula for the pre-licensure BSN and RN-BSN programs are constantly evaluated and revised to reflect clear statements of individual student learning outcomes (course objectives) that are congruent with the Nursing Program's mission, program goals, and expected student outcomes which are reviewed on an annual basis and presented in a standard format (Appendix I.A.1) To ensure a clear understanding of the expected learning outcomes, each faculty member reviews course objectives in each course at the beginning of the semester. Exemplars of congruency among the BSN program mission and goals, expected student outcomes, and professional nursing standards (Appendix III.A.1) illustrates the relationship among expected learning outcomes, pre-licensure BSN courses, course objectives, and concepts from the AACN *Essentials of Baccalaureate Education* (2008). The relationship among expected learning outcomes, RN-BSN courses, course objectives, and concepts from the *Essentials*. (Appendix I.B.2) Faculty and administrators evaluate and revise the nursing curriculum, curricular objectives and student learning outcomes as appropriate each semester and annually.

**III-B. Curricula are developed, implemented, and revised to reflect relevant professional nursing standards and guidelines, which are clearly evident within the curriculum and within the expected student outcomes (individual and aggregate).**

- Baccalaureate program curricula incorporate *The Essentials of Baccalaureate Education for Professional Nursing Practice* (AACN, 2008).

- Master's program curricula incorporate professional standards and guidelines as appropriate.
  1. All master's degree programs incorporate *The Essentials of Master's Education in Nursing* (AACN, 2011) and additional relevant professional standards and guidelines as identified by the program.
  2. All master's degree programs that prepare nurse practitioners incorporate *Criteria for Evaluation of Nurse Practitioner Programs* (NTF, 2012).
- 1. Graduate-entry program curricula incorporate *The Essentials of Baccalaureate Education for Professional Nursing Practice* (AACN, 2008) and appropriate graduate program standards and guidelines.
- 2. DNP program curricula incorporate professional standards and guidelines as appropriate.
  - All DNP programs incorporate *The Essentials of Doctoral Education for Advanced Nursing Practice* (AACN, 2006) and additional relevant professional standards and guidelines if identified by the program.
  - b. All DNP programs that prepare nurse practitioners incorporate *Criteria for Evaluation of Nurse Practitioner Programs* (NTF, 2012).
- Post-graduate APRN certificate programs that prepare nurse practitioners incorporate *Criteria for Evaluation of Nurse Practitioner Programs* (NTF, 2012).

*Elaboration: Each degree/certificate program incorporates professional nursing standards and guidelines relevant to that program, area, role, population focus, or specialty. The program clearly demonstrates where and how content, knowledge, and skills required by identified sets of standards are incorporated into the curriculum.*

*APRN education programs (degree and certificate) (i.e., Clinical Nurse Specialist, Nurse Anesthesia, Nurse Midwife, and Nurse Practitioner) incorporate separate comprehensive graduate level courses to address the APRN core, defined as follows:*

- *Advanced physiology/pathophysiology, including general principles that apply across the lifespan;*
- *Advanced health assessment, which includes assessment of all human systems, advanced assessment techniques, concepts and approaches; and*
- *Advanced pharmacology, which includes pharmacodynamics, pharmacokinetics, and pharmacotherapeutics of all broad categories of agents.*

*Additional APRN core content specific to the role and population is integrated throughout the other role and population-focused didactic and clinical courses.*

*Separate courses in advanced physiology/pathophysiology, advanced health assessment, and advanced pharmacology are not required for students enrolled in post-master's DNP programs who hold current national certification as advanced practice nurses, unless the program has deemed this necessary.*

*Master's programs that have a direct care focus but are not APRN education programs (e.g., nursing education and Clinical Nurse Leader), incorporate graduate level content addressing the APRN core. They are not required to offer this content as three separate courses.*

### Program Response:

The faculty devoted particular attention to the curriculum in the past year, analyzing data to gain an understanding of the poor performance on NCLEX over the past three years. A curriculum mapping effort started in the Fall 2014 semester to align the program goals, course objectives, and student learning outcomes with the Essentials of Baccalaureate Education for Professional Practice (2013), NCLEX test Plan, and QSEN guidelines as well as leveling of student learning outcomes to the plan of study semester course level. This work will continue in the 2015-2016 year and into 2017. Each course syllabi is now undergoing revision to make sure the curriculum mapping and course syllabi match.

The review of the expected learning outcomes for the BSN students were derived from the (a) Program's mission, (b) philosophy of caring, (c) program goals, (d) the needs and expectations of the community of interest, (e) the American Association of Colleges of Nursing's (AACN) document, *The Essentials of Baccalaureate Education for Professional Nursing Practice* (2013), (f) the ANA Code of Ethics, and (g) the *District of Columbia Municipal Regulations for Nursing Schools* (2007).

As a result of this work the Nursing Program revised the course of study for new students admitted into the program effective Fall 2015 (Appendix III.B.1). Specific changes included (1) Combining NURS 262 Intro to Health Assessment and NURS 362 Advanced Health Assessment into one course; (2) moving NURS 360 Psychiatric Mental Health to the first semester Senior Year; (3) NURS 330 Nursing Research moved to second semester junior year; (4) elimination of NURS 417 Advanced skills and (5) Medical Surgical Nursing I (350) and II (361) increased to four credits; (5) NURS 480 Nursing Care of Older Adult content will be integrated into NURS 350 and 361. A Health Informatics course will be added effective Spring 2016 and NURS 491 and NURS 492 will be combined into one seminar course Appendix (III.B.2).

These changes were made in as a result of feedback from both full time and adjunct faculty, students based upon informal and formal student meetings, and feedback provided to schools at a number of clinical affiliation meetings throughout the academic year.

The majority of new students into the nursing program are admitted from the College of Arts and Sciences (CAS) where the majority of classes are offered during the day in one to two hour intervals. In an effort to increase student and faculty engagement the scheduling of classes for the first semester was changed to meet this format. It is hoped this will allow the student an opportunity to reflect on content presented in class, come to class with questions and develop a relationship with faculty. The RN-BSN plan of study did not undergo any changes in 2014-2015. That track will undergo a curriculum assessment during the 2015-2016 academic year.

Derived from the AACN *Essentials* document (2013), these threads facilitate course design and programmatic evaluation. The next phase of programmatic development involves integrating these curricular threads into every aspect of the nursing curriculum and support services.

### III-C. The curriculum is logically structured to achieve expected student outcomes.

- Baccalaureate curricula build upon a foundation of the arts, sciences, and humanities.
- Master's curricula build on a foundation comparable to baccalaureate level nursing knowledge.
- DNP curricula build on a baccalaureate and/or master's foundation, depending on the level of entry of the student.
- Post-graduate APRN certificate programs build on graduate level nursing competencies and knowledge base.

*Elaboration: Baccalaureate program faculty and students articulate how knowledge from courses in the arts, sciences, and humanities is incorporated into nursing practice. Post-baccalaureate entry programs in nursing incorporate the generalist knowledge common to baccalaureate nursing education as delineated in The Essentials of Baccalaureate Education for Professional Nursing Practice (AACN, 2008) as well as advanced course work.*

*Graduate curricula are clearly based on a foundation comparable to a baccalaureate degree in nursing. Graduate programs delineate how students who do not have a baccalaureate degree in nursing acquire the knowledge and competencies comparable to baccalaureate education in nursing as a foundation for advanced nursing education. Accelerated programs that move students from basic nursing preparation (e.g., associate degree or diploma education) to a graduate degree demonstrate how these students acquire baccalaureate level knowledge and competencies delineated in The Essentials of Baccalaureate Education for Professional Nursing Practice (AACN, 2008), even if they do not award a baccalaureate degree in nursing in addition to the graduate degree.*

*DNP programs, whether post-baccalaureate or post-master's, demonstrate how students acquire doctoral-level competencies delineated in The Essentials of Doctoral Education for Advanced Nursing Practice (AACN, 2006). The program provides a rationale for the sequence of the curriculum for each program.*

#### **Program Response:**

Trinity's BSN curriculum provides a solid foundation in the liberal arts and sciences, which students receive as a student in CAS during the first two years at Trinity in preparation for entry into the Nursing Program. The ratio of nursing and non-nursing courses ensures sufficient preparation for the safe and effective practice of nursing. Consistently, Nursing faculty and those who teach support courses, as well as the administration (Dean and CNO) meet to ensure continued course agreement between the general education and the major courses. Of the 128 credits required to graduate, students take 61 credits of nursing courses and 67 credits of general education courses. Many of the general education courses prepare students for their nursing courses, such as math, anatomy and physiology, statistics, sociology, psychology, nutrition, pathophysiology, chemistry, bioethics, and microbiology. Nursing faculty expect students to apply knowledge learned in these liberal arts courses to nursing course content, examples of which are shown in Table III.C.1. With this large number of courses in nursing and the sciences, students are well prepared for the nursing profession.

**Table III.C.1 Exemplars of Knowledge from Courses in the Arts, Sciences, and Humanities which provide a Foundation for Selected BSN Nursing Courses**

<b>BSN Prerequisite Courses in Liberal Arts and Sciences</b>	<b>Sample BSN Course</b>	<b>Nursing Program Expected Student Outcomes</b>
MATH 110 Statistics	NURS 330 Introduction to Research and Evidence-Based Practice	Apply critical thinking in the nursing process using research-based knowledge and evidence based health care to individuals, families, groups, communities, and populations
PHIL 251 Bioethics	NURS 117 Foundations for Nursing Practice	Provide quality health care within a framework of competent, moral, ethical, safe, and legal practices
INT 109 Information Literacy COM 110 Communication for Academic Success	NURS 410 Leadership and Management in Healthcare	Perform technical skills competently which includes the use of computers, patient care technologies, and information management systems
COM 255 Intercultural Communication  RST 290 Religions of the World	NURS 362 Advanced Health Assessment	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.
HPNU 210 Pathophysiology	NURS 350 Medical-Surgical Nursing I	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.
ECON 101 Introduction to Microeconomics	NURS 410 Leadership and Management in Nursing	Demonstrate basic knowledge of nursing history, contemporary issues, healthcare policy, finance, and regulatory environments that impact quality improvement, nursing, healthcare costs, and healthcare delivery.
COM 290 Public Speaking	NURS 360 Psychiatric/Mental Health Nursing	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.

The courses in the nursing program are organized so that beginning courses build knowledge necessary for the later courses, and thus the curriculum progresses in a logical, sequential order with increasing complexity. During their freshman and sophomore years, students take nursing prerequisites such as chemistry, nutrition, and microbiology. They do not begin their nursing courses until the junior year. The pre-licensure BSN and RN-BSN programs prepare professional nurses as generalists in clinical practice, building on a foundation of knowledge in the humanities, sciences, and related professional disciplines.

Students can enroll for their pre-requisite courses in the College of Arts and Sciences (CAS). Students who have already earned a baccalaureate may enter the School of Nursing and Health

Professions as second-degree candidates, and they must fulfill all specified pre-Nursing requirements, as outlined below. CAS is an historic all-women's college that offers classes in a traditional day-time format. The CAS-BSN and curriculum is designed as four-year 128 credit programs, although students may take longer to complete their courses of study depending on competing personal demands, such as full-time employment and family needs. Both programs require two years of pre-requisite course work in general studies prior to a student's acceptance into the nursing program where students take two years of course work within the nursing major. Nursing faculty expects students to carry forward the knowledge and skills gained from their liberal arts and science courses in order for them to understand and integrate nursing knowledge. To round out and continue their general education and apply it to their nursing experience, students take six credits of upper-division (300 or 400 level) elective courses, again reflecting both Trinity's institutional commitment to meshing liberal arts and practical experience as well as the Nursing profession's understanding of how vital liberal arts are to skilled health care providers.

### **College of Arts and Sciences Requirements**

The general education curriculum of the CAS focuses on four different curricular areas:

- Foundational Skills
- Knowledge and Inquiry
- Values and Beliefs
- Applications: Turning Knowledge into Action

Over the course of four years, CAS students take courses within each of these areas to achieve eight goals linked to the completion of the general education curriculum. As a result of successfully completing Trinity's general education curriculum, students will be able to:

- Read, understand, and analyze texts
- Communicate effectively in speech and in writing
- Understand and use quantitative reasoning to solve problems
- Locate, evaluate, and synthesize information in the construction of knowledge
- Explore and connect fields of knowledge in the liberal arts
- Apply diverse modes of inquiry to the study of human societies and the natural world
- Develop facility for moral reasoning and examine the moral and religious dimensions of human experience;
- Develop capacities for responsible citizenship and leadership in diverse communities

### **Core and Pre-Nursing Requirements of the College of Arts and Sciences Students**

- English Composition or Introduction to Writing
- Professional and Career Success in the Health Professions (critical reading course)
- Communication for Academic success
- Foundations of Math (effective Spring 2012 Finite Math, which has a particular attention to mathematics for health-care providers)
- Statistics



- Introduction to Psychology
- Introduction to Sociology
- Anatomy and Physiology I and II with lab
- Chemistry with lab
- Literature Course
- Principles of Economics
- Foreign Language I and II (6 credits)
- Religious Studies Course
- Fine Arts Course
- Microbiology with lab
- Nutrition
- Pathophysiology
- Bioethics
- History Course

**Pre-Nursing Requirements of the Second Baccalaureate Students**

- Anatomy & Physiology I and II with lab
- Microbiology with lab
- Chemistry with lab
- Mathematics
- Psychology
- Sociology
- Bioethics
- Statistics
- Nutrition
- Pathophysiology

**Liberal Arts and Sciences Requirements of the RN-BSN Students**

- English Composition
- Mathematics
- Information Literacy
- Introduction to Sociology
- Intercultural Communication, Spanish for the Workplace, Foreign Languages, or Public Speaking (6 credits)
- Introduction to Psychology
- Arts and Humanities (6 credits)
- Chemistry for Health Sciences with lab
- Nutrition
- Microbiology with lab
- Anatomy and Physiology I and II with lab
- Statistics
- Bioethics
- General Electives (6 credits) and Upper Level General Electives (6 credits)

**Table III.C.2 Course Sequence of Pre-Licensure BSN Program (prior to Fall, 2015)**

JUNIOR YEAR FIRST SEMESTER	
COURSE	CREDITS
NURS 117 Foundations for Nursing Practice	4
NURS 117L Foundational Skills for Nursing Practice Lab	1
NURS 220 Health Promotion, Policy, and Politics	3
NURS 262 Introduction to Health Assessment	3
NURS 215 Pharmacology	3
Upper Division General Education Elective (300 or 400 level course)	3
JUNIOR YEAR SECOND SEMESTER	
NURS 350 Medical-Surgical Nursing I	3
NURS 350C Medical-Surgical Nursing I Clinical	2
NURS 360 Psychiatric and Mental Health Nursing	3
NURS 360C Psychiatric and Mental Health Nursing Clinical	2
NURS 362 Advanced Health Assessment	2
NURS 362L Advanced Health Assessment Lab	1
NURS 417L Comprehensive Nursing Skills Lab	1
Upper Division General Education Elective (300 or 400 level course)	3
SENIOR YEAR FIRST SEMESTER	
NURS 361 Medical-Surgical Nursing II	3
NURS 361C Medical-Surgical Nursing II Clinical	2
NURS 410 Leadership and Management in Health Care	3
NURS 461 Pediatric Nursing or NURS 460 Maternity and Newborn Nursing	3
NURS 461C Pediatric Nursing Clinical or NURS 460C Maternity and Newborn Nursing Clinical	2
NURS 330 Nursing Research and Evidence-Based Practice	3
SENIOR YEAR SECOND SEMESTER	
NURS 460 Maternity and Newborn Nursing or NURS 461 Pediatric Nursing	3
NURS 460C Maternity and Newborn Nursing Clinical or NURS 461C Pediatric Nursing Clinical	2
NURS 420 Community and Public Health Nursing	3
NURS 420C Community and Public Health Nursing Clinical	2
NURS 480 Nursing of Older Adults	3
NURS 491 Senior Practicum Seminar	1
NURS 491C Senior Clinical Practicum	2
NURS 492 NCLEX Preparation	1
<b>TOTAL MAJOR CREDITS</b>	<b>67</b>

**Table III.C.3 RN-BSN Program Nursing Courses**

REQUIREMENTS	CREDITS
Total Nursing Transfer Credits	32
NURS 310 Advanced Health Assessment	2
NURS 310L Advanced Health Assessment Lab	1
NURS 320 Health Promotion, Policy, and Politics	3

NURS 325 Contemporary Issues in Nursing and Health Care	3
NURS 330 Nursing Research and Evidence-Based Practice	3
NURS 415 Pharmacology and Complementary/Alternative Therapies	3
NURS 410 Leadership and Management in Health Care	3
NURS 420 Community and Public Health Nursing	3
NURS 420C Community and Public Health Nursing Clinical	2
NURS 430 Emergency Nursing and Illness Prevention	3
NURS 450C RN Clinical Preceptorship	3
NURS 490 RN Capstone	3
Total Nursing Credits	32
General Education Course Credits	64
Associates Degree or Diploma Nursing Transfer Credits	32
RN-BSN Courses	32
Total Major Credits	128

During the first semester of the junior year, the pre-licensure nursing students take the foundations courses where they learn beginning level nursing theory, basic nursing skills, basic health assessment, and pharmacology. Juniors also take a health promotion, policy, and politics course to begin seeing how the health care system functions.

During the junior year, second semester, nursing students begin their first courses to examine common pathological health deviations. They take Medical-Surgical Nursing I in which they learn about nursing care of the pulmonary, cardiovascular, gastrointestinal, renal, and integumentary systems. They also learn about diabetes and fluid and electrolyte balance in this initial course. In addition, students take their psychiatric and mental health nursing course in this semester. Both of these courses are accompanied by clinical rotations. During this semester, students take an advanced health assessment course which further extends knowledge from the basic health assessment course to learning about history taking and the physical assessment of common health deviations. Essential nursing content is repeated in the curriculum at a more complex level as students' progress through the curriculum. They also take a course in comprehensive nursing skills that extends their knowledge of basic nursing technologies to critical care skills, such as EKGs, blood administration, central venous catheter care, tracheostomy care, ostomy care, and intravenous catheter insertion techniques.

The senior year, first semester continues with Medical-Surgical Nursing II, which covers the more complex musculoskeletal, immune, reproductive, endocrine, and neurological systems.

This course also covers perioperative care, pain, and stress reduction. During this semester the students take their nursing research and evidence-based practice course and also their leadership and management course. They either take pediatrics or maternity nursing during this semester. For the final semester, senior year, the students take either their maternity or pediatric rotation. They also go out into the community with a focus on public health care. They take a senior-level course, Nursing of Older Adults, which covers more advanced topics such as geriatrics, long term care and rehabilitation, end-of life care, cancer, critical care, and emergency nursing. In this course students critically analyze case studies of advanced patient care nursing situations. The Senior Clinical Practicum is conducted during the last semester senior year, when students perform a clinical rotation in an intermediate intensive care or telemetry unit and work with more than one patient to develop leadership and time-management skills and to provide patient care to a group of patients. In the senior practicum seminar students prepare for the issues of entry into practice. Students also attend a NCLEX-RN preparation seminar during their last semester, senior year, to help them review concepts, test taking strategies and identification of content for review specific to their own individual learning needs, expected to complete all steps necessary to prepare application for licensure to jurisdiction where they intend to practice.

Every nursing course emphasizes the curriculum threads of caring, evidence-based practice, critical thinking, diversity, information technology systems, and safe and competent patient care. Concepts taken from the Program's terminal expected learning outcomes are also integrated into all nursing courses, where appropriate as well as the various roles of the nurse as a provider, patient advocate, educator, and counselor.

The BSN curriculum also builds upon theory and application of the nursing process. The nursing process is a problem-solving framework for all nurse-client/patient interactions. This systematic method for providing care is composed of five interrelated phases: assessment, nursing diagnosis, planning patient goals and outcomes, implementation, and evaluation. As the student progresses through the program, s/he is expected to use the nursing process in planning and providing care for clients who have increasingly complex problems in a diversity of settings. The students are introduced to the nursing process in NURS 117 Foundations for Nursing Practice. They learn beginning assessment skills in NURS 262 Introduction to Health Assessment and more advanced skills of assessment in NURS 362 Advanced Health Assessment, students are presented with nursing situations where they learn how to assess for health deviations and to formulate nursing diagnoses. Students learn skills necessary for the implementation of the nursing process in NURS 117L Foundational Skills for Nursing Practice Lab and NURS 417L Comprehensive Nursing Skills Lab. The theory courses in medical-surgical, psychiatric, maternity, and pediatric nursing are taught using the nursing process as a framework for the presentation of nursing concepts. While in the clinical hospital settings, students are required to write nursing care plans on selected patients. In the theory course, NURS 480 Nursing of Older Adults, students present nursing case studies and learn to critically evaluate care plans that they have designed. During NURS 491C Senior Clinical Practicum, students use the nursing process to care for and design nursing care plans for patients with multisystem complex nursing diagnoses.

**III-D. Teaching-learning practices and environments support the achievement of expected student outcomes.**

*Elaboration: Teaching-learning practices and environments (classroom, clinical, laboratory, simulation, distance education) support achievement of expected individual student outcomes identified in course, unit, and/or level objectives.*

**Program Response:**

For the pre-licensure BSN program and the RN-BSN program, a variety of effective teaching-learning practices and supportive environments provide opportunities for students to demonstrate behaviors consistent with course objectives and program expected student learning outcomes. One of the most common teaching-learning practices and environments are didactic lectures whereby faculty and guest lecturers share their knowledge of current research and clinical knowledge within the classroom setting. Trinity nursing classes are small. The clinical groups are a maximum of six due to parameters placed by the health care organizations and the didactic class size is capped at 32 students. Due to low enrollment the average class size the past year has been 10-25 students per class. To facilitate learning, Trinity has state-of-the art Smart technology and large-screen computer monitors in classrooms, readily available for presentations incorporating technology, and all classrooms have internet reception. Some of the courses, such as the RN Capstone and the Senior Seminar course are taught with a seminar approach, engaging students in group discussions. Students have the opportunity to express themselves and think critically through issues presented to them by faculty. On-line Forums for these courses are also posted in Trinity's Learning Management system Moodle to provide students to communicate their thoughts in writing and join discussions with other students. Given Trinity's location in the District of Columbia many opportunities are provided for our students to observe the agenda setting for health policy, attend local and federal events for the implementation and evaluation of health policy which affects the nation.

**III-E. The curriculum includes planned clinical practice experiences that:**

1. enable students to integrate new knowledge and demonstrate attainment of program outcomes; and
2. are evaluated by faculty.

*Elaboration: To prepare students for a practice profession, each track in each degree program and post-graduate APRN certificate program affords students the opportunity to develop professional competencies in practice settings aligned to the educational preparation. Clinical practice experiences are provided for students in all programs, including those with distance education offerings. Clinical practice experiences involve activities that are designed to ensure students are competent to enter nursing practice at the level indicated by the degree/certificate program. The design, implementation, and evaluation of clinical practice experiences are aligned to student and program outcomes.*

**Program Response:**

## Clinical Rotation Sites

The School of Nursing and Health Professions has active affiliation agreements with clinical partners throughout the District of Columbia and Greater Washington region. These agreements are reviewed and updated annually, and new sites are added on a regular basis. Our number of affiliation agreements is steadily increasing as the Dean, CNO, and Clinical Coordinator seek out new clinical partnerships for the pre-licensure and RN-BSN program. The program currently has agreements with 35 clinical sites for clinical education. However, due to our decreased enrolment we are not currently utilizing all of them for actual rotations. The metropolitan area provides for a rich and diverse source of clinical agencies, and students have been well-received. Currently, Trinity students are enrolled in 10 -15 clinical rotations per semester in 8 different prominent acute-care and rehabilitation hospitals in the area of the nation’s capital. These hospitals are listed in Table III.E.1. Students also learn the practice of community, public health, psychiatric, and maternal-child nursing in many community settings, as listed in (Table III.E.2.)

**Table III.E.1 Hospital Clinical Rotation Sites**

Hospital	Classification	Specialties used by Trinity Students
Children’s National Medical Center	Acute Care	Pediatrics
Howard University Hospital	Acute Care	Medical-Surgical and Maternity and Newborn Community
Southern Maryland Hospital	Acute Care	Medical-Surgical Community Health
Providence Hospital	Acute Care	Medical-Surgical Obstetrics
Sibley Memorial Hospital	Acute Care	Maternity and Newborn
St. Elizabeth’s Hospital	Acute Care	Psychiatric
Bridge Point Hospital	Rehabilitation	Adult Rehabilitation and ventilator-dependency care
Washington Hospital Center	Acute Care	Medical-Surgical Nursing Psychiatric

**Table III.E.2 NURS 420C Community and Public Health Nursing Clinical Rotation Sites**

Hospital or Clinic / Location
Arlington Free Clinic Arlington, Virginia
Southern MD ,Clinton, MD
Community of Hope, Washington, DC
Anchor Mental Health Washington, DC

Hospital or Clinic / Location
DC Department of Health, Washington, DC
Montgomery Hospice, Rockville, MD
Joseph House , Washington, DC
The Forbush School of Prince George County, Capitol Heights, MD
Perry Family Health Center, Washington, DC
Whitman Walker Clinic , Washington, DC

Another teaching-learning environment highly effective in supporting students in reaching expected student outcomes is the Nursing Program’s skills laboratory which supports all courses in the curriculum. A laboratory component is part of NURS 117-Foundations of Nursing, NURS 417 Advanced Skills and NURS 262 and 362 Health Assessment. The laboratory is available for student practice and assistance if needed with a specific skill by meeting with the Lab Coordinator. Students are also provided an opportunity to participate in a simulation learning laboratory experience during their pediatrics rotation at the Children’s National Health System and soon will begin on-campus simulation with maternity and newborn scenarios. The Clinical Coordinator is actively working to integrate more of a community focus in all clinical rotations resulting from decrease acute care clinical sites availability and emerging health care trends.

**III-F. The curriculum and teaching-learning practices consider the needs and expectations of the identified community of interest.**

*Elaboration: The curriculum and teaching-learning practices (e.g., use of distance technology, didactic activities, and simulation) are appropriate to the student population (e.g., adult learners, second language students, students in a post-graduate APRN certificate program) and consider the needs of the program-identified community of interest.*

**Program Response:**

Faculty consider the needs and expectations of the community of interest when implementing teaching-learning practices and designing curriculum. Program administrators have recently met with several nearby hospitals, including the Washington Hospital Center (WHC), Children’s National Health System (CNHS), Bridge Point and Providence Hospitals to discuss their needs for the education of current and future nurses. The latter two are specifically interested in developing a partnership to increase the number of BSN prepared nurses within their organizations by developing a program for nurses to enter Trinity’s RN-BSN program.

Trinity’s relationships with local communities depend on proximity as well as other networks. For instance, Trinity has the good fortune of being located two blocks from Children’s National Medical Center, National Rehabilitation Hospital, Washington Hospital Center, and the DC Veteran’s Administration Medical Center. The Nursing Program currently has a relationship with the Washington Hospital Center to educate their RN-BSN students at a reduced tuition rate.

Trinity students are also included in summer student extern programs with several local hospitals.

In response to other community interests and in light of student needs, Trinity makes concerted effort to use tools such Moodle, Trinity's online course management system. Hybrid courses have been designed for the RN-BSN program. The CNO exit interview and Moodle course evaluations conducted at the end of every semester provide feedback which influences which teaching-learning practices may need to be changed. At midterm and the end of each semester faculty complete a course report which tracks the grades for each course. Faculty must list strategies' for remediation during the semester and future recommendations for the next time course is taught. This information is then utilized at end of year planning for next the academic year.

Nursing faculty and administrators, and University administrators attend conferences regularly to stay apprised of the best practices in nursing education, the needs of professional nurses, and the staffing and knowledge needs of hospitals and community health agencies. The CNO, Dean, and faculty receive input from local health care facilities to inform the changes in our curriculum. In particular, administrators and faculty realize that the Washington, DC area is increasingly diverse culturally, both within the patient population and among the nursing workforce. To that end, the Nursing Program includes diversity as a continuous curricular thread. Trinity also offers courses in Intercultural Communication COM 225, and Spanish for the Workplace SPAN 103.

Other curricular changes reflect an institutional and community commitment to enhancing Nursing education. The CAS and faculty are creating courses that will serve as helpful general education electives for nursing students. One such popular elective is Conflict in the Workplace. The changes in technology in the workplace mandate a new focus in preparing nursing students, and thus information technology systems is in place as another curricular thread. The nursing program is progressively integrating electronic documentation through SimChart in addition to students participating in electronic medical record training at local facilities prior to working in the clinical areas. Faculty and administrators also ensure that courses cover content to address advanced nursing technologies. In particular, students study 12-lead ECG skills and interpretation, mechanical ventilation skills, intravenous central line care, intravenous insertion and blood drawing, chest-tube, emergency care, and shock-trauma skills.

In further support of concentrated interface with communities of interest, the CNO has made available time within the Senior Seminar course to invite recruiters and speakers from local health care agencies and organizations to present on relevant topics to Trinity's students and professors. Knowing local hospitals' needs has helped the CNO and faculty to improve the curriculum and teaching-learning practices.

**III-G. Individual student performance is evaluated by the faculty and reflects achievement of expected student outcomes. Evaluation policies and procedures for individual student performance are defined and consistently applied.**

*Elaboration: Evaluation of student performance is consistent with expected student outcomes. Grading criteria are clearly defined for each course, communicated to students, and applied*



consistently. Processes exist by which the evaluation of individual student performance is communicated to students. In instances where preceptors facilitate students' clinical learning experiences, faculty may seek input from preceptors regarding student performance, but ultimately faculty are responsible for evaluation of individual student outcomes. The requirement for evaluation of student clinical performance by qualified faculty applies to all students in all programs. Faculty evaluation of student clinical performance may be accomplished through a variety of mechanisms.

**Program Response:**

Grading criteria and evaluation systems are defined for all students and communicated via University web sites, nursing student Handbook and individual course syllabi. The course syllabi provide the evaluation modes and percentage of each assignment/ test/ quiz as it applies to the respective course. Faculty evaluates students in each course through a variety of methods. Course objectives and evaluation methods increase in complexity as the students' progress through the program to address application, clinical reasoning and judgment, delegation and critical thinking demonstrated in the management of care for patients. The following, Table III.G.1, shows examples of how expected individual learning outcomes are measured in the Nursing Program. The Clinical Performance Progress Record evaluates the students' caring behaviors, communication skills, medication calculation, technical skills, leadership and professional behaviors. Other performance indicators are quantitative results of student performance on formal written papers, community surveys, group projects, in class presentations, on-line Moodle discussions, patient care plans, interviews, oral persuasive presentations, , registered nurse portfolios and poster presentations. The grading rubrics measure writing, math, oral presentation, and group dynamics skills.

**Table III.G.1 Measurement of Expected Individual Learning Outcomes in the BSN Nursing Program**

Nursing Course	Sample Expected Individual Learning Outcome	Sample Learning Activities	Methods of Evaluation	Learning Domain
NURS 117 Foundations for Nursing Practice	Discuss the principles of therapeutic communication and techniques used for interacting with clients.	Classroom discussions	Quizzes Exams Results of ATI testing	<b>Cognitive</b> Defining Discussing
NURS 117L Foundational Skills for Nursing Practice	Demonstrate psychomotor and technical competency in performing the selected nursing skills & procedures.	Skills Videos  Power point lectures  Demonstrations  Practice with patient care simulators	Skills demonstrations and check-off lists	<b>Psychomotor</b>  Technical nursing bedside skills  Computing Demonstrating
NURS 220 Health Promotion, Politics, & Policy	Identify the economic, legal, regulatory processes and political factors that influence professional	Attendance at legislative health hearing on Capitol Hill	Congressional/DC Council Hearing Synopsis: Health Policy	<b>Cognitive</b>  Discussing Analyzing

<b>Nursing Course</b>	<b>Sample Expected Individual Learning Outcome</b>	<b>Sample Learning Activities</b>	<b>Methods of Evaluation</b>	<b>Learning Domain</b>
	nursing practice and health care delivery.		Individual Progress report on Group Project Health Policy Issue/Option Group Project Opinion-Editorial to a Newspaper Oral Persuasive Presentation, Mock Meeting	
NURS 262 Introduction to Health Assessment	Define the tools and scales used in the assessment of pain as the fifth vital sign.	Vital Signs Pain Assessment Basic patient assessment in nursing home	Laboratory Demonstrations Quizzes	<b>Psychomotor</b> Basic physical assessment
NURS 330 Introduction to Research and Evidenced-Based Practice	Analyze nursing research and demonstrate the ability to critique nursing research	Student comparisons of qualitative and quantitative research articles	Papers, tests, debates, group participation	<b>Cognitive</b> Describing Analyzing
NURS 350C Medical-Surgical Nursing I Clinical	Develop, implement, and evaluate care for individuals with recognition of pathophysiologic influences using appropriate criteria and incorporate into care plans	Comprehensive Patient care provided to one patient	Clinical Evaluation Tool	<b>Psychomotor</b> <b>Cognitive</b> <b>Affective</b> Assessing Planning Implementing Evaluating
NURS 360 Psychiatric/Mental Health Nursing	Discuss principles of group process and group dynamics for interacting with clients with behavioral disorders and their families.	Lecture, Power Point Presentation, Small Group Discussion, Guided Activities, Case Studies, quizzes and examinations	Exams Papers Quizzes Class participation	<b>Cognitive</b> <b>Affective</b> Describing Discussing Assessing Planning
NURS 360C Psychiatric/Mental Health Nursing Clinical	Demonstrate principles of group process and group dynamics when interacting with clients and	Group leader for psychiatric in-patients One-on one	Student Evaluation based on Clinical Evaluation Tool	<b>Cognitive</b> <b>Affective</b> Discussing

<b>Nursing Course</b>	<b>Sample Expected Individual Learning Outcome</b>	<b>Sample Learning Activities</b>	<b>Methods of Evaluation</b>	<b>Learning Domain</b>
	their families	counseling with Psychiatric inpatients		feelings and values Intervening Evaluating
NURS 362L Advanced Health Assessment Lab	Apply physical exam and health assessment techniques to evaluate the older adult, pediatric, and obstetric patient	Listening for Heart sounds and Lung sounds  Health history taking	Performance on head-to-toe assessment	<b>Psychomotor</b>  Advanced physical assessment skills
NURS 410 Leadership and Management in Healthcare	Compare and contrast different reimbursement methods and their incentives to control costs	Debate  APA Formal Paper  Internet Moodle forum discussions	Grade on Paper  Grade on debate performance	<b>Affective</b>  Discussions of feelings about leadership styles  <b>Cognitive</b>  Evaluating Arguing <b>Psychomotor</b>  Writing skills  Speaking skills
NURS 420 Community and Public Health Nursing	Interpret basic epidemiological, demographic, and statistical measures of community health	Group Assignment: Community Windshield Survey	Community Windshield Survey Group Presentation	<b>Cognitive</b>  Evaluating and analyzing a community
NURS 491C Senior Clinical Practicum	Coordinate care of clients and their families with other members of the health care team.	Comprehensive nursing care and coordination of care provided to a group of patients or one critical care patient	Evaluation of nursing written documentation skills, communication, and organizational skills in managing a group of patients	<b>Psychomotor</b>  Advanced bedside nursing skills  <b>Cognitive</b>  Utilizing critical thinking skills
NURS 492 NCLEX Preparation	Identify test-taking strategies appropriate for the NCLEX exam	ATI in-class and on-line practice test-taking skills	Instructor checks on-line to determine if students are taking practice tests	<b>Psychomotor</b>  Test-taking skills

<b>Nursing Course</b>	<b>Sample Expected Individual Learning Outcome</b>	<b>Sample Learning Activities</b>	<b>Methods of Evaluation</b>	<b>Learning Domain</b>
RN-BSN Course NURS 430 Emergency Nursing and Illness Prevention	Differentiate the signs and symptoms of common illnesses seen in the community	Power point lecture presentations, discussions, case studies, community field trip	Class participation, quizzes, exams	<b>Cognitive</b> Critical thinking Evidence-based practice
RN-BSN Course NURS 415 Pharmacology & Complementary/Alternative Therapies	Describe complementary/alternative therapies and how they relate to cultural, ethnic, and religious diversity	Case study presentations Demonstrations Skills Practice	Quizzes, exams, Return demonstrations and skills check-off lists	<b>Affective</b> <b>Cognitive</b> <b>Psychomotor</b> Skills in touch healing, massage, caring exercises
RN-BSN Course NURS 490 RN Capstone	Utilize appropriate principles of teaching and learning and a minimum of one form of electronic media in implementing a professional class presentation	Formal power point lecture presentation to a nursing class  Personal presentation to class on nursing theory that guides one's practice	Grade for evidence-based practice class presentation  Submission of APA formal paper for publication  Written career goals and objectives	<b>Cognitive</b> Critical Thinking and analysis of research and evidence-based practice  <b>Affective</b> Discussions of Caring and nursing situations  <b>Psychomotor:</b> Power point and internet Technology and Writing skills

III-H. Curriculum and teaching-learning practices are evaluated at regularly scheduled intervals to foster ongoing improvement.

*Elaboration: Faculty use data from faculty and student evaluation of teaching-learning practices to inform decisions that facilitate the achievement of student outcomes. Such evaluation activities may be formal or informal, formative or summative. Curriculum is regularly evaluated*

*by faculty and other communities of interest as appropriate. Data from the evaluation of curriculum and teaching-learning practices are used to foster program improvement.*

### **Program Response:**

The Dean, CNO, and Nursing faculty have developed and implemented a plan for the evaluation of the Nursing program which is performed annually and more frequently for certain areas if needed. The expected learning outcomes are evaluated using performance indicators. The Nursing Total Program Evaluation Plan summarized in Appendix I.F.1 illustrates how the curriculum, students, faculty, administration, organization, and environment of the nursing program are evaluated. The following tools and methods are used to evaluate curriculum and teaching-learning strategies within the nursing program.

### **Course Evaluations**

Students evaluate nursing program courses at the end of each semester through an online format via the Moodle Learning Management System. The evaluation is standardized for use throughout all academic units. The standard online evaluation has 32 questions and a 5-point Likert Scale, although faculty may also develop questions specific to their courses. Students also have a section of the evaluation where they can write in comments and suggestions.

The Nursing Program CNO, Dean and faculty use student outcome data collected with the following tools to make curricular and programmatic changes.

- **Clinical Facility Evaluation Tool** affords both students and faculty have the opportunity to evaluate their clinical facilities.
- **Clinical Site Evaluation of Students and Faculty Survey** – clinical sites provide feedback on their experience with students and faculty
- **Faculty Course Reports** - Faculty has the opportunity to report on the performances of their students and to evaluate their lecture and clinical courses in order to submit feedback for change to the CNO.
- **Clinical Performance Progress Report** - The Clinical Performance Progress Record measures the students' caring behaviors, communication, math skills, technical skills, leadership skills, and professional behaviors in the clinical environment.

### **ATI Comprehensive Assessment and Review Program**

Over the past three years, the Nursing program has been implementing the ATI Comprehensive Assessment and Review Program. The students take standardized tests at the end of each course in the plan of study except Nursing Research and Nursing Care of the Older Adult. A focused effort has been spent to improve the integration of the ATI components (focused reviews, practice tests and tutorials) for supplemental instruction, remediation and in class use by faculty to assist in improving students outcomes. Student progress and performance can be evaluated in comparison with national trends.

### **Standard IV**

#### **Program Effectiveness: Assessment and Achievement of Program Outcomes**

The program is effective in fulfilling its mission and goals as evidenced by achieving expected program outcomes. Program outcomes include student outcomes, faculty outcomes, and other outcomes identified by the program. Data on program effectiveness are used to foster ongoing program improvement.

#### IV-A. A systematic process is used to determine program effectiveness.

*Elaboration: The program uses a systematic process to obtain relevant data to determine program effectiveness. The process:*

- 1. is written, ongoing, and exists to determine achievement of program outcomes;*
- 2. is comprehensive (i.e., includes completion, licensure, certification, and employment rates, as required by the U.S. Department of Education; and other program outcomes);*
- 3. identifies which quantitative and/or qualitative data are collected to assess achievement of the program outcomes;*
- 4. includes timelines for collection, review of expected and actual outcomes, and analysis; and*
- 5. is periodically reviewed and revised as appropriate.*

#### **Program Response:**

Trinity promotes an assessment-rich culture that continually uses relevant data sets to foster initiatives promoting student success. Academic programs participate in a three year assessment process whereby faculty demonstrates how data drive programmatic decision-making. Programs develop or revise their mission, program and student learning outcomes and develop a data collection plan in the first year, collect data in the second year, followed by analysis of findings conclusions, and discussion of how the assessment results will be used to improve the program.

The nursing program participates in this annual assessment process. During the most recent three year cycle the program focused its assessment on admission requirements, retention, graduation rates, and NCLEX-RN pass rates. Subsequently the program decided to maintain its mission and philosophy while revising the program goals, and student learning outcomes to be in realignment with the *Essentials of Baccalaureate Nursing Education, the 2013 NCLEX Test Plan*, and QSEN guidelines (Appendix I.B.1)

#### **Program Data Sources**

The Chief Nursing Officer (CNO) directs the nursing faculty in the evaluation of the nursing program, in consultation with the academic administration to gather all relevant data which may include students' backgrounds, secondary school preparation, former collegiate experience, and any other relevant information to assist Trinity's assessment efforts to improve both program and student learning outcomes. Since the program's inception, faculty focused on graduation and NCLEX-RN passage rates – understandably important indicators – assessing how these have been influenced by students' educational background, family responsibilities, past sociocultural experiences, test anxiety, and confidence levels. Faculty review data bi-annually, with special attention to established benchmarks and areas Trinity has historically found as challenges for underserved students, especially those transferring from other institutions. The faculty unites in their commitment to evolving courses and resources to meet students' needs, whether through re-designing curricula or building specific support mechanisms such as tutoring workshops or mandating access to technological tools. The Nursing Total Program Evaluation Plan (Appendix I.F.1) outlines the comprehensive review conducted by faculty to achieve student and program success. The four major tools used for measurement are described below:

**Nursing Graduate Exit Survey:** online survey and in person interview with CNO in the final semester, the interview affords students the opportunity to evaluate level of satisfaction with their experience as a student at Trinity and as a nursing student in the nursing program;

**Nursing Alumnae/i Survey:** administered one year post graduation to all alumnae/I. the number of allied health programs has increased since the inception of the nursing program and NHP. The collegiate unit with the nursing program's input will revise these surveys to have consistent measures across all program area while including items that are program specific.

**Nursing Program Employer Survey:** administered to employers one-year post-graduation to gain an understanding and satisfaction level of the preparation and performance of the Trinity nursing student graduate in the workplace. One health care organization self-reports hiring 15 Trinity graduates in the last two years shared in clinical affiliates meeting attended by CNO (2015).

**Trending graduate performance on the NCLEX-RN Exam:** the CNO and faculty work very diligently with our students throughout the nursing program to assist students to develop skills in the areas of critical thinking, test anxiety, test taking skills, and understand ones learning style. A significant amount of time is also done monitoring students' performance on ATI content mastery performance and course tests, to assist in early implementing immediate remediation measures as soon as possible to address the concern. Given the significant emphasis on first-time success in this test environment, the CNO works closely with the faculty to explore mechanisms for helping students strengthen their proficiencies as the NCLEX-RN exam measures them.

#### **IV-B. Program completion rates demonstrate program effectiveness.**

*Elaboration: The program demonstrates achievement of required program outcomes regarding completion. For each degree program (baccalaureate, master's, and DNP) and post-graduate APRN certificate program:*

- 1. The completion rate for each of the three most recent calendar years is provided.*
- 2. The program specifies the entry point and defines the time period to completion.*
- 3. The program describes the formula it uses to calculate the completion rate.*
- 4. The completion rate for the most recent calendar year is 70% or higher. However, if the completion rate for the most recent calendar year is less than 70%, (1) the completion rate is 70% or higher when the annual completion rates for the three most recent calendar years are averaged or (2) the completion rate is 70% or higher when excluding students who have identified factors such as family obligations, relocation, financial barriers, and decisions to change major or to transfer to another institution of higher education.*

*A program with a completion rate less than 70% for the most recent calendar year provides a written explanation/analysis with documentation for the variance.*

*This key element is not applicable to a new degree or certificate program that does not yet have individuals who have completed the program.*

**Program Response:**

Students entering Trinity’s pre-licensure program do so from one of three entry points: College of Arts and Sciences (CAS); School of Professional Studies (SPS); and NHP as a second baccalaureate degree candidate. Students apply to nursing after the completion of general education and nursing program prerequisite courses (61 credits). The nursing program admits twice a year into the first semester junior year. Students may apply for admission to the nursing program the last semester of their sophomore year. The remaining 67 nursing program credits are completed in the nursing program for a total of 128 credits needed for graduation.

Nursing program retention rates are calculated from the time of admission into nursing until all courses are completed in the plan of study. Students who change majors and/or dismissed from the nursing program and complete another degree at Trinity are not considered BSN graduates.

The nursing program calculates its pre-licensure program graduation rate by evaluating the percentage of students who complete the nursing curriculum in the prescribed two years (four semesters), three years (six semesters) and overall program (three program tracks). Program completion data by composite year and cohort start date is presented in Table IV.B.1. The greatest percentage of students finish the program within two years or four semesters after admittance to the nursing program. The pre-licensure program’s three year aggregate data shows a 72% graduation rate.

**Table IV.B.1: Pre-licensure Program Completion Data 2012-2014**

Year	Number Enrolled	Graduates Two Years	Completion Rate Four Semesters)	Graduates Six semesters	Completion Rate Three years	Number of Graduates overall	Completion Rate Overall
2012	48	33	69%	44	92%	46	94%
2013	89	48	54%	62	70%	64	72%
2014	116	49	42%	71	61%	73	63%
3 YR Aggregate	253	130	51%	177	70%	183	72%

At least 25% of students did not complete the program in two years and /or successfully complete the program due to inactive enrollment of at least one semester or greater due to financial difficulties, family obligations, or health reasons. Seventeen (5%) of the students who did not complete the program earned a Trinity degree in another major. One student transferred due to financial reasons and one student transferred due to family relocation.

RN-BSN students are admitted simultaneously to Trinity and the nursing program based on established admission criteria. A progressive decline in overall enrollment in this program track has been observed over the last three years. The RN-BSN calculates overall program completion for all students who enrolled in at least one course in the program. Table IV.B.2 depicts the RN-BSN program completion data for the most recent three years.



The RN-BSN program has experienced problems in both admitting and retaining students in this track. The NHP Dean and Admissions Office have started strengthening community partnerships with nearby hospital partners, National Rehabilitation Hospital, Providence Hospital, Bridgepoint Hospital, and Washington Hospital Center. Simultaneously the nursing program has begun an assessment of the RN-BSN curriculum, program and offering of classes. Trinity expects to submit a curricular modification through Trinity's institutional governance process during the 2015 academic year.

**Table IV.B.2 RN-BSN Program Completion Data**

Year	Number Enrolled	Students Completed	Overall Completion Rate
2012	28	17	61%
2013	21	8	38%
2014	22	5	23%
3 Year Aggregate	71	30	42%

**IV-C. Licensure and certification pass rates demonstrate program effectiveness.**

*Elaboration: The pre-licensure program demonstrates achievement of required program outcomes regarding licensure.*

1. The NCLEX-RN® pass rate for each campus/site and track is provided for each of the three most recent calendar years.
2. The NCLEX-RN® pass rate for each campus/site and track is 80% or higher for first-time takers for the most recent calendar year. However, if the NCLEX-RN® pass rate for any campus/site and track is less than 80% for first-time takers for the most recent calendar year, (1) the pass rate for that campus/site or track is 80% or higher for all takers (first-time and repeat) for the most recent calendar year, (2) the pass rate for that campus/site or track is 80% or higher for first-time takers when the annual pass rates for the three most recent calendar years are averaged, or (3) the pass rate for that campus/site or track is 80% or higher for all takers (first-time and repeat) when the annual pass rates for the three most recent calendar years are averaged.

A campus/site or track with an NCLEX-RN® pass rate of less than 80% for first-time takers for the most recent calendar year provides a written explanation/analysis with documentation for the variance and a plan to meet the 80% NCLEX-RN® pass rate for first-time takers. The explanation may include trend data, information about numbers of test takers, data relative to specific campuses/sites or tracks, and data on repeat takers.

The graduate program demonstrates achievement of required program outcomes regarding certification. Certification results are obtained and reported in the aggregate for those

*graduates taking each examination, even when national certification is not required to practice in a particular state.*

- 1. Data are provided regarding the number of graduates and the number of graduates taking each certification examination.*
- 2. The certification pass rate for each examination for which the program prepares graduates is provided for each of the three most recent calendar years.*
- 3. The certification pass rate for each examination is 80% or higher for first-time takers for the most recent calendar year. However, if the pass rate for any certification examination is less than 80% for first-time takers for the most recent calendar year, (1) the pass rate for that certification examination is 80% or higher for all takers (first-time and repeat) for the most recent calendar year, (2) the pass rate for that certification examination is 80% or higher for first-time takers when the annual pass rates for the three most recent calendar years are averaged, or (3) the pass rate for that certification examination is 80% or higher for all takers (first-time and repeat) when the annual pass rates for the three most recent calendar years are averaged.*

*A program with a pass rate of less than 80% for any certification examination for the most recent calendar year provides a written explanation/analysis for the variance and a plan to meet the 80% certification pass rate for first-time takers. The explanation may include trend data, information about numbers of test takers, and data on repeat takers.*

*This key element is not applicable to a new degree or certificate program that does not yet have individuals who have taken licensure or certification examinations*

#### **Program Response:**

The Trinity nursing program has experienced significant challenges in meeting and maintaining the District of Columbia Board of Nursing's (DCBON) benchmark as it relates to first time pass rate on the NCLEX which is 95% of the national pass rate. Data from 2012-2014 (Table IV.C.1) shows a total of 171 graduates, 164 taking the NCLEX with 55% passing the exam on the first attempt. The overall pass rate for the group improved slightly to 64.9%. Concentrated work between faculty and students on test anxiety, testing confidence, and early identification of content areas for remediation individualized to specific student learning needs was achieved by integration of the CAPSTONE CONTENT REVIEW in the NCLEX course and Virtual ATI (VATI) NCLEX review program starting 30 days prior to graduation.

The importance of testing early was also continuously reinforced with the graduating cohort. All of these actions resulted in a 2015 first-quarter NCLEX-RN pass rate improvement to 75%. Full-time students admitted into the nursing program from the College of Arts and Sciences (CAS) demonstrated better first-time and overall NCLEX-RN success than part-time, evening/weekend, and second degree students.

#### **Table IV.C.1 2012-2014 NCLEX-RN Pass Rates**

Graduates	Number Graduated	Number Taken NCLEX	Passed first attempt	First Time Pass Rate	Number Passed Overall	Overall Pass Rate
2012-2014	171	164	91	55%	100	64.9%

The program's NCLEX-RN first-time pass rates have progressively improved from 52.83% in 2012 to 75% for the first quarter of 2015. The results from the December 2014 cohort with 73.3% being successful on the first attempt contributed significantly to the improvement.

**Table IV.C.1. Trinity Annual NCLEX-RN First Time Pass Rate: Reported the District of Columbia Board of Nursing: 2012 through First Quarter of 2015**

Year	Number Taken	Number Passed	First-time Pass Rate
2012	53	28	52.83%
2013	48	20	41.67%
2014	77	43	55.84%
2015 First Quarter	16	12	75%

**Table IV.C.2 2012-2015 NCLEX-RN Pass Rates by Pre-licensure Entry Point**

	Number Taken	Passed on 1 <sup>st</sup> Attempt	Passed Overall	1st Time Pass Rate	Overall Pass Rate
SPS	112	56	70	50%	63%
2 <sup>nd</sup> Degree	24	11	12	46%	50%
CAS	50	32	35	64%	70%

As a result of the above data Trinity discontinued accepting students into the pre-licensure program BSN option through the School of Professional Studies (SPS) and temporarily suspended admission for students into the 2<sup>nd</sup> degree pathway. Admittance for students holding a degree in another discipline was resumed in fall, 2014 with higher admission standards.

Trinity remains committed to improve first time NCLEX-RN pass rates thereby contributing to the District of Columbia nursing workforce. Dr. Pope brings expertise in improving NCLEX outcomes from her work at Coppin State University and Assessment Technologies Institute (ATI). She and nursing faculty have implemented a NCLEX preparation plan focused on content knowledge, test taking strategies, and intensive remediation for the fall 2014 and spring 2015 graduating cohorts as outlined below:

- Fall 2014 nursing candidates for graduation were required to take the Comprehensive Predictor 3.0 (2013) and achieve a score of 74.7% or better.

- If the student is unsuccessful in achieving the required 74.7% on the Comprehensive Predictor the recorded grade for NURS 492 will be an *INCOMPLETE* until the student has successfully achieved the required score of 74.7 or higher.
- The student will enroll in Virtual-ATI NCLEX-RN review course and complete all requirements before their 2nd attempt on the Comprehensive Predictor.
- Each graduating senior enrolled in NURS 492 is closely monitored by course faculty and CNO for early intervention to identify severity of content deficiency and assist student in developing a plan of action to address the areas of concern. Students are also encouraged to develop a financial plan for paying the expenses associated with taking the NCLEX exam and meeting final financial obligations for the university which can also prevent a student's graduation.
- All students must complete an EXIT INTERVIEW with the CNO to discuss the students perception of 'readiness to test and recommendations on how the program can do it better next time.

#### IV-D. Employment rates demonstrate program effectiveness.

*Elaboration: The program demonstrates achievement of required outcomes regarding employment rates.*

1. The employment rate is collected separately for each degree program (baccalaureate, master's, and DNP) and post-graduate APRN certificate program.
2. Data are collected within 12 months of program completion. For example, employment data may be collected at the time of program completion or at any time within 12 months of program completion.
3. The employment rate is 70% or higher. However, if the employment rate is less than 70%, the employment rate is 70% or higher when excluding graduates who have elected not to be employed.

*Any program with an employment rate less than 70% provides a written explanation/analysis with documentation for the variance.*

*This key element is not applicable to a new degree or certificate program that does not yet have individuals who have completed the program.*

#### **Program Response:**

Trinity nursing graduates employment history speaks to the program's success and community of interest strong investment in and commitment to Trinity's program. Of the graduates who passed the NCLEX-RN and licensed in one of the three surrounding jurisdictions 67% are known to be employed in the nursing field. Anecdotal data (student's feedback, request for reference letters, agency staff, etc.) indicate a number of the clinical agencies in which our students did clinical rotations while in the program are the primary source of employers. The data available for employment rates is currently not available due to transition of staff and incomplete data analysis on this indicator. It will be the primary responsibility of the clinical coordinator in consultation with the CNO to prepare the employers survey, collect data, and procedure for

analysis of data annually. This will begin effective for the academic year 2014-2015. A recent graduate stated that Trinity is well-represented on a cardiac care unit with five graduates working there. Graduates work in nearby facilities serving clients at Children's Health System, Providence Hospital, Howard University Hospital, Sibley Hospital, and a number of community facilities. This data point is the clearest indicator that the program supports the mission that led to its very founding and that echoes the institution's founding as well: preparing nurses to serve the Greater Washington region.

#### **IV-E. Program outcomes demonstrate program effectiveness.**

*Elaboration: The program demonstrates achievement of outcomes other than those related to completion rates (Key Element IV-B), licensure and certification pass rates (Key Element IV-C), and employment rates (Key Element IV-D); and those related to faculty (Key Element IV-F).*

*Program outcomes are defined by the program and incorporate expected levels of achievement. Program outcomes are appropriate and relevant to the degree and certificate programs offered and may include (but are not limited to) student learning outcomes; student and alumni achievement; and student, alumni, and employer satisfaction data.*

*Analysis of the data demonstrates that, in the aggregate, the program is achieving its outcomes. Any program with outcomes lower than expected provides a written explanation/analysis for the variance.*

#### **Program Response:**

The nursing program recognizes the need to collect data on key indicators of program effectiveness that includes employer, graduate, and alumnae/I satisfaction, student clinical performance, and student learning outcomes. Due to nursing program graduates' struggles to pass the NCLEX-RN on the first attempt and enter the workforce soon after graduation, the program's assessment focus for the past three years has been concentrated on factors which contributed to poor NCLEX-RN success.

The nursing program collected and analyzed data on admission data, specifically students' scores on the Test of Essential Academic Skills (TEAS); course grades and the number of repeated courses; ATI content mastery proctored test results; transfer credits as compared to credits earned at Trinity; and grades.

Analysis of this data which has led to a number of significant program changes for the improvement of our program overall (student learning outcomes, curriculum, retention and remediation).

#### **IV-F. Faculty outcomes, individually and in the aggregate, demonstrate program effectiveness.**

*Elaboration: The program demonstrates achievement of expected faculty outcomes. Expected faculty outcomes:*

*1. are identified for the faculty as a group;*

2. incorporate expected levels of achievement;
1. reflect expectations of faculty in their roles and evaluation of faculty performance;
2. are consistent with and contribute to achievement of the program's mission and goals; and
3. are congruent with institution and program expectations.

*Actual faculty outcomes are presented in the aggregate for the faculty as a group, analyzed, and compared to expected outcomes.*

**Program Response:**

Faculty outcomes in teaching, service, advising, and scholarship are consistent with those of the other academic units given the emphasis at Trinity's is on teaching vs that of a research university. Faculty contribute to the Nursing Program's accomplishment of its mission, goals, and expected student learning outcomes. Nursing faculty met outcomes expectations with 85% of the faculty demonstrating growth in teaching, scholarship, or service. Since 2012 nursing faculty demonstrated effective teaching on course evaluations (79%); one faculty member completed her doctorate, and two are enrolled in doctoral studies. Eight of the fourteen faculty members are engaged in service to the nursing profession and/or Trinity community (Appendix I.C.1).

Trinity affords professional development support to nursing faculty as outlined in the Faculty Handbook and other university policies which may address the topic. This support includes faculty presenting at conferences, financial support or release time for faculty to attend professional conferences, engaged in doctoral studies, or participating in faculty development (i.e. NCLEX-RN item writing) and attendance at federal, and local nursing policy initiatives.

**IV-G. The program defines and reviews formal complaints according to established policies.**

*Elaboration: The program defines what constitutes a formal complaint and maintains a record of formal complaints received. The program's definition of formal complaints includes, at a minimum, student complaints. The program's definition of formal complaints and the procedures for filing a complaint are communicated to relevant constituencies.*

**Program Response:**

Administrators consider formal and informal complaints as appropriate when planning for ongoing program improvements from students, faculty and staff. Trinity welcomes student feedback, publicizing procedures for formal complaints on the Trinity policies web page in the section titled Complaints and Grievances (<http://www.trinitydc.edu/policies>). The nursing program defines formal complaints as those submitted in writing and signed by the person submitting the complaint. The text of an email does not meet this criteria, though a formal complaint can be listed in a document attached to an electronic message. Additionally, nursing students can informally communicate directly with the nursing faculty and CNO about any aspect of the program in person or in written correspondence. There have been some written

complaints sent to the CNO and Dean of NHP via email, mostly regarding times of class, clinical offerings, and difficulty with course registration, and ATI integration in the curriculum. The CNO has promptly responded to such complaints.

**IV-H. Data analysis is used to foster ongoing program improvement.**

*Elaboration: The program uses outcome data for improvement. Data regarding completion, licensure, certification, and employment rates; other program outcomes; and formal complaints are used as indicated to foster program improvement.*

1. Data regarding actual outcomes are compared to expected outcomes.
2. Discrepancies between actual and expected outcomes inform areas for improvement.
3. Changes to the program to foster improvement and achievement of program outcomes are deliberate, ongoing, and analyzed for effectiveness.
4. Faculty are engaged in the program improvement process.

**Program Response:**

The nursing program, consistent with Trinity’s culture of assessment, conducts ongoing assessment. The program analyzes data, comparing actual outcomes to expected outcomes. Data analysis has resulted in programmatic changes affecting admissions processes, revision of student learning outcomes, curriculum re-alignment, and faculty development. Table IV.H.1 shows how discrepancies between expected outcomes and actual outcomes resulted in changes in the nursing program to foster improvements and achievement of program outcomes.

**Table IV.H.1 Data Points Influencing Nursing Program Decision-Making**

Data Source	Analysis Summary	Programmatic Change
TEAS Scores	Students demonstrating scores below 50 in a content area demonstrated lower NCLEX-RN success rates Students using multiple accounts for test registration	Limited TEAS registration to only Trinity students using Trinity email account
Writing Samples	Students admission writing samples were significantly better than that demonstrated on class assignments	Changed nursing admission writing sample to an on-campus, proctored writing assessment.
NCLEX-RN First-Time Pass Rates	A 20% point difference existed between students entering nursing from CAS than graduates originating in SPS or 2 <sup>nd</sup> degree candidates	Limited Trinity admission to the nursing program through CAS route; 2014 reopened second degree entry point with higher standards
Repeated Courses	Students who repeated more than two nursing prerequisite courses demonstrated less	Admission Committee evaluates the number of repeated prerequisite courses

	<p>success;          Academic progression policy counting prerequisite and NURS courses similarly could result in a student failing multiple nursing courses and still graduating. These weaker students did not perform well on NCLEX-RN.</p>	<p>Changed academic progression policy – student can repeat no more than one nursing course and repeat a NURS course no more than once.</p>
<p>Faculty Course Evaluations</p>	<p>Seventy-nine percent of nursing faculty course evaluations meet the standard</p>	<p>Expect faculty to participate in Trinity faculty development, AACN webinars, and ATI webinars.</p>



X The Chief Nurse Administrator has approved the program information form and completed report, and confirms its contents as of 01.01.2005. (DATE)

**Submission Instructions:**

All reports must be submitted on or before the due date (but no sooner than 30 days before the due date) to ensure that the information provided is current. Email the program information form, completed report, and appendices (as one document), if any, in PDF format, to Renee Ricci at [rricci@acn.nche.edu](mailto:rricci@acn.nche.edu).

**Appendix I.B.1**  
**Mission, Program Goals, Expected Student Outcomes, Curricular Threads, and**  
**Philosophy of Nursing Program**

**Mission**

The mission of the Nursing Program is to prepare professional nurses to practice from a holistic, caring framework in the delivery of safe, competent care. The Program is committed to creating an environment for learning which respects, nurtures, and celebrates social justice and cultural diversity among students, faculty, and staff. Support is provided for high quality nursing educational opportunities for individuals from disadvantaged backgrounds, including racial and ethnic minorities, who are underrepresented among nurses. Flexible educational tracks contribute to making the Nursing Program more accessible to the working adult learner. The Nursing Program is committed to providing the local community with graduates who will be able to help alleviate nurse workforce shortages, especially among the underserved vulnerable populations. Preparing students with the values and goals of higher learning and a foundation of education in the liberal arts and sciences is also an important goal of the Program. In addition, the Nursing Program faculty support the University's mission of preparing students across the lifespan for the intellectual, ethical, and spiritual dimensions of contemporary work, civic, and family life.

**Philosophy**

Nursing is a discipline of knowledge and a field of professional practice grounded in caring. A professional caring nurse demonstrates qualities of altruism, autonomy human dignity, integrity, and social justice. Nurses participate with members of other disciplines to advance human understanding to enhance personal and societal living within a global environment. The well-being and wholeness of persons, families, groups, communities, and populations are nurtured through caring relationship. The nature of being human is to be caring. Person is viewed as a unique individual dynamically interconnected with others and the environment in caring relationships.

Professional caring nurses take into consideration not only their clients' disease processes, but also their clients' personal values and illness experiences. They engage in care of themselves in order to care for others. Caring nurses reflect on their own beliefs, attitudes, and values as they relate to issues that impact professional practice, such as vulnerable populations, unethical practices, and diversity in a multicultural healthcare environment.

A supportive environment for learning is a caring environment, in which all aspects of the human person are respected, nurtured, and celebrated. Within this learning environment, collegial relationships with faculty and students are fostered. Nursing education prepares the baccalaureate generalist graduate to practice within a holistic, caring framework. Holistic nursing care recognizes the need to address the mind, body, and spirit, as well as emotions. These fundamental beliefs concerning caring express the values and guide the professional practices and teaching to the Faculty.

## **Appendix I.B.1 Curricular Threads**

Curricular threads for the BSN program that are emphasized in every nursing course are:

1. Caring
2. Evidence-Based Practice
3. Critical Thinking
4. Diversity
5. Information Technology Systems
6. Safe and Competent Patient Care

The curricular threads are derived from the AACN Essentials document and serve to help with the design of the courses and as a framework for program evaluation.

### **Program Goals**

To facilitate our unique mission we will:

- Provide for a positive, nurturing, and caring educational environment that fosters independent learning, critical thinking, self-reflection, and the desire for continuing personal and professional growth
- Promote interactions and partnerships with our surrounding health care agencies and communities in the Washington DC Metropolitan area
- Build educational offerings and tracks that meet the evolving needs of the local students and health care communities
- Provide for innovative, supportive, high quality, and accessible academic programs
- Extend faculty expertise and interest through service to communities and professional organizations
- Promote and support diversity within the student population and university staff and faculty

## **Appendix I.B.1 Expected Student Outcomes**

The expected student learning outcomes for the Nursing Program are derived from a variety of established professional nursing standards, including the American Association of Colleges of Nursing's (AACN) documents, *The Essentials of Baccalaureate Education for Professional Nursing Practice (2013)*, the ANA Code of Ethics, and the *District of Columbia Municipal Regulations for Nursing Schools*.

At completion of the BSN Nursing Program, the student will be able to:

1. Value and integrate knowledge from the liberal arts and sciences as a means of making nursing judgments and understanding the human experience.
2. Apply critical thinking in the nursing process using research-based knowledge and evidence based health care to individuals, families, groups, communities and populations
3. Demonstrate professionalism as evidenced by self-reflection and applying values that epitomize caring: altruism, autonomy, human dignity, integrity, and social justice.
4. Provide quality health care within a framework of competent, moral, ethical, safe, and legal Practices.
5. Perform technical skills competently which includes the use of computers, patient care technologies, and information management systems.
6. Deliver safe, competent, humanistic care that respects a client's culture, spiritual, ethnic, gender, and sexual orientation diversity within the practice of an increasing global, multicultural environment.
7. Apply knowledge of health promotion, risk reduction, disease injury prevention, illness, disease management throughout the lifespan from the individual through the population levels.
8. 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.
9. Demonstrate basic knowledge of nursing history, contemporary issues, healthcare policy, finance, and regulatory environments that impact quality improvement, nursing, healthcare costs, and healthcare delivery.
10. 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.
11. Perform as a designer/coordinator/manager of care through leading, collaborating, delegating, negotiating, and evaluating within interdisciplinary systems.
12. 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.

**Appendix I.B.2  
Congruency of Mission, Program Goals, Expected Student Learning Outcomes and Professional Standards and Guideline**

Mission and Program Goals	Trinity Student Expected Outcomes Upon completion of the program the graduate(s) will be able to	Expected Student Learning Outcomes (Level I or II)	Outcomes by Level / Curriculum Plan	Essentials of Ba	QSEN	NCLEX Test Plan	Course
<p>Preparing Students with the values and goals of higher learning and a foundation of education in the liberal arts and sciences.</p> <p><b>Program Goal:</b> Promote academic excellence in the teaching and scholarly activities of our faculty.</p>	<p>1. Integrate knowledge from the liberal arts and sciences as a means of making nursing judgments and understanding the human experience.</p>	<p>I and II</p>	<p>Level I: Identify knowledge from the liberal arts and sciences as a means of making nursing judgments and understanding the human experience. Level II: Apply knowledge from the liberal arts and sciences as a means of making nursing judgments and understanding the human experience.</p>	<p>II, IX</p>	<p>Quality Improvement</p>	<ul style="list-style-type: none"> <li>o Health Promotion and Maintenance</li> </ul>	<p>117, 215, 220, 262, 350, 360, 361, 420, 460, 461, 491, 492</p>
<p>Nursing Program faculty support the University's mission of preparing students across the lifespan for the intellectual, ethical and spiritual dimensions of contemporary work, civic and family life.</p> <p><b>Program Goal:</b> Provide for a positive, nurturing and caring educational environment that fosters independent learning, critical thinking, self-reflection, and the desire personal and for continuing professional growth.</p>	<p>2. Evaluate critical thinking in the nursing process using research-based knowledge and evidence based health care to individuals, families, groups, communities and populations.</p>	<p>I and II</p>	<p>Level I: Examine critical thinking in the nursing process using research-based knowledge and evidence based health care to individuals, families, groups, communities and populations. Level II: Apply critical thinking in the nursing process using research-based knowledge and evidence based health care to individuals, families, groups, communities and populations.</p>	<p>VII, IX</p>	<p>Quality Improvement Evidence Based Practice</p>	<ul style="list-style-type: none"> <li>o Management of Care</li> <li>o Safety and Infection Control</li> <li>o Health Promotion and Maintenance</li> <li>o Psychosocial Integrity</li> <li>o Basic Care and Comfort</li> <li>o Pharmacological and Parenteral Therapies</li> <li>o Reduction of Risk Potential</li> <li>o Physiological Adaptation</li> </ul>	<p>117, 262, 350 360, 361, 420, 460, 461, 491</p>

**Appendix I.B.2  
Congruency of Mission, Program Goals, Expected Student Learning Outcomes and Professional Standards and Guideline**

<p>The mission of the program is to prepare professional nurses to practice from a holistic caring framework in the delivery of safe competent care. <b>Program Goal:</b> Provide for innovative, supportive, high quality and accessible academic programs; and preparing students across the lifespan for the intellectual, ethical and spiritual dimensions of contemporary work, civic and family life.</p>	<p>3. Facilitate quality health care within a framework of competent, moral, ethical, safe and legal practices.</p>	<p>II</p>	<p>Level I: Recognize quality health care within a framework of competent, moral, ethical, safe and legal practices. Level II: Practice quality health care within a framework of competent, moral, ethical, safe and legal practices.</p>	<p>IX</p>	<p>Patient Centered Care</p>	<p>° Management of Care</p>	<p>360, 361, 420, 460, 461, 491</p>
<p><b>Program Goal:</b> Build educational offerings and tracks that meet the evolving need of the local students and health care communities</p>	<p>4. Integrate patient care technologies competently in the delivery of nursing care.</p>	<p>I and II</p>	<p>Level I: Identify patient care technologies for the delivery of nursing care. Level II: Utilize patient care technologies competently in the delivery of nursing care.</p>	<p>IV, IX</p>	<p>Informatics</p>	<p>° Management of Care</p>	<p>117, 262, 350, 360, 361, 420, 460, 461, 491</p>
<p>The program is committed to creating an environment for learning which respect, nurtures and celebrates social justice and cultural diversity among students, faculty and staff. <b>Program Goal:</b> Promote and support diversity within the student population, university and staff</p>	<p>5. Plan safe, competent, humanistic care that respects a client's diversity within the practice of an increasing global, multicultural environment.</p>	<p>I and II</p>	<p>Level I: Recognize safe, competent, humanistic care that respects a client's diversity within the practice of an increasing global, multicultural environment. Level II: Coordinate safe, competent, humanistic care that respects a client's diversity within the practice of an increasing global, multicultural environment.</p>	<p>VII, VIII, IX</p>	<p>° Patient Centered Care</p>	<p>° Psychosocial Integrity ° Health Promotion and Maintenance</p>	<p>117, 215, 350, 360, 361, 420, 460, 461, 491</p>

Appendix I.B.2

Congruency of Mission, Program Goals, Expected Student Learning Outcomes and Professional Standards and Guideline

<p>The Nursing Program and university support the mission of preparing students across the lifespan for the intellectual, ethical, and spiritual dimensions of contemporary work, civic and family life.</p>	<p>6. Facilitate concepts of group dynamics in order to provide for safe, high quality care as a member of the health care team.</p>	<p>II</p>	<p>Level I: Discuss concepts of group dynamics in order to provide for safe, high quality care. Level II: Demonstrate and utilize concepts of group dynamics in order to provide for safe, high quality care as a member of the health care team.</p>	<p>II, IX</p>	<p>◦ Teamwork and Collaboration</p>	<p>◦ Management of Care</p>	<p>360, 410, 420</p>
<p>The nursing program is committed to providing the local community with graduates who will be able to help alleviate nursing workforce shortages especially among vulnerable populations. <b>Program Goal:</b> Promote interactions and partnerships with surrounding health care agencies and communities.</p>	<p>7. Critique how the healthcare delivery system impacts the profession of nursing.</p>	<p>II</p>	<p>Level I: Recognize how the healthcare delivery system impacts the profession of nursing. Level II: Articulate how the healthcare delivery system impacts the profession of nursing.</p>	<p>II, V, IXX</p>	<p>◦ Patient Centered Care</p>	<p>◦ Management of Care</p>	<p>410, 420, 460, 461, 491</p>
<p><b>Program Goal:</b> Provide for a positive, nurturing and caring educational environment that fosters independent learning, critical thinking, self-reflection, and the desire personal and for continuing professional growth.</p>	<p>8. Manage care in an interdisciplinary team.</p>	<p>II</p>	<p>Level I: Differentiate care in an interdisciplinary team. Level II: Participate in an interdisciplinary team.</p>	<p>IV, VI, IX</p>	<p>◦ Patient Centered Care</p>	<p>◦ Management of Care</p>	<p>361, 410, 420, 491</p>

**Appendix I.C.1 Nursing Faculty Qualifications and Teaching Responsibilities**

<b>FACULTY NAME</b>	<b>Date of Degree Attainment</b>	<b>DEGREE</b>	<b>INSTITUTION GRANTING DEGREES</b>	<b>AREAS OF CLINICAL EXPERTISE</b>	<b>AREAS OF FUNCTIONAL EXPERTISE</b>	<b>OVERVIEW OF ACADEMIC TEACHING</b>	<b>DC License #</b>
Akintonde, Josephine, Adjunct	1983	Diploma in Nursing	Ogun State College of Nursing, Nigeria	Perinatal Nursing Community Nursing	Community Health	NURS 220 Health, Policy, and Politics	RN53669
	1994 2000	BSN MS Community and Public Health Nursing	University of Maryland				
	2004	Post Masters Certificate in Nursing					
Artis, Danielle Full-time 12-month	2001 2010	BSN MSN	U. of Delaware The Catholic U. of A	Pediatrics Community	Education	NURS 420,420C Community and Public Health Nursing NURS 461 Pediatrics NURS 220 Health Promotion, Policy, & Politics	RN968210
Brophy, Jane Full-time 12-month	2001 2005	BSN MSN	Binghamton U. Georgetown U.	Maternal Child Care Nursing	Nurse Mid-wife Education	NURS 460 Maternity and Newborn Nursing Lecture and Clinical	RN965093
Charles, Georgia Adjunct	2004 2012	ADN MSN	Montgomery College Marymount U	Medical-surgical Nursing	Medical-surgical Nursing	NURS 361C Medical-surgical I and II Clinical	RN 1009130
Dr. Copes, Marcella Full-time		MSN PhD					
Dr. Crespi, Nancie Full-time 12-month	1973 1977 1984 2006	BSN MSN DNS PhD	Vanderbilt U. The Catholic U. of A The Catholic U. of A The Catholic U. of A	Medical-surgical nursing Critical care and Emergency nursing	Educational Administration Family nurse practitioner	Director RN-BSN	RN1011203
Dahlman, Jennifer Full-time 12-month	2003 2009	BSN MSN	U. of Wisconsin Regis U.	Community health Pediatrics Maternity	Education	NURS 220 Health Promotion, Policy & Politics NURS 492 NCLEX Preparation NURS 461C Pediatric Nursing Clinical NURS 430 Emergency Preparedness	RN1020872
Fox, Corine Adjunct	1992 2012	BSN Masters of Business, Health Administration	Marquette University University of Phoenix	Maternity	OB Critical Care Clinical Education	NURS 460C	RN 1018091



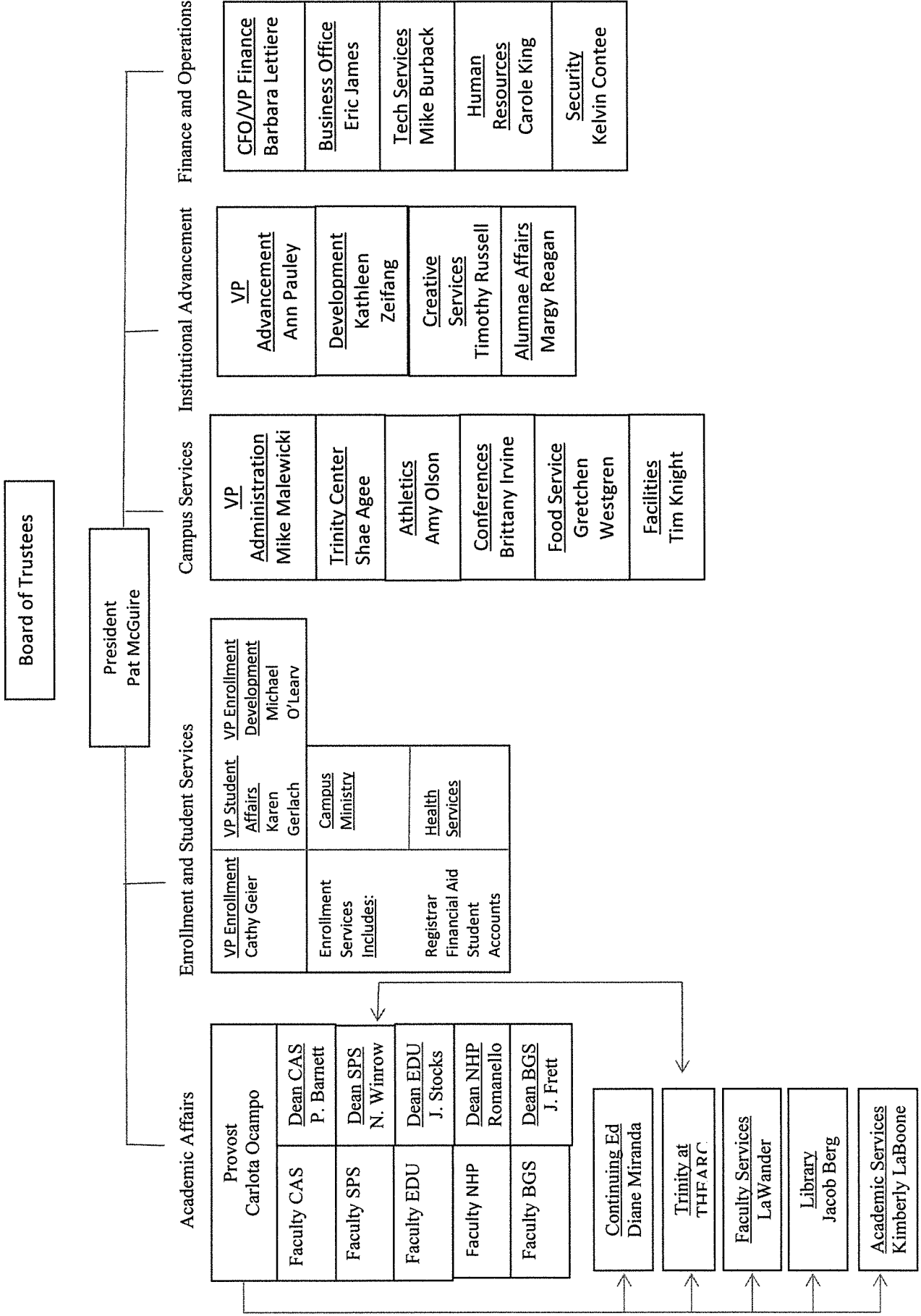
**Appendix I.C.1 Nursing Faculty Qualifications and Teaching Responsibilities**

<b>FACULTY NAME</b>	<b>Date of Degree Attainment</b>	<b>DEGREE</b>	<b>INSTITUTION GRANTING DEGREES</b>	<b>AREAS OF CLINICAL EXPERTISE</b>	<b>AREAS OF FUNCTIONAL EXPERTISE</b>	<b>OVERVIEW OF ACADEMIC TEACHING</b>	<b>DC License #</b>
Franc, Lesley Adjunct	1998 2003 2006	AS in Nursing BSN MSN	Prince George's Community College MCP/Hahnemann University/Drexel University Drexel University	Psyc / Mental Health	Psyc / Mental Health Nursing Education	NURS 360C Psyc/Mental Health Clinical	RN 1003524
Haynes, Erica Full-time Lab Coordinator	2004 2010	BSN MSN	George Mason U. George Mason U.	Medical-Surgical Nursing	Education	Lab Coordinator, NURS 417L Comprehensive Skills Assessment	RN1008640
Jarboe, Denise Full-time 12- month	1986 1981 2010	ADN BS MSN	College of S. Maryland U. of Maryland Walden U.	Medical-surgical Critical care	Education	NURS 350 Medical-Surgical Nursing I NURS 361C Medical-Surgical Nursing II Clinical NURS 362, 362L Comprehensive Health Assessment NURS 491C Senior Clinical Practicum	RN1020644
Joyner, JoAnne Adjunct	1968 1975 1981 1998 2006	Diploma BSN MSN DSN PhD	Washington Hospital Center School of Nursing Columbia Union College The Catholic U. of A The Catholic U. of A The Catholic U. of A	Psychiatric Nursing	Education	NURS 360C Psychiatric and Mental Health Nursing Clinical and Didactic	RN27643
Lane, Kimberly Adjunct	1990 2012	BSN MSN	University of District of Columbia Marymount University	Medical Surgical Nursing Psychiatric Nursing	Education Medical-surgical Psychiatric / Mental Health	NURS 360C Psyc/Mental Health Clinical NURS 361C Medical- surgical II Clinical	RN
Mbendaka, Adeline Adjunct	2006 2009 2012	AAS in Nursing BSN MSN	Prince George's Community College University of Phoenix University of Phoenix	Fundamentals Medical-surgical Nursing Mental Health	Medical-surgical Education	NURS 350C Medical- surgical Nursing I	
McKain, Denise Full-time 12- month	1991 2006 2008	AAS BSN MSN	Triton U. U. of Maryland U. of Maryland	Medical-surgical	Education	NURS 117L Foundational Nursing Skills NURS 350C	RN1015439
Miller, Mary Adjunct		ADN BS BSN MSN	U. of NY Albany Shippensburg C. U. of Phoenix U. of Phoenix	Medical-Surgical Nursing	Education	NURS 350C Medical- Surgical Nursing Clinical I NURS 262 Introduction to Health Assessment	RN1021953

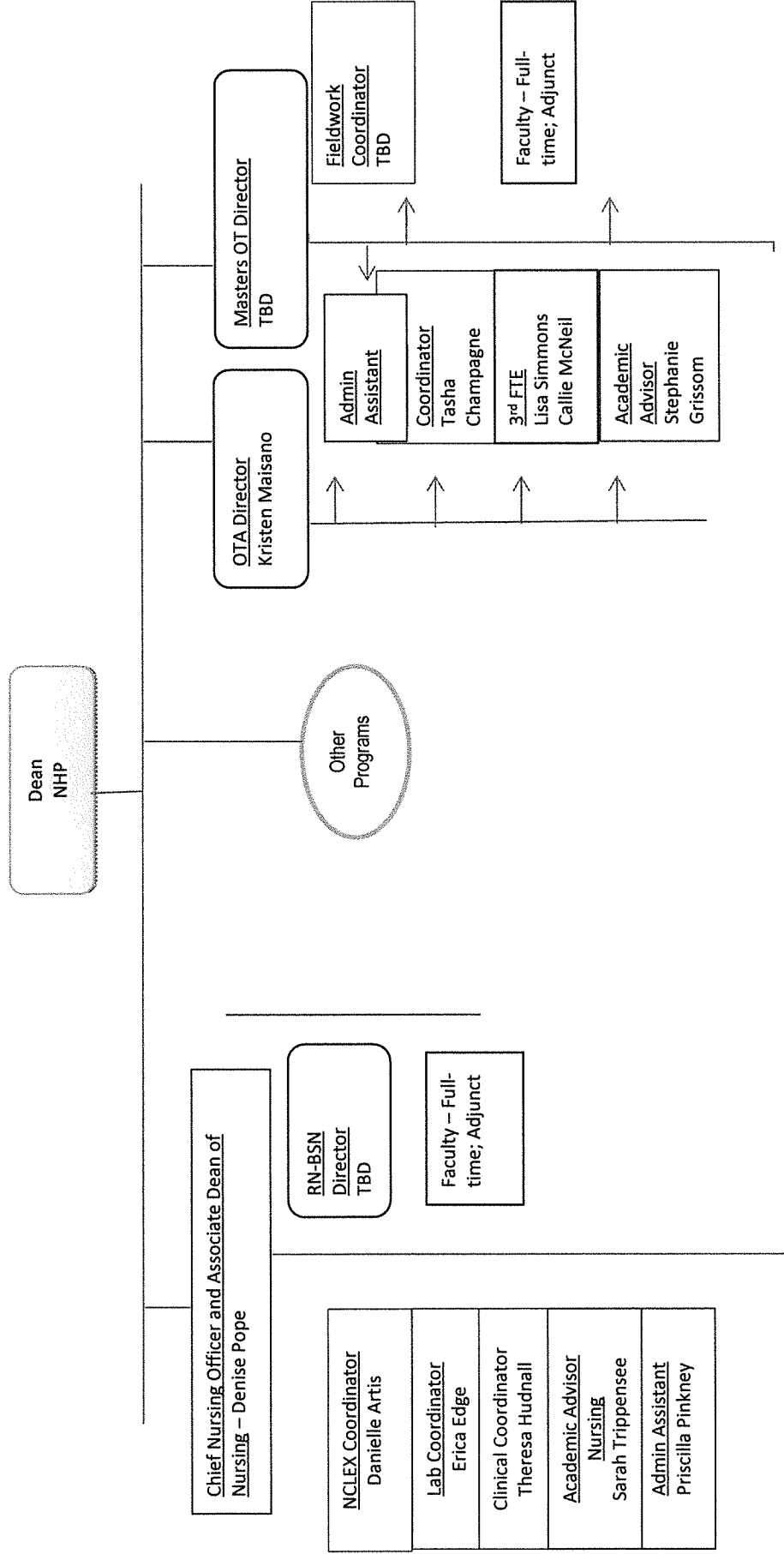
**Appendix I.C.1 Nursing Faculty Qualifications and Teaching Responsibilities**

<b>FACULTY NAME</b>	<b>Date of Degree Attainment</b>	<b>DEGREE</b>	<b>INSTITUTION GRANTING DEGREES</b>	<b>AREAS OF CLINICAL EXPERTISE</b>	<b>AREAS OF FUNCTIONAL EXPERTISE</b>	<b>OVERVIEW OF ACADEMIC TEACHING</b>	<b>DC License #</b>
Dr. Pope, Denise Full-time Administration		BS MSN PhD	Hampton University The Catholic University of America George Mason University	Generalist Community Nursing Administration and Health Policy	Education Curriculum Assessment	Associate Dean of Nursing; Chief Nursing Officer	RN 58663
Scur, Zorica Adjunct				Pediatrics	Pediatrics	NURS 461C Pediatric Nursing Clinical	RN 1007621
Tucker, Bridgette Adjunct	1994 2007 2010	AA BSN MSN	Prince Georges Community College Trinity Washington U. U. of Phoenix	Medical-Surgical Emergency Nursing	Education	NURS 361C Medical-Surgical Nursing II	RN63865
Dr. Waite, Daphne Full-time 12-month	1991 1999 2003	BA MSN ND	Spelman College Case West. R. U. Case West. R. U.	Medical-surgical Psych/mental health	Education	NURS 117 Foundations for Nursing Practice NURS 330 Intro to Nursing Research & Evidence-Based Practice NURS 350 Medical-Surgical Nursing I	RN1017128
Walters, Karen Full-time 12-month	1983 2004 2009	AD Nursing BSN MSN/FNP	Germanna Community College University of Phoenix Marymount University	Med/Sur Nursing Emergency Nursing Family Practice	Emergency Nursing Family Practice	NURS 117 Foundations of Nursing NURS 215 Pharmacology NURS 461 Pediatrics NURS 430 Emergency Nursing 415 Complementary and Alternative Medicine	RN1090168
Wirwicz, Deborah Adjunct	1988 2009 none	ASS BSN MSN	Wayne County Community C. U. of Phoenix U. of Phoenix	Medical Surgical Nursing		NURS 491 Senior Clinical Practicum	RN1024770

**Appendix I.D.1 Organizational Charts  
Trinity Washington University  
School of Nursing and Health Professions Organization Chart**



**Appendix I.D.1 Organizational Charts  
Trinity Washington University  
School of Nursing and Health Professions Organization Chart**



Appendix I.F.2 Student Learning Contract

Standard I : Program Quality and Mission and Governance				
Component	Person responsible for Evaluation	Frequency of Assessment	Validation	Comments
I-A: The mission, goals, and expected program outcomes are: - congruent with those of the parent institution; and - consistent with relevant professional nursing standards and guidelines for the preparation of nursing professionals.	Dean CNO Curriculum Committee NHP CAP Committee	Annually Every 4 years mission and program goals revised Bi-Annual Graduate Exit Surveys, One year and five-year post-graduation Nursing Program Employer Survey	Minutes Curriculum Committee Nursing Graduate Exit Survey Nursing Program Employer Survey Questionnaire Nursing Alumni Survey	
I-B: The mission, goals, and expected student outcomes are reviewed periodically and revised, as appropriate, to reflect: - professional nursing standards and guidelines; and - the needs and expectations of the community of interest.	Dean CNO Curriculum Committee NHP CAP Faculty	Annually Q 3 years	Meeting Minutes Curriculum Committee - course evaluations - classroom teaching observations -peer review teaching evaluation	
I-C: Expected faculty outcomes are clearly identified by the nursing unit, are written and communicated to the faculty, and are congruent with institutional expectations.	President Provost Dean CNO Faculty	Annually  Per Trinity policy q 3yrs	Meeting Minutes Student Evaluations Faculty Handbook	
I-D: Faculty and students participate in governance	Dean CNO Faculty Faculty Meetings	Annually	Committee Minutes Faculty Policies Faculty Meetings	

Appendix I.F.2 Student Learning Contract

<b>STANDARD I : PROGRAM QUALITY MISSION AND GOVERNANCE</b>				
<b>Outcomes Component</b>	<b>Person responsible for Evaluation</b>	<b>Frequency of Assessment</b>	<b>Validation</b>	<b>Comments</b>
I-E: Documents and publications are accurate. A process is used to notify constituents about changes in documents and publications	Dean CNO Faculty Provost	Annually	Website information Brochures Student Handbooks Catalogs	
I-F: Academic policies of the parent institution and the nursing program are congruent and support achievement of the mission, goals, and expected student outcomes. These policies are: <input type="checkbox"/> fair and equitable; <input type="checkbox"/> published and accessible; and <input type="checkbox"/> reviewed and revised as necessary to foster program improvement.	Provost Dean CNO Faculty Curriculum Committee NHP-CAP	Annually	Faculty Meeting Minutes Curriculum Committee Meeting Minutes Review Program Policies	

Appendix I.F.2 Student Learning Contract

<b>STANDARD II: PROGRAM QUALITY: INSTITUTIONAL COMMITMENT AND RESOURCES</b>				
<b>Outcomes Component</b>	<b>Person responsible for Evaluation</b>	<b>Frequency of Assessment</b>	<b>Validation</b>	<b>Comments</b>
II-A. Fiscal and physical resources are sufficient to enable the program to fulfill its mission, goals, and expected outcomes. Adequacy of resources is reviewed periodically and resources are modified as needed	Provost Dean CNO	Annually	Yearly Budget Request	
II-B. Academic support services are sufficient to ensure quality and are evaluated on a regular basis to meet program and student needs.	CNO Faculty Students	Annually	Nursing Graduate Exit Survey Faculty Feedback Moodle Course Evaluation Annual Course Report	
II-D. Faculty are: <ul style="list-style-type: none"> <li>• sufficient in number to accomplish the mission, goals, and expected program outcomes;</li> <li>• academically prepared for the areas in which they teach; and</li> <li>• experientially prepared for the areas in which they teach.</li> </ul> Elaboration: The full-time equivalency (FTE) of faculty involved in		Annually		
II-F. The parent institution and program provide and support an environment that encourages faculty teaching, scholarship, service, and practice in keeping with the mission, goals, and expected faculty outcomes.		Per Trinity 3 yr. Assessment period		

Appendix I.F.2 Student Learning Contract

STANDARD III: PROGRAM QUALITY: CURRICULUM AND TEACHING-LEARNING PRACTICES				
Outcomes Component	Person responsible for Evaluation	Frequency of Assessment	Validation	Comments
III-A. The curriculum is developed, implemented, and revised to reflect clear statements of expected student outcomes that are congruent with the program's mission and goals, and with the roles for which the program is preparing its graduates.	Dean CNO Faculty	Annually Nursing Graduate Exit Survey Nursing Program Employer Survey Nursing Alumni Survey	Every 4 years mission and program goals revised Bi-Annual Graduate Exit Surveys, One year and five-year post-graduation Nursing Program Employer Survey	
III-B. Curricula are developed, implemented, and revised to reflect relevant professional nursing standards and guidelines, which are clearly evident within the curriculum and within the expected student outcomes (individual and aggregate). • Baccalaureate program curricula incorporate <i>The Essentials of Baccalaureate Education for Professional Nursing Practice</i> (AACN, 2008).	Student, Faculty, and Director	Per 3 yr. Trinity Assessment Cycle and more frequent if needed	Nursing Graduate Exit Survey NCLEX-RN Results ATI Testing Nursing Alumni Survey Moodle Course Evaluations Curriculum Committee	
III-C. The curriculum is logically structured to achieve expected student outcomes. • Baccalaureate curricula build upon a foundation of the arts, sciences, and humanities				
III-D. Teaching-learning practices and environments support the achievement of expected student outcomes.	Students, Faculty, Preceptors, Dean, Director Students, Faculty, Provost, Dean, and Director	At the end of each semester	Course evaluations in Moodle Student feedback from representatives of Committee on Students Faculty Committee Curriculum Committee Nursing Graduate Exit Survey Preceptor Evaluation of Students Curriculum Committee Nursing Graduate Exit Survey Student feedback from representatives of Committee on Students Individual student feedback through emails and appointments	



Appendix I.F.2 Student Learning Contract

<b>STANDARD III: PROGRAM QUALITY: CURRICULUM AND TEACHING-LEARNING PRACTICES</b>			
<b>Outcomes Component</b>	<b>Person responsible for Evaluation</b>	<b>Frequency of Assessment</b>	<b>Validation</b>
<p>III-E. The curriculum includes planned clinical practice experiences that:</p> <ul style="list-style-type: none"> <li>• enable students to integrate new knowledge and demonstrate attainment of program outcomes; and</li> <li>• are evaluated by faculty.</li> </ul> <p>III-F. The curriculum and teaching-learning practices consider the needs and expectations of the identified community of interest.</p> <p>Elaboration: The curriculum</p>	Administration, Faculty, Students	At end of each semester	Nursing Graduate Exit Survey Clinical Facility Evaluation Tool (by Students and Faculty) Moodle course evaluations On-site visits by Assistant Dean
	<p>III-G. Individual student performance is evaluated by the faculty and reflects achievement of expected student outcomes. Evaluation policies and procedures for individual student performance are defined and consistently applied.</p>	Students, Faculty, Dean, and Director	On-going
<p>III-H. Curriculum and teaching-learning practices are evaluated at regularly scheduled intervals to foster ongoing improvement.</p>	Students, Faculty, Preceptors, Dean, Director		Faculty Committee Curriculum Committee Nursing Graduate Exit Survey Curriculum Committee Formal and Informal student feedback

Table IV.A.1 Nursing Program Assessment Plan

STANDARD IV: PROGRAM EFFECTIVENESS: ASSESSMENT AND ACHIEVEMENT OF PROGRAM OUTCOMES				
Component	Person responsible for Evaluation	Frequency of Assessment	Validation	Comments
IV-A. A systematic process is used to determine program effectiveness.	Dean CNO Provost	Trinity 3 yr. program assessment cycle		
IV-B. Program completion rates demonstrate program effectiveness. IV-C. Licensure and certification pass rates demonstrate program effectiveness.	CNO	Each graduating cohort	NCLEX Pass Rates	
IV-D. Employment rates demonstrate program effectiveness. IV-E. Program outcomes demonstrate program effectiveness.		Trinity 3 yr. program assessment cycle		
IV-F. Faculty outcomes, individually and in the aggregate, demonstrate program effectiveness.		Trinity 3 yr. program assessment cycle		
IV-G. The program defines and reviews formal complaints according to established policies.	Dean CNO Faculty	Annually		
IV-H. Data analysis is used to foster ongoing program improvement.		Trinity 3 yr. program assessment cycle; and as needed		

## ATI POLICY EFFECTIVE SUMMER 2015 AND FALL 2015

1. Students are required to complete the designated ATI Content Mastery Series (CMS) proctored tests, tutorials and practice tests throughout the semester within certain identified courses (see below).
2. Students will have one (1) opportunity to take each proctored assessment and achieve a score of **Level 2 Proficiency or above** which counts for a maximum of 5% of the course grade (listed below). The assessment dates will be scheduled by course faculty each semester.
3. All students are required to take each designated ATI CMS proctored test(s) at the designated time assigned by course faculty (does not have to be within the official class period). Failure to take the assessments will result in a grade of **ZERO**.

### ATI Proficiency Grading Scale:

- **Level 3 Proficiency = Grade of 100**
- **Level 2 Proficiency = Grade of 90**
- **Level 1 Proficiency = Grade of 0 (Zero)**
- **Below Level 1 = Grade of 0 (Zero)**

### ATI Content Mastery Proctor Tests Course Alignment

NURS 117 – Foundation for Nursing – **Critical Thinking Entrance - Diagnostic**

NURS 217 – Pharmacology – **Pharmacology**

NURS 350 – Medical Surgical Nursing I – **Fundamentals**

NURS 360 – Psychiatric/Mental Health - **Psychiatric/Mental Health**

NURS 420 – Community & Public Health - **Community & Public Health**

NURS 460 - Maternity and Newborn - **Maternity and Newborn**

NURS 461 – Pediatric Nursing - **Pediatric Nursing**

NURS 480 – Nursing Care of Older Adult – **Medical -Surgical Nursing**

NURS 491 – Senior Practicum – **Leadership & Management**

NURS 492 – NCLEX Prep – **Critical Thinking Exit, Comprehensive Predictor.**

**CAPSTONE and VATI**

**Appendix III.A.1 Exemplars of Nursing Courses, Course Objectives, Learning Experiences, and Methods of Instruction and Evaluation within the Learning Domains**

<b>Nursing Course</b>	<b>Sample of Course Objective</b>	<b>Learning Experiences and Methods of Instruction</b>	<b>Methods of Evaluation</b>	<b>Learning Domain</b>
NURS 117 Foundations for Nursing Practice	Discuss the principles of therapeutic communication and techniques used for interacting with clients.	Classroom discussions	Quizzes Exams Results of ATI testing	Cognitive Defining Discussing
NURS 117L Foundational Skills for Nursing Practice	Demonstrate psychomotor and technical competency in performing the selected nursing skills & procedures.	Skills Videos Power point lectures Demonstrations Practice with patient care simulators	Skills demonstrations and check-off list	Psychomotor Technical nursing Bedside skills Computing Demonstrating
NURS 220 Health Promotion, Politics, & Policy	Identify the economic, legal, regulatory processes and political factors that influence professional nursing practice and health care deliver.	Attendance at legislative health hearing on Capitol Hill Medial/Videos	Congressional/DC Council Hearing Synopsis: Health Policy Health policy Issue/Option Group Project Opinion-Editorial to a Newspaper Oral Persuasive Presentation, Group health Promotion Paper & Presentation	Cognitive Discussing Analyzing
NURS 262 Introduction to Health Assessment	Define the tools and scales used in the assessment of pain as the fifth vital sign.	Vital Signs Pain Assessment Basic patient assessment in nursing home	Laboratory Demonstrations Quizzes	Psychomotor Basic Physical assessment
NURS 330 Introduction to Research and Evidenced-Based Practice	Analyze nursing research and demonstrate the ability to critique nursing research	Student comparisons of qualitative and quantitative research articles	Papers, tests, debates, group participation Group presentation	Cognitive Describing Analyzing
NURS 350C Medical-Surgical Nursing I Clinical	Develop, implement, and evaluate care for individuals with recognition of pathophysiologic influences using appropriate criteria and incorporate into care plans	Comprehensive Patient care provided to one patient	Clinical Evaluation Tool	Psychomotor Cognitive Affective Assessing Planning Implementing Evaluating

**Appendix III.A.1 Exemplars of Nursing Courses, Course Objectives, Learning Experiences, and Methods of Instruction and Evaluation within the Learning Domains**

Nursing Course	Sample of Course Objective	Learning Experiences and Methods of Instruction	Methods of Evaluation	Learning Domain
NURS 360 Psychiatric/Mental Health Nursing	Discuss principles of Group process and group dynamics for interacting with clients with behavioral disorders and their families.	Lecture, Power Point Presentation, Small Group Discussion, Guided Activities, Case Studies, quizzes and examinations	Exams Papers Quizzes Class participation	Cognitive Affective Describing Discussing Assessing Planning
NURS 360C Psychiatric/Mental Health Nursing Clinical	Demonstrate principles of group process and group dynamics when interacting with clients and their family	Group leader for psychiatric in-patients One-on-one counseling with Psychiatric inpatients	Student Evaluation based on Clinical Evaluation Tool	Cognitive Affective Discussing feelings and values Intervening Evaluating
NURS 362L Comprehensive Health Assessment Skills	Apply physical exam and health assessment techniques to evaluate the older adult, pediatric, and obstetric patient	Listening for Heart sounds and Lung sounds Health history taking	Performance of a health assessment	Psychomotor Advanced physical Assessment skills
NURS 410 Leadership and Management in Nursing	Compare and contrast different reimbursement methods and their incentives to control costs	Debate Formal Paper Internet Moodle form discussion	Grade on Paper Grade on debate performance	Affective Discussions of feelings about leadership styles Cognitive Evaluating Arguing Psychomotor Writing skills Speaking skills
NURS 420 Community and Public Health Nursing	Interpret basic epidemiological, demographic, and statistical measures on community health	Group Assignment: Community Windshield Survey Media/Videos	Community Windshield Survey Group Presentation Poster Presentations	Cognitive Evaluating and analyzing a community
NURS 462	Demonstrate the ability to integrate the theoretical knowledge learned of caring for a complex patient to appropriately manage a patient with complex (acute or chronic) heal care problems	Student Case Study presentations	Case Study presentations Exams Quizzes	Cognitive Critical thinking skills Analysis Syntheses

**Appendix III.A.1 Exemplars of Nursing Courses, Course Objectives, Learning Experiences, and Methods of Instruction and Evaluation within the Learning Domains**

Nursing Course	Sample of Course Objective	Learning Experiences and Methods of Instruction	Methods of Evaluation	Learning Domain
NURS 360 Psychiatric/Mental Health Nursing	Discuss principles of Group process and group dynamics for interacting with clients with behavioral disorders and their families.	Lecture, Power Point Presentation, Small Group Discussion, Guided Activities, Case Studies, quizzes and examinations	Exams Papers Quizzes Class participation	Cognitive Affective Describing Discussing Assessing Planning
NURS 360C Psychiatric/Mental Health Nursing Clinical	Demonstrate principles of group process and group dynamics when interacting with clients and their family	Group leader for psychiatric in-patients One-on-one counseling with Psychiatric inpatients	Student Evaluation based on Clinical Evaluation Tool	Cognitive Affective Discussing feelings and values Intervening Evaluating
NURS 362L Comprehensive Health Assessment Skills	Apply physical exam and health assessment techniques to evaluate the older adult, pediatric, and obstetric patient	Listening for Heart sounds and Lung sounds Health history taking	Performance of a health assessment	Psychomotor Advanced physical Assessment skills
NURS 410 Leadership and Management in Nursing	Compare and contrast different reimbursement methods and their incentives to control costs	Debate Formal Paper Internet Moodle form discussion	Grade on Paper Grade on debate performance	Affective Discussions of feelings about leadership styles Cognitive Evaluating Arguing Psychomotor Writing skills Speaking skills
NURS 420 Community and Public Health Nursing	Interpret basic epidemiological, demographic, and statistical measures on community health	Group Assignment: Community Windshield Survey Media/Videos	Community Windshield Survey Group Presentation Poster Presentations	Cognitive Evaluating and analyzing a community
NURS 462	Demonstrate the ability to integrate the theoretical knowledge learned of caring for a complex patient to appropriately manage a patient with complex (acute or chronic) heal care problems	Student Case Study presentations	Case Study presentations Exams Quizzes	Cognitive Critical thinking skills Analysis Syntheses

### Appendix III.B.1

Student: \_\_\_\_\_  
 \_\_\_\_\_  
 Advisor: \_\_\_\_\_  
 \_\_\_\_\_

Trinity Washington University  
 School of Nursing and Health  
 Professions  
 Bachelor of Science in Nursing  
 Pre-Licensure Program/ Spring 2015  
 Proposed

Student ID# \_\_\_\_\_ 000-  
 Date: \_\_\_\_\_

Requirements	Course Name and Number	Semester	College	Grade	Credits Completed	Credits Remaining
<b>JUNIOR YEAR FIRST SEMESTER (17)</b>						
<i>NURS 117 Foundations for Nursing Practice and Lab</i>						5 (4/1)
<i>NURS 220 Health Promotion, Policy, and Politics</i>						3
<i>NURS 215 Pharmacology</i>						3
<i>Upper Division General Education Elective (300 or 400 level course)</i>						3
<i>Elective</i>						3
<b>JUNIOR YEAR SECOND SEMESTER (14)</b>						
<i>NURS 350 Medical-Surgical Nursing I and Clinical</i>						5 (3/2)
<i>NURS 360 Psychiatric and Mental Health Nursing and Clinical</i>						5 (3/2)
<i>NURS XXX Health Assessment</i>						3
<i>NURS 417L Comprehensive Skills</i>						1
<b>SENIOR YEAR FIRST SEMESTER (14)</b>						
<i>NURS 361 Medical-Surgical Nursing II and Clinical</i>						5 (3/2)
<i>NURS 410 Leadership and Management in Healthcare</i>						3
<i>NURS 460 Maternity and Newborn Nursing and Clinical</i>						5 (3/2)
<b>SENIOR YEAR SECOND SEMESTER (16)</b>						
<i>NURS 360 Psychiatric and Mental Health Nursing and Clinical</i>						5 (3/2)
<i>NURS 420 Community and Public Health Nursing and Clinical</i>						5 (3/2)
<i>NURS 491 Senior Seminar</i>						2
<i>NURS 491C Senior Clinical Practicum</i>						2
<b>TOTAL MAJOR CREDITS</b>						<b>59</b>

Advisor signature \_\_\_\_\_

Student Signature \_\_\_\_\_

Appendix III.B.2

Trinity Washington University  
 School of Nursing and Health Professions  
 Bachelor of Science in Nursing  
 Pre-Licensure Program/Effective Fall 20165  
 Proposed

Requirements	Course Name and Number	Semester	College	Grade	Credits Completed	Credits Remaining
<b>JUNIOR YEAR FIRST SEMESTER (17)</b>						
<i>NURS 117 Foundations for Nursing Practice and Lab</i>						5 (4/1)
<i>NURS 220 Health Promotion, Policy, and Politics</i>						3
<i>NURS 215 Pharmacology</i>						3
<i>Upper Division General Education Elective (300 or 400 level course)</i>						3
<i>Elective</i>						3
<b>JUNIOR YEAR SECOND SEMESTER (17)</b>						
<i>NURS 350 Medical-Surgical Nursing I and Clinical</i>						5 (3/2)
<i>NURS 360 Psychiatric and Mental Health Nursing and Clinical</i>						5 (3/2)
<i>Upper Division General Education Elective (300 or 400 level course)</i>						3
<i>NURS XXX Health Assessment</i>						3
<i>NURS 417L Comprehensive Skills</i>						1
<b>SENIOR YEAR FIRST SEMESTER (16)</b>						
<i>NURS 361 Medical-Surgical Nursing II and Clinical</i>						5 (3/2)
<i>NURS 410 Leadership and Management in Healthcare</i>						3
<i>NURS 460 Maternity and Newborn Nursing and Clinical</i>						5 (3/2)
<i>NURS 330 Nursing Research and Evidence-Based Practice</i>						3
<b>SENIOR YEAR SECOND SEMESTER (16)</b>						
<i>NURS 461 Pediatric Nursing and Clinical</i>						5 (3/2)
<i>NURS 420 Community and Public Health Nursing and Clinical</i>						5 (3/2)
<i>NURS 491 Senior Clinical Seminar</i>						1
<i>NURS 491C Senior Clinical Practicum</i>						2
<i>NURS 480 Nursing Care of the Older Adult</i>						3
<b>TOTAL MAJOR CREDITS</b>						<b>64</b>



**Appendix IV.F.1 Nursing Faculty Outcomes**

Faculty Name	Courses Taught	Course Evaluation Rating	Scholarship Accomplishments	Community Service
Artis, Danielle Full-time 12-month	NURS 220 Health Promotion, Policy and Politics NURS 420 Community and Public Health Nursing NURS 420C Community and Public Health Nursing Clinical NURS 461 Pediatrics NURS 461C Pediatric Clinical NURS 492 NCLEX Preparation	Average = 1.66 Range = high of 1.06; low of 2.06 on 4 point scale	Dahlman, J. & Artis, D. (2014, September). Conference presentation, "High-risk student assessment in higher education." Myths & Movements: Reimagining Higher Education Assessment, Drexel University Regional Conference on Assessment, Philadelphia, PA.	
Brophy, Jane Full-time 12-month	NURS 117 Foundations of Nursing NURS 362 Comprehensive Health Assessment NURS 460 Maternity and Newborn Nursing NURS 490 RN Capstone	Average = 1.88 Range = high of 1.18; low of 2.99		NCLEX Item Writer  AHRB
Dr. Crespi, Nancie Full-time 12-month	NURS 215 Pharmacology NURS 262 Health Assessment NURS 310/310L RN Advanced Health Assessment NURS 350 Med-Surg I NURS 415 Pharm Compl/Alt Therapies NURS 430 Emergency Nursing NURS 450 RN Clinical Practicum	Average = 1.34 Range = high of .89; low of 1.81		Secretary DC Organization of Nurse Executives  DC Action Coalition  NHP CAP
Dahlman, Jennifer Full-time 12-month	NURS 215 NURS 461 NURS 492	Average = 1.25	Post-master's certificate in Health Care Education – Regis University  Dahlman, J. & Artis, D. (2014, September). Conference presentation, "High-risk student assessment in higher education." Myths & Movements: Reimagining Higher Education Assessment, Drexel University Regional Conference on Assessment, Philadelphia, PA.	ANA Lobby Day (2014)  Patient Protection Act 2013 Testimony to DC Council  INOVA Breast Feeding Committee  Trinity AHRB  Trinity Faculty Welfare
Jarboe, Denise Full-time 12-month	NURS 350 Med-Surg I NURS 362/362L Comprehensive Assessment NURS 491 Senior Clinical Seminar NURS 491C Senior Clinical Practicum NURS 492 NCLEX Preparation	Average = 1.79 Range = high of	Earned DNP - 2015	AACN Ambassador Alzheimer's Memory Walk Fundraising Events Delmarva Quality Initiatives

## Appendix IV.F.1 Nursing Faculty Outcomes

Faculty Name	Courses Taught	Course Evaluation Rating	Scholarship Accomplishments	Community Service
McKain, Denise Full-time 12-month	NURS 350 Med-Surg I NURS 361 Med-Surg II NURS 410 Leadership and Management NURS 417L Comprehensive Nursing Skills NURS 480 Nursing of Older Adults NURS 485 Nursing of Older Adults and Vulnerable Populations	Average = 1.69 Range = high of 1.14; low of 2.53	Completed doctoral degree comprehensive exams	First Aid Instructor UCAP
Pope, Denise Full-time 12-month	No teaching	NA		NHP CAP
Dr. Waite, Daphne Full-time 12-month	NURS 117/117L Foundations of Nursing NURS 215 Pharmacology NURS 330 Research NURS 350 Med-Surg I NURS 360/360C Psych Mental Health NURS 362 Comprehensive Health Assessment	Average = 2.02 Range = high of 1.06; low of 3.81		NHP CAP
Karen Walters Full-time 12-month	NURS 117 Foundations of Nursing NURS 215 Pharmacology NURS 430 Emergency Nursing NURS 490 RN Capstone	Average = 2.83		