Past Event: 2024 NCSBN Scientific Symposium - Advancements in Regulation: National Database: Quality Indicators of Nursing Education Programs Video Transcript

Event
2024 NCSBN Scientific Symposium

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We're going to be talking about the national database that we have developed about quality indicators and nursing education programs, as well as demographics. It is the first ever database like this. And I have to say, we're pretty excited about it. So how did this start?

Well, first of all, you're probably wondering about quality indicators. "Where did they get these... idea of quality indicators?" And it all started from our wonderful Board of Directors. And what they requested is a development of quality indicators for nursing education programs that the boards of nursing can use when they approve the programs.

But basically, and this was the important part, they wanted them to be legally defensible and evidence-based. And by evidence-based, we're not talking about one study with 40-some students. There's a study going around about the two-to-one ratio of clinical hours to simulation. It was one study done in one area, 3 schools with 42 students.

And yet that's used all over the place. "That's why we need this two-to-one ratio." That's not what we're talking about. We're talking about robust studies at the hierarchy of research. We actually thought this would be pretty easy. We know there are requirements from the U.S.

Department of Education. There are many, but the three important ones are graduation, passing the NCLEX, and getting a job. Right? So we had a committee together on this. We had the U.S. Department of Education on a call and we said, "Now, where is your research? We thought we could get that research together, and then look for other things as well."

Well, they said, "Oh, it's not based on any research at all. That's what we need in order to give funding to the schools, and to give funding to the students." So there was no research there. So then we went to

the accreditors. And we know that the national nursing accreditors require the same kinds of things. These are requirements that schools have to do.

So, again, and we met with each of them, all three of them individually, and we said, "Where is your research?" But because they have to be recognized by the U.S. Department of Education, they had to use their requirements. So there was really no big research in either of these areas on it. So we went to our board, our wonderful Board of Directors, that really helped us and supported us in this initiative.

And we said, "We're going to have to do this research, because there isn't anything out there with that high quality and robustness of research that we need if we want to be legally defensible." So we asked for an integrative literature review, a Delphi.

These are all national, five years of annual reports. That's the quantitative part of the study. And then five years of site visit reports. And that would be the qualitative part of the study, because it kind of tells you what's going on if the program is beginning to fail.

It's kind of the story of the program, whereas the annual reports are the quantitative data. What are the graduation rates? What are the credentials of faculty? That kind of thing. So we went to the literature first, and again, kind of like the U.S. Department of Education and accreditors, we thought we'd find a lot there. We didn't really find too much there that was that high level of research.

We used the Johns Hopkins levels of evidence to rate each of the studies. We came out with 65 published studies, but nothing was high enough that it would really make it legally defensible. So we were able to use the data, but we couldn't say that this would change policy. So then we did the national Delphi.

And what I loved about the national Delphi was we had three different contingencies in it. We had experts in education, experts in regulation, and experts in those nurses that work with new graduates and see what they're doing. And I have to tell you, I think that last group really helped us with this.

And that report of the Delphi is in that supplement that came out in 2020. I really suggest you might want to look at it because there's some really great evidence in there. And then we asked the poor boards that are tirelessly working for five years of their annual reports, because we wanted to look at that quantitative data across a timeline like that.

And we got more than 11,000 annual report pages from 43 boards of nursing that actually gave us these. And it was a lot of work for some of them. We were able to collect the data in a secure database from an outside vendor, because we never would have been able to do this.

We, inside, did the analysis of the data, but they were able to collect it for us. And then 5 years of site visits again, we had about 31 boards that were able to give us this because not all boards do site visits. And we, again, had about 1278 site visit documents.

And these were very valuable too, because what you really need to know is what's going on in the program, number-wise, quantitatively, but then in the background, what might be causing it, or the story of the program. So we had all of these data from those four different sources.

And then we brought in a panel of regulators, educators, and the educators were from AACN, NLN, and OADN, and researchers. And the attorneys were really very helpful because some of this comes out, "Well, in research we found this and this."

And then the attorneys would say, "No, you can't do this because of SEC," or whatever the reason would be. They helped us a lot. Each of the quality indicators had to have at least two of the foreign national studies to provide evidence for them. So that is how all of these quality indicators were developed.

And so, again, this is all written up, all four of those studies, and the quality indicators in that 2020 journal article, JNR article, supplement from the summer. And remember, all our supplements are free.

However, we also have the approval guidelines. It's more of a summary of those quality indicators, but then it has a table showing how each one is supported. And I think that's really valuable. That's pretty short. It's not the 60-page article, and a supplement article. And it really is helpful in being able to say to your legislators, or whoever you're talking to, "This is the evidence for what we're doing."

And that's online on our website. But also, I do have paper copies if anybody needs any, just email me, and I'm happy to send it to you. So we did all of that research, and felt really good about those quality indicators. But then what do you do?

Do you just report it in the article, and who reads it? And where does it go from there? So we thought, we'll have an annual report program where, for the participating boards of nursing, we can't require it of them, but for those that participate, we will collect for them the core data, which are the quality indicators and the demographics.

We have 50 questions of the core data, but then also any additional questions that they might have, because what we found is many boards have additional questions, and maybe they wouldn't have participated if we didn't answer additional questions. So we now do that in our annual report program.

This map is of the states now that are participating. And as you might know, down the line, we're hoping to get all of the states participating because it's pretty much a national database now. But you can see areas like the Northeast, anybody here in from the Northeast, that we need more data from.

But it is looking pretty good now. And what we do then is develop that survey for the boards of nursing. And it's those 50 core questions, as well as their additional questions. We send them a link, they send it out to their programs. Then through Qualtrics, we get the data back, we clean the data, we develop a report for them.

And then annually we do an aggregate report, so that we can look nationally at what is going on with quality indicators. Now, one of the things that you might think about... Let's see if we can get...

One thing you might think about as well then, "Okay, they have this aggregate report. How can they use it?" Well, it's a great way for schools to go to their higher administration and say, "Look, here's what nationally the schools are doing. We need to do this because these are outcomes." And then they can maybe not have poor outcomes, maybe not having poor NCLEX pass rates because they can take care of it before the NCLEX pass rates go down, or other outcomes go down.

And just so that you know, the NCLEX is a lagging indicator. That means it doesn't fall until some of the other elements in the program have gone down. So these are the types of programs that we're looking at in the annual report program.

And it's really nice because we categorize, then, each program what kinds of factors are involved. So these are the demographics that we collect. So the geographic, institutional ownership, is it for profit, not for profit, public, etc. Then learning modalities, online simulation, the kind of simulation, if they have administrative help, if they have dedicated support from the administration.

And then orientation of adjunct, part-time, full-time faculty, and mentoring a full-time faculty. Now, what Nicole was saying, every study has limitations. And one of the limitations for that question is it's all self-report.

So, of course, a lot of them say they have this mentoring. But I just remember, when I was teaching, orientation of adjunct faculty would mean coffee and donuts on the last day, saying thank you. And is that really orientation?

So that's our limitation. The other area that we really have looked at, because there's been a huge change in clinical hours since 2010, when Jennifer Hayden first looked at the number of clinical hours nationally. So we look at direct patient care hours as opposed to simulation hours and skills lab hours.

And a lot of parts of the study surprised me. And one of the surprises for me was direct patient care hours and simulation hours. I was going to expect a bunch of simulation hours, and not that many direct care. And it's really, as you'll see, I'm going to show you the new aggregate data in just a minute, that's just not the case.

So here are the key quality indicators. These are the ones that really make a difference, we have found. Accreditation is really linked to outcomes, and we have done studies on that. And the approval status that all of the boards of nursing do, we found that from our site visit study. Very important data.

NCLEX trends. Now remember, the NCLEX is a lagging factor. So what we're trying to do is prevent that from falling by looking at some of these other indicators. Director turnover. You can have more than three directors in five years, and that is bad for your outcomes. Major organization changes are things like merging programs together, laying off faculty and staff.

Less than 50% direct patient care, this was one of my predictors. I was sure that we'd see a lot of this, and we almost saw none of this. So most programs now have more direct patient care than I thought they would have in relation to all the clinical experience, but not in relation to the hours because hours have gone down.

And then another part that surprised me, having been faculty before I came to NCSBN, less than 35% full-time faculty. Our research department found that, and I thought it's just that then we didn't have consistent data, but that'll go way up. Well, we're looking at the annual report surveys.

Some schools have 10% full-time faculty. Now, if you think about it, it's the full-time faculty that do the syllabus, and prepare for the accreditation, and take care of the clinical spaces, etc. So that is a really important lagging indicator that we're seeing in nursing education.

The other thing that surprised me, but this may have been the pandemic coming into view, I don't know. We'll have to see with the future. Less than 70% graduation rates, much less than I had ever thought there would be. And then the younger programs, they aren't seasoned yet, some of them just need to be monitored more.

But there's other quality indicators as well. Disability support and services for those with low socioeconomic status, those were handled pretty well. But English as a second language. Do you know that less than 50% of the programs have English as a second language services or resources, when we're trying to enhance the diversity of our nursing workforce?

So we really do need to work on this. And we asked not only about the program, but then we said, or your parent institution. So less than 50%. That really surprised us. And then another thing that surprised me having... we've worked with our three-year study on errors and near misses in nursing programs, is remediation for students making errors and near misses.

Only about 85% of the programs do this. And this is something that really, from the regulatory perspective especially, needs to be considered. And certified simulation faculty, and accreditation, and simulation labs. This came out as a quality indicator on our research. We are not seeing much of this right now.

So it's really something that we can tell faculty for the future. So we did the aggregate report, it's on our website from 2020, 2021. We just finished, I'm still doing a little editing, of the 2021, '22. And you can see that we have almost 1000 programs in that aggregate report. So it is really creating a nice national database, not only for the programs to use but also for the boards of nursing to use, and look across our programs, and seeing in their area what might be improved.

Now, one of the things I'd like you to see on here is look at all of the clinical adjunct faculty, 8822. This is one of the reasons we're seeing the decrease of full-time faculty, because they're using so many adjunct faculty.

And many times adjunct faculty is just brought in from the local hospital or whatever. And they don't know a lot about the program. So these are some of the demographics that we have found in our '21, '22 survey. And you can see, interestingly, you know, we always hear that these programs serve the rural, and these programs serve the urban, but this is data to support it.

You can see that the LPN programs and the ADN programs do definitely serve the rural population, where mostly the bachelor's programs serve the urban population. Not mostly, but that's the majority of what they serve. What was interesting to me, but there were only seven master's entry programs, but it was interesting that they serve the suburban element.

And you can see for the private for-profit, because sometimes we have thoughts from our boards of nursing on those programs. You can see that it's the diploma programs that are the highest on that, and the accelerated BSN programs. So now, in terms of the learning modalities, again, you hear so much about online-only, that's what they have.

Look at online-only there's almost none except for the accelerated BSN online-only programs. There's a number of hybrid programs that use both, and mostly in-person programs. Most of them use simulated clinical experiences. Though, as you can see, the LPNs are on the low side for that, and I thought more of the programs would be responsible for allied health, but not too many are at all.

So as far as assistant directors, not too many have assistant directors in that area, probably the BSN programs are the highest. But they do all mostly have administrative support, somebody there answering the phones, and that kind of thing.

And then you can see big on orientation of adjuncts, and part time again. We might have to ask a further question about what is that orientation, because I'm a little questioning, especially the adjunct orientation. Oops. And then orientation of full-time faculty and mentoring of full-time faculty is pretty good, at least reported that way.

Clinical experiences. This is one of the areas that really surprised me. The direct patient care, you can see, that is not very high. If you think about the National Simulation Study, every program in that, remember we had 10 programs, and 5 for ADN programs and 5 for BSN programs.

Every program had to have 600 hours of clinical because, at the time, that was the average number of hours. Look at the programs now, they've gone down in hours for direct patient care. Simulation hours. I was really surprised at this.

I keep hearing when I go to conferences, "Oh, there's so much simulation going on. It is so huge." Look, there is actually more hours in skills labs than in simulation. And it's all under 100 hours of simulation. So I have a feeling, part of that is because of faculty not quite knowing what to do with simulation.

Then the trend of direct care clinical hours. And we started this in 2010. And you can see the trend from 2010 to 2021, '22. And you can see how it's just decreased, particularly it has decreased with the associate degree programs.

And now there are almost 200 hours behind the BSN programs. So one of the things that we may be as regulators, and those in practice, and educators need to do is work together on how to enhance the direct care clinical hours. One of the things I hear when I go out is, "Oh, well, students just stand around, and they are no good."

But those people don't know how to teach, because there's a great way of teaching direct care clinical hours. And I do think it is something we should maybe focus on in nursing education. So here are the quality indicators, the key quality indicators. And at the end there, we have a grand total, but you can see each of the groups.

For accreditation, probably it's the LPN programs that really need to come up to speed on that. Approval. I loved this one because it's only about 10% of the programs across the nation that don't have full approval.

And a lot of times you hear, "Well, that's the board of nursing's fault. Nobody's getting approved in our state," when you go out to conferences. But these are good data to show that's just not the case. Major changes in organization. Remember, I told you about that means they merge programs together, and they put people on layoffs, huge area.

And it also hugely affects the outcomes of programs. Director turnover, not so bad, but in some of the programs, a little worse, like the ADN programs and the accelerated BSN programs. In ADN programs, that might be related to salary.

So then less than 50% direct care. I thought that would be huge. And you can see, not big at all because we aren't seeing much simulation. Less than 35% full-time faculty. Now, that is more than a quarter of the nursing programs nationally have less than 35% full-time faculty.

That is very worrisome. And that is something that boards of nursing maybe need to stand up to to the programs. And then look at those 70% graduation rates. I mean, we have 54.6% that have less than 70% graduation rates. So, again, this is something that we need to see what's going on in the program.

And again, that probably goes back to those, looking at the... Okay, I have to rush here a little bit. And then the younger programs, which are just the programs that don't have the seasoned faculty, and probably need a little bit more monitoring. So some of the other quality indicators.

The only one here that really kind of surprised me was academic support. And this is academic support when students are failing. I think that should be zero, don't you? I mean, when students are failing, we have to go there and support, and see if we can bring them up. And look at this, it's about 15% of the programs report that they don't give any academic support. So students are failing, and then they just fail out, I guess.

And then looking at some of the others. Look, there is the English as a second language, 56.3% of the programs don't have that at all. Again, something we really need to look at. And again, 18% of the programs don't have any kind of resources for errors and near misses about what maybe occurred, and how they can prevent it in the future.

And you can see, as I told you, the simulation certification, and the simulation accreditation are really low at this point, but it's something we can really promote for the future for them. So for the summary of the aggregate results, more time is needed for clinical experience. And I think we can work together with our colleagues in all areas to get this to go.

And we have to stop thinking that clinical experience in a hospital does nothing because student stands around. It absolutely is not the case. It's just that they don't know how to teach. Increased resources for students with English as a second language. LPN programs accredited at a higher level.

And the issue there is probably cost of accreditation, but it certainly does help with outcomes. Looking at the full-time percentage of faculty, and I think probably programs haven't really looked at that before. So maybe once this comes down as a quality indicator, that'll be looked at. And I think it'll improve outcomes, graduation rates.

Higher administrative support of nursing programs. This is that merging programs, laying off faculty, bringing in adjunct because they are cheaper than a full-time faculty. And then you don't have that support, and you have your programs failing. And then the certified simulation faculty and accredited centers.

So we do have additional questions. What we ask the boards with their any additional questions is that these be questions that you're really will use. You'll use the answers, not just you want to see the questions there, but you'll use the answers.

And many of the boards have pared down their additional questions, because faculty complain when they get too many questions. We did have 16 COVID-19 questions during the pandemic. And that

ended, as it says, in the fall of 2022. And that publication has been accepted in the "Journal of Nursing Education," and will be out one of these days, I'm hoping.

And what we found for that, a big thing we found from that was in 2021, we had almost 50% attrition of students during the pandemic, almost 50%. Remember, this is a large number of schools. And about, I think it was 19% of faculty attrition because of the pandemic. So that was really an interesting finding that we had not expected.

So what are the advantages of all of this? The consistency of the data. Brendan was the one that did the analysis of our original one. And boards were just collecting different things at different times. And it was very hard to come to one particular thing, and be able to statistically analyze it. So five years after the start, so in 2025, we'll be doing another statistical analysis of these data, which are going to be very sophisticated, that sophisticated statistical model.

And then also, being able to benchmark, not only the programs but across the boards. And being able then, to me this is the beauty of it, to make evidence-based changes before programs fall below standards.

This ought to go well with their legislators, because they always come up...as Linda Aiken was saying, "They come up with money. And in some states, they want to decrease credentials of faculty because that would bring in more students, because we'd have more faculty." But it's looking at things like this that are much more important. So the future, we want all the boards of nursing in this.

We'll certainly be doing webpage updates. And we're hoping to create, I've talked to Phil about this, a sophisticated dashboard that we could use this for. And right now, the international boards of nursing would really like to be a part of this. We just have to have more of our boards of nursing participate until then.

And I can see Jen is looking at me. These are my credentials. Please feel free to call me or to email me if you would like anything from this, including if you want those guidelines that we have. Thank you so much.

You've been a great audience.