Quality Indicators for Distance Education in Nursing

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Session Overview

- Importance of quality in nursing DE programs
- Quality indicators and how to determine if they are met
- Conclusions, concerns, caveats
- Summary
- Questions
Quality in Distance Education
Quality Matters

- Assure public
- Recruit and retain students
- Graduate prepared students
Quality in DE Programs is a Mix of Variables

- Technology
- Resources/Services
- Evaluation
- Curriculum
- Faculty
- Students
Quality Indicators
Who determines standards/indicators

1. Regional accrediting agencies -- WICHE, SREB, MHEC
   
   *Middle States Commission on Higher Education’s Interregional Guidelines for the Evaluation of Distance Education*

2. Nursing accrediting agencies -- ACEN, CCNE, CNEA

3. Nursing organizations—position papers

3. Other groups-- SLOAN-C, Quality Matters
General Indicators
(Middle States Commission on Higher Education’s Interregional Guidelines for the Evaluation of Distance Education)

- Mission
- Institutional planning for DE
- Faculty governance of programs
- Curriculum
- Faculty/faculty support
- Students/student services
- Resources
- Evaluation
- Integrity
Levels of focus for quality indicators

- Courses
- Program
- Institution
Choosing Indicators

- Appropriate for focus of program evaluation
- Appropriate for level of information needed
- Match with other indicators/standards used by the school of nursing
Mission

Quality indicator

- Mission supports distance education

What to evaluate

- Mission is to increase access and flexibility
- Mission is to serve particular populations of students
- Students, faculty, administrators can articulate the mission for distance education
- Information about the distance aspects of the program is on SON web site
Curriculum

Quality indicator

- Curriculum prepares graduates for current practice needs
- Curriculum is coherent, structured, sequenced
- Curriculum development process followed by faculty

What to evaluate

- Curriculum well designed and sequenced
- Comparable rigor to traditional program
- Courses developed by outside subject matter experts reviewed by faculty
- Curriculum evaluated and updated on a regular basis
Didactic Courses

Quality indicator

- Courses designed following 7 principles of best practice

What to evaluate:

- High expectations
- Time on task
- Active learning
- Interaction among classmates
- Interaction with faculty
- Prompt feedback
- Respect for diversity
Didactic Courses

Quality indicator
- Course design is consistent for all DE courses
- Technology supports the learning activities in the course

What to evaluate
- Look and design is consistent for all courses
- Tools are available to meet course learning activities
Didactic Courses

Quality indicator

- There are instructions for students about how to start and use the course

What to evaluate

- Students can easily access and navigate the course
- There is information and opportunity to practice using course tools
Didactic Courses

Quality indicator

- Syllabus provides course overview and policies
- Faculty welcome students to the course and provide opportunity for students to introduce themselves
- Faculty post “office hours”

What to evaluate:

- Syllabus includes learning outcomes, learning activities, assessments, and evaluation
- There is a sense of social presence and connectedness to the course
- Faculty are available to students with “office hours” (e-mail, phone, skype)
Didactic Courses

Quality indicator

Course design promotes student progress in course

What to evaluate

- Faculty establish deadlines for assignments/module completion
- Faculty identify students at risk and provide support as needed
- Faculty hold office hours and communicate with students outside of course as needed
Didactic Courses

Quality indicator

- Learning activities are varied

What to evaluate:

- Activities promote active learning and collaboration and contribute to attaining the learning outcome
- Discussion is not the only learning activity employed
- “Lecture”, video, podcasts are supported with application activities
Clinical Courses

Quality indicator

- There is a connection between learning outcomes in clinical and didactic courses

What to evaluate:

- Clinical experiences support learning outcomes
- Students are supervised by appropriate personnel
- Preceptors, nurses are oriented to program, course, and course outcomes
Clinical Courses

Quality indicator

- Students receive clinical supervision from faculty/preceptors who are licensed in the host state
- BON host state accepts home state approval
- Faculty/preceptors have appropriate credentials

What to evaluate:

- Clinical faculty and preceptors are licensed and have appropriate credentials
- Faculty at home school are responsible for oversight of clinical faculty/preceptors
Clinical Courses

Quality indicator

- Home school provides oversight for clinical placement and supervision of students
- Home school facilitates clinical course that connects didactic and clinical experiences

What to evaluate:

- Contracts/agreements are in place that specify responsibilities of home school and clinical facilities
- Technology can be used to support oversight and student learning (on-line or virtual post-conferences; regular conferences by phone or teleconference)
Resources

Quality indicator

- Resources are adequate to support the DE program, curriculum, courses and student learning

What to evaluate:

- Students have access to online library resources
- Students do not need to come to campus to purchase books, supplies, equipment
- Student services, advising, study support, are available at a distance
Students

Quality indicator

» Students meet admission criteria for the program
» Students meet learning outcomes

What to evaluate

» Students meet admission standards
» Students are oriented to the course and distance learning approaches
» Students progress through curriculum
» Students know how to locate needed resources
Faculty teaching in **didactic courses**

**Quality indicator**

- Faculty in DE didactic courses are licensed in state in which they teach (home state) and meet educational requirements of the nursing program

**What to evaluate:**

- Faculty are oriented to the course, to the technology, and to the online pedagogy
- Faculty participate in curricular deliberations and decisions
- Adjunct faculty participate in course meetings
Faculty teaching clinical courses

Quality indicator

- Faculty/preceptors in DE clinical courses are licensed/credentialed in state in which they are teaching clinical
- Faculty/preceptors hold faculty appointment and are arranged by the program
- Faculty/preceptors are responsible to and supervised by the home state school

What to evaluate:

- Faculty are oriented to the curriculum, course, technology, and clinical agency
- There is a match between clinical experiences and course goals
- Faculty teaching is reviewed by students, peers, administrators
- Faculty participate in curricular deliberations and decisions
Faculty teaching clinical courses

Quality indicator

- There are contracts between the school of nursing and clinical agency

What to evaluate:

- Contracts specify roles and responsibilities of faculty and clinical agency
- Students know how to contact faculty
- Clinical faculty and agency know when and how to report “sentinel events”
Evaluation Plan

Quality indicator

- The evaluation plan gathers data about mission, curriculum, courses, curricular outcomes, students (APG data), faculty (qualifications, teaching) and is broad enough to gather data about distance education.

What to evaluate:

- Evaluation plan accounts for DE
- Evaluation plan is implemented
- Data from evaluation plan are used for improvement
Conclusions, Concerns, Caveats
Conclusions...the evidence* shows:

- Distance education is comparable to traditional on-campus programs/courses
- Distance education creates access and flexibility for many students
- Distance education supports national goals of increasing BSN and doctorally prepared nurses
- Quality indicators used by nursing accrediting agencies for DE programs are same as for on-campus programs

*Most evidence is from students and faculty in post-licensure programs
Conclusions...the evidence* shows:

- Students and faculty are satisfied with DE programs and courses

- When using the 7 principles of good education students are more likely to complete courses, be socialized, and be satisfied, and meet learning outcomes

- Technology has improved DE delivery and better promotes active learning, student progress tracking, faculty teaching skills, connections between clinical and didactic courses

- *Most evidence is from students and faculty in post-licensure programs
Concerns

- Some still question that DE programs are as effective as traditional programs
- There have been issues of faculty “presence” and effective teaching in DE courses
- There are concerns about student “presence” and effective learning
- Student academic integrity must be assured
- Lack of evidence about pre-licensure programs...need more “big data”
Caveats

- Consider “best practices” vs. “good practices” that are working

- Do not hold DE programs to higher standards than traditional programs

- Use existing quality indicators/standards and measures

- Keep the focus on teaching and learning, not technology
Caveats

- Consider how new technology has made teaching, evaluation, progress monitoring, testing easier and student-centered.

- Allow for innovation; there are new models of clinical teaching; use of simulation; improved learning technology.
Summary
Key Points

- Distance education in nursing works

- Quality in DE programs is a synergistic mix of variables

- Using quality indicators for BON approval identifies best practices and areas for improvement
Questions

http://www.ysu.edu/accreditation/Resources/Accreditation-Evidence-of-Quality-in-DE-Programs.pdf

4. Rubric for Quality Matters
http://www.elo.iastate.edu/files/2014/03/Quality_Matters_Rubric.pdf