Learning Objectives

Nursing organizations also have taken the position that Describe the types and characteristics of distance educationses should advance their education (American Association Identify advantages and limitations of distance education Colleges of Nursing, 2012; Tri-Council for Nursing, 2010). Discuss the NCSBN Regulatory Guidelines for Nursingese national recommendations and the evolutions in the health Education Prelicensure Distance Education Programs. care delivery system have challenged the nursing profession to develop and implement innovative educational strategies to en-

urses have been called to advance their educationrby the best-fit clinician for current and projected workforce national and professional nursing researchers. In 20eteds (Cronenwett & Dzau, 2010). Innovative use of technology the Carnegie study of nursing education (Benimen distance format is one strategy changing the landscape of Sutphen, Leonard, & Day, 2010), which compared and evaluation.

ated nine nursing programs with excellent reputations for teaching and learning, studied the state of nursing education. Of the 26 resulting transformative recommendations, four of them support nurses advancing their education. The researchers also made a strong case for increasing the rigor of nursing education and integrating clinical cases and practical experiences through educational processes.

In addition to basic nursing education, distance education is allowing many to achieve higher levels of education. As recommended by the Institute of Medicine (IOM), "Nurses should achieve higher levels of education and training through an improved education system that promotes seamless academic progression" (Institute of Medicine [IOM], 2010, p. 163). Specifically, it recommends that by 2020, 80% of nurses should have baccalaureate degrees (IOM, 2010); however, in 2013 only 42% of those taking the NCLEK r the first time were U.S.educated baccalaureate graduates (National Council of State Boards of Nursing [NCSBN], 2014).

guidelines for nursing education prelicensure distance education programs.

Distance Education in Nursing Education and Regulation

Distance education has been defined several ways in the literature and by national committees (Allen & Seaman, 2013). For the purposes of this article, distance education in nursing is defined as instruction offered by any means where the student and faculty member are in separate physical locations. Teaching methods may be synchronous or asynchronous and facilitate and evaluate learning in compliance with BON-approval status and regulations (adapted from Commission on Regulation and Postsecondary Distance Education, 2013). Other pertinent definitions for this discussion are the host and home states. Home state is defined as the state/jurisdiction where the program has legal domicile, and the host state is that state/jurisdiction outside of the home state where the students participate in didactic course work and/or supervised clinical experiences (adapted from National Council for State Authorization Reciprocity Agreements, 2014).

Use of distance education is becoming the mainstay of many nursing education programs. Almost 600,000 new students in the United States reported enrolling in at least one distance education course last year create deep reflection and foster meaningful exchanges. Howeving in the creation and management of online courses, and Frith (2013) cautions that online learning is not for all stude time for training. Hoffman and Dudjak (2012) find that The learner must be motivated and a self-starter with the disbuild most faculty members are familiar with the basic appline to learn independently.

In nursing, a major limitation of online education is that bls, such as Blackboard, wikis, discussion boards, and blogs. because nursing is a practice profession, the student requirement response of educators to integrate new supervised clinical experiences with qualified educators. Soline tools into the curriculum (Skiba, Connors, & Jeffries, programs address this by employing clinical educators that 1006), thus expanding the gap between digital immigrants near students in distant jurisdictions. As Frith (2013) notes (millenial).

learning clinical reasoning, a hallmark of nursing education, While the majority of literature on distance education requires the presence of a teacher in the learning processa@thesses innovative approaches in individual courses or nursing limitations include students' access to and knowledge of corricula (Avery, Cohen, & Walker, 2008; Du et al., 2013; Lu, puters or mobile devices, faculty members' need for training& Li, 2009; Murray, 2013; Sanford, Townsend-Rocchiccioli, in the online format, authentication of the student's work, arithm, & Jacobs, 2010; Skiba et al., 2008), there is a gap in the an adequate infrastructure to support students and educations and education regarding regulatory policy issues on distance education (Frith, 2013).

Zerwekh (2011) also points out that online teaching is not

a human relationship, but a virtual exchange. She cites concerns

related to the commercialization of education with administregulatory Policy Issues

tors, vendors of software and hardware, and investors seleiogrisistencies in distance education program approval and as a profit maker. Zerwekh (2011) notes that students **himest** sure requirements for didactic and clinical faculty are rebe brought together "...to listen beyond words, to watch facetsed by both educators and regulators. A National Council and bodily expressions, to pick up nonverbal skills, to interfactate Boards of Nursing (NCSBN) BON survey illustrated socially and therapeutically, to negotiate, to resolve conflicts and of these differences among member BONs. For example, to build [a] caring collegial community" (p. 180). She advocates ators teaching only didactic courses in distance education, some face-to-face work in blended courses. Studies supporting s nursing theory or pathophysiology, were required to be best practices (Quality Matters, 2014) in distance educationicelesed where the program was located by an average of 48% lustrate that there are ways to minimize the lack of a huofaONs. Seventeen percent require didactic faculty members to relationship. They stress the importance of social presence/(dig/digensure in the states where the distance education program & Brown, 2009) to help students and instructors optimize leand students are located, while the rest answered "other," with ing in distance education formats through increased awarements such as "we don't have distance education programs." of linguistic nuances, social interaction, learning communiBee Ns require licensure of clinical faculty in the state where instructor involvement, and prior knowledge and experientbes are supervising students in clinical practice, though 29% Joyce and Brown (2009) assert that social presence emphasizes them to be licensed in both the home and host state. the human characteristics in distance education by creation and the Nurse Licensure Compact awareness of the importance of critical connections and cultivating relationships in virtual learning communities, which may

increase student engagement learning outcomes.

Mancuso-Murphy (2007), Zerwekh (2011), and Hoffmann and Dudjak (2012) report issues with faculty workload in both the creation and implementation of online courses. Anderson and Avery (2008) studied faculty workload in graduate nursing courses, finding that a comparatively higher number of hours is required to prepare online courses, a higher percentage of time is needed to evaluate student work, and more time is spent in student contact. Zerwekh (2011) reports that although faculty members teaching online courses have more flexibility in their schedules, often the isolation from colleagues and students is difficult. Johnson and Meehan (2013) report many faculty issues related to preparation for teaching online courses. Sometimes, faculty members feel uncomfortable as they transition from face-to-face teaching to Web-based teaching. Many have little

Guidelines and Rationales

1. Distance learning prelicensure nursing education prBONi.5(B

ing programs are evaluated according to national accreditation standards. CCNE does not have different standards for distance education programs. ACEN has an additional criterion for distance education programs under three of its six standards (Accreditation Commission for Education in Nursing, 2013).

An important part of maintaining the quality of a distance education program is to have a rigorous process for identifying and measuring outcomes. One framework (Billings, 2000) used to assess the outcomes and practices in online nursing courses incorporates Chickering and Gamson's (1987) seven principles for good practices. Concepts of the model include outcomes, educational practices, faculty support, learner support, and use of technology. Variables are identified for each of the concepts.

Regulatory Guidelines and Recommendations for Prelicensure

Programs

The NCSBN Distance Learning Education Committee developed the following Regulatory Guidelines for Prelicensure Programs. The guidelines are presented to promote consistency among BONs for the regulation of prelicensure nursing distance education programs. The committee recommends the guidelines be fully met by 2020. This is in line with the IOM Future of Nursing recommendations for 80% of nurses to be educated with a baccalaureate degree by 2020, as well as the NCSBN recommendations that BONs require accreditation by 2020.

A visual model of the Regulatory Guidelines for Nursing Education Prelicensure Distance Education Programs can be found in Figure 1. The model depicts the differences between the home state's and the host state's responsibilities, illustrating that it was designed to encourage collaboration among the BONs for the purpose of public protection.

TABLE 1

NCSBN Model Rules and Act: Legislative Requirements and Language

The NCSBN Model Rules and Act (www.ncsbn.org/12_Model_Rules_090512.pdf) sets forth language and requirements for prelicen sure nursing education program approvals. The following are examples of requirements and language relative to Distance Educa tion from the model rules and act.

NCSBN MODEL RULES

The curriculum of the nursing education program includes knowledge, skills, and abilities necessary for the scope and guidelines of competent nursing practice expected at the lev el of licensure. Curriculum components, as defined by nursing education, professional and practice guidelines, shall include:

- a. Experiences that promote clinical judgment, clinical man agement, and commitment to improving quality and safety of the health care system.
- b. Evidence-based learning experiences and methods of in struction, including distance education methods, which are consistent with the curriculum.
- c. Course work in:
 - i. Biological, physical, social, and behavioral sciences to promote safe and effective nursing practice.
 - ii. Professional responsibilities, legal and ethical issues, his tory and trends in nursing.
 - iii. Didactic content and supervised clinical experiences in the prevention of illness; and the promotion, restoration, and maintenance of health in patients across the lifespan and from diverse backgrounds.

education nursing clinical courses in other states/jurisdictRationales: (See Table 1.) a. The nurs

- (See Table 1.)
- 4. Faculty, preceptors, or others who teach clinical experiences for a prelicensure nursing education program by means of distance education shall hold a current and active nursing license or privilege to practice, which is not encumbered, and meet licensure requirements in the state/jurisdiction where the patient is located. Faculty who only teach didactic content for a prelicenb sure nursing education program by means of distance education shall hold a current and active nursing license or privilege to practice, which is not encumbered, and meet licensure requirements in the home state where the program is approved.
- a. The nurse shall be licensed where the patient is located and where patient care is regulated for protection of the patient. If a practice complaint were to occur, this allows the host state/jurisdiction the ability to investigate that complaint.
 Exemption language was adopted to the NCSBN Model Act at the NCSBN 2014 annual meeting to allow for faculty who only teach didactic courses for distance education programs to be exempted from licensure in host states.
 - Faculty who only teach didactic content for a prelicen- b. If there are student complaints, the host state will send them sure nursing education program by means of distance education shall hold a current and active nursing license or privilege to practice, which is not encumbered, and sanctioning the program or the individual.
 - 5. BONs will communicate information through their annual reports about prelicensure nursing programs that

have students enrolled in clinical experiences in host Avery, M. D., Cohen, B. A., & Walker, J. D. (2008). Evaluation of an online graduate nursing curriculum: Examining standards of states. quality. International Journal of Nursing Education Scholarship,

5(1), 1-17. doi:10.2202/1548-923X.1538

BONs have requested data on which prelicensure programs, P., Sutphen, M., Leonard, V., & Day, L. (2010). Educating nurs have nursing students in clinical experiences in their states/jurises: A call for radical transformation. Retrieved from www.carnegief oundation.org/newsroom/press-releases/educating-nurses-calldictions. Therefore, it is recommended that BONs add a question addical-transformation

to their annual reports, which are sent to prelicensure programs, D. (2000). A framework for assessing outcomes and practices requesting information on whether students are enrolled in clini-in web-based courses in nursing. Journal of Nursing Education, cal experiences in host states/jurisdictions. If the programs $d^{39(2), 60-67}$.

have students in host states/jurisdictions, they are asked Billings, D., Connors, H., & Skiba, D. (2001). Benchmarking best where their students are located. NCSBN will collect that dataence, 21(2), 126–133.

from the home states and distribute this information to the bost Billings, D. M., Dickerson, S. S., Greenberg, M. J., Wu, Y. B., & Tall states that want it. The following is the question to add to the ey, B. S. (2013). Quality monitoring and accreditation in nursing annual nursing education report: Do you use another-state/judistance education programs. In K. H. Frith & D. J. Clark (Eds.), risdiction for prelicensure clinical experiences? If yes, please listinger. in which states/jurisdictions they are located.

Broome, M., Halstead, J., Pesut, D., Rawl, S., & Boland, D. (2011). Evaluating the outcomes of a distance accessible PhD program.

Rationale: Some BONs are interested in knowing which out-of-Journal of Professional Nursing, 27(2), 69–77. state/jurisdiction programs have students taking clinical ex Serippy, S. L., Stewart, S. M., & Hansen, T. S. (2010). Eliminate bor ences in their states/jurisdictions. These are excellent national wars. Nursing Education Perspectives, 31(6), 392-394. data on prelicensure education that could inform future projects A. W., & Gamson, Z. F. (1987). Seven principles for good practice in undergraduate education. Retrieved from http://files. or research. eric.ed.gov/fulltext/ED282491.pdf

> Code of Federal Regulations. (2014). Retrieved www.gpo.gov/fdsys/ pkg/CFR-2011-title34-vol3/pdf/CFR-2011-title34-vol3sec600-9.pdf

Conclusion

Evolutions in health care and in the methodology of prelicensummission on Regulation and Postsecondary Distance Education. nursing education stimulate innovation, requiring best practices ples, and recommendations for the State Authorization Reciprocity A in regulation and national policy to ensure public protection. ment (SARA). Retrieved from www.sacscoc.org/pdf/crpse/Com Regardless of the pedagogic methodology, the approval and issionon Regulation of Postsecondary Distance Education Draft Re regulatory standards must remain consistent to meet the same Cronenwett L., & Dzau, V. (2010). Co-Chairs' summary of the confer

public protection standard. ence. In B. Culliton & S. Russell (Eds.). Who will provide primary Distance education allows increased access to education and how will they be trained? Durham, NC: Josiah Macy, Jr. and more flexibility for the learner, thus advancing the educaFoundation.

tion of the nursing workforce. BONs and educators must WorkS., Liu, Z., Liu, S., Yin, H., Xu, G., Zhang, H., & Wang, A. together to promote excellent learning outcomes with distance⁽²⁰¹³⁾. Web-based distance learning for nurse education: A sys tematic review. International Nursing Review, 60(2), 167–177. education, which will improve the quality and safety of patients. doi:10.1111/inr.12015 Authentic conversations will be essential as we move for the formation and online

learning. In K. H. Frith & D. H. Clark (Eds.), Distance education in nursing (pp. 17–31). New York, NY: Springer.

learning programs and state boarde4ahnursing authorizationArainec

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together.

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Regulatory Implications and Recommendations for Distance Education in Prelicensure Nursing Programs

Learning Objectives

Describe the types and character istics of distance education. Identify advantages and limitations of distance education. Discuss the NCSBN Regulatory Guidelines for Nursing Education Prelicensure Distance Education Programs.



CE Posttest

If you reside in the United States and wish to obtain 1.2 contact hours of continuing education (CE) credit, please review these instructions.

Instructions Go online to take the posttest and earn CE credit:

Members – www.ncsbninteractive. org (no charge)

Nonmembers – www.learningext. com (\$15 processing fee)

If you cannot take the posttest online, complete the print form and mail it to the address (nonmembers must include a check for \$15, payable to NCSBN) included at bottom of form.

Provider accreditation The NCSBN is accredited as a provider of CE by the Alabama State Board of Nursing.

The information in this CE does not imply endorsement of any product, service, or company referred to in this activity.

Contact hours: 1.2 Posttest passing score is 75%. Expiration: October 2017

Posttest

Pleasencillate the correct answer.

- 1. How many students were enrolled in distance education in 2013?
- a. 200,000
- b. 320,000
- c. 6.7 million
- d. 10.2 million
- 2. Which statement about distance education is correct?
- a. It is only asynchronous.
- b. It may be synchronous or asynchronous.
- c. Evaluation is independent of board of

- 11.What agency is responsible for following up on a complaint from a host state?
- a. Host state BON
- b. Home state BON
- c. NCSBN
- d. Federal government
- 12.Which statement from the NCSBN Model Act related to prelicensure nursing students who are practicing nursing in clinical experiences without licenses but are enrolled in a nursing program in another jurisdiction is correct?
- a. The student acts under the supervision of a registered nurse.
- b. The student acts under the supervision of, at a minimum, a licensed practical nurse.
- c. The program does not have to be approved by a BON that is a member of NCSBN.
- d. The program has to be approved by the BONs of both the host and home states.
- 13.According to the NCSBN Regulatory