

Regulatory Implications and Recommendations for Distance Education in Prelicensure Nursing Programs

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Increasing workforce demands and projected nursing supply shortages have led to calls for innovative educational models to seamlessly prepare nurses as leaders in increasingly complex health care systems. National recommendations call for an increase in nurses prepared at the bachelor's and doctoral levels by 80% and 50%, respectively, by 2020. This amplification of nursing leadership and radical transformation in nursing education has led to a proliferation of the use of technology in nursing education. Because most boards of nursing (BONs) approve nursing education programs as part of their mission of public protection, they must determine the best practices for the use of such technology, including distance education, in nursing education. This article addresses current and evolving educational strategies using distance education as a teaching methodology in nursing curricula, presents recommendations for providing more consistency across BONs, identifies the regulatory perspectives of distance education programs from a variety of viewpoints, and presents regulatory guidelines for nursing education prelicensure distance education programs.

Learning Objectives

- Describe the types and characteristics of distance education.
- Identify advantages and limitations of distance education.
- Discuss the NCSBN Regulatory Guidelines for Nursing Education Prelicensure Distance Education Programs.

Nurses have been called to advance their education by national and professional nursing researchers. In 2010, the Carnegie study of nursing education (Benner, Sutphen, Leonard, & Day, 2010), which compared and evaluated nine nursing programs with excellent reputations for teaching and learning, studied the state of nursing education. Of the 26 resulting transformative recommendations, four of them support nurses advancing their education. The researchers also made a strong case for increasing the rigor of nursing education and integrating clinical cases and practical experiences through educational processes.

In addition to basic nursing education, distance education is allowing many to achieve higher levels of education. As recommended by the Institute of Medicine (IOM), "Nurses should achieve higher levels of education and training through an improved education system that promotes seamless academic progression" (Institute of Medicine [IOM], 2010, p. 163). Specifically, it recommends that by 2020, 80% of nurses should have baccalaureate degrees (IOM, 2010); however, in 2013 only 42% of those taking the NCLEX® for the first time were U.S.-educated baccalaureate graduates (National Council of State Boards of Nursing [NCSBN], 2014).

Nursing organizations also have taken the position that nurses should advance their education (American Association of Colleges of Nursing, 2012; Tri-Council for Nursing, 2010). These national recommendations and the evolutions in the health care delivery system have challenged the nursing profession to develop and implement innovative educational strategies to ensure the best-fit clinician for current and projected workforce needs (Cronenwett & Dzau, 2010). Innovative use of technology in a distance format is one strategy changing the landscape of nursing education.

The manner in which distance education programs in nursing are approved and regulated has prompted regulatory and policy questions to ensure protection of the public through evidence-based regulation. Nursing regulatory boards have a long history of approving prelicensure nursing programs dating back to 1906, ensuring a safe, competent, accessible nursing workforce (Spector & Woods, 2013). However, there is significant variation in how boards of nursing (BONs) regulate and grant initial and continuing approval to nursing education programs.

This article addresses current and evolving educational strategies using distance education as a teaching methodology in nursing curricula. The regulatory perspectives of distance education programs from a variety of viewpoints are identified, and evidence supporting recommendations for providing more consistency in the nursing regulation of distance education programs is presented. Strategies for meeting these recommendations are provided, including a visual model illustrating the regulatory

guidelines for nursing education prelicensure distance education programs.

Distance Education in Nursing Education and Regulation

Distance education has been defined several ways in the literature and by national committees (Allen & Seaman, 2013). For the purposes of this article, distance education in nursing is defined as instruction offered by any means where the student and faculty member are in separate physical locations. Teaching methods may be synchronous or asynchronous and facilitate and evaluate learning in compliance with BON-approval status and regulations (adapted from Commission on Regulation and Postsecondary Distance Education, 2013). Other pertinent definitions for this discussion are the host and home states. *Home state* is defined as the state/jurisdiction where the program has legal domicile, and the *host state* is that state/jurisdiction outside of the home state where the students participate in didactic course work and/or supervised clinical experiences (adapted from National Council for State Authorization Reciprocity Agreements, 2014).

Use of distance education is becoming the mainstay of many nursing education programs. Almost 600,000 new students in the United States reported enrolling in at least one distance education course last year, and the total number of U.S. students enrolled in distance education reached 6.7 million (Allen & Seaman, 2013; Jones & Wolf, 2010). Many public and proprietary nursing programs use innovative technologies to create and implement their distance education curriculum, including Blackboard platforms, social media, video conferencing, virtual clinic learning environments (VCCLEs), webinars, telehealth, and massive open online courses (MOOCs) (Powell, Darbyshire, MacPherson, Pollock, & Bradley, 2012).

Distance education in nursing education provides for educational advancement and helps to address the profound evolution in science and technology as well as the nature and settings of nursing practice (Benner et al., 2010; IOM, 2010; Jones & Wolf, 2010). Distance education has allowed many nursing programs to extend their reach, making education accessible to students in remote settings who may otherwise lack access to nursing as a career (Jones & Wolf, 2010).

However, BONs report certain challenges with regulating distance education programs:

1. Core education requirements for approving distance education programs are needed so BONs are consistent when approving programs for having students in host states.
2. Licensure clarification is needed, particularly among faculty members who teach only didactic courses. There is a consensus that preceptors and clinical faculty who work with patients should be licensed in the state where patients are located.

3. BONs in certain jurisdictions want to know when students from out-of-state programs participate in clinical experiences in their jurisdictions.
4. BONs want assurance that students participating in clinical experiences in their jurisdictions are being supervised by qualified educators or preceptors.
5. BONs in host states want to know how to communicate about issues with the home states that approve the distance education program.
6. BONs report that the quality of online programs is more varied than that of traditional programs and have requested information on evaluating the quality of distance education during their approval processes.

Another issue for BONs is the U.S. Department of Education's proposed state authorization rules. In October 2010, the U.S. Department of Education issued program integrity rules prompted by a concern about the inconsistent quality of for-profit education programs, which account for 13% of higher-education students, 31% of student loans, and nearly half of all student loan defaults (U.S. Department of Education, 2010). These rules include the 34 §600.9 (c) state authorization rule, which is tied to Title IV funding (Code of Federal Regulations, 2014). It requires documentation of compliance with state laws in all states that offer distance or correspondence education. Because of legal challenges, the rule has not gone into effect, and the U.S. Department of Education has not indicated which steps may be next (National Council for State Authorization Reciprocity Agreements, 2014).

Literature Review

The U.S. Department of Education conducted a meta-analysis of outcome studies of face-to-face teaching versus online education (Means, Toyama, Murphy, Bakia, & Jones, 2010). The study found that students in online courses modestly outperformed those in face-to-face courses. The best outcomes were achieved by students who blended elements of online and face-to-face instructions. Similarly, in nursing most studies reveal no significant differences in outcomes between students taking online didactic courses and those taking face-to-face courses (Billings, Dickerson, Greenberg, Wu, & Talley, 2013). Considering the findings of the Carnegie study (Benner et al., 2010) and of Means, Toyama, Murphy, Bakia, and Jones (2010), the best nursing courses might highlight a blended online and face-to-face format paired with faculty-supervised clinical experiences. Frith (2013) highlights the advantages of distance education in nursing. A major benefit is that distance education provides access and flexibility to students who otherwise would not seek education because of work or family schedules or an absence of local programs. Also, learning is linked to the student's pace, and the online format offers opportunities to connect with colleagues without geographic limitations. Zerwekh (2011) adds that Web-based teaching can

create deep reflection and foster meaningful exchanges. However, Frith (2013) cautions that online learning is not for all students. The learner must be motivated and a self-starter with the discipline to learn independently.

In nursing, a major limitation of online education is that because nursing is a practice profession, the student requires supervised clinical experiences with qualified educators. Some programs address this by employing clinical educators that live near students in distant jurisdictions. As Frith (2013) notes, learning clinical reasoning, a hallmark of nursing education, requires the presence of a teacher in the learning process. Other limitations include students' access to and knowledge of computers or mobile devices, faculty members' need for training in the online format, authentication of the student's work, and an adequate infrastructure to support students and educators (Frith, 2013).

Zerwekh (2011) also points out that online teaching is not a human relationship, but a virtual exchange. She cites concerns related to the commercialization of education with administrators, vendors of software and hardware, and investors seeing it as a profit maker. Zerwekh (2011) notes that students must be brought together "...to listen beyond words, to watch faces and bodily expressions, to pick up nonverbal skills, to interact socially and therapeutically, to negotiate, to resolve conflict, and to build [a] caring collegial community" (p. 180). She advocates some face-to-face work in blended courses. Studies supporting best practices (Quality Matters, 2014) in distance education illustrate that there are ways to minimize the lack of a human relationship. They stress the importance of social presence (Joyce & Brown, 2009) to help students and instructors optimize learning in distance education formats through increased awareness of linguistic nuances, social interaction, learning communities, instructor involvement, and prior knowledge and experiences. Joyce and Brown (2009) assert that social presence emphasizes the human characteristics in distance education by creating an awareness of the importance of critical connections and cultivating relationships in virtual learning communities, which may increase student engagement learning outcomes.

Mancuso-Murphy (2007), Zerwekh (2011), and Hoffmann and Dudjak (2012) report issues with faculty workload in both the creation and implementation of online courses. Anderson and Avery (2008) studied faculty workload in graduate nursing courses, finding that a comparatively higher number of hours is required to prepare online courses, a higher percentage of time is needed to evaluate student work, and more time is spent in student contact. Zerwekh (2011) reports that although faculty members teaching online courses have more flexibility in their schedules, often the isolation from colleagues and students is difficult. Johnson and Meehan (2013) report many faculty issues related to preparation for teaching online courses. Sometimes, faculty members feel uncomfortable as they transition from face-to-face teaching to Web-based teaching. Many have little

training in the creation and management of online courses, and little time for training. Hoffman and Dudjak (2012) find that although most faculty members are familiar with the basic applications, there are knowledge gaps in the use of online learning tools, such as Blackboard, wikis, discussion boards, and blogs. Another issue is the slow response of educators to integrate new online tools into the curriculum (Skiba, Connors, & Jeffries, 2008), thus expanding the gap between digital immigrants (educators) and digital natives (millennials).

While the majority of literature on distance education addresses innovative approaches in individual courses or nursing curricula (Avery, Cohen, & Walker, 2008; Du et al., 2013; Lu, Lin, & Li, 2009; Murray, 2013; Sanford, Townsend-Rocchiccioli, Trimm, & Jacobs, 2010; Skiba et al., 2008), there is a gap in the literature regarding regulatory policy issues on distance education nursing programs.

Regulatory Policy Issues

Inconsistencies in distance education program approval and licensure requirements for didactic and clinical faculty are reported by both educators and regulators. A National Council of State Boards of Nursing (NCSBN) BON survey illustrated some of these differences among member BONs. For example, educators teaching only didactic courses in distance education, such as nursing theory or pathophysiology, were required to be licensed where the program was located by an average of 48% of BONs. Seventeen percent require didactic faculty members to hold licensure in the states where the distance education program and students are located, while the rest answered "other," with comments such as "we don't have distance education programs." BONs require licensure of clinical faculty in the state where they are supervising students in clinical practice, though 29% require them to be licensed in both the home and host state. Currently, 24 BONs are part of the Nurse Licensure Compact (NLC). If the home and host state are part of the compact, only one license is required (where the nurse resides), and the nurse can obtain a privilege to practice in the host state as long as all NLC requirements are met.

There has been some discussion about nursing regulation being a barrier to distance education, though generally those reports have been either general misunderstandings or confusion between what BONs require versus what is required by the state departments of education. For example, Billings, Dickerson, Greenberg, Wu, and Talley (2013) report that some states have specific regulations for distance education programs in contrast to regulation of face-to-face nursing programs. The fact is that five BONs report specific requirements for distance education programs, though in all cases they are related to technical support.

Chappy, Stewart, and Hansen (2010) report three major reasons why distance education nursing programs have challenges

with nursing regulators: 1) They cite that two BONs require a physical building in their states, though this is a requirement of the Boards of Higher Education. 2) They report that BONs require a monetary fee; similarly, Gormley and Glazer (2012) cite BONs charging “fees of up to \$750 or more” (p. 2) for distance education programs. Yet, NCSBN surveyed the BONs and found that three BONs charge nominal fees to cover their costs (\$250 to \$500). 3) BONs have varying approval requirements related to preceptors. Similarly, Gormley and Glazer (2012) state that BONs require detailed course materials and varying approval processes. To clarify the extent of the differing approval processes, NCSBN surveyed the BONs and found that 12 BONs approve programs that use their jurisdictions as host states (all 12 approve the clinical portion and five approve the clinical and didactic portion). One BON limits the enrollment of out-of-state students, based on clinical availability.

Additionally, Gormley and Glazer (2012) report that BONs have instituted requirements based on the U.S. Department of Education’s state authorization rule referred to earlier; yet, they say, the rule is not being enforced because of legal challenges. However, an NCSBN survey to the BONs found that no BON has instituted any requirements based on this rule, as they are awaiting the final outcome. Gormley and Glazer (2012) conclude that BONs are becoming “roadblocks to students’ educational advancement,” citing the IOM Future of Nursing report. However, at the 2014 Delegate Assembly, the BONs voted to adopt Model Act and Rule language supporting regulatory guidelines that promote more consistency among the BONs on distance education issues. More generally, BONs are working collaboratively with other leaders in their states/jurisdictions to meet the IOM Future of Nursing recommendations for advancement of nursing education.

Variations in requirements for faculty licensure and approval processes can be confusing for regulators and educators. Therefore, the NCSBN’s Board of Directors has taken some steps to address this issue and to promote more consistency across the states. They convened a committee to develop regulatory guidelines for distance education, which are presented in the next section of this article. Further, NCSBN has created a user-friendly Web page identifying the different educational requirements for host prelicensure distance education programs, thus making it easier for nursing programs to comply (www.ncsbn.org/4841.htm). Lastly, in the spring of 2015 NCSBN will be hosting a virtual conference for the BONs to present the new distance education guidelines, discuss some of the issues with distance education programs, and illustrate best practices in approving distance education programs.

Best Practices and Quality Indicators in Undergraduate Distance Education Programs

Though more than 25 years old, Chickering and Gamson’s (1987) seminal work on the seven principles for best practices in undergraduate distance education programs is still relevant. When applied consistently, the principles result in measureable outcomes in undergraduate (Billings, Connors, & Skiba, 2001) and graduate (Broome, Halstead, Pesut, Rawl, & Boland, 2011) learning. The seven principles are as follows:

- Interaction with faculty
- Collaboration among students
- Active learning
- Prompt feedback
- Time on task
- High expectations
- Respect for diverse talents and ways of learning.

Organizations have developed quality indicators for distance education, including the Sloan Consortium’s (2013) five pillars and the Western Interstate Commission for Higher Education’s (2011) 15 principles.

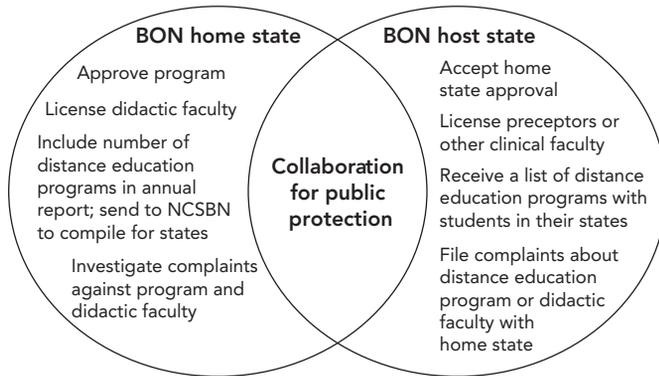
BONs should consider the Middle States Commission on Higher Education’s (2011) Interregional Guidelines for the Evaluation of Distance Education because they are endorsed by all regional accrediting organizations in the United States, and all institutions that participate in National Council for State Authorization Reciprocity Agreements (2014) are required to follow these guidelines. These include nine nationally accepted guidelines:

1. Online learning is appropriate to the institution’s mission and purposes.
2. Plans for developing, sustaining, and expanding (if appropriate) are integrated into institutional planning and evaluation processes.
3. Online learning is incorporated into the institution’s systems of governance and academic oversight.
4. Curricula are coherent, cohesive, and comparable in rigor to programs with traditional face-to-face formats.
5. Effectiveness is evaluated, and results are used to enhance the evaluation of goals.
6. Faculty responsible for delivering the online curricula and evaluating the students’ success are qualified and effectively supported.
7. The institution provides effective student and academic services.
8. The institution provides sufficient resources to support and, if appropriate, expand its offerings.
9. The institution ensures the integrity of its offerings.

In nursing, national nursing accreditation by either the Accreditation Commission for Education in Nursing (ACEN) or the Commission on Collegiate Nursing Education (CCNE) is a nongovernmental, peer-reviewed process in which nurs-

FIGURE 1

Regulatory Guidelines for Nursing Education Prelicensure Distance Education Programs



ing programs are evaluated according to national accreditation standards. CCNE does not have different standards for distance education programs. ACEN has an additional criterion for distance education programs under three of its six standards (Accreditation Commission for Education in Nursing, 2013).

An important part of maintaining the quality of a distance education program is to have a rigorous process for identifying and measuring outcomes. One framework (Billings, 2000) used to assess the outcomes and practices in online nursing courses incorporates Chickering and Gamson's (1987) seven principles for good practices. Concepts of the model include outcomes, educational practices, faculty support, learner support, and use of technology. Variables are identified for each of the concepts.

Regulatory Guidelines and Recommendations for Prelicensure Programs

The NCSBN Distance Learning Education Committee developed the following Regulatory Guidelines for Prelicensure Programs. The guidelines are presented to promote consistency among BONs for the regulation of prelicensure nursing distance education programs. The committee recommends the guidelines be fully met by 2020. This is in line with the IOM Future of Nursing recommendations for 80% of nurses to be educated with a baccalaureate degree by 2020, as well as the NCSBN recommendations that BONs require accreditation by 2020.

A visual model of the Regulatory Guidelines for Nursing Education Prelicensure Distance Education Programs can be found in Figure 1. The model depicts the differences between the home state's and the host state's responsibilities, illustrating that it was designed to encourage collaboration among the BONs for the purpose of public protection.

Guidelines and Rationales

1. Distance learning prelicensure nursing education programs shall meet the same approval guidelines as any other prelicensure nursing education program in the home state.

Rationale: The mode of curricular delivery does not alter the regulatory guidelines for nursing education, including distance education. The NCSBN Model Act and Rules, adopted by the NCSBN membership in August 2012, delineate criteria for prelicensure nursing education programs. (See Table 1.)

2. The home state/jurisdiction BON approves prelicensure nursing education programs, including distance learning education programs.

Based on this standard, the prelicensure distance education program is approved in the home state/jurisdiction and no additional BON approvals are required. This standard encourages BONs to rely on the approval status granted by other BONs.

If a host state/jurisdiction has a complaint against a program that is approved in another home state/jurisdiction, it will file that complaint with the home state/jurisdiction. It is the responsibility of the home state/jurisdiction to follow up with that complaint and take any action that is deemed necessary. In those states where the BON does not approve prelicensure nursing education programs, it will be their responsibility to contact the relevant state agencies to follow up with the complaint.

Rationale: BONs historically have relied on the approval status granted by other BONs for prelicensure nursing education programs. In addition, BONs historically have relied on other BONs to investigate complaints and take disciplinary action when needed.

3. Prelicensure nursing education programs in the home state provide oversight to the students in the host states and are responsible for the students' supervision.

Students are under the auspices of the prelicensure nursing education program. The home state/jurisdiction will determine whether the program provides adequate clinical supervision of the students, just as they do with programs located in their own states/jurisdictions. Additionally, the home state/jurisdiction will establish whether clinical faculty and/or preceptors in host states/jurisdictions have adequate oversight by the nursing program faculty in the home state/jurisdiction.

Rationale: The BON-approved prelicensure nursing education program is responsible for its students, regardless of the mode of education, including those students who are taking distance

TABLE 1

NCSBN Model Rules and Act: Legislative Requirements and Language

The NCSBN Model Rules and Act (www.ncsbn.org/12_Model_Rules_090512.pdf) sets forth language and requirements for prelicensure nursing education program approvals. The following are examples of requirements and language relative to Distance Education from the model rules and act.

NCSBN MODEL RULES

The curriculum of the nursing education program includes knowledge, skills, and abilities necessary for the scope and guidelines of competent nursing practice expected at the level of licensure. Curriculum components, as defined by nursing education, professional and practice guidelines, shall include:

- a. Experiences that promote clinical judgment, clinical management, and commitment to improving quality and safety of the health care system.
- b. Evidence-based learning experiences and methods of instruction, including distance education methods, which are consistent with the curriculum.
- c. Course work in:
 - i. Biological, physical, social, and behavioral sciences to promote safe and effective nursing practice.
 - ii. Professional responsibilities, legal and ethical issues, history and trends in nursing.
 - iii. Didactic content and supervised clinical experiences in the prevention of illness; and the promotion, restoration, and maintenance of health in patients across the lifespan and from diverse backgrounds.
 - iv. Faculty-supervised clinical practice, which shall provide clinical hours comparable to those provided by an approved program of the equivalent size and type.
 - v. Clinical experiences, including those with preceptors, shall be directed by nursing faculty.
 - vi. Integration of the six Quality and Safety Education for Nurses competencies, which include patient safety, patient-centered care, evidence-based practice, teamwork and collaboration, quality improvement, and informatics.
- d. Sufficient numbers of faculty who are experientially and academically qualified to meet the outcomes and purposes of the nursing education program.

NCSBN MODEL ACT

If BONs do not have an exemption in their law for students who are participating in clinical experiences in their state/jurisdiction, but are enrolled in a program located in another jurisdiction, they are encouraged to adopt the current language from the NCSBN Model Act, as below, Section 10. Exemptions:

No provisions of this Act shall be construed to prohibit:

- a. The practice of nursing by a student currently enrolled in and actively pursuing completion of a prelicensure nursing education program, or a graduate program involving nursing practice, if all the following are met:
 - i. The student is participating in a program located in this jurisdiction and approved by the BON or participating in this jurisdiction in a component of a program located in another jurisdiction and approved by a BON that is a member of NCSBN.
 - ii. The student's practice is under the auspices of the program.
 - iii. The student acts under the supervision of a registered nurse serving for the program as a faculty member or teaching assistant.

education nursing clinical courses in other states/jurisdictions. (See Table 1.)

4. Faculty, preceptors, or others who teach clinical experiences for a prelicensure nursing education program by means of distance education shall hold a current and active nursing license or privilege to practice, which is not encumbered, and meet licensure requirements in the state/jurisdiction where the patient is located. Faculty who only teach didactic content for a prelicensure nursing education program by means of distance education shall hold a current and active nursing license or privilege to practice, which is not encumbered, and meet licensure requirements in the home state where the program is approved.

Rationales:

- a. The nurse shall be licensed where the patient is located and where patient care is regulated for protection of the patient. If a practice complaint were to occur, this allows the host state/jurisdiction the ability to investigate that complaint. Exemption language was adopted to the NCSBN Model Act at the NCSBN 2014 annual meeting to allow for faculty who only teach didactic courses for distance education programs to be exempted from licensure in host states.
- b. If there are student complaints, the host state will send them to the home state, which approves the prelicensure program and therefore is responsible for investigating and possibly sanctioning the program or the individual.
5. BONs will communicate information through their annual reports about prelicensure nursing programs that

have students enrolled in clinical experiences in host states.

BONs have requested data on which prelicensure programs have nursing students in clinical experiences in their states/jurisdictions. Therefore, it is recommended that BONs add a question to their annual reports, which are sent to prelicensure programs, requesting information on whether students are enrolled in clinical experiences in host states/jurisdictions. If the programs do have students in host states/jurisdictions, they are asked to list where their students are located. NCSBN will collect that data from the home states and distribute this information to the host states that want it. The following is the question to add to the annual nursing education report: Do you use another state/jurisdiction for prelicensure clinical experiences? If yes, please list in which states/jurisdictions they are located.

Rationale: Some BONs are interested in knowing which out-of-state/jurisdiction programs have students taking clinical experiences in their states/jurisdictions. These are excellent national data on prelicensure education that could inform future projects or research.

Conclusion

Evolutions in health care and in the methodology of prelicensure nursing education stimulate innovation, requiring best practices in regulation and national policy to ensure public protection. Regardless of the pedagogic methodology, the approval and regulatory standards must remain consistent to meet the same public protection standard.

Distance education allows increased access to education and more flexibility for the learner, thus advancing the education of the nursing workforce. BONs and educators must work together to promote excellent learning outcomes with distance education, which will improve the quality and safety of patients. Authentic conversations will be essential as we move forward together.

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Regulatory Implications and Recommendations for Distance Education in Prelicensure Nursing Programs

Learning Objectives

- Describe the types and characteristics of distance education.
- Identify advantages and limitations of distance education.
- Discuss the NCSBN Regulatory Guidelines for Nursing Education Prelicensure Distance Education Programs.



CE Posttest

If you reside in the United States and wish to obtain 1.2 contact hours of continuing education (CE) credit, please review these instructions.

Instructions

Go online to take the posttest and earn CE credit:

Members – www.ncsbninteractive.org (no charge)

Nonmembers – www.learningext.com (\$15 processing fee)

If you cannot take the posttest online, complete the print form and mail it to the address (nonmembers **must** include a check for \$15, payable to NCSBN) included at bottom of form.

Provider accreditation

The NCSBN is accredited as a provider of CE by the Alabama State Board of Nursing.

The information in this CE does not imply endorsement of any product, service, or company referred to in this activity.

Contact hours: 1.2

Posttest passing score is 75%.

Expiration: October 2017

Posttest

Please circle the correct answer.

1. How many students were enrolled in distance education in 2013?

- 200,000
- 320,000
- 6.7 million
- 10.2 million

2. Which statement about distance education is correct?

- It is only asynchronous.
- It may be synchronous or asynchronous.
- Evaluation is independent of board of nursing (BON) regulations.
- Evaluation is independent of national nursing regulations.

3. How do students taking online courses and those taking face-to-face courses compare?

- Those taking online courses have significantly better clinical skills than those taking face-to-face courses.
- Those taking online courses score significantly better on tests than those taking face-to-face courses.
- A meta-analysis found that students in face-to-face courses modestly outperformed those in online courses.
- A meta-analysis found that the best outcomes were by students who had both online and face-to-face learning.

4. What is *not* an advantage of distance education?

- Greater accessibility and flexibility
- Ability for establishing broader networks
- Creation of deeper reflection
- Easier for students who are not self-starters

5. What is *not* a limitation of online learning?

- Faculty receiving excessive education in this technique
- Difficulty of authenticating a student's work
- Inadequate infrastructure to support students and educators
- Slow response of faculty to integrate online tools into the curriculum

6. Which distance education guidelines are endorsed by the regional accrediting organizations in the United States?

- Intraregional Guidelines for Implementing Distance Education
- Interregional Guidelines for the Evaluation of Distance Education
- Western Interstate Commission for Higher Education Principles of Distance Education
- Eastern Interstate Commission for Higher Education Principles of Distance Education

7. Which is a quality guideline for distance education?

- Plans for sustaining are independent of the institution's planning processes.
- Effectiveness is evaluated, and results are used to enhance the evaluation of goals.
- Online learning has a governance system separate from the main institution.
- The institution is not responsible for providing student services to online students.

8. Which is a best practice principle of distance learning?

- Passive learning
- Time on task
- Minimal expectations
- Monthly feedback

9. According to the NCSBN Regulatory Guidelines for Nursing Education Prelicensure Distance Education Programs, who approves a distance prelicensure education nursing program?

- Host state
- Home state
- NCSBN
- Federal government

10. Where should a host state file a complaint against a distance education program in another state?

- Host state board of nursing (BON)
- Home state BON
- NCSBN
- Federal government

11. What agency is responsible for following up on a complaint from a host state?

- a. Host state BON
- b. Home state BON
- c. NCSBN
- d. Federal government

12. Which statement from the NCSBN Model Act related to prelicensure nursing students who are practicing nursing in clinical experiences without licenses but are enrolled in a nursing program in another jurisdiction is correct?

- a. The student acts under the supervision of a registered nurse.
- b. The student acts under the supervision of, at a minimum, a licensed practical nurse.
- c. The program does not have to be approved by a BON that is a member of NCSBN.
- d. The program has to be approved by the BONs of both the host and home states.

13. According to the NCSBN Regulatory Guidelines for Nursing Education Prelicensure Distance Education Programs, what are the requirements for a faculty member teaching only the didactic portion of a course?

- a. Licensure in the home state and the host state
- b. Licensure in the home state
- c. Licensure in the host state
- d. Licensure in at least two states

14. Which is a recommended question for boards of nursing to add to their annual reports about prelicensure nursing programs?

- a. Do you use the NCSBN Model rules for distance education?
- b. How many faculty teach didactic-only portions of courses?
- c. Do you use another state/jurisdiction for prelicensure clinical experiences?
- d. Which states/jurisdictions have the best clinical experiences for students?

Evaluation Form (required)

1. Rate your achievement of each objective from 5 (high/excellent) to 1 (low/poor).

- Describe the types and characteristics of distance education.

1 2 3 4 5

- Identify advantages and limitations of distance education.

1 2 3 4 5

- Discuss the NCSBN Regulatory Guidelines for Nursing Education Prelicensure Distance Education Programs.

1 2 3 4 5

2. Rate each of the following items from 5 (very effective) to 1 (ineffective):

- Were the authors knowledgeable about the subject?

1 2 3 4 5

- Were the methods of presentation (text, tables, figures, etc.) effective?

1 2 3 4 5

- Was the content relevant to the objectives?

1 2 3 4 5

- Was the article useful to you in your work?

1 2 3 4 5

- Was there enough time allotted for this activity?

1 2 3 4 5

Comments: _____

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