NCSBN
National Council of State Boards of Nursing

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Nursing Regulation Recommendations for Distance Education in Prelicensure Nursing Programs

INTRODUCTION

In their mission of public protection, most boards of nursing (BONs) approve nursing education programs (Spector & Woods, 2013). Therefore, NCSBN's Board of Directors convened a committee to identify current and evolving regulatory issues related to distance learning education programs and develop recommendations for the regulation of distance education programs. The committee was challenged to think futuristically. This white paper provides nurse regulators with information on prelicensure distance education and related issues. Further, it presents facts to educators about perceived regulatory barriers related to distance education programs and offers possible solutions to problems.

BACKGROUND

Two widely disseminated national nursing reports have called for nurses to advance their education. In 2010, the Carnegie study of nursing education (Benner, Sutphen, Leonard, & Day, 2010), which compared and evaluated nine nursing programs with excellent reputations for teaching and learning, studied the state of nursing education. Of Benner et al.'s (2010) 26 transformative recommendations, four of them support nurses advancing their education. They also made a strong case for increasing the rigor of nursing education, and integrating clinical cases and practical experiences throughout the educational process.

Likewise, the Institute of Medicine's (IOM) Future of Nursing report (IOM, 2011) made a recommendation (key message number two) that "Nurses should achieve higher levels of education and training through an improved education system that promotes seamless academic progression" (p. 163). More specifically, it recommends that by 2020 the proportion of baccalaureate degree nurses should be 80 percent (IOM, 2011), although in 2013 the percentage of first-time, U.S. educated baccalaureate graduates taking the NCLEX was 42 percent (NCSBN, 2014). Similarly, nursing organizations have taken positions that nurses should advance their education (AACC, ACCT, AACN, NLN, & N-OADN, 2012; Tri-Council for Nursing, 2010).

In concert with these recommendations, studies have provided evidence that a higher ratio of baccalaureate educated nurses in hospitals improves patient outcomes and safety (Aiken, Clarke, Cheung, Sloane, & Silber, 2003; Aiken, Clarke, Sloane, Lake, & Cheney, 2008; Blegen, Goode, Park, Vaughn, & Spetz, 2013; Estabrooks, Midodzi, Cummings, Ricker, & Giovannetti, 2005; Friese, Lake, Aiken, Silber, & Sochalski, 2008; Kutney-Lee, Sloane, & Aiken, 2013; Tourangeau et al., 2006). Since the mission of BONs is public protection, nursing regulation supports nurses advancing their education. BONs are partnering with nurse leaders in their states/jurisdictions to develop seamless articulation tracks or other innovative models for nurses furthering their education (NCSBN, 2012c). Further, in 2010 NCSBN published a policy position statement supporting nurses advancing their education (NCSBN, 2010). Distance education courses provide tremendous opportunities for nurses by offering access to quality nursing education in small communities or rural areas where nursing programs don't exist; they also allow flexibility for those students who otherwise couldn't attend a nursing program.

ISSUES FOR BONS

While prelicensure distance education provides opportunities for students advancing their education, the BONs have reported having challenges with regulating distance education programs:

1. Core education requirements for approving distance education programs are needed so that states/jurisdictions are consistent when approving programs for having students in host states.

2. There is a need for licensure clarification, particularly with faculty who only teach didactic courses. There was consensus that preceptors or clinical faculty who work with patients be licensed in the host state where the patients are located.

3. BONs in certain states/jurisdictions want to know when students from out-of-state programs take clinical experiences in their states/jurisdictions.

4. Host states/jurisdictions want assurance that students participating in clinical experiences in their states/jurisdictions are being supervised by qualified faculty or preceptors.

5. BONs want to know how to communicate distance education issues with BONs that don't have authority over nursing education.

6. BONs report that the quality of online programs is more varied than with traditional programs and have requested information on the uniqueness of the programs for evaluating the quality of distance education programs.

Another issue for BONs is the U.S. Department of Education's proposed state authorization rules. In October 2010, the U.S. Department of Education issued program integrity rules prompted by a concern about the inconsistent quality of for-profit education programs, which account for 11 percent of higher education students, 26 percent of student loans and 43 percent of all loan defaulters (U.S. Department of Education, 2010). These rules include the 34 §600.9 (c) state authorization rule, which was tied to Title IV funding. It requires documentation of compliance with state laws in all states that offer distance or correspondence education. Because of legal challenges, at the time of this writing, the rule has not gone into effect, and the U.S. Department of Education has not indicated what the next steps might be (NC-SARA, 2014). This state authorization rule has created concern in nursing education because of the diversity of state requirements pertaining to distance education. Because some BONs also have requirements related to distance education, they also have watched this rule closely. No BON, however, has taken any action based on this proposed U.S. Department of Education state authorization rule.

Related to the diversity of rules and regulations governing distance education among U.S. states/jurisdictions, a State Authorization Reciprocity Agreement (SARA) was developed. SARA is a voluntary agreement among states that establishes comparable national standards for interstate offering of postsecondary distance education courses and programs (NC-SARA, 2014). It is intended to make it easier for students to take online courses offered by postsecondary institutions based in another state. SARA is overseen by the National Council for State Reciprocity Agreements (NC-SARA) and administered by four regional education compacts: the Midwestern Higher Education Compact (MHEC), the New England Board of Higher Education (NEBHE), the Southern Regional Education Board (SREB) and the Western Interstate Commission for Higher Education (WICHE). SARA provides clarity in authority and responsibility by shifting oversight of distance education to the home state where the educational program has legal domicile. As of this writing, seven states have joined SARA: Indiana, North Dakota, Colorado, Nevada, Idaho, Washington and Alaska; there are expectations that by 2015 there will be 20-24 states in SARA and 40-45 by 2016 (Hill, 2014).

Currently, SARA has no effect on state professional licensing requirements. NC-SARA stipulates that any college that offers courses or programs potentially leading to professional licensure must keep all students informed as to whether such offerings actually meet state requirements (NC-SARA, 2014). However, this could change in the future, so it is important for BONs to stay abreast of this initiative.

KEY DEFINITIONS

Distance education in nursing – Instruction offered by any means where the student and faculty are in separate physical locations. Teaching methods may be synchronous or asynchronous and shall facilitate and evaluate learning in compliance with BON approval status/regulations. (Adapted from Commission on Regulation and Postsecondary Distance Education, 2013)

Clinical learning experiences – Planned, faculty-guided learning experiences that involve direct contact with patients (NCSBN Model Act, 2012a).

Encumbered license – A license with a current discipline, condition or restriction (NCSBN Model Rules, 2012b).

Faculty – Individuals employed full or part time by an academic institution that are responsible for developing, implementing, evaluating and updating nursing program curricula (NCSBN Model Rules, 2012b).

Home state/jurisdiction – The state/jurisdiction where the program has legal domicile. (Adapted from Commission on Regulation and Postsecondary Distance Education, 2013)

Host state/jurisdiction – The state/jurisdiction outside of the home state/jurisdiction where students participate in didactic coursework and/or clinical experiences. (Adapted from Commission on Regulation and Postsecondary Distance Education, 2013)

For example, if a prelicensure nursing program located and approved in Illinois were to offer either clinical or didactic nursing education in Wisconsin (either by distance education or crossing the borders for clinical rotations), the home state would be Illinois and the host state would be Wisconsin.

Preceptor – An individual at or above the level of licensure that an assigned student is seeking who may serve as a teacher, mentor, role model or supervisor in a clinical setting (NCSBN Model Rules, 2012b).

SELECTED LITERATURE REVIEW

The Context

A rapidly evolving health care environment has created an opportunity for nursing to reconsider the best methods to maximize health care delivery and health care outcomes, and to contemplate how clinicians are best educated to meet the current workforce needs (Cronenwett & Dzau, 2010). This call for a radical transformation in nursing education has led to a proliferation of the use of technology in nursing education (Powell, Darbyshire, Pollock, & Bradley, 2012).

Distance education is defined in a variety of ways in the literature and by national committees (Allen & Seaman, 2013). These definitions are similar with minor nuances. Similarities include use of innovative technologies in delivering curricular content in both synchronous and asynchronous formats. The main difference in definitions included the percentage of total curricula delivered in a distance education format ranging from a single course to 100 percent of content delivered in a distance education format. The general consensus is that distance education utilizes some degree of technology as an educational method. Moreover, the majority of the curricular content is delivered asynchronously where the teacher and learner are located in different places.

In higher education an unprecedented 6.7 million students are taking at least one online course and 32 percent of all students in higher education are taking at least one online course (Allen & Seaman, 2013). As in other disciplines, online education in nursing has increased and that rise is expected to continue (Coose, 2010). The use of distance education methodologies is becoming the mainstay of many nursing education programs. Distance education in nursing education addresses the recommendations to seamlessly educate nurses to address the exponential growth of science and technology, as well as the acuity of patients in diverse settings (Benner et al., 2010; IOM, 2011; Jones & Wolf, 2010). Moreover, distance education has allowed many nursing programs to extend their reach, making nursing education accessible to many prospective students in rural, remote settings who may otherwise lack access to nursing as a career option (Jones & Wolf, 2010).

The Future of Distance Education: Regulatory Implications

Many prelicensure nursing programs have been or are beginning to use technologies such as Blackboard platforms, social media, video conferencing, webinars and virtual clinical experiences with actual patients. One new technology is the virtual community clinic learning environment (VCCLE). This is an asynchronous, immersive environment where students interact with virtual patients (Reis et al., 2013). While traditional clinical learning experiences may provide inconsistent opportunities, virtual experiences can provide standardization in nursing education to enhance learning for required direct, patient-care encounters. Regulatory issues, however, can arise about faculty licensure or patient confidentiality.

Another innovative technology is massive open online courses (MOOCs), which are currently used in only a minority of universities, though this methodology is gaining increasing prominence (Allen & Seaman, 2013). MOOCs are aimed at large-scale interactive participation through open access via the Web. For example, one course at Stanford drew 100,000 learners (Educause, 2011). MOOCs provide excellent opportunities to students and lifelong learners, particularly during these times of massive student loan debts. There are regulatory concerns with MOOCs however, such as incidents of cheating, course variability, completion rates and lack of an ability to assess student learning (Skiba, 2012). Therefore, implications of MOOCs in nursing education related to outcome measures and quality control are yet to be determined (Zerwekh, 2011) and are important for regulators to monitor. While this model bears watching, it will likely be an important model for the future (Skiba, 2012).

Particularly relevant to BONs are technologies where students participate in virtual clinical experiences with actual patients. No matter where these faculty members are located, they must be licensed in the jurisdiction where the patients are located. As new distance education methodologies continue to evolve in prelicensure nursing education, we need to be proactive about exploring policy and regulatory implications.

Effectiveness and Use of Distance Education Programs in Nursing

The U.S. Department of Education conducted a meta-analysis of studies from 1996 to 2008, studying outcomes in face-to-face teaching versus online education (Means, Toyama, Murphy, Bakia, & Jones, 2010). They found that students in online courses modestly outperformed those in face-to-face courses. The best outcomes were achieved with students who had blended elements of online and face-to-face instructions. Similarly, in nursing most studies reveal there are no significant differences in outcomes between students taking online didactic courses versus those in face-to-face courses (Billings, Dickerson, Greenberg, Wu, & Talley, 2013). Considering the findings of the Carnegie study of nursing education (Benner et al., 2010) and the findings of Means et al. (2010), the best nursing courses might highlight a blended online and face-to-face format paired with faculty supervised clinical experiences.

Frith (2013) highlights the advantages of distance education in nursing. A major benefit, particularly when nurse leaders are calling for a more educated workforce, is that it provides access and flexibility to those students who wouldn't normally be able to access education, either because of the students' work or family schedules, or because there are no local programs for them to attend. Other advantages include matching learning styles, opportunity for more individualized learning, the information is linked to the student's pace and the online format offers opportunities to connect with colleagues without geographic limitations. Zerwekh (2011) adds that Web-based teaching can create deep reflection and foster meaningful exchanges.

Frith (2013) cautions that online learning isn't for all students. The learner must be motivated and a self-starter with the discipline to learn independently. In nursing, a major limitation to online nursing education is that, since nursing is a practice profession, the student will require supervised clinical experiences with qualified faculty. There are excellent distance education programs that pair clinical faculty with students in distant states/jurisdictions, as a part of the overall curriculum. As Frith (2013) notes, learning clinical reasoning, a hallmark of nursing education, requires the presence of a teacher in the learning process. Other limitations include students having access to and knowledge of computers or mobile devices, faculty needing to be trained in the online format, authentication of the student's work, and the requirement of an adequate infrastructure to support both students and faculty (Frith, 2013). Zerwekh (2011) also points out online teaching is no longer a human relationship, but instead a virtual exchange. She worries about the commercialization of education with administrators, vendors of software and hardware, and investors seeing it as a profit maker. Zerwekh (2011) notes that students must be brought together "…to listen beyond words, to watch faces and bodily expressions, to pick up nonverbal skills, to interact socially and therapeutically, to negotiate, to resolve conflict, and to build caring collegial community" (p. 180). She advocates some face-to-face work in blended (hybrid) courses.

Studies supporting best practices (Quality Matters, 2014) in distance education illustrate that there are ways to minimize the lack of a human touch in distance education. They stress the importance of social presence (Joyce & Brown, 2009) to assist students and instructors to optimize learning in distance education formats through increased awareness of linguistic nuances, social interaction, learning communities, instructor involvement, and prior knowledge and experiences. Joyce and Brown (2009) assert that social presence emphasizes the human characteristics in distance education by creating an awareness of the importance of critical connections and cultivating relationships in virtual learning communities, which may increase student engagement learning outcomes.

Quality Indicators

Even though it's more than 25 years old, Chickering and Gamson's (1987) seminal work on seven principles for best practices in undergraduate distance education programs is still very relevant today. When applied consistently, they result in measureable outcomes in undergraduate (Billings, Connors, & Skiba, 2001) and graduate (Broome, Halstead, Pesut, Rawl, & Boland, 2011) student learning. These principles include:

- Interaction with faculty;

- Collaboration among students;

- Active learning;

- Prompt feedback;

- Time on task;

- High expectations; and

- Respect for diverse talents and ways of learning.

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

The Middle States Commission on Higher Education's Interregional Guidelines for the Evaluation of Distance Education (2011) are important for BONs to consider because they are endorsed by all regional accrediting organizations in the U.S., and all institutions that participate in NC-SARA are required to follow these guidelines (NC-SARA, 2014). These nationally accepted guidelines have nine Hallmarks of Quality, which include:

1. Online learning is appropriate to the institution's mission and purposes.

2. Plans for developing, sustaining and expanding (if appropriate) are integrated into its planning and evaluation processes.

3. Online learning is incorporated into the institution's systems of governance and academic oversight.

4. Curricula are coherent, cohesive and comparable in rigor to programs with traditional face-to-face formats.

5. Effectiveness is evaluated and results are used to enhance the evaluation of goals.

6. Faculty responsible for delivering the online curricula and evaluating the students' success are qualified and effectively supported.

7. The institution provides effective student and academic services.

8. The institution provides sufficient resources to support and, if appropriate, expand its offerings.

9. The institution assures the integrity of its offerings.

Quality Matters is an external, peer review service that evaluates online and blended (hybrid) courses, using a set of eight general standards and 41 specific standards (Quality Matters, 2011). The uniqueness of Quality Matters is the concept of course alignment. This occurs when critical course elements work together to ensure desired student outcomes.

In nursing, national nursing accreditation by either the Accreditation Commission for Education in Nursing (ACEN) or the Commission on Collegiate Nursing Education (CCNE) is a nongovernmental, peer-reviewed process where nursing programs are evaluated according to national accreditation standards. Of the two national accreditors, CCNE does not have different standards for distance education programs. There is an additional criterion for distance education programs under three of ACEN's six standards (2013).

Most BONs approve nursing education programs. Five of the 43 BONs responding to an NCSBN distance education survey in 2013 reported having additional approval requirements for distance education programs. These additional BON requirements generally addressed providing technical support.

The integration of clinical learning experiences in prelicensure nursing education is an essential element of all nursing programs (Benner et al., 2010; CCNE, 2009; NCSBN, 2005; ACEN, 2013), including distance education programs. It would not be acceptable for a prelicensure distance education nursing program to provide only didactic content via an online platform, with no supervised clinical learning experiences. Distance education programs can, and typically do, provide clinical learning experiences in host states. Students' supervision would include the program identifying qualified clinical faculty or preceptors for the prelicensure students and maintaining oversight over the clinical faculty or preceptors, as recommended by the NCSBN Model Rule core requirements, and as required by the home state BON.

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

Regulatory and Education Issues with Distance Education

Billings et al. (2013) report that some states have specific regulations for distance education programs. They caution that it is challenging to keep up with additional requirements for distance education programs in BONs. Likewise, Chappy, Stewart and Hansen (2010) write about "border wars" between states where states have different requirements. They report three major reasons why distance education nursing programs have challenges, including requiring a physical building, having various preceptor requirements and requiring a $5,000 fee.

Gormley and Glazer (2012) report three major BON issues that educators face related to distance education: (1) They state that BONs have instituted requirements based on the U. S. Department of Education's state authorization rule that was previously discussed; yet, they assert, the U.S. Department of Education's state authorization rule is currently not being enforced because of legal challenges; (2) BONs charge up to $750 for distance education programs teaching students in their states, and in time these charges will be prohibitive; and (3) Program details are required for program approval of distance education programs. Gormley and Glazer conclude that BONs are becoming "roadblocks to students' educational advancement," citing the IOM Future of Nursing report.

Some of the regulatory issues reported above are perceived barriers and are not accurate. For example, from a survey sent to the BONs in 2013 (48 of the 59 BONs responded; the Nebraska APRN BON was not included), NCSBN collected the following data from BONs:

- No BON, as of this date, has instituted requirements based on the U.S. Department of Education's state authorization rule. BONs are waiting to see the outcome of this rule.

- Three BONs charge nominal fees ($250-$500) for host state distance education programs. Most of the fees that are reported are from other state agencies (SHEEO, 2013). The $5,000 fee and building requirements cited above (Billings et al., 2013) are mandated by the Board of Higher Education in that state.

- Five BONs report specific requirements for distance education programs, though these are related to technical support.

- Twelve BONs approve programs that use their states/jurisdictions as host states (all 12 approve the clinical portion and five approve both the clinical and didactic portion).

- One BON limits enrollment of out-of-state students, based on clinical availability.

As stated earlier, BONs are working collaboratively with other leaders in their states/jurisdictions to meet the IOM's Future of Nursing recommendations for advancement of nursing education. In order for BONs and educators to work collaboratively with distance education issues, it will be important to develop an ongoing relationship so that questions can be answered and problems can be solved on an ongoing basis.

From the educator perspective, Mancuso-Murphy (2007), Zerwekh (2011), and Hoffmann and Dudjak (2012) all report issues with faculty workload, both in the creation and implementation of online courses. Anderson and Avery (2008) studied faculty workload in graduate nursing courses, finding that a comparatively higher number of hours is required for preparation of online courses, a higher percentage of time is needed to evaluate student work and more time is spent in student contact. Zerwekh (2011) reports that, while faculty teaching online courses have more flexible time, often the isolation from colleagues and students can pose difficulties.

Johnson and Meehan (2013) report many faculty issues related to preparation for teaching online courses. Often faculty feel threatened as they transition from face-to-face teaching to Web-based teaching. Many have little training in the creation and management of online courses, and yet little time to learn about it. Hoffman and Dudjak (2012) find that while most of their faculty are familiar with the basic applications, such as Blackboard, there are knowledge gaps in the use of online learning tools, such as wikis, discussion boards and blogs. Another issue is the slow response of faculty to integrate new online tools into the curriculum (Skiba, Connors, & Jeffries, 2008), thus expanding the gap between digital immigrants (educators) and digital natives (millenials).
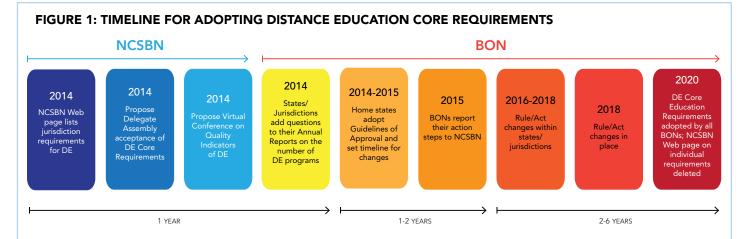
Future Research

Future nursing research for regulators should focus on how students learn best in online courses to provide evidence for BONs to incorporate into their approval processes. For example, research should address best practices in online nursing education, with an eye toward evaluating the learning experiences. The use of virtual clinical learning experiences with actual patients should be studied, along with ways to protect patient confidentiality. Research should be conducted on the effect of online courses on nursing practice. What are the best strategies to engage students to develop clinical reasoning skills and to promote patient safety (Mancuso-Murphy, 2007)?

RECOMMENDATIONS FOR THE FUTURE

After discussing the issues with BONs and external stakeholders, and reviewing the literature NCSBN's Distance Learning Education Committee developed the following Regulatory Guidelines for Prelicensure Programs. The purpose of these guidelines is to provide NCSBN Member Boards with criteria and rationale regarding the regulation of prelicensure nursing education programs. The guidelines are proposed, with an eye to the future, to promote clarity and consistency among BONs for the regulation of prelicensure nursing distance education programs.

Realizing that it would take BONs time to study their current processes with distance education programs and then to make changes to their state's nurse practice act and rules, if necessary, the committee recommends the guidelines be fully met by 2020 (Figure 1). This is in line with the IOM Future of Nursing recommendations for 80 percent of nurses to be educated with a baccalaureate degree by 2020, as well as the NCSBN recommendations that BONs require accreditation by 2020.

These guidelines apply to distance education in nursing, clinical experiences that cross state/jurisdiction borders or virtual clinical experiences where patients are located in another state/jurisdiction. The guidelines will be disseminated to BONs and key stakeholders to foster collaboration as nursing moves toward the future.

FIGURE 1: TIMELINE FOR ADOPTING DISTANCE EDUCATION CORE REQUIREMENTS

NCSBN

2014	2014	2014	2014	2014-2015	2015	2016-2018	2018	2020
NCSBN Web page lists jurisdiction requirements for DE	Propose Delegate Assembly acceptance of DE Core Requirements	Propose Virtual Conference on Quality Indicators of DE	States/Jurisdictions add questions to their Annual Reports on the number of DE programs	Home states adopt Guidelines of Approval and set timeline for changes	BONs report their action steps to NCSBN	Rule/Act changes within states/jurisdictions	Rule/Act changes in place	DE Core Education Requirements adopted by all BONs; NCSBN Web page on individual requirements deleted

BON

1 YEAR   1-2 YEARS   2-6 YEARS

Example Year: 2014

GUIDELINES

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

The NCSBN Model Rules set forth prelicensure nursing education program core education requirements that apply when BONs approve either traditional or distance education programs (see 6.1.2 of the NCSBN Model Rules [www.ncsbn.org/12_Model_Rules_090512.pdf]). The following is a summary of these core requirements in the NCSBN Model Rules. The home state/jurisdiction will use these when approving a program that has students in host states, just as they do for traditional programs.

NCSBN MODEL RULES

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

a. Experiences that promote clinical judgment, clinical management, and commitment to improving quality and safety of the health care system.

b. Evidence-based learning experiences and methods of instruction, including distance education methods, which are consistent with the curriculum.

c. Coursework in:

i. Biological, physical, social and behavioral sciences to promote safe and effective nursing practice.

ii. Professional responsibilities, legal and ethical issues, history and trends in nursing.

iii. Didactic content and supervised clinical experiences in the prevention of illness; and the promotion, restoration and maintenance of health in patients across the lifespan and from diverse backgrounds.

iv. Faculty supervised clinical practice, which shall provide clinical hours comparable to those provided by an approved program of the equivalent size and type.

v. Clinical experiences, including those with preceptors, shall be directed by nursing faculty.

vi. Integration of the six Quality and Safety Education for Nurses (QSEN) competencies, which include patient safety, patient-centered care, evidence-based practice, teamwork and collaboration, quality improvement, and informatics.

d. Sufficient numbers of faculty who are experientially and academically qualified to meet the outcomes and purposes of the nursing education program.

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

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

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

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

Rationale: BONs approve prelicensure nursing education programs, whether they are traditional or distance education programs, which have legal domicile in their state/jurisdiction. BONs historically have relied on the approval status granted by other BONs for prelicensure nursing education programs. In addition, BONs historically have relied on other BONs to investigate complaints and take disciplinary action when needed.

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

Students are under the auspices of the prelicensure nursing education program. If BONs do not have an exemption in their law for students who are participating in clinical experiences in their states/jurisdiction, but are enrolled in a program located in another jurisdiction, they are encouraged to adopt the current language from the NCSBN Model Act, Section 10. Exemptions:

NCSBN MODEL ACT

No provisions of this Act shall be construed to prohibit:

a. The practice of nursing by a student currently enrolled in and actively pursuing completion of a prelicensure nursing education program, or a graduate program involving nursing practice, if all the following are met:

    i.   The student is participating in a program located in this jurisdiction and approved by the BON or participating in this jurisdiction in a component of a program located in another jurisdiction and approved by a BON that is a member of NCSBN.

    ii. The student's practice is under the auspices of the program.

    iii. The student acts under the supervision of an RN serving for the program as a faculty member or teaching assistant.

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

Rationale: The BON approved prelicensure nursing education program is responsible for its students, regardless of the mode of education, including those students who are taking distance education nursing clinical courses in other states/jurisdictions.

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

Rationale: This standard supports the regulatory framework that practice takes place where the patient is located.

    a. The nurse shall be licensed where the patient is located and where patient care is regulated for protection of the patient. If a practice complaint were to occur, this allows the host state/jurisdiction the ability to investigate that complaint.

    b. If there are student complaints, the host state will send them to the home state, which approves the prelicensure program and therefore is responsible for investigating and possibly sanctioning the program or the individual.

5. BONs will communicate information through their annual reports about prelicensure nursing programs that have students enrolled in clinical experiences in host states.

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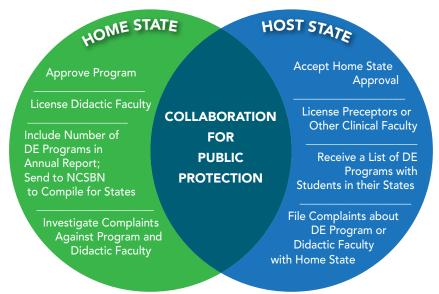
    a. Do you use another state/jurisdiction for prelicensure clinical experiences? If yes, please list in which states/jurisdictions they are located.

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

FOSTERING COLLABORATION AMONG THE BONS AND EDUCATORS

A visual model of the Regulatory Guidelines for Nursing Education Prelicensure Distance Education Programs can be found in Figure 2. The model depicts the differences between the home state's and the host state's responsibilities, illustrating that it was designed to encourage collaboration among the BONs for the purpose of public protection.

FIGURE 2: REGULATORY GUIDELINES FOR NURSING EDUCATION PRELICENSURE DISTANCE EDUCATION PROGRAMS

HOME STATE

Approve Program
_____
License Didactic Faculty
_____
Include Number of DE Programs in Annual Report; Send to NCSBN to Compile for States
_____
Investigate Complaints Against Program and Didactic Faculty

COLLABORATION FOR PUBLIC PROTECTION

HOST STATE

Accept Home State Approval
_____
License Preceptors or Other Clinical Faculty
_____
Receive a List of DE Programs with Students in their States
_____
File Complaints about DE Program or Didactic Faculty with Home State

The following is an actual example about how this collaboration occurred, with the outcome protecting the public: Washington and Oregon are border states and many nursing programs obtain clinical and practice experiences in the neighboring state. Nursing education staff members from the two BONs are in frequent communication about issues impacting nursing education in both states. On one occasion, the host state expressed concerns that the home state's distance education nursing program was not following state laws regarding clinical placements. The host state's BON filed a complaint with the home state's BON against the home state's distance-learning nursing program. The home state's BON opened the complaint for investigation and immediately contacted the nursing program. A conference call with the nursing program, the

host state and the home state was conducted. The nursing program came into compliance with host state laws. The home state now includes a review of the distance learning program in its on-going program approval process. If the home state had not had authority over nursing programs, it would forward the complaint to the appropriate state/jurisdiction agency.

NCSBN is collecting any special requirements BONs might have for distance education programs. These requirements are available online. This Web page will be regularly updated, as needed. If the distance education guidelines are adopted by all BONs by 2020, as suggested, there will be consistency among the BONs and there will no longer be the need for that Web page.

SUMMARY

There have been national calls for advancing the education of the nursing workforce, and educators and BONs are working together in statewide initiatives toward this recommendation. Distance education allows for an increased access to education and more flexibility for the learner, thus assisting with this goal. This white paper has presented the regulatory perspective of distance education programs from a variety of viewpoints. Issues were identified and evidence was presented. Recommendations were made for providing more consistency in the nursing regulation of distance education programs. A timeline and strategies for meeting these recommendations was provided, and a visual model illustrating the Regulatory Guidelines for Nursing Education Prelicensure Distance Education Programs was presented.

It is imperative for BONs and educators to work together to promote excellent learning outcomes with distance education, which in turn will improve the quality and safety of patients. Authentic conversations will be essential as we move forward together.

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