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Consensus on Nursing Education Regulatory Quality Indicators: A Delphi Study

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Background of the study

- Most BONs approve nursing education programs.
- BONs are asking for legally defensible metrics to measure, other than first-time NCLEX pass rates.
- Results of this study will be analyzed with those from a larger, quantitative study.

Literature

RQIs (related to red flags):

1. Quality clinical experiences (Benner et al., 2010; NCSBN, 2006; Kavanagh & Szweda, 2017; Odom-Maryon et al., 2018).
2. Student/faculty/program characteristics (Odom-Maryon et al., 2018; Pitt et al., 2012).
3. Systematic evaluation (Oermann, 2017; accreditation).

Literature

Outcomes (related to red flags):

1. Licensure pass rates (accreditors; USDE)
2. Practice readiness (Berkow et al., 2008; Hayden et al., 2014; Spector et al., 2015; Kavanagh & Szweda, 2017; AAMC, 2014; Benner et al., 2010)

Literature

Outcomes (continued):

3. Employment rates (Matsudaira, 2016; accreditors; Feeg & Mancino, 2016)
4. Graduation/retention/persistence rates (Matsudaira, 2016; Cook & Hartle, 2011; HERI, 2011; Randolph, 2013)

Study Questions

1. What are the characteristics of nursing programs that graduate safe and competent nurses (RQIs)?
2. What are the red flags when a program is beginning to fall below standards?
3. What are the outcome measures used to determine if a program is graduating safe and competent students?

Method

Delphi approach:

- Developed during 1950s cold war – RAND Corporation.
- Assumption: Group opinion more valid than.
- Used successfully for policy and education questions.

Method

- Round I – Qualitative responses
- Round II – Rating the factors
- Rounds III & IV – Consensus on those items where respondents disagree

Method

Sample selection:

1. Education consultants from BONs
2. Educators (list from NCLEX)
3. Clinical nurse educators (list from the Association for Nursing Professional Development)

Method

Inclusion Criteria:

1. Education Consultants – selected all
2. Educators – taught students for the last 2 years; PN educator: BSN; RN educator: master's
3. Clinical nurse educators – work with new graduates

Method

Procedure:

1. IRB – exempted;
2. Piloted questions with n=10 education consultants, educators, clinical nurse educators;

Method

Procedure:

3. Introductory email sent to sample, via Qualtrics (Utah), inviting to participate if they met the criteria;
4. If they were willing to take part and met criteria, clicked into a demographics survey.

Round I

1. What are the characteristics/quality indicators of nursing education programs that graduate safe and competent nurses?
2. What are red flags that indicated a program is falling below the standard of graduating safe and competent nurses?
3. What outcome measures could BONs use to determine if nursing programs are graduating safe and competent nurses?

Round I Analysis

Content analysis carried out three ways for validation:

- 1) By hand;
- 2) Use of NVivo software;
- 3) Use of R, with Latent Dirichlet Allocation (LDA).

Round II

Sent out responses (content analyzed) from Round I, asking for RQIs, red flags and outcomes:

- How important are the RQIs (or red flags or outcomes)?
- Rating from 1=unimportant to 4=very important

Round II Analysis

Statistical analysis conducted:

- SPSS (version 22.0) – simple descriptive statistics, looking for percent who agreed that an item was “important” or “very important.”
- Means and SD calculated; Medians and IQR calculated.
- One-way analysis of variance for differences between the groups on ratings.

Results

Sample:

174/293 educators – 59% response rate

71/125 clinical educators – 57% response rate

50/62 education consultants – 81% response rate

Results

Demographics:

Educators – 93% were female; 72% aged 55 or older; 56% had doctorates; 95% taught for more than 5 years.

Education consultants – 96% were female; 72% aged 55 or older; 50% had doctorates; 54% had more than 5 years experience in regulation.

Results

Demographics:

Clinical nurse educators – 96% female; 48% aged 55 or older; 19% had doctorates; 73% had more than 5 years experience.

Results

- Agreement ranges from 78 – 100%
- None of the ratings had a median rating below 3 (important)
- Interquartile ranges from 0-1

Round III not necessary!

RQIs

Evidence-based curriculum that emphasizes quality and safety standards for patient care

Evidence-based curriculum that emphasizes critical thinking and clinical reasoning skills

Faculty are able to role model professional behaviors

Clinical experiences with actual patients that prepare students for the reality of clinical practice

Program has a systematic process in place to address and remediate student practice errors

Faculty teaching clinical courses demonstrate current clinical competence

RQIs

Consistent administrative leadership in the nursing program

Collaboration between education and practice to enhance readiness for practice

Ongoing systematic evaluation of the nursing program

Institutional administrative support of the nursing program

Consistently has a pattern of NCLEX pass rates that meet set standards

Administrative support for ongoing faculty development

RQIs

Significant opportunities for a variety of clinical experiences with diverse populations

Consistent full-time faculty, as opposed to reliance on adjunct faculty

Quality simulation is used to augment clinical experiences

Comprehensive student support services

Program has national nursing accreditation

Admission criteria that emphasize a background in the sciences

Red Flags

Lack of consistent and prepared clinical faculty

Limited clinical experiences that do not prepare the students for practice

Poor leadership in the nursing program

Trend of NCLEX pass rates is inconsistent or decreasing

Complaints to the nursing program or board of nursing from employers, students or faculty

Pattern of faculty attrition

Red Flags

Pattern of nursing program administrator attrition

Unwillingness of healthcare institutions to host clinical experiences for the nursing program's students

Pattern of student attrition

Curriculum is based on "teaching to the NCLEX"

Over-reliance on simulation to replace clinical experiences with actual patients

Outcomes

NCLEX pass rates of the nursing program

Relationship the nursing program has with its clinical partners

Employer satisfaction with the graduates' readiness for practice

Graduate preparedness to practice for an interprofessional environment

Outcomes

Graduates' satisfaction with the nursing program

Graduation rates of students in the nursing program

Consistency of graduate employment rates with regional data on nurse employment rates

History of board of nursing discipline with the graduates of the nursing program

Conclusions and Implications

Strong agreement among faculty, clinical nurse leaders and regulators on:

1. Quality, hands-on clinical experiences – maybe it's time to focus on faculty development for providing quality direct care experiences?
2. Meaningful collaboration between practice and education is needed – early on in program planning.

Conclusions and Implications

3. Administrator consistency and leadership is essential.
4. A well-prepared, consistent faculty is essential.

These results will be integrated into the larger, 5-Year Annual Report Study for evidence-based recommendations.

Stay Tuned!

Questions?

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