2020 NCSBN Nursing Education Approval Guidelines Virtual – **Segment Two Video Transcript**
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- [Brendan] Good afternoon, everyone. I hope you all had a nice break. My name is Brendan Martin, and I'm the associate director of research here at NCSBN. I will be kicking off segment two of today's presentation by providing a bit of background information on the annual report, quantitative data analysis.

But before I get into the details of this study, I just wanted to reiterate what my colleague Nancy said at the beginning in the first section. And that is, please submit any questions that you have to the online interactive QA chat room, and we'll be happy to address those at the scheduled time at the end of segment two.

To begin, I wanted to give you a bit of background information on the research questions that really drove our analysis. But after that, I will also discuss briefly the study design and methodology. And then following those sections we'll get into a little bit the sample composition, the specific model results. And then we'll end the segment by discussing what is the typical profile of a fully approved program based on the evidence.

So to start let's look at the research questions that drove the analysis. First and foremost, what we really wanted to capture in this analysis were what were those performance indicators that ultimately aligned or were associated with full program approval of prelicensure nursing education programs. And then conversely, we also wanted to know the flip side of that coin.

So we wanted to know what were those criteria that ultimately aligned with full approval being removed or lost for those prelicensure nursing programs. To supplement these topics, we also wanted to investigate 80% or more NCLEX pass rates as a supplemental outcome. And importantly, we positioned that as a supplemental outcome because as my colleague Nancy said, in the first segment, we really viewed that as a lagging indicator in this particular study.

And what we mean by that is, we mean that essentially poor performance on the licensure exam, is likely indicative of other program deficiencies and not vice versa. So the next slide here, you can see provides a bit of background on the study design. So first and foremost, before any outreach efforts commenced, we submitted the study for approval and review by the Institutional Review Board.

And then at that point, essentially our recruitment efforts began in earnest in early 2018. At that time, we asked participants to submit any and all annual report data documentation via a secure password-protected data repository. The documentation itself ranged considerably, as you might guess, from Word documents, and PDFs, all the way to photocopies and raw data exports in Excel.

So once we had that information, we looked to close the data collection period after about half a year, and we closed it formally in late September of 2018. The study itself was a retrospective cross-sectional study. It was a cohort design so we were looking at the annual report data from nursing programs that were provided to us by the nursing regulatory boards.

Our first step in the data analysis was really to conduct some data exploration. And we did that by generating some summary statistics to really identify what would be the best modeling approach and ultimately settle on something that would give us the most parsimonious and ultimately predictive outcome. What we ended up settling on was the univariable generalized linear mixed-effects models.

There were three advantages that we really perceived to this approach. The first was that it seamlessly accounted for the longitudinal data structure of the information that we had. The other was when we were in a position where we felt as though it was important to control or adjust for other important covariates, we wanted that flexibility and this model provided that.

And then finally, the odds ratio estimates that really result from these models are universal in nature, and we hoped would be pretty easy to interpret. What we did see though when we got into the data analysis and started reviewing the data was that there were many gaps in the information that we had available. And the real reason for that at the core of it was that there really were no uniform data tracking standards across jurisdictions.

We'll get into that a little bit more as we progress in the presentation. But just keep in the back of your mind that what we're presenting here today, I think, could have been even that much more robust had we had standardized core data elements across the jurisdictions. So when we discuss the overall sample for the analysis, in the end, we had 43 nursing regulatory boards that participated in the study sample, and they ultimately submitted about 11,378 annual report data elements.

So while we were thrilled with the level of participation and the volume of information that we had to reference to really bring to inform on the analysis, we started discovering that there were many gaps in the data. And what we mean by gaps in the data is first and foremost, there might have been specific data elements that some jurisdictions tracked, and others did not.

But even in the instance, where a nursing regulatory body multiple jurisdictions tracked the same general type of element, the naming and tracking conventions often vary just enough that it really didn't

allow us to seamlessly merge the information. So as is often the case, data cleaning, and ultimately reconciliation across the jurisdictions emerged as one of the most complex challenges to the entire study.

With the data in place, one of the things that we really like to do here at NCSBN is we like to provide a bit of a sense of the analysis sample. So we want to give you a sense of what was a typical board that was included in our analytical sample so that it can help provide some of the context for the statistical results that we're about to cover.

So generally, as you can see here on the slide, the median age of a typical program in our sample was about 23 years. The interquartile range, so that 25th to 75th percentile was about 7 to 33 years. The median enrollment capacity for a typical program was about 66 students, that also ranged from about 32 to about 123 students.

And then when we got into the program outcomes, you can see that they were quite strong across the average program in our sample. So the medium graduation rate was about 70%. And the median NCLEX pass rate for first-time participants was 87%. In the study sample, overall, about 90% of all the programs that submitted information received full program approval during the analysis period.

So now with a better sense of kind of the model sample, we turned to the actual specific results. And first up are mixed model results for our primary outcome going back to those two research questions that we addressed on the first slide. So if you kind of think back to that slide, the thing that we were primarily interested in with this analysis was aligning those performance indicators that ultimately could tell us something and kind of correlate with full program approval of prelicensure nursing education programs.

So what you see here is a forest plot of the univariable results. The outcome in this particular instance was binary. And by that, I mean, you know, on one side of the coin, we had full program approval on the other we had not approval. So as a result of that, the estimates from these models were ultimately reported as odds ratio estimates and confidence intervals.

So again, we really thought that that allowed for greater access and understanding of the results themselves. For this particular analysis, we tested upwards of 30 performance indicators and we recognized for the purposes of our presentation setting, that it's really not super feasible and particularly when you're trying to squint at the PowerPoint slide, to get over 30 performance indicators on the slide.

So what we really did is we narrowed the focus for this particular slide to just those significant results and those marginal results. Without going into too much detail, I just wanted to give you kind of a high-level overview and understanding of our full approval outcome. So in general, what you can see is that larger proportions of full-time faculty national accreditation, longer-standing program, so older programs, high NCLEX pass rates, and administering multiple program sites all emerged as significant drivers of full program approval in our analysis.

Conversely, exclusively online program formats, lower enrollment capacity programs, really...and then the private for-profit program status all emerged as significant barriers in our analysis. So one of the things that I'll go ahead and do here is I'll highlight for you, essentially the performance indicators that ultimately emerged as significant drivers or barriers in our analysis.

But as I did mention, we also put the marginal results on this slide so that you could get a better sense of really what are the types of metrics, what are the types of characteristics that are important to keep in mind. Because with a sample this large, those marginal findings will still inform on the results and the takeaways. So for our secondary outcome, you can see that these are the mixed model results for our supplemental NCLEX outcome.

Again, here you see that this is a forest plot of the univariable, generalized linear mixed-effects models. And as before, without getting into too much detail, I'll just give you kind of a high-level overview of what we found. So for the drivers, we found that director credentials was important, as well as again, program age and administering multiple program sites.

When we got into the barriers associated with high performance on the NCLEX, we saw a little bit more tease out. So programs that were exclusively in person or exclusively online, non-BSN programs, again, for-profit, private institutions, and director attrition, all emerged as significant barriers in our analysis when looking at our supplemental NCLEX outcome.

So one of the things that I hope becomes kind of readily apparent as we go through these two slides in kind of like sequence is that there were some criteria that emerged and were consistent across the multiple outcome measures. But one of the things that we felt really validated our approach in the statistical modeling, by expanding our outcome to look beyond the NCLEX pass rates, was the fact that there were criteria that really uniquely aligned with one outcome or the other and sometimes, you know, one and not the other.

So I think that that's important as one of the key takeaways from the quantitative data analysis. So again, these are the significant results for our forest plot. But as I had mentioned before with this large of a sample, please keep in mind that even the marginal findings displayed here will be archived on this presentation are important to keep in mind when digesting the results.

So then, what is the typical profile of a fully approved program in our analysis based on this most recent study? I'm glad you asked. So generally, a fully approved program in our sample based on the evidence has national accreditation. They tend to offer both traditional and hybrid modalities, really where we saw the disconnect with full approval was with those programs that were exclusively online.

They tend to be longer-standing programs. I don't think that this will probably come as much of a surprise. So the more established programs, the ones that have a bit of a higher program age, those tended to correlate better with full program approval. And then higher enrollment capacity. So you'll see this is one of the criteria along with two of the other criteria that we're about to list that kind of correlated a bit and begin to paint a picture of what Nancy was referencing in segment one about public institutions.

Before we get to that point, though, not surprisingly, 80% or higher NCLEX first time pass rates emerged as one of the corollaries with full program approval. And then these last two criteria were the ones that I was just referencing. So those programs that administer more than one program site, as well as those programs that have public or private, not-for-profit status.

So we saw kind of those administering more than one program site, higher enrollment capacity and public status as very correlated. And so that kind of paints a picture of what are the types of institutions which ultimately presented the most successful profile in our data analysis. So with that, I will conclude the quantitative data analysis section, and I'll turn the podium back over to Nancy to discuss our new annual report Core Data Template.

- [Nancy] Thank you, Brendan. Isn't he great? We are so lucky that he came to NCSBN just as we were analyzing the results of the quantitative study. And he has been just wonderful to work with. And any questions about the quantitative study, he'll be able to answer very quickly.

So I feel like this picture here is me. Yes, we did it. You have been asking for a long time for an annual report template and we really just didn't have the data in order to use to put on a template. You know, I know some of the workforce areas have some data templates that wasn't what the boards wanted.

So this is so exciting that we finally have a template that all of you are able to use and it's really based on data. So it's really evidence-based, you can go out and collect the data from the program. And you know, being evidence-based, you'll be able to make sure that all the programs can do it.

And also think of it this way, you know, Brendan talked about some of the significant data, some of the marginal findings, but also some of those findings that were somewhat potential that we could maybe use again, you know, we'll be able to put the core data template. So why is this so important?

Why am I so excited? I see it as a win-win situation for all of you. First of all, and probably foremost, it can decrease your work. We can send out...and I'll show you how this would work in just a minute. A link to you to send to all your programs, you can get the results back, we can analyze the descriptive data to you, and send you the reports.

Definitely decreases your workload. But also it provides consistency to national data that we'll be seeing, it'll help to build a national database. And I think, you know, as Brendan was talking, you can see the importance of that.

If we all collect the same data, the same type of areas of the data, then we'll be able to maybe find out some more significant findings, right, Brendan? We'll be able to, you know, see for sure is it the hybrid, the online programs that are better? And we really weren't quite sure, based on our findings, and then also looking at the literature.

So what does that core data template look like? Well, first of all, it's 50 questions, so we kept it to core data. I'm going to just highlight some of the areas that the questions are in. The areas would be certainly what is the approval status of the program? And what is that accreditation status?

You found from the literature or quantitative data accreditation is really very important. And then the ownership is it for-profit, nonprofit, public. Remember, that came out strongly in the quantitative, as well as in the literature, some of the national studies. The age of the program, again, a long-standing program, both in the ODA

[SP] Marion [SP] national study, as well as in our quantitative studies. And then the learning modality, you know, we've wondered for a long time is it hybrid, is it online, is it traditional which is it? A lot of studies point to hybrid, and a lot of studies point away from only online but we really don't have that answer.

So we're thinking if we collect more data on it we'll be able to have more answers. Then looking at student services, you will see when we go through the site visit study, this is going to be very important. The offering of student services is important to the program in terms of learning disabilities do they have services for that?

Do they have services for English as a second language? And remediation. Remember, this is not only remediation if they have programs for students that are in trouble, but this is also remediation if they have errors or near misses in the clinical.

And remember, this is something that we regulators really care a lot about, so this is really important. And then have there been any major organizational changes? Organizational changes have been linked...And again, you'll see this on the site visit study. To a program down the line, usually, if it's a major change failing in one to three years.

And I'll talk to you about that in a bit, but we're going to be collecting that data. And then, of course, clinical experiences. Quality clinical experiences came out time and time again on all these studies. So we'll be collecting data on numbers of hours in simulation, in clinical and maybe in a skills lab. You know, I have thought of those of you that know me, a lot of you do by now that it really isn't the numbers of hours, that's important, but instead, it's the quality of the clinical experiences.

But now we'll really have data to see if that's the case. I know some boards do have minimum hours, maybe there is a minimum point that you need to set things at. But with consistent data across all the boards, we can have that information. Then on the core data template, we'll look at the simulation lab and is it accredited?

Are the faculty certified in the simulation lab? You know, I talked a little bit to Jan about this, are the programs going to be having to do this? Not really, this is something maybe that they could strive toward. But as Jan said, they would use our guidelines for simulation at least. So this is something that you could look at.

And you know, hopefully down the line, many of the programs will be accredited and the faculty be certified. So again, we're going to be collecting data on the program director, you saw, time and time again, how that came out very strongly. You'll see in the site, visit, study being a nurse is very important.

What is the highest degree of the program director? We found in the quantitative data, it was a doctoral degree and that's in RN programs. It would be a graduate degree NPM programs. And then turnover of directors. Time and time again, we have seen this in the literature, the Delphi, and now the quantitative study, and you'll see it on the site visit study.

If they're a director of allied health as well, this can divide their time. If they are, do they have an associate director that takes care of the day to day operations of the nursing program? So again, really important data that we can look at. Next, on the core data template, we look at faculty.

Now you probably remember how important faculty are in approval of nursing programs and in programs that are doing well. So, what is that percent of full-time faculty? You know, in the quantitative study we have found 35% of faculty should be full-time.

Now, I know that sounds low, and we're hoping with more data, we'll bump that up a bit. But that does consider all adjunct faculty and all part-time faculty. If you have a big program, a lot of times, they do have a lot of adjunct faculty. And then orientation of new faculty, of your adjunct faculty we have again found in the literature and our other studies that orientation and mentorship of new faculty is really very important.

So this is another area that you will see on the core data template. And then the student-faculty ratio, you know, we've always seen that in member board profiles 1 to 8, 1 to 10 in some cases, 1 to 12 does it make a difference? Now, we might be able to look at that. I've had a lot of calls and emails from faculty in the past saying, you know, "Do you have any studies on that?"

And we haven't, but we would be able to see that. And then the education of faculty, we, you know, have...in the past, there hasn't been much in terms of the education of faculty it wasn't...remember in the literature, it was non-research. But we are finally finding some evidence in terms of faculty being graduate prepared.

I remember I was giving a talk once and, you know, it was to a lot of program owners and the like, attorneys and the audience. And now model rules do say a graduate degree. So I was saying graduate degree and, you know, somebody stood up and said, "Well, do you have evidence that a graduate degree will make a difference?

Is it a significant difference? And I started off the way, you know, well, you know, on and on. And when I got done, he said, "That was a yes or no question." And so I kind of had to say no at the time. Now, we can say yes.

Looking at students, you know, some of the demographics, I'm looking at students, the numbers enrolled interestingly, in some of those studies have shown that when there are more students, the programs do better. And then looking at attrition, I know we said from the literature that that doesn't really make that much of a difference, and it's not that reliable, and it's hard to measure.

And it is, but we are going to have questions about that on the core data template because we're trying to find out once and for all, does that make a difference? Now how we decided the question Brandan, Mariann, many of us got together and tried to come up with the best way. We went to the IPEDS of the U.S.

Department of Education and we're simply going to ask what is your attrition rate? And then we're going to define attrition. So we'll see what we get. But again, that will be on there. So what will this form look

like that, you know, we will be providing you? Again, evidence-based, I just highlighted some of the areas that will be there.

It'll be very important we've heard from boards that you're able to add your own questions. We have those 50 questions they're the core questions that would be consistent across all boards, but there's probably other questions you want to add. And by the way, we are going to send it out before we build it into Qualtrics as a survey, we're going to send it out to some of the education consultants to review to make sure we, you know, have worded everything in a good way.

And that there might not be something that crosses upwards that we should be including. So we will be sending that out. When should it be given? I'm also going to send out another survey and this will be to all the education consultants. When do you send out your annual reports? Generally, we've seen that it's September and January.

Would we be able to do it once a year? That would certainly help us out. But maybe not, we would choose dates or a date that would best meet your needs. And then we'll put the NCSBN logo on it because it'll be coming from us, but we'll put your board of nursing logo on it too so when faculty get it, they'll know that it's coming from you.

And then if you remember, we will give you a report of your descriptive data. So you know, I know you do year reports, a lot of times for your boards, it'll be a report of all of the descriptive data. And then annually, Brendan will do an annual aggregate report of all of the core data that will be statistically analyzed.

So does something else come out significant? Do hybrid programs come out significant? Or should you have 600 hours as a minimum in your program? You can look at that as well as compare the aggregate data to the data that you have in your, you know, annual report.

And lastly, what is really exciting is this new performance indicator that I keep alluding to you about and it is something new that we have come up with. And I think you know if you take part in the annual report data collection and you'll get this performance indicator, I think you'll be very, very happy to do that.

And now I'm going to turn it back over to Brendan, and he's going to go through his computer, Googly go to show you how that will work. Thank you, Brendan.

- Thank you, Nancy. And you know, this is an opportunity for me to re-enter my natural habitat so that's always nice. So let's see, I will look to share my screen a little bit so that we can leave ample time for questions at the end. But I just really want to reiterate what Nancy said. You know, as I mentioned in the presentation regarding the annual report data, we ran into many limitations given the lack of uniform tracking across jurisdictions in this analysis.

So what we wanted to do a little bit just to kind of conclude segment two before we open it up to some questions, is to give you a sense of what are the benefits or what are the advantages of standardized tracking moving forward. So to do that, I'm going to go back to the data. And what you will see here is

an example of an Excel document. And the first thing that I want to make completely apparent is that this is all dummy data.

I have fabricated this data it's only for the purposes of today's presentation. But I wanted to give you a sense of what the data would look like if all of the boards essentially were to track the annual report data in a standardized format. So as you can see here, track the this is a form only of the core data Template that Nancy was just presenting. This only has about five or so substantive columns.

Obviously, the template itself will have many, many more columns of data. But again, this is just for the purposes of facilitating today's demonstration, so willing suspension of disbelief, if you will. But what you can see here is in this column let's say we have three jurisdictions reporting into our centralized data repository. And what they're reporting on are metrics like proportion full-time faculty, number of directors in the past five years, so on and so forth.

What we can do with the standardized core data is we can import that data directly into a statistical software program. And I promise that we won't rest on this view for too long I know many people can sometimes develop allergies to statistical coding. But I wanted to show you how seamless this can be.

So if you were to provide your data using the standardized template, to the centralized data repository for the Qualtrics platform that Nancy's team will be administering, we can actually export the raw data and import that directly into SaaS. So this is not going to work immediately. But what I will tell you is...I can actually show you just with the code.

When we import that the view is actually going to look like this. It's just going to look like the Excel it's the same thing. So the database view within the statistical software package will effectively reflect only what you have tracked in the actual Qualtrics survey platform. What we can then do though, using coding is we can start to create an algorithm that will effectively identify for us in an automated fashion what programs are effectively throwing flags for potential deficiencies.

So in this instance, you can see just based on the evidence that we've run to date, we're looking specifically at program age, we're looking at NCLEX pass rates, we're looking at national accreditation, so on and so forth. And so what you're getting a sense of is we can literally with the data in a matter of seconds, import it into our software, which just happens to be SaaS.

And then what we can do is we can run that data. And what we'll do is we'll be able to append information to your raw data template. So kind of just cutting straight to the chase so that we can allow a few more minutes for questions. What we can do is in addition to the timely delivery of all the raw data elements that you're used to, to all the information that you've historically had access to, we can append to that raw data any criteria that we want.

So in this particular instance, we have just kept it at the high level. So if you look back at the coding, we have defined as our performance indicator tier, a one being essentially a low-risk program. So that's a program that based on our statistical results, doesn't appear to have any potential deficiencies. A two or medium risk program falls into that category where the program might have evidence of one or two programmatic deficiencies.

And then three, that high-risk tier is currently defined as anything greater than two. Again, I just did this for the purposes of today's presentation. The real takeaway here is that none of this coding is static. This can be updated, it is very flexible, it is evidence-based, and it's something that we would actually look to update quite regularly so that you are working with the most evidence-based information possible.

What we then did is we took that one, two, three coding, and all we did is we put it into human speak, we said one equals low-risk, two equals medium, and three equals high. Then when we export the data, you can see that that's what you would see. If you determine at the board level that you want to see those individual characteristics and where it was exactly based on the evidence that it was, you know, throwing a flag, we can retain these additional columns too.

So those columns will come in as a simple binary one or zero column, and it'll say, was there an issue based on the longevity of the program? Was there an issue based on the NCLEX, pass rate, etc. But for the purposes of the presentation, we just wanted to show you how clean this could look. So in this particular view, all you're seeing is essentially the information related to all of your raw data and then with this extra bit of criteria.

And our thinking was that you know, personnel at the nursing regulatory boards are very busy and often have limited resources to really dive into the information and we thought to ourselves, what would be the most appropriate mechanism for giving you that high level, that 50,000-foot view to really proactively conduct outreach with some of these programs that you might think warrant further attention.

So in this particular instance, I would show you in SaaS, but what I can do is, conversely, I can actually show you what this would look like a little bit, just using a pivot table. So in this particular instance, you can just do essentially, the state by the performance indicator. And then in this instance, we're just going to do a simple count.

So you can see that for instance, for Illinois, for example, there are four programs in our data set in this demonstration data set, three of which would be identified based on our current statistical model as medium risk institutions. When you look at Indiana, this is where things get a little bit more interesting.

And again, this is all made up no cause for alarm. There are four programs associated with Indiana as a jurisdiction, of those two kind of raise the flag a little bit one would be that medium risk. But now we get into the interesting scenario where one of them is a high risk program. Because we have automated all of this, because we have appended this information to the raw data, we could actually export a list tailored to each jurisdiction.

So you would be the only one with access to your raw data and any supplementary information that we provide. But we could tell you, these are the programs, we could name them for your purposes only. We could say these are the programs that based on the current evidence are presenting either as medium or high-risk and might warrant you know, some attention, some outreach, etc.

The key here is in addition to this being very, very flexible with the coding that we would have in place and the standard data tracking across the jurisdictions, this is all at your discretion. We're not pushing

anything in this particular instance we hope that you will see the advantages of some of this additional insight. But it's not meant to be prescriptive, this is meant to be informative.

We're really trying to enable you in your day to day knowing all the professional responsibilities that you have to juggle. We're really trying to facilitate you doing that 50,000-foot quick overview, and then from that point, move forward as you see fit. So with that, I will open it up to any questions that you might have submitted.

So I'll turn to my colleague, Joe, or actually no, sorry, I will yes, I will turn to my colleague Joe, to see if there's any questions submitted and I'll invite Nancy back to the podium. - [Joe] Hi, I just want to reiterate, the PowerPoint will be made available and also the recording of this virtual conference will be available within a couple of weeks.

Nancy, there was a question based on your previous presentation before the break. You mentioned faculty experience in the last five years is this teaching clinical or working in clinical?

- And we haven't really presented that data yet, but that was from the site visit study and also, you know, the five years really came from the site visit study, but it was also from the literature, the current competency of faculty. And it was those faculty who worked with students, they should have been in clinical, at least in the last five years.

Now, to me, that's a long time if you're teaching, especially in this day and age, you know, I'd rather see it currency in clinical, but that was the data point that they saw in the site visit study. And remember, in the site visit study, they only looked at those failing programs.

So those programs, some of the faculty were out more than five years. And it kind of relates also to what John Kavanagh from Cleveland Clinic, you know, had said. Faculty...I certainly didn't realize this. I used to teach clinical and I certainly would never go into the clinical with students if I wasn't currently prepared, but apparently that's not always the case.

- Okay, the next question, one concern that can be foreseen is the issue of confidentiality, the BON/NLB believes it is important to protect nursing program information. Our BON/NLB would like to ensure that this has been taken into account.

- Is this in terms of the annual report template?

- Yes, that's correct. Well, one thing I'd like to say is, we did have attorneys at the table when we developed all of this. And there were questions and there were areas on the approval guidelines that we took off because of that. So from our view, I think we're pretty good.

If individual boards have specifics in their rules or regulations you know, I don't know. Do you have any thoughts about that Brendan?

- Yeah, the only thing that I would remind...So it's similar to the data collection for this analysis. So we would be using an encrypted database that is password-protected, and only select staff would have access to that information. In addition to that, most of the metrics...Obviously, the program will be

identified at the jurisdiction level. But pretty much all of the metrics that we're looking to collect will be summary at the level of the program.

So we hope that that would build in some additional safeguards in particular for any of the participants for the programs.

- Thank you, Brendan I believe the question was in the collection and the housing of the data, yes, thank you. Also, someone asked, which research finding if any surprised you ?

- That's an interesting question. You know, I was surprised at how strongly turnover of directors came out. I knew that that was a problem, I'd heard it over the time with boards of nursing. But it just appeared in everything, as did faculty and that really surprised me.

Because I thought, well, maybe we don't have a lot of good guidelines, because we don't have the evidence. But clearly, we do have the evidence. Did anything surprise you, Brendan?

- Yeah, you know, the only thing...I think a lot of the evidence that emerged from the quantitative analysis really dovetails nicely with the Delphi and some of the elements that we found in the literature view. One of the things that did kind of emerge, at least kind of in the beginning to me, was the enrollment capacity. So I kind of always think of enrollment as more of a personal touch, the smaller the program is.

So when a larger enrollment capacity kind of emerged aligned with full program approved, I was a little surprised initially. But what I would say is because we did have...I'll make another plug for the core data template. Because we did have standardized data elements available to us, we could look at how that related to things like program status, whether or not it was public, for-profit, the number of programs administered.

And so that really did help us out a little bit undercover some of the drivers potentially of that. And so again, it's another reason why if we had standardized data, we could assess all that simultaneously. And maybe higher enrollment capacity wouldn't come out as strongly because we would see really what took the day was the public status.

- That's exactly right, or maybe public wouldn't because of something else.

- Precisely.

- And you know, one more thing, and you haven't heard this yet, but in the site visit study, it came out that the director should be an RN, that hadn't come out in anything else. But remember, in that study, they looked at all the low performing programs and apparently some of the programs that didn't have RNs the administration just didn't think that was important.

It's not like they had looked a long time and couldn't find one, they just didn't think it was important. So I think that surprised me and it might be something...you know, we certainly put that on the core data collection, and we would look at in the future.

- Thank you to verify the raw program data will be available to boards in Excel correct by both program and by state?

- Yes, so essentially, program is one of the criteria that we would have in the Excel. So what we could do tailored again to each jurisdiction. So one jurisdiction will have access to another jurisdiction's data, for instance. We would not only have access to the raw data, so all the raw data that we're collecting in the template, including the program name, so that could be broken however you saw.

But then, as long as we have like strong standardized data collection the majority of the boards, pursue this moving forward, then you would also have that program indicator tier information appended to it. So yes, completely confirm you would have access to all the raw data and in a timely fashion. And then, because it's so seamless internally, we would be able to put that performance indicator tier on there quite quickly and deliver that with the raw data.

- Nancy, can boards elect to eliminate or not use certain questions from the annual report?

- Well, it was devised as a core data annual report, you know, only 50 questions, it could be something we could take back to our panel if you really wanted to do it and there's one question you hate. But we would love to have all of the questions included, if at all possible. What do you think, Brendan?

- I would just echo your comments. We view this as a core data set, so to facilitate that national-level analysis to really ultimately inform on things like the performance indicator we do need as complete information as possible. If we have gaps again, we're kind of left back to square one. What I would say though, is on the flip side, we are absolutely open to you supplementing the questionnaire if there are other...

- Oh yeah, right.

- If there are other metrics or elements that you think are important to collect you can certainly supplement, but we would hope at a minimum...this is like a minimum kind of standard data set.

- Thank you for reiterating that several questions have come in asking if they can add additional questions, one of them including demographic data. Also, someone had a very specific question about is an accredited simulation lab, a separate process from regular nursing accreditation?

- The process for accrediting simulation labs, you know, that might be one of those questions I'll have to look into and get back to all of you later. I'm not exactly sure about that. That came from certainly our national simulation study, as well as some of the other studies out there on simulation, that that's really important.

I it's an axle. But let me look into that further I'm sure you don't know anything about that either, right, Brendan?

- I do not.

- Thank you.

- So actually, Joe with that, I think we're going to have to call time may be time for one more question.

- Yes. There was one question. There weren't any specific questions that were presented one person wanted to know about on-time graduation as an indicator was that included in the annual core data template.

- On-time?

- On-time graduation.

- Oh, on-time graduation, you know, that was considered and that was definitely shown in the literature. Some had you know, just on-time and then others, such as the IPEDS the U.S. Department of Education has in six years they graduate from a four-year program. We looked at on-time graduation and I believe our question, our attrition question probably should focus on that.

Because in a nursing program, it's very hard to get out of that cohort that you're in.

- Yeah, and I think that's what I would echo. I think almost attrition is like the substitute for that. So I will say...I know we might have some more questions, we do have another 15 minutes set aside for questions later in the presentation so we'll look to address those there. Any questions that we don't get to today, though, we will provide substantive feedback and share that with the group as well. So I know we're actually pretty much just at time.

So I just wanted to say that you're free to take a break now and we'll reconvene at 2 p.m. Central Standard Time for segment three .