Quality Indicators for Distance Education in Nursing

Diane M. Billings, EdD, RN, FAAN, ANEF

Chancellor's Professor Emeritus

Indiana University School of Nursing, Indianapolis

Session Overview

▶ Importance of quality in nursing DE programs

▶ Quality indicators and how to determine if they are met

▶ Conclusions, concerns, caveats
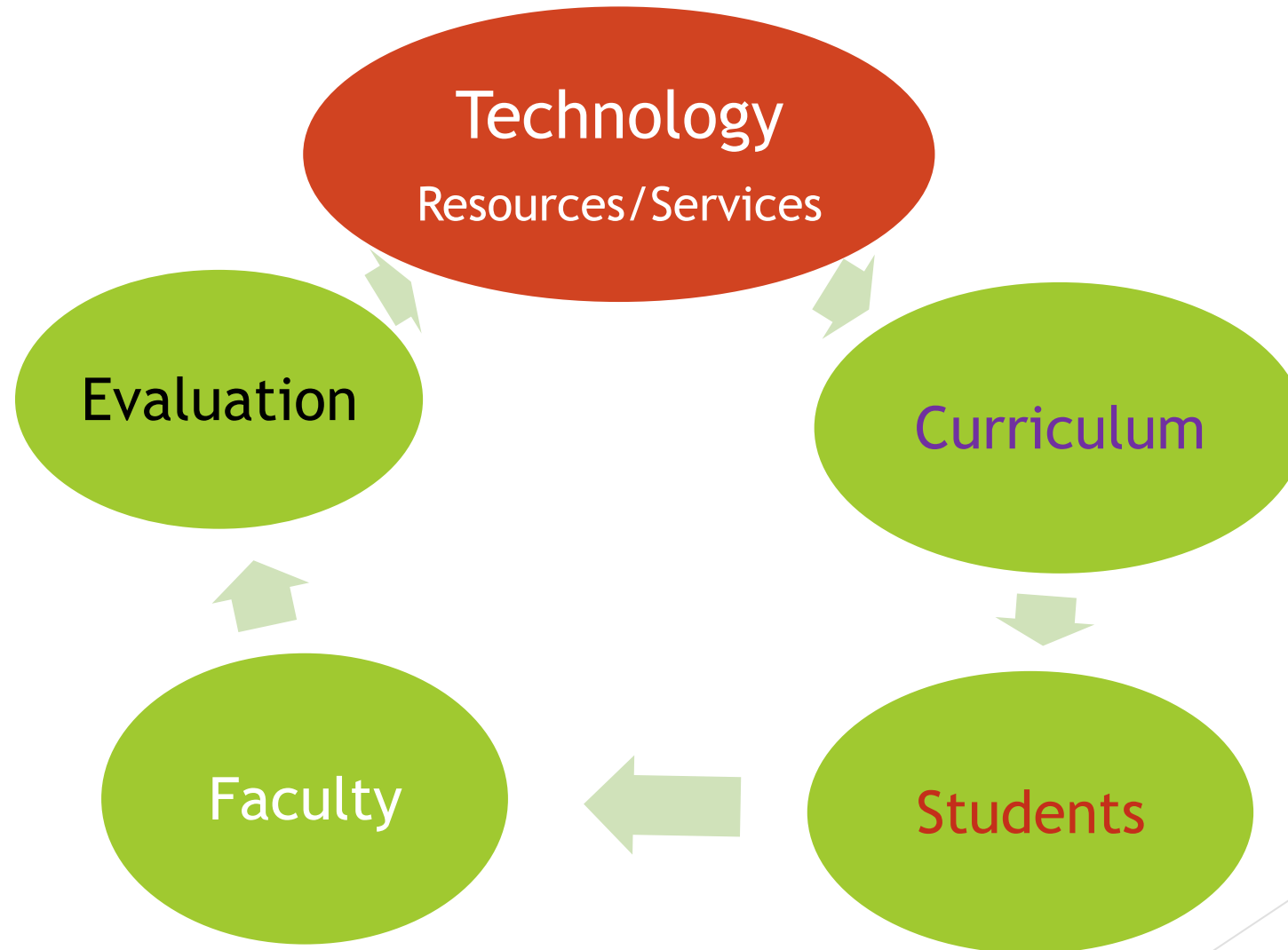
▶ Summary

▶ 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

Quality Indicators

Quality Review

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

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

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