2018 NCSBN Scientific Symposium - **Education: Panel Discussion Video Transcript**
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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 ges in

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

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 Krasaowski, 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-

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

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
                                                                                        - 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.