



2020 NCSBN Nursing Education Approval Guidelines Virtual Conference **Segment Three Video Transcript**

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Event

2020 NCSBN Nursing Education Approval Guidelines Virtual Conference

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Presenter

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- [Nancy] Hello, everyone? I hope you had a good break. And now, we're going to talk about the site visit study. You know, I know that I've mentioned that a bit previously. The site visit study was just an excellent study.

I'm so glad that we were able to do that because it really built in some of the details that you see sometimes or we saw in the quantitative study, but that was just a little bit more general. The site visit study really built things out a bit. So, in the site visit study, the question was, what are the warning signs when programs begin to fall?

Remember, the NCLEX pass rate is a lagging indicator, so it comes sometimes after they've fallen. So, that was a question, and then it was a qualitative descriptive design with blended directed content analysis. Dr. Allison Squires, some of you may know her, she does a lot of reviewing for the *Journal of Nursing Regulation*.

She's really well known nationally, and some internationally, in qualitative analysis. She did the analysis of this study, and she really just did a phenomenal job. She worked all summer with one of her doctoral students on this. So, you can see that, thanks to all of you, we really had a great response rate to this.

Now, I have to tell you, in terms of background, we had really planned on five years of the annual reports. And we got to the board of directors, and, you know, they have to approve all of our studies, and they said, "Well, why don't you do a site visit documents as well." And I was a little worried about that because I didn't think many of the boards really did site visits or had those documents for five years.

So, we said we'd look into it and we looked into it, and boards were willing, and look at what we got. We got 1000 in the end, after all of the exclusions, 1278 documents for site visits. Now, remember, many of those documents are very long, and Allison was poring through all of those in one summer.

Of those, there were 139, and that kind of is on track with what Brendan had found with the number that didn't have full approval, about 10%, that were problem programs. So, they either weren't approved or, you know, the approval was conditional, provisional, or she also looked at NCLEX pass rates.

Now, we did have an expert panel that came together and looked at all of our results, and they asked an excellent question. I always think when you do big studies like this, you should have an expert panel, just to ask those questions that maybe you didn't think about.

And one of the questions came from an outside organization, and she said, "Well, if you only looked at 139..." now, remember, these were 5 years of a lot of documents, "But if you only looked at that, how do you know some of these factors didn't also occur in the programs that, you know, were approved, in the rest of them?"

And so, we got to Allison and they actually had gone through all of the reports, they focused on those 139, but they went through all of them. And any of the factors that came out were only factors from the failing programs, as well as 50% of the programs had to have the factors in order for them to be included.

So, we're pretty convinced that what this study found was really very accurate. So, Allison and her colleague looked for saturation, as you do with, you know, any kind of qualitative study. And, you know, that's when the themes, you know, are no longer appearing.

And they used this wonderful MaxQDA, which is a cutting-edge software that is out of Berlin, and it really is used in the analysis of both qualitative and quantitative studies. So, it's kind of used in mixed analysis.

And remember, at least 50% of these programs had to have each of these. So, here are some of the overall observations in this study. And again, I'm sure you're really anxious to have the full reports of these studies. And I will let you know as soon as those are going to be available. So, for overall, for-profit programs have more sanctions.

I don't think any of us are surprised about that. You will notice, in the approval guidelines, we don't say anything about for-profit programs. Do you remember that discussion, Jan? - [Jan] Yes.

- We, you know, did originally have something, but remember, we had our attorneys there, and because of, you know, just Federal Trade Commission issues, we did not include that, but it does come out in studies, it came out in this study. It also came out in, if you remember, the Pittman study, which was another national study that was published, I think was 2019, in JNR.

Also, the younger programs, now, Allison, when she did the analysis, says less than 10 years are at risk. Remember, Brendan also found that with a quantitative study, definitely the younger programs is, you'll notice...and when we get to the approval guidelines, we say less than seven years.

So, we took it down a notch based on what Brendan had found, but it's in that area. And then triggers for site visits. Eighty percent or lower NCLEX in four years or more. That kind of makes sense because if it's in their rules, it's going to trigger a visit.

I thought students being afraid of retaliation from faculty is really sad, and certainly, you know, student-school relationship. But one of the things that they found, and more so in practical nurse programs, was poverty and family issues, and that was really sad, to find this in some of these failing programs.

Think of the John Kavanagh situation, you know, that I talked to you about earlier. So now, in terms of resources, teaching and learning resources, the quality of syllabi and other materials really was interesting to me. And this goes to faculty too.

Sometimes faculty didn't even know how to write an objective. They didn't know how to create a syllabus. The syllabus was, you know, not related to the overall philosophy. And when the regulators would go into the classroom and visit the classroom, what was being said in the classroom, the content, wasn't even similar to what the description of the course was.

through highlights, some of the data that you might collect for there. So, I think, first, Jan, did you want to talk a little bit just about conducting a site visit?

- I do. This is my favorite subject, of course.

- I know.

- In order to have an effective site visit, you have to be prepared. And this is where I like to see the template because, especially, new consultants may wonder, "What am I supposed to do when I get there?" So, if they know they need to look at certain standards and get certain information, they will prepare ahead of time. And some of that preparation involves looking at documents from the program.

They send all their syllabi, their basic philosophy and mission, they send their clinical plan, their total program evaluation plan. And so, we can look at it and get an idea of the effectiveness of their program as we go. And then if you go with specific things you want to find out, you have a plan, you're much more efficient.

And you can get information by talking to people, by observing, by looking at documents.

- Yeah. So, some of the things that we have in our site visit template. And just to let you know, the approval guidelines, which we haven't talked about yet, but we're going to talk about next, are available now. We are going to...when we send you out, if you... Well, I think I'm just going to send to all the participants the PowerPoint, PDF, and a PDF of the approval guidelines.

In the approval guidelines, in the back, in an appendix, is both the template for the site visit, and also the template for the annual report. So that'll all be available to you, and I'll send it out. Now, depending on some firewalls, I might get something back. If you don't get it, why don't you email me and I'll try to get it to you

available? You know, some people were saying, "Well, the program can't really provide all students. If they didn't have their books, they didn't buy their books, and what can the program do?"

But there are students out there, we saw students had poverty and family issues, etc. There are ways that programs can work with students to make sure they get the resources that they need. And then, you know, they have, looking at the equality, clinical experiences, the curriculum.

And then what teaching resources are available? What does that syllabus look like? Have you ever seen a syllabus that looked like it?

- And are they consistent?

And as we saw in many of our indicators, it was important, but it's not the only thing, and looking at the trend is important, remembering that it's a lagging indicator. So, we then look for the quality indicators and the administrative requirements.

The program has criteria for admission, and progression, and student performance, and written policies and procedures in place. And these are vetted by students and the faculty.

- And Nancy, I was mentioning this to you earlier that all boards have education rules for compliance, but these are different because these are quality indicators. So, the education consultant can look at each one and measure the program against.

- Right. And you know, one of the things I wanted to go back here to is, these are really all programs that have been in place for a while, because there's faculty turnover, decrease NCLEX pass rates, complaints, etc. So they've been in place.

If a program is seven years or younger, then we also had recommended, and for some reason, I didn't get it in the PowerPoints, but it's in the approval guidelines, that those programs have more frequent oversight. And we would think, you know, we talked at the expert panel about what that might be, we would think maybe every six months, checking in with a program, seeing if they still have their director or if their faculty are turning over, etc.

- And I think that's important enough to have a rule change.

- A rule change, you heard that. So then, for the program director, has an RN degree and doctorally prepared. And then the PN program, the graduate degree, and a degree in nursing.

So, again, this was supported by the literature, the annual report, and the site visit study. And, again, all of these links are included in those approval guidelines. Thirty-five percent of the faculty are full time. You remember, I'm hoping that'll go up a little bit. What is your feeling about that 35%? It just seems low to me.

- I think it's low.

- Yeah, I do too.

- That means the rest of them are part time.

- Yeah. And, you know, I think some of the boards have in their rules 75%, even. So, it does seem a little low to me. So hopefully, with more consistent data, if you all participate in the annual report collection, that would be helpful. And then RN faculty holding a BSN, and RN faculty, a graduate degree.

So again, these are the guidelines themselves. And then faculty demonstrate that they have instruction in teaching and learning principles and curriculum development. You saw that came out very, very clear in the site visit study, it's also come out in the literature.

I know, for example, I think North Carolina has some requirements on that. What do you do in Texas? Is there another way besides taking a course?

- We don't have any requirement like that. I would like to see one. When you bring in someone who has no experience in teaching, no knowledge of education, you can't teach them everything to be effective.

- Right. And I'm thinking, even maybe a good mentoring process with somebody who's seasoned.

- Yes.

- But oftentimes, what you see are the novices transitioning the novices. But, you know, if you can't even develop an objective, I just don't know how you're going to be able to make it in teaching these students. Then faculty participation in continuing... And again, maybe if they participate in continuing at this related to teaching, that would be helpful as well.

And they could point that out. So, if it's faculty that are really clinically oriented and they want to go, "My area was respiratory," they want to go to all these respiratory sessions, they should be going instead

Delphi was some of these, and we're pretty sure it was the clinical educators, said, "We would like to be a part of the program and a part of planning what they're doing with their curriculum, but instead, they bring us at the very end to say, 'Thank you for the clinical placements,' and that's all they do. They don't get information from us to plan where they should be going."

- So next, we have students for quality indicators. English-as-a-second-language assistance is provided. That came out very strong in the site visit study as well, that students, especially the programs with a lot of students that were minority or from different cultures, and then there was nothing provided for them.

And so, you know, you kind of look at your student population, but if there's a lot of those types of students, expecting that. And then, the same with students with learning disabilities, assistance being available at the program. And you know, that would be something that would be pretty easy for them to get. And then, you know, we've talked about this, students being able to have books or the resources necessary to get the books.

And I know that I've talked about remediation strategies being in place in terms of remediating errors and near misses in the clinical. But, you know, that safe student report study is just so important with that because it sets them up with how to track that, and it sets them up with a network of others involved.

We have conference calls quarterly, where they can learn about improvement. So, if you haven't sent that out to your faculty, I think that would really be helpful for that.

- You know, Nancy, if programs do have helps for students with disabilities or for English as a second language, that should be a part of their evaluation plan to see if it's being effective or not.

- Yeah, absolutely. And, you know, another area for remediation, though, are those students that just aren't doing well, giving them a chance before you just fail them out completely, giving them a chance for remediation. You know, when I talk to the people, for example, at ATI and HESI, that supposedly is what those progression exams are about.

It's not about putting it at the end, and if they don't pass, then, you know, you don't graduate them, but it's to provide them with remediation throughout the program. So, we have, then, our curriculum and clinical experiences. Certainly, the literature came out with 50% of clinical experiences and each clinical course are direct patient care.

But also, then you're able to have 50% of simulation, but that direct patient care is important.

- Yes. And when we make survey visits, we usually ask the students, "What is something you would like more of?" And the answer is always more clinical.

- I know. Yes, I've seen that, too, come out. You know, and I know that a lot of places will say, "Well, there's no clinical spaces to be had, so we need to, you know, do with what we do." But, you know, I think faculty could be more resourceful and more innovative in what they come up with in terms of clinical placements.

There are some excellent possibilities out there. Is there anything, any alternative experiences in Texas that...

- We constantly are encouraging programs to go out and find them. And when they start looking, they do find them. There are settings that are not included. And I think one setting that is not included a lot is long-term care. And I think it's because faculty don't choose to teach in those settings. That's kind of sad.

- Yeah, I know. And those can be excellent settings for clinical experiences. I remember I took students there at one point and it was just really excellent. And then the variety of clinical settings and diverse patients. Many times, they go one place. And I know that in some of the rural areas, there's not a lot of selection.

So, that might be difficult. In some of the rural areas of Texas, is there any suggestions that they have or... Maybe we'll talk about it at that next conference you're having.

- It's not as difficult as you might think, because there are not a lot of programs in the rural communities. So they usually have access to whatever hospitals are there and they're usually allowed to do more.

- Yeah.

- And then some of them have to travel if they want an OB or peds experience. They will travel several hundred miles and spend a weekend or something. So, the creative ones can do it.

- Yes. Right. And the ones that have that background in teaching and learning, you know, that have gone to some of those sessions. And then opportunities for quality and safety education are integrated into the curriculum. I am sure that people like QSEN and are going to be very happy with what we found, because we not only found it, we found it in the literature, and the site visit studies, and also in the Delphi.

So, it's really very strong that quality and safety being integrated into the program. It doesn't just have to be using QSEN, but I think that's a good way for programs to get started. Do you have programs that are using QSEN or...

- We do. You know, we have competencies in our state, and QSEN is a part of the development of those, but I think that all clinical faculty should ask their students, at the end of a clinical day, "Could you have done something to make this patient safer?" Or, "Is this patient safe when you go in the room?"

And you have to think that, it's not something that comes naturally.

- Right. And then there's that systematic evaluation plan of the curriculum being in place. That was something that we, you know, found very strongly, especially in regulation, I think, and accreditation, have found that to be so important.

I know you always speak about the...

- Yes, I think that's the key.

- I know.

- Right, if they were doing that from Day 1 and did it as a regular process, they would catch some of

And in the question and answer session, really type in your questions now. We're also going to be asking you, besides any questions you might have, how might you use the approval guidelines, the annual report template, the template for site visits?

How might you be able to use some of this information? What would you like to do? So, if you would type some of that in, I know we're going to ask Jan that, and, when we get back as we're going to be talking about the future with this, but we'd like to hear from all of you as well. So we hope to hear from you soon.

- If you have nothing else to say, just put down what has stood out to you from the last three hours.

- Yeah. So, we will again see you at 3:15 Central Time. Thank you.