

***Past Event: 2023 NCSBN Annual Meeting -  
Transcript***

**Video**

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**Event**

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**Presenter**

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the "Journal of Nursing Regulation" website, perusing those table of contents for the April edition and the July edition.

And if you see a study that is of interest to you, Elsevier continues to make that free access content for the pandemic-related material. Download that information, really dig into it, and if you have questions after today's event, after you know this meeting closes, please follow up with us. We love that collaboration. So, as Richard mentioned, one of the principle, and therefore, most critical studies really assessing the effects of the pandemic on the workforce was the National Nursing Workforce survey.

So, I don't think we can underscore this enough. Every time we get an opportunity, I like to make this statement. The 2022 National Nursing Workforce Survey represented the largest, the most rigorous, and the most comprehensive assessment of the U.S. nursing workforce in the entire country since the onset of the pandemic in March 2020. But, if you remember, in April 2020, we anticipated that the effects of the pandemic would obviously not be limited to the current workforce.

So, in parallel, what we did is we pursued a longitudinal assessment, or certainly, we at least tried to design one for pre-licensure nursing programs across the United States. The primary objective of that study, so the study that I'm about to walk you through, some of the results for was to assess the impact of the institutional, academic, and demographic characteristics on pre-licensure nursing students, academic, post-graduation, and early career outcomes during the pandemic.

So, I can't get through that without chuckling a little bit just because I think, as you can see, we set the bar exceedingly low for ourselves. We were not trying to achieve too much at all. So, who comprised our sample? That is an excellent question. I think I couldn't have planted a better question in my own presentation for that. This cross-sectional study utilized a four-phased longitudinal design to assess the academic, the standardized outcomes, and the early career outcomes for pre-licensure nursing students entering the core of their nursing curriculum in fall 2020, and with an anticipated graduation in spring 2022.

So when you consider the entire arc of the research, really from July 2020 to December 2022, this was in effect, a two-and-a-half-year-long study of 51 pre-licensure programs, including over 1,100 participants across 27 U.S. states. Because of the scope and the size of the sample for this particular study, this mixed methods study was able to leverage over 4,000 course-based observations supplemented by hundreds of early career observations and the rich personal narratives of over 60 focus group participants.

So, this goes back to Lin's earlier comments regarding the workforce. We did have the qualitative component built into this. For a longitudinal analysis, the one thing I like to do upfront is to give you transparency into when we entered the field, what activities were we engaged in, what were we looking to achieve at those points in time, and whether or not any of those activities were really happening in real-time at the same time, kind of in parallel.

So, from this diagram, you can see really a timeframe for the entire study from start to finish. So, I'll start reading left or right. So, in July 2020, we conducted email-based outreach via Qualtrics to all administrators at pre-licensure RN programs around the country.

In total, we had over 500 program representatives respond to that initial outreach, and they ultimately provided absolutely critical information, not only to inform our study but point in time as to what was going on with our planned instruct...or delivery of educational materials for the fall 2020 term in light of





The same cannot be said of virtual simulated environments, even in as large of a sample as we were able to capture. And again, this is credit to these pre-licensure RN programs all around the country, really volunteering of their time. What extra time did any of us have in fall 2020? But because of their contributions to this study, we were able to recognize that it wasn't necessarily even just the application of virtual simulation, but it was the range and the definition of what constituted virtual simulation that ultimately resulted in poorer student outcomes time and time again.

So, what I'm about to do, I feel a little bit like Oprah, right? So, we're in Chicago. So, what I'm going to do in these next few slides is you get a table and you get a table and you get a table. But I think you can take my word for it. I hope you take my word for it.

You can certainly download the report, you can peruse it at your own leisure. But what I wanted to do is to kind of give you just a visual reference for how consistent these results are, right? You don't even need to take my word for it. I'll show you some pictures. So, what I've done is I've just kind of taken screenshots of the tables from the resulting publication for this study, and what I've highlighted for you on these slides singularly are course modality.

So, the delivery format for the instructional material. So, these results that you see in front of you are relate to the CLECS 2.0. So, these are students self-rating of their clinical experiences. For those familiar with the CLECS, the 2.0 part of this is because it captures all three modalities. So, the CLECS originally only kind of captured that face-to-face simulation and the in-person clinical, the 2.0 part allowed us to capture also the virtual simulation.

Here, again, you see the faculty CCEI results. And again, if you're thinking to yourself, "Why is he going through these so quickly?" It's because you can download it. Standardized examination results, and then the NCLEX results. So again, across all of our measures, and, you know, you might be thinking to yourself, "Where's the early career stuff?"

We're coming to that? So, shifts to online. So, kind of to date I focused on...or up to this point, I focused on clinical simulation. Shifts to online delivery of lecture content were even more pronounced. And I have to say, this caught me a little off guard, and I think in retrospect, it shouldn't, right? Because these kind of represented some of the lower-hanging fruit opportunities to transfer what you did in a classroom online.

But what we saw was a 60% increase in the plan use of online lecture delivery from fall 2019 to fall 2020. So what does that mean? Again, in hard numbers, right? One hundred sixty-seven programs who responded to our baseline survey in the summer of 2020 indicated that they offered no online lecture content in fall 2019.

That number fell to 21 in fall 2020. So, I don't think it's an overstatement to say this near wholesale shift to online delivery of lecture content inevitably impacted students' learning and engagement outcomes as well. What we saw time and time again is that in-person and hybrid learning consistently surpassed those instances where those folks were in online-only environments.

Similarly, students who enrolled in in-person and hybrid courses also reported significantly and consistently higher levels of engagement, vis-a-vis their peers who are in online-only environments. And, interestingly, this is one of the things that I don't want to overstate too much because our program set was very strong in terms of their performance on standardized examination scores.



And I think it also highlights how durable some of these effects are going to be as we kind of project forward a little bit. I know that that's a big part of the conversation with the workforce, also with this study. You know, when we look towards the horizon a little bit, this represents really the Vanguard, prospective student interest in nursing program. And that ultimately has an effect on the overall workforce eventually. And then, similarly, a recent AACN publication really attesting to the faculty burnout and the fact that exhaustion and stress are not limited to the frontline healthcare workforce.

So, again, really, a constellation of rigorous studies showing evidence of a kind of an industry effectively battered from all sides over the past two to three years. So, what are the key takeaways for this study? The effects of the pandemic on pre-licensure nursing education are clear.

They're widespread, they're multiple. I do think that this falls squarely into the category of duh. If you've been tracking even popular media, we recognize that the pandemic had a significant effect on education, not just nursing. So, perhaps more informative are the findings related to programs' significant reliance on virtual simulation and online lecture delivery and the deleterious effects on student outcomes long-term, durable, in multiple settings.

By contrast, I will revisit the fact that our study effectively functioned as a natural experiment that showed and confirmed that good adherence to that face-to-face, high-fidelity simulation did produce consistently strong and replicable student outcomes. But most importantly, we feel our study underscores that today's new nurses likely feel as though they are in a more precarious position than, potentially, they ever have.

So, we would argue that an urgent demand exists for practice partners to respond to the needs of these new nurse graduates to facilitate transitions to practice that really develop a sense of salience in this arguably transformed healthcare landscape. Furthermore, there really need to be efforts to address gaps that were revealed as a result of the pandemic in kind of the educational curricula.

So, for instance, particularly as it relates to disaster and public health emergency education and training. And then, finally, I don't think that this will come as any surprise. The use of educational technology to facilitate students' experiential learning really needs to be revisited. So, with that virtual clinical simulation space, there needs to be more research on this topic. There needs to be rigorous evidence-based guidelines for when to use it, what constitutes virtual simulation, and what produces consistently strong and replicable student outcomes.

So, I could go on and on about this, but obviously, we do have very important news here coming shortly. So, I am going to stop here. I'm going to open the floor to any questions that you might have. One of the things that I will hasten to mention is that you might come up with questions on your flight home, on your drive home.

You might come up with questions within 10 minutes of this session ending. We are always happy to collaborate. We want to coordinate with you. We think that there's real power in doing this all together, not just as, like, a nursing community, but also an inter-professional community. So, should you have questions following this session, it just doesn't occur to you right now, please, feel free to follow up with us. I have to say, it used to be that my door is always open. Now, I also say, "My virtual door is always open."





- But, you know, I think it is one of those things where if this was simple, right, and if it was straightforward, we wouldn't be here trying to talk about it. And I think you're spot on in your assessment that this is really going to take everybody working together in concert.

- Thank you.

- Yeah. I see number three.

- [Jessica] Good morning. Jessica Lannan, Michigan. First of all, thank you for all of the hard work you've put into this. We've been able to find the studies online, but wondering if it would be possible for us to get an electronic copy of your PowerPoints to take back to our stakeholders for both presentations.

- Yeah, absolutely. Not a problem. Either this will be made available, as I mentioned, as a resource following the close of this meeting. If not, if it's difficult to find, again, feel free to reach out to me. I have no hesitation saying this. My email is [bmartin@ncsbn.org](mailto:bmartin@ncsbn.org). Please reach out to me directly.

If you cannot find it, I will make sure that you get copies of both reports. But I will hasten to mention, they are free for download on the website. Oh, and the presentation.

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Also, for the lecture content. And the explicit reason for that was because we anticipated upfront, obviously, that this wasn't a static thing. We couldn't track it in July 2020, and then carry it forward and anticipate that we were still going to remain accurate. So, we have both point-in-time understandings, which was one of those graphs. But we also have a sense of how that kind of trended over time in terms of the proportional usage.

And that's one of the reasons why we can confidently state that these results really replicated the national simulation study, because we knew we were employing it more than the recommended 50% high fidelity. And in many of these instances, almost in all of these instances, programs were not. And for that reason, the high fidelity face-to-face, those strong and consistent student outcomes really were borne out in the data.

There were almost no significant differences between face-to-face, high-fidelity simulation and in-person clinicals. Where we did see the differences was with the virtual, given the lack of evidence-based criteria. And then, I see eight, I believe.

- [Jose] Hi, again. Jose from Florida. I truly am very impressed with the extent and scope of the study that you all did, and I'm glad that it's published already. And we are all in support as we are part of the education committee also for the Board of Nursing in Florida. But my comment is on the gap that you highlighted just now with the first speaker.

I do think that there's a lot of qualitative power skills component as what our NASA speaker from last year implicated. They're not soft skills, but power skills on how the program utilizes their staff in establishing those relationships with their students ensuring their success in the program.

And I do think that that qualitative piece truly makes a difference. We have started with the Florida Board of Nursing, and I'm going to address this also with the president's meeting this afternoon. Put it in the agenda, is that we have started the success stories.

We have invited program directors who are consistently successful having successful pass rates as the first metric with NCLEX-RN or NCLEX-PN. And they are presenting that to the board and to the public as we are giving them the opportunity to give that.

Also, we ask them to give... Another metric is their evidence-based component so that they can give us, like, what guides you in this qualitative piece so that it can support you with the success of y206i7of s)6upportETQV

- Yes.

- So, had to distill it into 20 minutes effectively. We looked at an array of issues, I think, related to your questions. So, one of the things that we looked at and we asked about

would maybe be more early indicators that you could get ahead of this and maybe start to collaborate with the program representatives to get them back in good shape before you start to feed things like a drop off in the NCLEX. So, again, I would make a plug for the annual report data.

The second piece of your question, the answer is yes, and then no. So, a very, very small proportion of



And it came from specific legislation and brought in by lobbyist coming in and saying, "Oh, the board is bad. This is bad. We have to do this." And so, I think it also goes back to what can we do from a regulatory standpoint to counter that and how do we go off of evidence versus, well, the need is here and they have the resources. So, let's just kind of put them all through.

- Well, you'll find an ally in us for evidenced-based policy. So, I do think I'm getting the hook. There is one other individual at podium six, I will follow up with you. How about that? Directly, I'll come right back. Thank you so much.