Quality Monitoring and Accreditation in Nursing Distance Education Programs

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Nursing faculty and students have been using distance education (DE) technologies to establish access to academic and continuing-education programs for several decades. The popularity of distance accessible education has increased recently as schools of nursing reform academic programs to meet recommendations from reports such as the Institute of Medicine (IOM) report, The Future of Nursing, to have a better-prepared nursing workforce, resulting in a growth of RN-BSN and doctoral programs (both DNP and PhD) being delivered in online or blended formats. Although previous controversy about the effectiveness of distance accessible programs has abated, there is a continued need to monitor quality of nursing courses and programs and ensure that accreditation standards and quality indicators are being met. The purposes of this chapter are to provide a background on quality monitoring (QM) in nursing education, identify current quality indicators for DE, describe a process for QM for evidence-based decision making, describe frameworks for QM, and describe regulations and accreditation standards that pertain to DE in nursing education. The chapter concludes with an exemplar of QM in a PhD program.

QM: EVIDENCE FOR BEST PRACTICES FOR DE IN NURSING

Since the use of DE in nursing education first became popular in the late 1980s and 1990s, nurse educators have conducted a variety of studies to
determine evidence of quality in DE programs. Early studies focused on student satisfaction, convenience of DE, issues related to student support, student (and faculty) isolation, and problems with technology and technology support (Billings, 2007). As the technology and teaching–learning practices improved, the foci of QM have shifted to a better understanding of the roles of faculty and students, how to create online communities of professional practice, which type of learners and learning styles are most effective, how to prepare graduates for professional roles, strategies to promote retention and prevent attrition, and how to blend the best of on-campus learning and DE. By using testable models, and valid and reliable instruments, findings from these studies provide a foundation for understanding and evolving the best practices in DE.

Effectiveness of DE Delivery

There have been innumerable studies on the effectiveness of DE in nursing, and virtually all studies reveal few or no significant differences when comparing DE courses with on-campus or blended courses. Early studies used course grades as the measure of learning outcomes, and regardless of the type of technology used, students learned (Billings & Bachmeier, 1994). More recent studies on online courses reveal that student achievement is similar in online courses and in the classroom (Bata-Jones & Avery, 2004; Leasure, Davis, & Thievon, 2000; Lerners, Wilson, & Sitzman, 2007; Little, 2009; Mancuso-Murphy, 2007). Coose (2010) compared students in an ASN program who participated in the program on campus with those who used distance delivery methods and found no differences between students’ perception of the effectiveness of the two programs, and there were no differences in learning achievement. In another study, Buckley (2003) reported that there were no differences in learning outcomes among a classroom, a web-enhanced, and a web-based nutrition course for undergraduate nursing students. In general, comparative media studies such as those reported here typically reveal no significant differences in learning outcomes; thus, nurse educators can be assured that offering courses using a variety of DE delivery mechanisms will not compromise learning outcomes.

Use of Teaching–Learning Practices

DE changes classroom dynamics from an emphasis on teaching to a focus on the learner and learning. The role of the faculty is to establish
a learning environment that encourages students to explore and solve clinical problems. Faculty are content experts and instructional planners as they work with other experts such as instructional designers, graphic artists, web programmers, and multimedia developers to develop modules, courses, and programs and to select appropriate teaching methods and evaluation. The role of the learner also changes from passive recipient to active knowledge seeker as students assume responsibility for their own learning. Students learn more effectively when they are actively involved, cognitively and socially engaged, and interacting with the content and class members. The course must be designed from the outset to create activities that require active learning (Phillips, 2005).

Learning improves and is shaped by feedback from faculty, peers, preceptors, and mentors. Feedback is most helpful when it occurs in a timely manner and provides information about progress as well as process (Bonnel, 2008). Bonnel recommends designing courses and learning activities to increase the opportunities for students to receive feedback and engage in self-reflection about their learning. Learning is enhanced by engagement and interaction by faculty and classmates with others in the course and by a sense of social presence. Mayne and Wu (2011) found that when intentionally adding strategies to promote social presence and group interaction, students perceived that their expectations for online learning were met. Cobb, Billings, Mays, and Canty-Mitchell (2001) reported a strong relationship among social presence, satisfaction, and instructor performance. Broome, Halstead, Pesut, Rawl, and Boland (2011) found that the sense of isolation in DE programs can be reduced by admitting students in cohorts, having on-campus orientation and socialization sessions, and using technology to support synchronous learning using audio and video. Learning is promoted by meaningful interactions with faculty both inside and outside the course. In DE, both students and faculty must strive to overcome the isolation imposed by distance in order to create opportunities for interaction.

DE and Clinical Practice

Studies on course quality can also be conducted when the course is a clinical course or a didactic course with a clinical component. Lashley (2005) found that in a physical assessment course, students did learn the clinical skills and clinical decision-making outcomes for the course. Faculty used e-mail and chat as well as discussion forums to link students to their instructors, classmates, preceptors, expert nurses, health
care professionals, and clients in the broader community of professional practice. Online components of the course can also be used for debriefing actual and simulated clinical experiences. Pullen (2006) found that online learning, when used for continuing professional development, increased learning and knowledge outcomes and resulted in improvement in clinical practice. Nesler, Hanner, Melburg, and McGowan (2001) reported that working with preceptors was a way to foster professional role development.

Student Satisfaction

Student satisfaction continues to be a major element of QM. Student satisfaction with the experience of DE is important to faculty, educational providers, and the students themselves. When compared to similar educational experiences in the on-campus classroom, many students report general levels of satisfaction and indicate they would take DE courses again. Satisfaction is likely related to expectations of how the course will meet learner needs and is dependent on prepared faculty and functioning course-delivery technology. DeBourgh (2003) found that student satisfaction with computer-mediated DE is most associated with the perceived quality of the instruction and the effectiveness of the instructor. Ali, Hodson-Carlton, and Ryan (2004) found that graduate nursing students were satisfied with the flexibility and convenience of online learning and that timely feedback from faculty was a very important indicator of student satisfaction. Doctoral students in a study conducted by Lerners, Wilson, and Sitzman (2007) reported satisfaction with the access to the doctoral program and the ability to enroll in a doctoral program while continuing their employment. In their PhD program, Broome et al. (2011) found that 94% of students were satisfied with the distance accessible program.

Professional Practice Socialization

Nursing is a clinical practice profession, and roles are developed through mentoring, working with expert nurses, and establishing collegial peer groups and networks. Although DE has the potential to isolate learners from faculty, peers, and role models, and thus decrease socialization opportunities, the research tends to show otherwise when specific strategies, such as chat rooms, webinars/web conferencing, and peer mentors, are used to overcome the barriers of distance. Lerners, Wilson, and
Sitzman (2007) found that students believed they were being prepared for professional practice and because of mentoring in the online course, were becoming socialized. Similarly, Broome et al. (2011) described the importance of mentoring in a PhD program to promote socialization to the role of scholar.

Access and Enrollment

Likely underreported is the impact of increased enrollment in academic programs because of the access and convenience of making courses and programs distance accessible. Effken (2008) noted an increase in the pool of potential students in her distance accessible PhD program, and Broome et al. (2011) reported an increase in applicants once the PhD program was available at a distance.

Student Orientation for Technology Use

Students must be oriented to use technology. This can be accomplished by using student handbooks, posting orientation information on the Internet, conducting orientation sessions on campus or at the outreach site prior to the use of the technology, or using the technology itself during the first class session. Carruth, Broussard, Waldmeier, Gauthier, and Mixon (2010) developed a 5-day orientation program for their graduate students to ensure they were prepared to participate in their online course.

Learning Resources and Student Support Services

Learning resources and student services sufficient to support the course must be available for students who are at a distance from the originating site of the educational offering. For example, academic advising, access to the bookstore, registration, bursar, and financial aid services all have to be available to students without their coming to campus. Additional services include learning assessment, career development, learning portfolio management, and competency testing. Of key importance is access to library materials, which typically can be accessed online or be made available at outreach learning centers or by using course pack preparation services that obtain copyright permission for required course readings.