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Event

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Presenter

Moderator: Josephine Silvestre, MSN, RN, Associate, Regulatory Innovations, NCSBN

- [Josephine] So thank you for joining us. I have some initial questions, but feel free if you would like, to to kind of jump in and ask any additional questions that you might have for the panelists. You know, my first question, I guess I want to direct to Dr.

Odom-Maryon. I know that you had mentioned student attributes and I just wanted to know what additional student attributes would you recommend studying in the future that might influence nursing the student outcomes? - [Dr. Odom-Maryon] So I don't have to press anything for this mic to work, right?

- No, I don't think so. Yeah. Go ahead.

- Well, I asked some of my colleagues and things that they brought up were like things related to mental health and coping skills, special accommodations required, things that are a more direct measure of critical thinking skills, is English as a second language support required? How many hours are the students actually working?

So those would be getting them at the student level rather than just percent estimates of percentages for the institutions.

- Okay. Okay. And you know what? Do you and your research team have any plans for additional research based on your findings of this current study?

- So I think right now we're waiting to see the results from the five-year study because I think we need to see how our findings either are replicated or negated depending on having what we view as important limitations of our study, like we only have a single year's worth of data and having five years of data is going to make a big difference.

So, you know, we'll see from that. And then I was encouraged by the presentation this morning by the keynote speaker about trying to really move forward with the idea of sharing data. You know, we found a way to get access to other people's institutional-level characteristics by going to their websites and through a survey.

But to actually get to the student-level data would require schools to come together and be willing to share that information that we need to get the right approvals. But I think it's possible. It's just a matter of really understanding how to protect the identity of the students and keep everything anonymous and encryption, all the things that you heard about.

So that's one direction we're looking at. We are starting to drill down into now some of the changes in admission requirements like we added in requiring the TEAS test and so that, and so now we have enough years of that that we can look at. So how has that influenced who we're admitting and has that helped in terms of our pass rates?

So we're going to start looking at that.

- Okay. Thank you. Nancy, what might boards of nursing expect when the results of the Delphi in the five-year annual report studies are integrated? - [Nancy] So you don't mean what are the results going to be because we don't know. One of the things we learned when we did the transition of practice study, and again, Jo, worked very much with me on that study is you just don't know what you're going to find.

But what we are hoping is to be able to present the boards with an evidence-based approval process because remember what our charge was is that it should be legally defensible. So if we can maybe present them with something like some red flags, not just based on this, because remember, the Delphi study is more qualitative but some of the things that come out of the Delphi study and then integrating it both with the literature, with what you're doing in Canada, with what you're doing tomorrow, and with the five-year annual report study, what things would bubble up in terms of red flags?

What would the boards be looking at when they needed to go in and really work more closely with the program? What are some of those things? And then, as they go in then to the program, what are some of the evidence-based quality indicators that they could work with, with the program? And so that is in the back of our mind of what we would like to develop for them.

And I guess we're just kind of, let's see what happens, you know, from that.

- So you mentioned, we mentioned earlier Anne Marie Shin had recently launched a new program approval process. Anne Marie, how did the results of the Delphi study relate to your new program approval process? -

[Anne] Thank you, Jo. The results of the Delphi study actually are very similar to the new program approval process that the College of Nurses of Ontario is using. So all of the key factors that Nancy had articulated on the last slides are very similar except, and I'll point out what's not similar.

What's different in the program that Ontario uses is an in depth look at the curriculum. So in Ontario, the curriculum is based on entry-to-practice competencies, and each category and class has their own set of

competencies. So what we look at is an integration of the curriculum and we look at a theoretical application, we look at an application source, whether it be sort of a clinical paper, case studies, and we also ask, how is the faculty and how is the program evaluating that?

We've also integrated some practice data over the last five years when we've had reports and complaints from the public and from our employers to say what breaches or what standards were breached in our nurses? We were able to identify five standards that were most commonly breached. And then we've integrated that into the curriculum and said to the program, please demonstrate in your curriculum where you're teaching to these standards and under the medication standard, medication diversion would be one of them, consenting capacity.

So we're asking the schools, where in your curriculum are you teaching it and how are you assessing the integration of that? So that's one major difference. Another difference is we do look at faculty. We look at, is the faculty currently registered in the province as well as their way to evaluate teaching. And that's also with the casual clinical staff as well as the full-time.

We don't go into, and it's interesting, the results, we don't go into the administration attrition as well as faculty attrition and percentage of full-time. So I think those are the key differences in our process.

- Thank you. You know, my next question is to Shirley. What would you like to see come from the Delphi study and the annual report study that would be helpful to your board of nursing and other boards of nursing in the process of approving nursing programs?

- [Shirley] Thank you, Jo. First of all, let it be known that I'm a stand-in. You can't expect as much of me as you can of all these others. In fact, a couple of weeks ago, I got, a... for those of you who know Coleen Neubauer, who is the meetings manager extraordinaire for the council, I got a request from her for a picture and a bio because I was going to be on a panel and my response was one word back to her and it was, "Huh?"

So in full disclosure, I would tell you that I'm very blessed to have two individuals on my staff, two nursing education specialists, Dr. Marilyn Krasowski, who has served on a committee for the council before and Dr. Sue Sendelbach and they could do a far better job than I think I will be able to do to answer this question, but they are both right now on a joint on-site accreditation visit with the program in Minnesota and I'll talk a little bit more about that later.

Interestingly, in 2016, the Minnesota Board of Nursing charged the staff and the Nursing Education Committee to do a study to identify those nursing education programs that consistently had acceptable first-time pass rates on the NCLEX and then to consider a framework for best practices.

And so it's very interesting that, you know, it has been much, I think meshing with what the council is doing. They did a comprehensive literature review and they looked at admission criteria, student support, performance of students in prerequisite courses, the development of clinical judgment, integration of active teaching methods and consistency in application and progression decisions and ongoing program evaluation for the purposes of program improvement.

So again, I think that shows you how it meshes very much with the work that Tamara is doing and what the council is doing. They ranked the programs in success rate in quartiles and then they looked at the different quartiles in terms of some of these characteristics. And interestingly, their findings ended up being very similar to what we see coming out of the Delphi study.

You know, those programs that were accredited, you know, in the top quartile were more likely to be in the top quartile than in the bottom quartile. Those that had a higher percentage of full-time faculty with graduate degrees, again ranked in the top quartile compared to the bottom quartile.

And then programs that really had a comprehensive and diverse clinical experience fit into the top quartile as compared to the bottom quartile. And that held true for both registered nurse preparing programs and practical nurse preparing programs. So it was interesting to me to then learn about the Delphi study and see, you know, how very similar that that was.

So one of the things that I wanted to do was take a look and do just a really brief comparison of the, you know, do a crosswalk with the standards of nursing education programs that are required in the Minnesota rules to the RQIs that have been identified for the Delphi study.

One caution that I always give to nursing programs, and I currently sit on the NCLEX committee at the National Council, is that the NCLEX score should never be the sole metric for the determination of whether or not a program is approved by a board of nursing. But that, in fact, it may be a trigger, that is low pass rates may be a trigger for other problems or concerns within the program.

And in fact, for a board of nursing, having a pass rate be the lone metric for whether or not a program is approved by a board of nursing could lead to legal liability for a board of nursing. And so I always like to think in terms of that caution that there are certainly other things that need to be looked at.

So I did, as I said, a very abbreviated review of the RQIs that Dr. Specter shared with you today and in comparison, with crosswalk to the standards for nursing education programs in Minnesota. And in particular, I'll just cite a few of them.

I'm not going to go through all of them, but the ones related to ongoing systematic evaluation of a nursing education program, standards within our rules in Minnesota are that nursing programs must perform periodic, comprehensive self-evaluation for quality improvement. So interestingly, that standard is one that we have established in Minnesota.

And faculty and students must participate in program planning, implementation, evaluation, and continuous improvement. So I should have prefaced when I talked about the standards that we have, you know, in Minnesota, is that Minnesota is very non-prescriptive in terms of, you know, what's in a nursing education curriculum, how many hours of clinical should you have, but rather very broadly state standards that programs are measured for during that periodically.

In relationship to faculty and leadership, as I said, you know, even in our very much smaller study that we did in Minnesota in 2016, clearly faculty and the leadership of the program came through very consistently as being a characteristic of those programs that have the greatest success or those that were in the upper quartile.

Standards that we have established in Minnesota is that nursing program director must be professionally and academically qualified, registered nurse with institutional authority and administrative responsibility for the program. And in terms of faculty, that professionally, academically, and clinically qualified registered nurse faculty must be sufficient in numbers to accomplish program outcomes and a competency.

One of the things that we do in Minnesota annually is to conduct a new director orientation for new deans and directors of nursing education programs. And one of the things that we have noticed over the past few years is the numbers of individuals in that orientation each year keeps going up.

In other words, we are seeing a consistent turnover of leadership for nursing education programs. And so we see that as being a responsibility of a board of nursing to have... It's a day-long orientation and it is to orient the new director or dean of a program to the program approval rules and the standards for nursing education programs that the board holds the programs to.

Another one of the RQIs, of course, or several of the RQIs are more...were related to clinical. And the standard that is in Minnesota rule is that the nursing program curriculum must provide diverse learning activities including learning activities in clinical settings that are consistent with program outcomes.

And additionally, there is a standard that includes clinical simulation to acquire and demonstrate competence. So again, it's really, to me, very reaffirming that the RQIs that the Delphi study is looking at are consistent with the standards that we have established in Minnesota.

Another one, of course, was national accreditation and Minnesota requires that all nursing education programs be nationally accredited by June of next year. It was a number of years ago that actually educators in the state came to us and to the board at that time, Minnesota was ranked 49th in terms of having the fewest number of programs that were nationally accredited.

And so the nurse educators in our state and the board have been on this journey to really assist programs to move to national accreditation. And I said earlier that Dr. Krasowski and Dr. Sendelbach were on a site visit and that is occurring all the time now that when the national accreditors come into a program for the initial site visit, the board of nursing is present at that site visit and it's been a very positive and actually a very enriching experience.

And we hear a really positive response to that from the accreditors, the accreditor visitors as well as the program faculty and how they feel supported by the board in moving toward that national accreditation. So that's Minnesota's journey. I think it's one that boards of nursing could use.

It's been a really comprehensive effort on the part of the Minnesota Board of Nursing in the past, I'd say five to six years and it was really initiated by the fact that we were seeing more and more programs... We were seeing an increasing number of programs below the pass rate.

The accepted pass rate in Minnesota is 75 or higher and we were seeing programs, many programs below that pass rate, which we had never experienced historically and really decided we needed to, as a board, look at the standards that needed to be established.

And we went through a very comprehensive work with faculty in the state and the rule writing process and as I said, are looking to provide the resources that we can for programs to be successful.

- Thank you. Thank you, Shirley. I think Nancy, you and I are probably a little relieved, at least that our Delphi results align with, you know the Minnesota Board of Nursing and also... - Exactly and I also thought that pretty good job for a stand-in, don't you think?

- Right, right. But also, we're somewhat aligned with, you know, the Colleges of Nurses of Ontario as well.

- Yes, yes. And we might look at the curricular aspects. It'll depend on what comes out of that five-year annual report. So far, we've only been given a few preliminary findings. So we just don't know what might come out of it. But boards often do look more deeply at the curriculum.

- Yes, I'd like to open it up to the audience. Yes, please. - [Janice] Hi, thank you very much. Can you hear me okay?

- Yeah.

- Okay. To the panel, my name is Janice Penner, and I'm from the newly formed, this is our eighth week, BC College of Nursing Professionals. So we're a combined college of the practical nurses, the psychiatric nurses and the registered nurses. And I have responsibility for program review. So this is just fantastic. Great presentations and excellent research.

Really enjoyed that. Anne Marie, I have a question for you around how the college is looking at complaints and then having programs address those. So I'm guessing that, but perhaps I'm not correct on this, that the trend of complaints could change annually, for instance. So what's the mechanism to take what the data is on those complaints and have the programs address that or is it just a standard common top five complaints don't change very often?

- Thank you, Janice. Great question. Yes, and I think that you're correct that the complaints and reports data would change over time. And what the hypothesis is if there's more of an integration of this understanding of the standards during the educational experience and the preceptors in the integrated practicum are really looking for evidence of demonstration of these standards, over time we're expecting hopefully to see less complaints and reports data.

So we plan on looking at our data every three to five years to see if there is a change in that. And, of course, that would reflect a difference in the mandatory standards that we apply when we're looking at part of the curriculum.

- Okay. Thank you. That was good. - [Mindy] Good morning. This is great.

I really enjoyed this panel and your presentations. I'm Mindy Schaffner and I am the Associate Director at the Washington State Nursing Commission. And I have a question and then I think a comment.

Actually, I have a lot of them but I'm not going to ask them all. I wondered, Anne Marie, I saw your evaluation guidelines. Are those available to the public yet?

- Yeah, they're posted on our website, cno.org. And there's a program approval guide that reviews our score carding process. And probably as you saw, we have nine indicators that we're looking at. Three are more individual level, six are from a more institutional level, each is weighted differently and each is scored on a fully met to partially met or not met.

And two of those indicators are mandatory, curriculum and safety, as Nancy said. So at the end of this process, we actually have a score. We used a modified Angoff to come up with what that minimum score was and it's 75% out of 100 and when we're doing our evaluation of our three outcome, we're looking at accumulative data over a three-year period.

So if there are schools with small cohorts, then the denominator is three years of data. But in our outcome, we're not only looking at our first time pass rates on the three entry-level exams. We're also looking at the preceptors during the integrated practicum assessment of a student's ability to integrate a subset of competencies that speak to safe and ethical practice.

Then we will be asking the student those same competencies and rate their ability to integrate those. So there's three outcome indicators that we're looking at. And interestingly enough, our first time pass rates, it's not a mandatory. So if a school does not get the cutoff of 80, which is 2 out of 2, if they get a 75, then they'll get a 1 out of 2.

And they still do well on their institutional and the other outcome indicators, and they will receive 75%.

- How do you measure faculty teaching?

- How do we measure faculty teaching?

- Right. I heard you say that as part of your evaluation. So how do you do that?

- So what we're looking for is that there is a process that each faculty is evaluated, whether it be sort of they're full-time or they're clinical faculty. So we're looking for the process and through all of our indicators, we're looking for a sort of a describe and demonstrate format.

So we're asking in 500 words or less because sometimes educational institutions give you a whole volume. So we're asking for concise descriptions as well as evidence that that is taking place. So we would look for how is this done? Is this done on a yearly basis? Is it an observational evaluation? Is it a peer feedback? And then show us, obviously, an anonymized evaluation that you've completed.

- Thank you. Now this is my comment. We talk a lot and we require accreditation in Washington state also, and we believe it brings great value. But I think it'd be really good if we really looked at why is that? Because, you know, that process alone, 8 to 10-year process is not very often.

So there's something else there and I wonder if it's the financial resources that institutions are willing to put into their educational programs or if faculty are getting more education or what it is. Because I think that just that idea of accreditation alone, it's more than that.

There's something else there.

- Just to comment to that. I think what we are seeing in Minnesota because we've not had, you know, the number of programs that were accredited was so low is really that comprehensive self-evaluation of the program.

You know, programs just were not doing that. And the self-study and the accreditation process does require that really, you know, faculty insight into the program, institutional support. So that's just sort of, you know, a speculation on my part, but I think that that has a lot to do with it.

- [Woman] As some of you may know, Montana got a RWJ grant to do a standard curriculum in the state that's been implemented. And we're just starting to see graduates and I'm wondering, were there other states that did that, and are you looking at curriculum as an impact on pass rates? Anyone?

- So mine, yours?

- Yeah. I guess that's mine. You know, I don't think we are, but I think it's something that we definitely could do. Certainly, everything with this approval process is not going to end after, you know, what we find on this study.

So I think that would be an excellent move forward.

- I can speak to that from our perspective. We do have an opportunity because again all of our indicators are scored and we can look at curriculums and we give a grade throughout scoring the curriculum. Let's say a school received 91%.

And then we take a look at what their outcome measures are. So we can do sort of causal link. I don't think you can always do exact causation. However, we can start to understand what those links are. If a school has a curriculum that's struggling a little bit and we see a variation in their first time pass rates as well as the ability of the student to integrate into their practice, those key competencies around safety and ethics.

So we will be able to understand those links a little bit better. We do need enough data. We've just started this process with our nurse practitioner programs, but we do have over 100 programs in Ontario that we'll get data over time and understand that a little bit better.

- We have time for just one more comment. - [Polly] Okay. Well, I guess I'll end this with a little bit outside-the-box question. I'm Polly Pittman from GW School of Public Health and the GW Health Workforce Institute. Among the projects that we have is one that is on the social mission of nursing education and we just convened a meeting of nurse leaders to try to understand whether there was consensus around what that concept meant.

And so I was interested in the context of the work, Nancy, that you're leading around outcome measures beyond pass rates and the work that Canada is doing with the curriculum. So following up on the prior question as well, and in the context of the massive investments that the Robert Wood Johnson Foundation is making in building a culture of health and now the upcoming National Academy of Medicine's Nursing 2030 study, which is going to focus on nurses' contributions to building a culture of health and addressing social determinants of health and improving health equity and so on.

Whether that particular aspect of sort of strengthening curriculum around those ideas has been part of the conversation or not, and my suspicion is that it's not. And I wonder if you could reflect on why you think it's not part of the conversation and what it would take to make it part of the conversation.

- If I understand your question right, we did look way beyond nursing education at outcomes and metrics. We went into higher education. You probably are aware there was a National Academies of Science that looked at outcomes and metrics in medicine and we have actually collaborated with them on some of that.

And across all of those different areas, we looked at all of the accreditors of healthcare as well, there was the agreement that we don't really have good markers except for, you know, their test pass rates. And it was so interesting. We looked at engineering, for example, and in one of their reports, they actually said, "You know, we are worried that our group is teaching to the test."

And it was some of the same kind of lingo that we hear in nursing. So I do think, you know, we have looked at some of that, but at this point, you know, it's just kind of the collaboration. We certainly, you know, love the collaboration also with Canada but we haven't been able to gain a whole lot from some of that other work that's been done.

- Well, thank you to the panel for sharing your knowledge with us and thank you to the audience for listening.