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***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.

Then clinical complaints, again, complaints are coming out. Remember, they came out before as well. And public complaints as well about programs. So, this will be, you know, a clinical facility might call a board and say, "We don't think this program belongs here." I think you've had some of those calls in the past, right?

- Yes.

- Yes. So, you'll see here that we are seeing patterns. With the site visit study, then, they found administrative processes. Now, remember, we're looking at those 139 that were failing programs. Poor record keeping. You've probably seen these when you've gone and made visits, right?

Lack of policies and procedures, written policies and procedures.

- Yes.

- I know that was one of the things...

- That's a big one.

- Yeah, that you were really strong on and promoting in our approval guidelines. And then lack of quality improvement if there were problems that occurred. And then lack of faculty and student input into the policies coming from above. And you see this in some of these programs Everything comes from above, no input.

And then the students...this was really kind of a sad ones, the students weren't even able to have educational materials. Some of the students didn't even have books. The use of data. Now, this came out in a site visit study, we didn't include this kind of detail in the approval guidelines, partly because we didn't find it in some of the other literature.

But it does make sense, I think, just administrative and faculty competence in being able to look at the data and interpret the data. Have you seen that as well, Jan?

- Yes, I know some programs subscribe to Mountain Measurement, but they don't know how to read the data.

- And, along with that, no internal statistical support for that. And, you know, that none of their decisions were really based on the data. So, not good use of data in these failing programs. I think in terms of students, some of these were a little bit sad.

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.

They also had, you know, just lack of support from the program director. And, you know, in terms of the faculty, you know, not just being there for the students. So, as with the literature, and with the quantitative study, and the Delphi, we have a lot of issues with faculty, but a little bit different issues here, I think, that we saw.

The thing that really surprised me was lack of basic pedagogies. Now, I'll go out and make these visits to these failing programs. So, I tend to go to conferences like NLN or AACN, and I see these really good faculty that are looking for the new cutting-edge pedagogies. But what I'm finding, what Allison found, is they didn't even have the basic pedagogies or they were way behind.

Have you seen that as well?

- Right. Some have never had any courses in curriculum or education and they're in teaching.

- Yeah. And just that transition from practice to teaching was very difficult. You know, and we see a lot of DNPs now going into programs and becoming directors, really needing that transition with understanding, you know, what a pedagogy is even.

Limited mentorship. Again, these programs, you know, often had faculty who didn't have any orientation program, you know, much less mentorship for them. And then lack of graduate degree. And again, for the PN programs, it was lack of a BSN degree. And then for the RN programs, a graduate degree.

So again, there is a lot about faculty in the site visit study. Again, a heavy workload of faculty. I'm sure you've seen that as well, Jan. I saw it when I was teaching.

- Yes.

- Yes. The faculty are expected to just do everything. And sometimes, a board coming in and communicating that to administration can help them. Lack of faculty development. This was very big in the site visit study, that faculty didn't either take any faculty development or they were offered it by administration.

It wasn't pushed by administration. And then, you know, we all know faculty turnover. In our approval guidelines, we don't really have what a specific turnover is, but we do have it for directors. You know, not more than three directors in five years.

I love that. If we could, with our new data collection tool, if we could come to actually what a turnover would be and calculate it, I think that would be very valuable. And then, you know, again, this is where we found clinical faculty more than five years out. And as you know how I feel about that, they need to be, you know, have more experience than that as well.

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.

So, you can see these are definitely those failing programs. Then, faculty, especially adjunct faculty, and part-time faculty, they might not have their own private office, but they need some kind of office space to talk to students about, you know, sometimes issues come up that you just can't talk in the middle of everybody.

And conference rooms available for the adjunct faculty. And then we go, again, to accredited simulation labs. And, you know, as I promised in the last Q&A, I will look into how you get accredited. Do you... You weren't there, Jan.

- I was watching you.

- Yes, okay.

- Yes. First of all, it takes funding to do that. I think you've got to convince someone that it's worth doing. I was thinking, as you're talking, that these things cannot be found other than by a site visit. This is not going to show up on the annual report.

- Right. It isn't, yeah.

- We may have some complaints so that we know their problems, but you have to go and visit the program.

- Yeah. And, you know, I think that's... We put some of these things in the annual report, so we're hoping to get some of them for those boards are just don't have the resources to do that. But, you know, I think you made a good point. And I think also, that's one of the reasons I found this site visit study to be so valuable. Then, again, when we come to leadership of the program, this is where we found that if the director was put in charge of allied health and did not have an assistant to take care of the day-to-day problems of a nursing program, there were problems.

So, you know, again, this is in the core data template that we'll be looking for. The director did not have a doctorate. And interestingly, Allison found they weren't really sure what the reason was, but she kind of went from what her thoughts were, and that was, even if the person as a director was not experienced, but they had a doctorate, it seemed to make up for it a little bit, maybe what was in their past experience.

So that was really important. And then, again, the director, I talked about this previously, was not an RN, and especially, as I said, happened in for-profit programs that didn't value RNs. Now, I don't want

you to all think that I don't like all for-profit programs, but there are some out there that have given problems to boards.

There are others that are very good. Then the organization. Major organizational changes in the name of efficiency, making it more efficient, was really kind of masked by saying, "We're going competency based," but they were really getting rid of faculty and masking that.

Oftentimes, if they made one of those major organizational changes, "We're going to, you know, competency based, we don't need all these faculty in one, two, three years," then they found NCLEX pass rates, and again, lowering. And again, that shows that lagging factor.

- Yes. When they make those big changes, it trickles down. The faculty become disenchanted with their jobs, so they start leaving. Students start feeling the effect of it, and then it affects their performance.

- Yes. And it affects who they draw into their program.

- Yes, it does.

- This may have been... Somebody asked what my biggest surprise was, and I really hadn't thought about that before, so it was a great question. But this was the finding that warmed the cockles of my heart. And that is the state regulatory context. What they found in the site visit study was that it really made a difference when you approve nursing programs.

Now, there are some of you out there that maybe have had legislators go to the board and say, "Why do you need to be in the business of approval if your programs are accredited?" This finding showed why it really made a difference in those programs, even when the programs were accredited or not. And I've talked a little bit to Jan about this, just about approval protecting the public.

- Yes. It also...because we do have the power to approve, people listen. And I know in my experience recently on a survey visit, I found that there was not an administrative assistant there. And the director really needed someone. So, I made that a requirement for that program, and I saw her a couple of days ago and asked her how it's going, she said, "I got my administrative assistant."

For some reason, if they feel that it might affect their approval, then they listen...

- They do, yes.

- ...and they do things.

- Great. So that was my favorite finding, if anybody wanted to ask that question. From the site visit study, then, we developed a site visit template for all of you. Now, this isn't going to be the same thing as the annual report template where we could, you know, collect that data for you.

This is just for your use if you maybe have a new education consultant that comes on or, you know, you might want to look at it in terms of what you normally do now. And so, just briefly, I'm going to go

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 in a different way.

But that template kind of looks like this on your screen. And just ask questions under the different areas. So, we look at some of the program demographics, for example, and then some of the areas of the program and of the administration. And then, you know, looking at some of the directors, for example, the number of directors, do they have an administration?

Do they have policy? When, you know, Brendan went over the quantitative study in terms of directors, and I just want you to know, I don't think he said this, we actually hired a temp, and they went through all those annual reports and counted the number of directors in a year, and that's how we came up with three directors in five years is really a warning sign.

So, you know, what we would do with the both the site visit template, and also the annual report is look at the numbers of directors because that makes such a big difference. Then also, in the site visit template, we'll look at faculty, you know, what are the credentials of faculty?

Do they have faculty development? And oftentimes, you can gather that, if they had faculty development, you just, you know, ask them about that. And then, in terms of students, are the resources

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?

- Yes, yes. And Allison found that too, a lot of times, the syllabus just wasn't consistent with what it should have been. So, we're going to start here with the approval guidelines. And this is what we did, putting everything together. So, remember, we had the literature, we had had the three studies, putting everything together, everything went to the board.

I think I have four appearances in front of the board, you know, after the literature review and each of the studies. And, you know, I finally said to the board, "I feel like the Eveready bunny, that I keep coming back to you." And then beyond that, we had an expert panel, as I have alluded to.

We had all of the education organizations, some boards of nursing representatives, and then our attorneys, who especially looked at the FTC issues. So, those were, you know, just...I think it was just an excellent expert panel to help us develop from all of this what the approval guidelines will be.

Now, as I said, I will send these out to all of you, you'll be the first to get them. And they will be also prepared, it'll be a little booklet, it won't be just a little PDF, at mid-year meeting. And we're going to send a copy of the booklet to each of the boards of nursing. And so, if you remember, in it, we'll have the approval guidelines, and then how each guideline relates to the evidence.

In order to be a guideline, it had to have at least two pieces of our four pieces of evidence we collected: the literature review, the Delphi, the site visit study, or the annual report study. So, how each of them are linked are included in there, as well as the template for the site visit and the annual report.

So, we start with warning signs. These came out very strong. Complaints to boards of nursing about the program. That was one of the biggest issues that Allison had seen in the site visit. It also came up in the literature, came up in the Delphi. More than three program directors in a five-year period.

So, that is something that you can really look at specifically. And Brendan would be able to show you how he got to that. And remember, we counted every single director. The directors were all listed on the annual reports, so it wasn't even a guessing situation.

And then frequent faculty turnover, we don't quite have the specifics on that, so you'll kind of have to judge for yourself. And then a decrease trend in NCLEX pass rates. We didn't go to a specific percent decrease trend, remembering that the NCLEX, certainly, you have to pass the NCLEX in order to be licensed, in order to practice.



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 to education sessions. Then, to continue with faculty, the school provides substantive faculty development.

Faculty development really came out strong. So it's not only the faculty participates, the school provides it for them. And then formal mentoring is in place for full-time and part-time faculty. Sometimes, I think part-time faculty get left out a little bit. And if you're relying on a lot of part-time faculty, that's really very important.

And then, you know, and I saw this when I used to teach adjunct faculty, not having any orientation. You know, sometimes adjunct faculty didn't even know what the program was about. I taught at Loyola University in Chicago, we were a Jesuit university, and they didn't even know that. And, you know, your whole philosophy and, you know, everything kind of depends on that, your theoretical framework.

And so, I, you know, really felt that we should have been doing a better job. Have you seen that as well?

- Yes. And I think that when programs bring an adjunct, they just expect that they're going to know what to do. And they're not. Excuse me, I have to make a confession. When I started teaching, it was as adjunct. I had no idea that there were faculty meetings or what I was expected to do. I got the clinical assignments, showed up for clinical.

The really good thing that happened to me was I also was working part time in that same hospital. So, I had my own clinical lab. And that turned out to be a good experience, but the next year, when I became full time... and that's adjunct should be used as a road to full-time people.

Then I realized there was a lot I didn't know about, and I had no voice at that time.

- Right. So, you know, I just think focusing on adjunct faculty, especially if you do have this 35% of faculty that are full time, you really need to focus on them more. And you know, what came out in the

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."

And so, I think that whole participation can be almost a win-win situation. It doesn't have to be just on the backs of the program, but it can help the program. And then, you know, remember the five years clinical faculty should have practiced in the last five years?

We just didn't think that was enough time or, you know, we thought it was too much time, actually, after they practice. So, we kept that one to clinical faculty have up-to-date clinical skills. So, you know, it really will be the judgment of the board, I think. I don't know, do you look at that, Jan, or...

- One of the schools in Jersey and St. Louis, where I got three degrees, requires...

- How many degrees do you have, by the way?

- No, no, no...requires their faculty to have one day in practice a week, and they give them that day. So, I think that's a wonderful plan.

- I think so too. I think that's excellent.

- It's counted as a part of their workload.

- Yes. And then simulation faculty are certified. Now, we have talked about this before. And maybe the next question will be, what do faculty have to do to be certified? I'm not exactly sure what they have to do. I think it's through one of those organizations?

- Yes, yes.

- But, you know, that would be helpful in terms of learning about teaching and learning, because if you become certified, you certainly learn pedagogies and, you know, how to develop syllabi, etc. So, I think that would be very important.

- I think we're so eager to have 50% of our clinical time and simulation, but not so eager to provide the training for the faculty.

- Yes. Well, that's what I've heard a lot from the boards. Faculty want to just step up. I remember I was at a conference once and the faculty member got up and said her Dean said, "Here's a book, I want you to start a simulation lab." And, you know, it's just not that easy.

- No.

- And they called it Simulation on the Fly.

- Yes.

- 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 those warning signs early on.

- They would, yes.

- And they would make quality improvements. But it's a lot of work to maintain a total program evaluation plan.

- It is.

- And a lot of people don't know how to do it.

- Right. It is a lot of work. And I think that, you know, we talked to Marilyn Orman, when...she's really an expert in that area, our committee talked to her and got some resources, and there are some good quality improvement chapters out there in books that I found very useful.

I think I can... What is that book that, it's about nursing education, Halstead? Billings and Halstead, it is a 2020 edition too, and I think they have an excellent chapter on systematic evaluation of a program. So, you know, you as educators, education consultants can go in and, you know, teach them that.

Do you find a lot of teaching goes on when you go into make visits?

- You mean from us?

- Yeah.

- Definitely. I don't know why more faculty groups don't just have lunch once a week and just talk about best teaching practices. I guess working that into their schedule is difficult.

- So, teaching and learning resources. You know, how many times have we said simulation lab is accredited? You can see that that is important. And yet it's probably one of those areas that you're going to be looking to the future.

I think you had said, "Focus on the guidelines, the NCSBN simulation guidelines."

- Yes, yes. If you don't know what to do to have a quality simulation lab, look at that first.

- Right. And, you know, that students have access to technology, library, other resources. And again, those programs need to assess students with learning disabilities and, you know, students English as a second language. So again, you know, those are all very important.

So, it looks like Jan, we finished this section a little bit earlier. We are going to break now, and right after break, which will be 3:15 Central Time, we're going to have a question and answer session.

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.