



5. BONs want to know how to communicate distance education issues with BONs that don't have authority over nursing education.
6. BONs report that the quality of online programs is more varied than with traditional programs and have requested information on the uniqueness of the programs for evaluating the quality of distance education programs.

Another issue for BONs is the U.S. Department of Education's proposed state authorization rules. In October 2010, the U.S. Department of Education issued program integrity rules prompted by a concern about the inconsistent quality of for-profit education programs, which account for 11 percent of higher education students, 26 percent of student loans and 43 percent of all loan defaulters (U.S. Department of Education, 2010). These rules include the 34 §600.9 (c) state authorization rule, which was tied to Title IV funding. It requires documentation of compliance with state laws in all states that offer distance or correspondence education. Because of legal challenges, at the time of this writing, the rule has not gone into effect, and the U.S. Department of Education has not indicated what the next steps might be (NC-SARA, 2014). This state authorization rule has created concern in nursing education because of the diversity of state requirements pertaining to distance education. Because some BONs also have requirements related to distance education, they also have watched this rule closely. No BON, however, has taken any action based on this proposed U.S. Department of Education state authorization rule.

Related to the diversity of rules and regulations governing distance education among U.S. states/jurisdictions, a State Authorization Reciprocity Agreement (SARA) was developed. SARA is a voluntary agreement among states that establishes comparable national standards for interstate offering of postsecondary distance education courses and programs (NC-SARA, 2014). It is intended to make it easier for students to take online courses offered by postsecondary institutions based in another state. SARA is overseen by the National Council for State Reciprocity Agreements (NC-SARA) and administered by four regional education compacts: the Midwestern Higher Education Compact (MHEC), the New England Board of Higher Education (NEBHE), the Southern Regional Education Board (SREB) and the Western Interstate Commission for Higher Education (WICHE). SARA provides clarity in authority and responsibility by shifting oversight of distance education to the home state where the educational program has legal domicile. As of this writing, seven states have joined SARA: Indiana, North Dakota, Colorado, Nevada, Idaho, Washington and Alaska; there are expectations that by 2015 there will be

## **SELECTED LITERATURE REVIEW**

### **The Content**

A rapidly evolving health care environment has created an opportunity for nursing to reconsider the best methods to maximize health care delivery and health care outcomes, and to contemplate how clinicians are best educated to meet the current workforce needs (Cronenwett & Dzau, 2010). This call for a radical transformation in nursing education has led to a proliferation of the use of technology in nursing education (Powell, Darbyshire, Pollock, & Bradley, 2012).

Distance education is defined in a variety of ways in the literature and by national committees (Allen & Seaman, 2013). These definitions are similar with minor nuances. Similarities include use of innovative technologies in delivering curricular content in both synchronous and asynchronous formats. The main difference in definitions included the percentage of total curricula delivered in a distance education format ranging from a single course to 100 percent of content delivered in a distance education format. The general consensus is that distance education utilizes some degree of technology as an educational method. Moreover, the majority of the curricular content is delivered asynchronously where the teacher and learner are located in different places.

In higher education an unprecedented 6.7 million students are taking at least one online course and 32 percent of all students in higher education are taking at least one online course (Allen & Seaman, 2013). As in other disciplines, online education in nursing has increased and that rise is expected to continue (Coose, 2010). The use of distance education methodologies is becoming the mainstay of many nursing education programs. Distance education in nursing education addresses the recommendations to seamlessly educate nurses to address the exponential growth of science and technology, as well as the acuity of patients in diverse settings (Benner et al., 2010; IOM, 2011; Jones & Wolf, 2010). Moreover, distance education has allowed many nursing programs to extend their reach, making nursing education accessible to many prospective students in rural, remote settings who may otherwise lack access to nursing as a career option (Jones & Wolf, 2010).

### **The Future of Distance Education: Regulatory Implications**

Many prelicensure nursing programs have been or are beginning to use technologies such as Blackboard platforms, social media, video conferencing, webinars and virtual clinical experiences with actual patients. One new technology is the virtual community clinic learning environment (VCCLE). This is an asynchronous, immersive environment where students interact with virtual patients (Reis et al., 2013). While traditional clinical learning experiences may provide inconsistent opportunities, virtual experiences can provide standardization in nursing education to enhance learning for required direct, patient-care encounters. Regulatory issues, however, can arise about faculty licensure or patient confidentiality.

Another innovative technology is massive open online courses (MOOCs), which are currently used in only a minority of universities, though this methodology is gaining increasing prominence (Allen & Seaman, 2013). MOOCs are aimed at large-scale interactive participation through open access via the Web. For example, one course at Stanford drew 100,000 learners (Educause, 2011). MOOCs provide excellent opportunities to students and lifelong learners, particularly during these times of massive student loan debts. There are regulatory concerns with MOOCs however, such as incidents of cheating, course variability, completion rates and lack of an ability to assess student learning (Skiba, 2012). Therefore, implications of MOOCs in nursing education related to outcome measures and quality control are yet to be determined (Zerwekh, 2011) and are important for regulators to monitor. While this model bears watching, it will likely be an important model for the future (Skiba, 2012).

Particularly relevant to BONs are technologies where students participate in virtual clinical experiences with actual patients. No matter where these faculty members are located, they must be licensed in the jurisdiction where the patients are located. As new distance education methodologies continue to evolve in prelicensure nursing education, we need to be proactive about exploring policy and regulatory implications.

### **Effectiveness and Use of Distance Education Programs in Nontraditional Practice Settings**

Frith (2013) highlights the advantages of distance education in nursing. A major benefit, particularly when nurse leaders are calling for a more educated workforce, is that it provides access and flexibility to those students who wouldn't normally be able to access education, either because of the students' work or family schedules, or because there are no local programs for them to attend. Other advantages include matching learning styles, opportunity for more individualized learning, the information is linked to the student's pace and the online format offers opportunities to connect with colleagues without geographic limitations. Zerwekh (2011) adds that Web-based teaching can create deep reflection and foster meaningful

3. Online learning is incorporated into the institution's systems of governance and academic oversight.
4. Curricula are coherent, cohesive and comparable in rigor to programs with traditional face-to-face formats.
5. Effectiveness is evaluated and results are used to enhance the evaluation of goals.
6. Faculty responsible for delivering the online curricula and evaluating the students' success are qualified and effectively supported.
7. The institution provides effective student and academic services.
8. The institution provides sufficient resources to support and, if appropriate, expand its offerings.
9. The institution assures the integrity of its offerings.

Quality Matters is an external, peer review service that evaluates online and blended (hybrid) courses, using a set of eight general standards and 41 specific standards (Quality Matters, 2011). The uniqueness of Quality Matters is the concept of course alignment. This occurs when critical course elements work together to ensure desired student outcomes.

In nursing, national nursing accreditation by either the Accreditation Commission for Education in Nursing (ACEN) or the Commission on Collegiate Nursing Education (CCNE) is a nongovernmental, peer-reviewed process where nursing programs are evaluated according to national accreditation standards. Of the two national accreditors, CCNE does not have different standards for distance education programs. There is an additional criterion for distance education programs under three of ACEN's six standards (2013).

Most BONs approve nursing education programs. Five of the 43 BONs responding to an NCSBN distance education survey in 2013 reported having additional approval requirements for distance education programs. These additional BON requirements generally addressed providing technical support.

The integration of clinical learning experiences in prelicensure nursing education is an essential element of all nursing programs (Benner et al., 2010; CCNE, 2009; NCSBN, 2005; ACEN, 2013), including distance education programs. It would not be acceptable for a prelicensure distance education nursing program to provide only didactic content via an online platform, with no supervised clinical learning experiences. Distance education programs can, and typically do, provide clinical learning experiences in host states. Students' supervision would include the program identifying qualified clinical faculty or preceptors for the prelicensure students and maintaining oversight over the clinical faculty or preceptors, as recommended by the NCSBN Model Rule core requirements, and as required by the home state BON.

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) that is 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 rk urexremlponhcensurootcorvsygh elevide

Three BONs charge nominal fees (\$250-\$500) for host state distance education programs. Most of the fees that are reported are from other state agencies (SHEEO, 2013). The \$5,000 fee and building requirements cited above (Billings et al., 2013) are mandated by the Board of Higher Education in that state.

Five BONs report specific requirements for distance education programs, though these are related to technical support.

Twelve BONs approve programs that use their states/jurisdictions as host states (all 12 approve the clinical portion and five approve both the clinical and didactic portion).

One BON limits enrollment of out-of-state students, based on clinical availability.

As stated earlier, BONs are working collaboratively with other leaders in their states/jurisdictions to meet the IOM's Future of Nursing recommendations for advancement of nursing education. In order for BONs and educators to work collaboratively with distance education issues, it will be important to develop an ongoing relationship so that questions can be answered and problems can be solved on an ongoing basis.

From the educator perspective, Mancuso-Murphy (2007), Zerwekh (2011), and Hoffmann and Dudjak (2012) all report issues with faculty workload, both in 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 for preparation of 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, while faculty teaching online courses have more flexible time, often the isolation from colleagues and students can pose difficulties.

Johnson and Meehan (2013) report many faculty issues related to preparation for teaching online courses. Often faculty feel threatened as they transition from face-to-face teaching to Web-based teaching. Many have little training in the creation and management of online courses, and yet little time to learn about it. Hoffman and Dudjak (2012) find that while most of their faculty are familiar with the basic applications, such as Blackboard, there are knowledge gaps in the use of online learning tools, such as wikis, discussion boards and blogs. Another issue is the slow response of faculty to integrate new online tools into the curriculum (Skiba, Connors, & Jeffries, 2008), thus expanding the gap between digital immigrants (educators) and digital natives (millennials).

### **Future Research**

Future nursing research for regulators should focus on how students learn best in online courses to provide evidence for BONs to incorporate into their approval processes. For example, research should address best practices in online nursing education, with an eye toward evaluating the learning experiences. The use of virtual clinical learning experiences with actual patients should be studied, along with ways to protect patient confidentiality. Research should be conducted on the effect of online courses on nursing practice. What are the best strategies to engage students to develop clinical reasoning skills and to promote patient safety (Mancuso-Murphy, 2007)?

### **RECOMMENDATIONS FOR THE FUTURE**

After discussing the issues with BONs and external stakeholders, and reviewing the literature NCSBN's Distance Learning Education Committee developed the following Regulatory Guidelines for Prelicensure Programs. The purpose of these guidelines is to provide NCSBN Member Boards with criteria and rationale regarding the regulation of prelicensure nursing education programs. The guidelines are proposed, with an eye to the future, to promote clarity and consistency among BONs for the regulation of prelicensure nursing distance education programs.

Realizing that it would take BONs time to study their current processes with distance education programs and then to make changes to their state's nurse practice act and rules, if necessary, the committee recommends the guidelines be fully met by 2020 (Figure 1). This is in line with the IOM Future of Nursing recommendations for 80 percent of nurses to be educated with a baccalaureate degree by 2020, as well as the NCSBN recommendations that BONs require accreditation by 2020.

These guidelines apply to distance education in nursing, clinical experiences that cross state/jurisdiction borders or virtual clinical experiences where patients are located in another state/jurisdiction. The guidelines will be disseminated to BONs and key stakeholders to foster collaboration as nursing moves toward the future.



Rationale: The mode of curricular delivery does not alter the regulatory guidelines for nursing education, including distance education. The NCSBN Model Act and Rules, adopted by the NCSBN membership in August 2012, delineate required criteria for prelicensure nursing education programs.

2. The home state/jurisdiction approves prelicensure nursing education programs, including distance learning education programs.

Based on this standard, the prelicensure distance education program is approved in the home state/jurisdiction and no additional BON approvals are required. This standard encourages BONs to rely on the approval status granted by other BONs.

If a host state/jurisdiction has a complaint against a program that is approved in another state/jurisdiction, it will file that complaint with the home state/jurisdiction. It is the responsibility of the home state/jurisdiction to follow up with that complaint and take any action that is deemed necessary. In those states where the BON does not approve prelicensure nursing education programs, it will be their responsibility to contact the relevant state agencies to follow up with the complaint.

Rationale: BONs approve prelicensure nursing education programs, whether they are traditional or distance education programs, which have legal domicile in their state/jurisdiction. BONs historically have relied on the approval status granted by other BONs for prelicensure nursing education programs. In addition, BONs historically have relied on other BONs to investigate complaints and take disciplinary action when needed.

3. Prelicensure nursing education programs in the home state provide oversight over the students in the host states and are responsible for the students' supervision.

Students are under the auspices of the prelicensure nursing education program. If BONs do not have an exemption in their law for students who are participating in clinical experiences in their states/jurisdiction, but are enrolled in a program located in another jurisdiction, they are encouraged to adopt the current language from the NCSBN Model Act, Section 10. Exemptions:

#### **NCSBN MODEL ACT**

No provisions of this Act shall be construed to prohibit:

- a. The practice of nursing by a student currently enrolled in and actively pursuing completion of a prelicensure nursing education program, or a graduate program involving nursing practice, if all the following are met:
  - i. The student is participating in a program located in this jurisdiction and approved by the BON or participating in this jurisdiction in a component of a program located in another jurisdiction and approved by a BON that is a member of NCSBN.
  - ii. The student's practice is under the auspices of the program.
  - iii. The student acts under the supervision of an RN serving for the program as a faculty member or teaching assistant.

Therefore, the home state/jurisdiction will determine whether the program provides adequate clinical supervision of the students, just as they do with programs located in their own states/jurisdictions. Additionally, the home state/jurisdiction will establish whether clinical faculty and/or preceptors in host states/jurisdictions have adequate oversight by the nursing program faculty in the home state/jurisdiction.

Rationale: The BON approved prelicensure nursing education program is responsible for its students, regardless of the mode of education, including those students who are taking distance education nursing clinical courses in other states/jurisdictions.

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 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 home state where the program is approved.



Rationale: This standard supports the regulatory framework that practice takes place where the patient is located.

- 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.
  - b. If there are student complaints, the host state will send them to the home state, which approves the prelicensure program and therefore is responsible for investigating and possibly 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 states.

BONs have requested data on which prelicensure programs have nursing students in clinical experiences in their states/jurisdictions. Therefore, it is recommended that BONs add a question to their annual reports, which are sent to prelicensure programs, requesting information on whether students are enrolled in clinical experiences in host states/jurisdictions. If the programs do have students in host states/jurisdictions, they are asked to list where their students are located. NCSBN will collect that data from the home states and distribute it to the host states that want it. The following is the question to add to the annual nursing education report:

- a. Do you use another state/jurisdiction for prelicensure clinical experiences? If yes, please list in which states/jurisdictions they are located.

Rationale: Some BONs are interested in knowing which out-of-state/jurisdiction programs have students taking clinical experiences in their states/jurisdictions. This is also excellent national data on prelicensure education that could inform future projects or research.

### **FOSTERING COLLABORATION AMONG THE BONs AND EDUCATORS**

A visual model of the Regulatory Guidelines for Nursing Education Prelicensure Distance Education Programs can be found in Figure 2. 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.

The following is an actual example about how this collaboration occurred, with the outcome protecting the public: Washington

state03147218386561ae2941d3242e5a1c1e1c3ed16 programs 0318041482219547121c5806e21c123820138 23.840c)059

host state and the home state was conducted. The nursing program came into compliance with host state laws. The home state now includes a review of the distance learning program in its on-going program approval process. If the home state had not had authority over nursing programs, it would forward the complaint to the appropriate state/jurisdiction agency.

NCSBN is collecting any special requirements BONs might have for distance education programs. These requirements are available online. This Web page will be regularly updated, as needed. If the distance education guidelines are adopted by all BONs by 2020, as suggested, there will be consistency among the BONs and there will no longer be the need for that Web page.

## SUMMARY

There have been national calls for advancing the education of the nursing workforce, and educators and BONs are working together in statewide initiatives toward this recommendation. Distance education allows for an increased access to education and more flexibility for the learner, thus assisting with this goal. This white paper has presented the regulatory perspective of distance education programs from a variety of viewpoints. Issues were identified and evidence was presented. Recommendations were made for providing more consistency in the nursing regulation of distance education programs. A timeline and strategies for meeting these recommendations was provided, and a visual model illustrating the Regulatory Guidelines for Nursing Education Prelicensure Distance Education Programs was presented.

It is imperative for BONs and educators to work together to promote excellent learning outcomes with distance education, which in turn will improve the quality and safety of patients. Authentic conversations will be essential as we move forward together.

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