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2020 NCSBN Nursing Education Approval Guidelines Virtual – Segment One **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] Welcome everyone to NCSBN's Virtual Conference on our Approval Guidelines. And I'm here today with Jan Hooper. She was the Chair of our Education Metrics and Outcomes Committee, and as many of you know, she's been a seasoned education consultant at the Texas Board of Nursing.

You came right about the same time that I came to NCSBN, correct? And that was 2002. - [Jan] 2002.

- So we've known each other for a long time. She was the Chair of that Metrics and Outcomes Committee, and she's going to give us a little bit of the regulatory perspective today. Whereas Brendan Martin, who is our associate director of research is going to talk about the quantitative study, that wonderful 5-year annual report study that all of you helped deliver your annual reports for.

He's going to talk about that as well as a brand new exciting performance indicator that we're going to talk to you about. And then, you know, in the background is Josephine Silvestre, many of you know her. She helps with emails, etc. And she has just been my partner in crime in all of this.

This has been at least two years and going and we're just so exciting to be able to present everything to you today. Before we get started, I just want to thank our interactive services department. They have been excellent in helping us to put this together. This is, you know, not our first virtual conference, we had another one in 2015 distance education and that one went very well and we're just convinced that today it'll go even better.

So the PowerPoints will be available to all of you. We will send you the PDF after, you know, we're done with the conference. So you will also be able to get continuing education units 4.2 if you're registered, we will send you the evaluation if you send it back.

We'll send you your certificate. If you're not registered, some of you maybe are in a room with a bunch of people, just send an email to Qiana Macintosh and she's on your Powerpoint there and, you know, say you want CEs, and she'll be glad to make sure you get them. So I've already introduced everybody to you, this the agenda that we'll be talking about today.

We'll begin talking about the literature review and then the Delphi. With the Delphi, some of you have heard those presentations before. I know that I spoke at the scientific symposium about our results, I've spoken on some of the education calls about some of these results. And these results we're really just kind of going to summarize so that we can then show you how they fit into the approval guidelines.

And then Brendan is going to give the report of the annual report study and that one I don't think many of you have heard before. And we're going to show you also an annual report template that we have derived from that study that maybe some of you can use for your annual reports. I'm going to go over them, the site visit study that was analyzed by Alison Squires as I'll talk to you about, the results of that, I think, Jan, were really very interesting.

You know, it was kind of the quantitative went into some of the details of what you tend to see, NCLEX Pass Rates and those kinds of things. But the site visit study went into some of the minutiae of things that they really do see, don't you think, on some of those visits?

- Yes.

- Yes. So, and then we'll also, of course, go into the approval guidelines and then how you might use some of these approval guidelines in your boards of nursing. As you can see, we're going to try to keep this rather conversational, we're going banter back and forth a bit because we know four hours is a long time and we want to keep it interesting and interactive for you.

And along with that, we want your help. We want you to send us questions, comments, we have a little area in the end where we would really like to hear your perspective. But also we have a couple Q&A sessions, so we really would like to hear from you. We don't want 10 minutes of nothing or where we make up the questions.

So please bear with us with asking some questions. These are the objectives for today. We're going to discuss the literature review findings, we're going to explain how the NRBs will be able to use the annual report and site visit templates and then we're going to describe how you might use the approval guidelines.

And remember, as we go through this, we do have that wonderful new exciting performance indicator that we're going to talk about, and Brendan is going to show you a demonstration on how that'll work. And I know none of you have probably heard about that before, it's very new and it's very exciting. Before we get started in some of the...well, I'm going to start out with a literature review, I just want to go through a little bit of the background.

Our charge was very, if you remember, Jan, it was a little verbose. It was several lines long so we've kind of melted it down to develop a legally defensible approval process, and that's what the board wanted. They wanted something was legally defensible.

A few of the boards were getting some questions about what they were using especially if they were using NCLEX as a sole measure. And so they wanted something that you could defend, something that was evidenced-based. Now, I will tell you, in our first meeting of the Metrics and Outcomes Committee, we did have an attorney come in, and he told us, you know, what they would expect for being legally defensible.

And our attorneys have worked with us all along the way. And one of that is it has to be evidence-based, thus going through those three studies. And also, there needs to be consensus of the education, not only the regulatory but the education community. And, you know, I think we found that, you know, with everything that we have done.

So our first meeting of our committee was in December of 2017 if you remember that, Jan, we had a great group of committee members, didn't we? And, you know, we started with doing some data collection. We thought the quality indicators, the evidence would be out there. So we sent some surveys out to the Boards of Nursing.

We had all of the accreditors individually on a call. We thought, "If they have educational criteria, they must have evidence in back of them." We were very surprised to hear, "No, they don't." What they do though is rely on the U.S. Department of Education because that's where they're accredited so they rely on their outcomes.

So we went to the U.S. Department of Education, and remember we had an expert on there, Dr. Matsudaira. He was actually part of planning the iPads for the federal government. And we said, "You know, where is your research?" For I remember they use employment rates and licensure pass rates and graduation rates and really nothing.

What he said is in order to get funding, they need to graduate, they need to get a job and they need to be licensed if that's part of the profession, so they really didn't have any evidence either. So we then had to go forward with collecting evidence ourselves. As you know, we did our literature review and then three studies.

So our Delphi and then our 5-year annual report and our 5-year site visit study. So I've kind of put it together right here in this PowerPoint. I really like the summary of this PowerPoint that shows how everything goes together to provide us with an evidence-based approval process which is exactly what our board of directors wanted.

So we're going to start talking about the literature review. I don't think any of you have read the literature review, and, you know, Jan was asking me, "Well, are we going to publish this?" And we are going to publish this, I'm not quite sure when, and I'm not quite sure on what format. Will it be in a supplement for the JNR, I'm not sure, or will it be individual article?

So we'll keep you up to date on that. But the literature review, you can see we use the databases that most of the nursing education researchers use. The keywords to remember, Jan, our committee coming up with keywords. They weighed in a lot and we had a lot more keywords than this to begin with but that's always what happens.

And then we knew we had to use the Gray literature. We looked at the accreditation literature and there's a lot out there. We looked at other organizations, we didn't just stay in nursing. We looked in engineering, we looked in medicine, we looked in pharmacy, OT, the national academies, had some reports out, remember that big report on the accreditation?

So we did have to include the Gray literature. So you can see these are our research questions. The first one being, should first-time NCLEX pass rates be the sole indicator that you use, and then what are some of the additional factors that we might use?

And is there anything in the literature about warning signs? So we looked at that. Now remember, we had to keep this evidence-based in order to be legally defensible. So to do that, we went through a lot of...and actually this was our regulatory scholar and residence who helped us with this.

And we went through a lot of different levels of evidence and we finally went to the Johns Hopkins one because it looks very strongly also at the gray literature and we knew we had to include that in this. So it rates the literature up to one, grade one is randomized control trial to grade five.

And that would be, you know, an expert writing about something. And then grade four would be more like consensus of experts. So we leveled all of our literature that we had and we ended up with 74 articles. So, again, this is just a highlight of some of the findings.

But for question number one, you know, first-time pass rates. Well, we did find that many of the professions use pass rates and looking at their quality, but we also found that they have reported that the outcomes are just more complex.

You can't just look at outcomes. There is a specialized accreditation organization, and they did a survey. They found out that about 84% of professions that do have licensure certification exams do use them but it's part and parcel of everything that they look at.

And then, interestingly, you know, those test preps that they have, Kaplan and whatever, there was a study across professions that looked at test preps and they found no difference in pass rates. Now, I know a lot of times I've pushed test preps, but what they...you know, it was just one study, so I don't know if that'll hold in the long run, but they did find what they thought was that longterm learning is reflected by your education and that the test preps just don't look at that.

Then, you know, we did find that the studies do not support predictor exams. We had a national study that looked at that, we also had another statewide study that looked at that. There was one state study out of Oregon, maybe somebody from Oregon is on, that looked at second and third-time pass rates and they actually found that in 180 days, 95% of their students would pass, so they looked at that.

But, you know, the conclusion was there was really no evidence out there to support solely NCLEX pass rates for the quality of the program. And so when we talk about quality of a program, Jan asked a really important question, and what do you think she asked me?

You know, "Well, what do we mean by quality?" So I'm going to let Jan answer that question.

- Well, when I think of quality, I think of a product or a service or an education and it is what the consumer expected and more. And when we look at education and think about the quality of education, it has to be a longterm value to the person. We have our rules that they tell us what should be the essential elements in an education program.

They cannot function if they don't carry out according to our rules. But looking at quality indicators tells us the difference between using the essentials and going beyond. So often it may mean the difference of having the good pass rate or having students who can get their jobs. I think also it tells us about best practice and that seems to be something we're all looking for these days.

- Right, right. So for question number two then, because we didn't find licensure pass rates went we are looking at any additional quality indicators and, of course, so normal ones come up in the literature, employment rates, graduation rates, which is very similar to retention rates.

And employment rates just are not reliable because you never know what the regional employment rate is. So the literature really doesn't support that. It went to then graduation or retention rates, but even that, there was one large study in higher education that looked at 210,000 students and they found what really made the graduation rate was the characteristics of their students.

You know, were they affluent, how did they do on the SAT or were they needing to work while they were in, what were their high school grades? It really didn't have anything to do with, you know, what the quality of the education was because it's where those students went to school.

So there was however a better study or I mean another study that at least showed that what you do does make a difference and what they did is looked at students with similar characteristics. So they all had the same kinds of characteristics and then they used different strategies and they found that if you went above and beyond, you did have better graduation rates.

So I think that is one thing that the programs can be very happy about. But neither graduation rates or employment rates, you know, are that reliable. So the literature found, kind of convincing really, two big national studies and you'll find out when you hear from Brendan, that we found it in our quantitative study as well, pretty convincing, public schools over private schools and in either private for-profit or not profit, we don't know what that reasoning is.

We're hoping maybe if we get more data, if all of you participate in our annual report data collection, we'll learn why we don't know but it certainly is very convincing. Also, you know, semesters, larger cohorts but again, if we have more data, we can control for variables, and we might find out why or what's going on.

Again, national study, higher percent of full-time faculty, and you'll see when Brendan gives his report, we found that as well. No use of, you know, those standardized progression exams, ATI, HESI if they didn't use those, they you know, had better outcomes now. The caveat may be a lower program put them in place, and they didn't have a chance to impact the outcomes.

So, you know, we're not saying nobody should use them but, you know, those were just what the findings were. For curricular components, quality clinical experiences really came out loud and clear and this has come out in everything that we've looked at. Clinical judgment has come out in the literature, and, Jan, you are also the Chair of the NCLEX Committee.

You've been around a lot at NCSBN.

- I'm very happy to know that that came up at a high percentage as being a quality indicator. And today, we seem more interested in critical thinking and clinical reasoning and clinical judgment because that's going to be on the next generation NCLEX. We know that new nurses have to make very important clinical judgments, so to be able to measure their ability will help to determine that they're ready for practice, ready to be safe competent practitioners.

So I'm glad to see that one there.

- And I was glad to see coursework and quality and safety, you know, I've worked with Houston group for a while now and a lot of literature came up especially in the areas of delegation and I'm not just talking about one study but I'm talking about a lot, interprofessional communication, leadership and time management and all of those are part of QSEN or quality and safety.

So that was all, I think, very positive that came up. So also in question number two, we looked at faculty qualifications in the literature, we kind of thought more would come in on that. It was really more on the non-research literature. The same with program evaluation.

I think the education consultants really find a systematic evaluation to be very important. It was in the non-research literature but I don't think there've been many studies looking at a program that does and doesn't and seeing the outcomes. But you have found that very valuable with your programs, right? And then accreditation.

Accreditation in one of the studies didn't have a positive effect. But on the other hand, they only had 6% of their programs that weren't accredited. NCSBN, our committee did, remember the Metrics and Outcomes Committee? We looked at every single program and then we looked to see and we, you know, looked at the program codes to do that to see if they were accredited and we found strong significant difference if they were accredited or not based on their NCLEX pass rates.

So then, you know, we wanted to ask about warning signs in the literature. We found no research on warning signs. I guess where most of the writing came from, came from JNR. You know, the warning signs came from regulators, this is what all of you see. Jan, do these look like warning signs that you see normally in your programs?

- Definitely, definitely. And looking at the ones on high faculty turnover and high administrator turnover, this is really a clue that things are not going well. If there are a lot of faculty turnover, then either the work situation is not compatible with life or the expectations are too high and faculty leave.

And the new faculty who come in then need to be oriented maybe with not as much practice in teaching so it weakens the educational process for the students. And the same thing with director, a strong director is a key to a good program.

We had one program in five years, they had eight directors, so, you know, a problem and that program didn't, of course, last.

- You know, I think also poor clinical placements, poor clinical and what really came out very strong in these studies and the literature was quality clinical education.

- Yes.

- So in the end, after that literature review, we found out that more study is warranted, we needed more study on this. So we went to the board and we said, "Maybe we need to do the studies ourself." And the board agreed, and we went forward with our Delphi, our annual report and our site visit studies.

And I have to say the boards were wonderful in cooperating with all three of them because, you know, in the Delphi, they were participants and then, you know, provided us with those annual reports and site visit documents which we know was not easy.

- So we're going to go into now the National Delphi. For the Delphi study, if you remember, some of you were probably part of the Delphi study. We sent out emails. We sent it out for the...you know, we had those people that worked in the clinical with new graduates.

For that, we use the ANPD Organization, which really is an organization for clinical educators. So we use them, we got a list from them, and we sent out emails if they were interested. We sent out emails to the education consultants were they interested, and to educators from a list we have from the NCLEX codes.

So we sent those out and you can see we had a fairly good response rate with all three of the groups. We had 50 education consultants, which I just thought was wonderful. And what we were doing is looking at consensus, what you do with a Delphi is send out first an email, which we did to everybody, however you do it, it doesn't have to be an email, sometimes it's paper and pencil.

And we asked them, you know, "What are the quality indicators that you would save on a program that graduates safe and competent nurses? What are the outcomes of a program or what outcomes would you like to see? And then also what are the warning signs before a program begins to fall?" And before we even got started, we decided on, and this was based on the literature and really that's more based on Robert's rules, that we would have to have with all three of these groups.

Remember, they're quite variant, a 67% consensus. So that was defined for us. And then we sent out the survey to see what they, you know, thought and then we got it back and did some great content analysis on it. And again, our scholar in residence helped us with some of that.

And then we sent it out for consensus. And believe it or not, every single one of the factors had a consensus of over 67%, which is what we had set. So everything was included. And I think we were

very, very lucky with that because some people doing Delphi's go on for maybe four or five different surveys trying to get consensus.

So here are some of our results. You can see I'm really happy with the first two, quality and safety integration in curriculum. You know, how can you get better for regulation than that? That is wonderful. And then critical thinking and clinical reasoning skills. And, Jan, I know you just talked about clinical judgment, aren't you happy to see this on the Delphi as well?

- Absolutely.

- And I feel like critical thinking is the starting place and that's in process with clinical reasoning and then the outcome is good clinical judgment.

- Yes. And, you know, if you think about it, it's the educators agreeing with those that work with new nurses and the regulators, so this is excellent. You know, faculty role model professional behaviors. Jan was going to talk a little bit about that.

- Yes. I read a study a few years ago about medical school, and they found that in medical school, the young doctors were not learning to make proper diagnoses because they weren't asking enough questions and doing enough assessment. And so there was the critical thinking, it was the reasoning, and they realized that critical thinking is caught not taught.

So they were watching their professors and learning from them and learning about their thinking. So to me, that's the key in nursing education today. Faculty must talk more about their thinking, explore the thinking of the nursing student to help them improve their thinking to make those good judgments.

- Wow, you should write an article on that. That is great. And then, you know, clinical experiences with actual patients as I've said before, those quality clinical experiences are really important. And this has come up time and time again in the Delphi study as well as some of our other studies and the literature.

Then a systematic process to address student practice errors. I was particularly happy to see that because as many of you know, we have the safe student reports study and there we have about 200 programs involved in that. And it's just a database for them to keep track of their student errors and near misses.

But it helps them then to compare it to the aggregate to see where they might be making improvements and to think about it and track it. And that is exactly what the Delphi found here. And then faculty demonstrate current clinical practice. You know, as I had said earlier, we had some experts on our course, the metrics and outcomes, And you probably remember the call we had, Jan, with Joan Kavanagh.

She's from the Cleveland Clinic and, you know, really that transition of practice is very important for her. And so she talked about one day bringing in the faculty rather than the students and having them take the medication test that all of their students take. And several faculty failed.

And she said, "What's up guys? You're the ones teaching, how come you're failing and your students are passing?" And they said, "Well, some of us haven't been in the clinical for 15 years." And she said,

"Well, that shouldn't be." And so you'll see in our guidelines, one of our guidelines is at least in the last five years, they should have been in clinical experiences.

So next in the Delphi is the consistent leadership. And, Jan, tell us a little bit your experience with consistent administrative leadership.

- Well, we often find when we visit a program with issues that there is a constant turnover of the leader. And we find that many new leaders of nursing programs do not know how to be a leader. They're placed in this position and they're wondering how to handle it. So I know in our orientation, we're starting to put more content and about being a leader.

But schools need to be able to provide opportunities for their directors to go to leadership training and to constantly be upgrading their skills in leadership.

- That's interesting, other education consultants could do that as well. You know, I also think the pattern of NCLEX pass rates and, of course, we knew that would be there, but, you know, when you'll hear from Brendan that it's kind of a lagging indicator. Other things have happened first and then NCLEX pass rates begin to fall. Have you found that, Jan, with programs?

- Yes.

- And I guess we're always looking backwards but we require our programs to write a self-study when their pass rate drops. And so they are looking backward to see what happened, looking at the differences between the students, the curriculum, the faculty, and they do recognize areas where they need to have quality improvement. So it does relate to what has happened rather than what's going to happen.

- Right. And you'll hear that also from Brendan, and that's another reason that NCLEX pass rates shouldn't be the only thing you look at because by that time, the program has a lot of problems. Then for the quality indicators, you know, one of the things that we're beginning to see patterns with already, we've looked at the literature, now we're looking at the Delphi is this consistent full-time faculty as opposed to adjunct faculty.

We saw that as well in the literature. You know, we're seeing patterns here, which was very important when you're developing evidence. I assume that you see that as well when you're out there with programs.

- Yes. And we're concerned because we see in the numbers of full time and part-time faculty that more programs are relying on more adjuncts. And that means there are fewer seasoned faculty who are not just teaching but they're looking at the curriculum, they're in the evaluation plan. And so the part-time people don't get involved in that side of the nursing program and so many lose out.

But full- time faculty as you know from this simulation study that are teaching didactic and clinical provide the best instruction.

- And, you know, again, I think it's really interesting to see these trends. So now we go to the warning signs. Remember, in the literature, we didn't really see much in terms of research on warning signs but now we are seeing some certainly lack of consistent and prepared clinical faculty 100%.

You rarely see 100% on Delphi. And, you know, limited clinical experiences like in that quality clinical experience, stands out. Poor leadership, that's there as well. NCLEX pass rate trend. But complaints to Boards of Nursing, now, we haven't seen that yet. Do you keep track of complaints, Jan?

How would the board do this?

- We actually started a log a few years ago where we log in complaints as we receive them with no names. We do have the school name, the complaint itself, and how we help resolve it. And we do see a lot of complaints, but when we see multiple complaints about one program, especially from students, we know there's an issue because it is a red flag.

- What are some of those complaints about, if I might ask? I mean, you can keep the school name out.

- Many complaints are because the students all of a sudden toward the end of their program are required to make a certain score on a standardized exam. And the policies are changed so that if they don't make that score, they may not pass. We hear that a lot. We hear complaints about faculty behavior and we have no rules about rudeness or behavior problems with faculty.

So we always let the director know of complaints so that they know what we're hearing and to see if they can do something to change that.

- Okay. Interesting. And so you have a regular log of those complaints.

- Yes, we do. So you might talk to Jan.

- It's the way for us to be accountable.

- Yes. And, you know, now we see it's a red flag gets in the literature. So going forward with more warning signs, you know, some of these kind of make sense. Again, we talk about I don't know how long, many times we can talk about administrative attrition.

We've talked about literature review, Brendan will talk about it, and we've talked about...

- Just on administration attrition, I counted the new directors we approved. For one physical year, last year, there were 65.

- Oh my gosh. And other boards have told me that too. They've said it's just a huge problem and now, you know, we have it in evidence. But I thought it was interesting practice is unwilling to host clinicals experience. I found this when I was teaching in clinical, there was another university that wanted to come in and have their students there at the same hospital I had students.

And the faculty member would literally sit in the break room and have coffee the whole time and assign her students to the nurses. And finally, the hospital said, "No, you know, you don't pay us. We can't instruct your students," and they didn't allow them to come. Now if you looked at this, would you ask the students or would you go to clinical sites or how would you get that information?

- That's a good question. I think I would first talk to the people in the program to see what had happened to create a negative response from the clinical agency. But then it might be worth a visit to the clinical agency because we rely on clinical settings to provide that kind of practice for our students.

- And I think some boards do make visits to clinical settings, but, you know, I know a lot don't. It does seem like you could get a fair amount of information by doing that. And then the curriculum is teaching to the NCLEX again. I was at a meeting once and somebody actually was on the podium talking about how their curriculum was the NCLEX detailed test plan.

And, you know, I raised my hand and said, "Well, you're really teaching for that first year in practice and that's about it." Have you had experience with anything like that?

- Occasionally, we'll see one of the program goals for a program is that their students all pass the NCLEX. So we know they're teaching to help them pass that test and that's the focus rather than teaching the student to be a good nurse the rest of their career. So it is a problem. I think that for programs that really teach to the NCLEX and have those high scores on standardized tests as a graduation point, maybe those students do go and pass the NCLEX but that doesn't really tell me it was a quality program.

- Right, because you're teaching for their career and not for just passing the NCLEX. So then, on the Delphi, we looked for outcomes and, you know, some of the outcomes that were given were a little bit hard to collect. One of the things we did ask on the email was any outcomes that you think the Board of Nursing could collect but we didn't get a lot of that.

Now, we have NCLEX pass rates and certainly you can get that, but again there's that relationship with the clinical partners. Would you suggest what's going in to the clinical? I would think you could get some of that from having an interview with students.

- Yes, you can. Students are very candid when you're interviewing them. They will tell you what's going on. But I'd like to say one thing that, in our state, we are concerned because there's a gap between what education is producing that may be practices and CEOs ready. And so we are currently involved in having a world cafe this month where practice and educators will be speaking to each to try to resolve some of these issues.

This has become such a big event that we now have joining us the Texas Organization of Nurse Leaders and the APRN Organization because they want to be a part of this. So, obviously, it's a big concern.

- And I'm going to be there as well.

- You going to be there?

- I'm going to be talking about our transition of practice study. And then preparedness for an interprofessional practice, again, I think that was going to be very difficult to collect because how do you measure the preparedness for interprofessional? The graduate satisfaction with a program, it's hard to get that back.

You can have that in your rules but then it's really hard for the programs to get it back and sometimes they have a response rate of three or something and, of course, it's all the people that love the program or people they knew so I don't know how reliable it is. Graduation rates, we have talked about, not really the best. We will be putting it on our annual report template, we're going to try to study it more, but at this point...

And, again, employment rates came up but, you know, not really as reliable as it could be. So the last one was history of discipline with the Board of Nursing. And you see it...I mean, 67% reached our...so it came up as one but it's still the lowest one of all.

History of discipline with a board, that's gotta be hard to collect, right, Jan?

- Yes, yes. I know that our enforcement department is supposed to give us when a student is disciplined within the first year after graduation but the discipline activity takes longer than that, so we really don't get that information.

- Right, and not only that but it's usually much more egregious than what you might want to see a good practicing nurse do that would come to the board so that's probably nothing that they could use either. So that, folks, is the end of the National Delphi, and it's about time for a break. We're going to have a break for 15 minutes until 1:00 Central Time.

I don't know what time you're on. So think about some questions and the answers that you are...not answers, just questions that you would want to send us and we would be able to answer later on in that session. Coming up next is Brendan Martin after the break at 1:00 Central Time.

And he's going to talk about the annual report study as well as giving you that demonstration of our brand new performance indicator. And we don't even know if that term for it will stick. I kind of like performance index too, so we'll see if that sticks. But thank you very much for your attentiveness, and we'll see you back at 1:00 Central Time.