

Indicator 8 and 9: Annual Review Orientation Teleconferences

November 2019

Agenda

- Program Approval
- Pilot Overview
- Annual Program Review - Outcome Indicators
 - Indicator 7
 - Indicator 8 and 9
- Implementation January 2020
 - Resources
- Next Steps

Program Approval



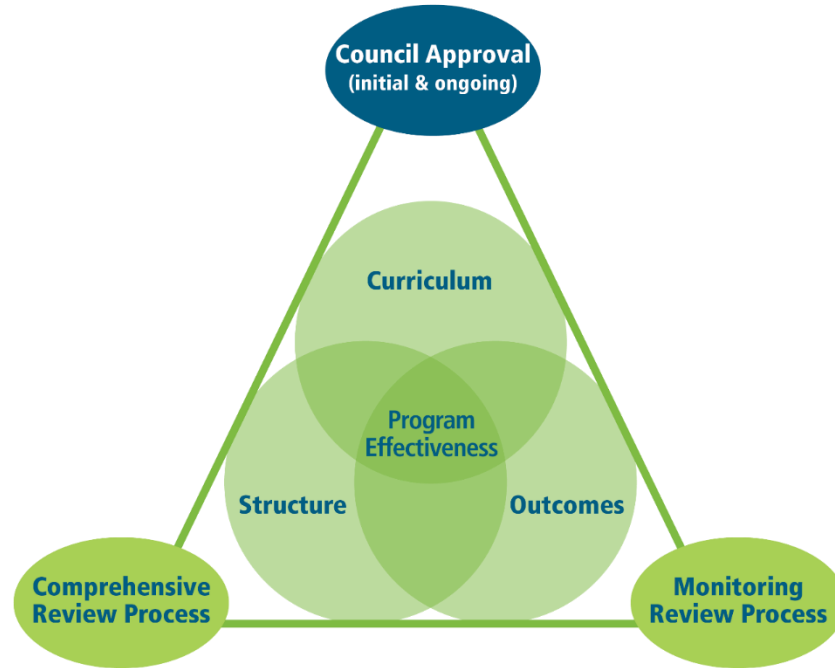
Why we do program approval?

- To meet registration regulation requirements
- To ensure graduates are prepared to practise nursing safely, competently and ethically

Program Approval Framework

Principles

- Regulatory focused
- Evidence informed
- Objective
- Transparent
- Sustainable



Three standards:

- Structure
 - Curriculum
 - Outcome
-
- 9 indicators in total

Table 1 – CNO nursing education program approval scorecard

Indicator (sub-indicator)		Weight %
Structure standard (total weight 25%)		
1	Nursing program governance	6
1a	Nursing program governance structure	2
1b	Curriculum review structure	2
1c	Annual review of program outcomes	2
2	Client and student safety	13
2a	Orientation of student and faculty to clinical setting	2
2b	Student supervision in all clinical placements	3
2c	Regular evaluation of student performance in clinical setting	3
2d	Processes are in place to manage and learn from safety incidents	5
3	Qualified faculty	6
3a	Faculty who are RN, RPN and NPs have current certificate of registration in Ontario	2
3b	Regular process to evaluate teaching	4
Sub-total — structure indicators		25%
Curriculum standard (total weight 40%)		
4	Curriculum incorporates entry-to-practice competencies and foundational practice standards*	25
5	Clinical learning opportunities support learners to attain and demonstrate acquisition of program objectives*	10
6	Processes in place to communicate expectations for the student placement to preceptor*	5
Sub-Total — Curriculum Indicators		40%
Outcome standard (total weight 35%)		
7	Registration exam scores-1st time pass rates (3-year cumulative total)	17
8	Recent graduates' ratings of their preparation to practice safely, competently, and ethically*	8
9	Preceptor ratings of student's readiness to practice	10
Sub-Total — Outcome Indicators		35%
Total of Standards 1,2,3 weight		100%

Review of Programs

- Annual monitoring review
- Comprehensive review

Annual Program Review



Outcome Indicators 7, 8 and 9



Indicator 7

You will recall the following information about how registration exam scores are assessed:

- 1st time pass rates are used to determine Program Approval (PA) scoring
- Exam scores are reviewed on an annual basis
- PA score is based on 3-years of cumulative aggregate data for each program
- Final exam score is determined as an aggregate of all program sites

- Scoring criteria:
- Met (score = 2): pass rate $\geq 80\%$;
- Partially met (score = 1): pass rate $\geq 70\%$ but $< 80\%$;
- Not met (score = 0): pass rate $< 70\%$.

Outcome Indicators 8 and 9

- **Indicator 8:** Recent graduate's assessment of how well the program prepared them to practice safely, competently and ethically based on the entry-to-practice competencies
- **Indicator 9:** Preceptor's assessment of student's readiness to practice based on the student's demonstration of the entry-to-practice competencies in their integrated practicum.

Indicator 8

Graduate's assessment of readiness to practice:

- Provides an objective measurement of aggregated graduate's assessment of their readiness to practice.
- Based on a 3-year cumulative total of aggregated scores for the graduate survey responses of a school's program(s).
- 3-year cumulative total is the value used to determine indicator 8 scoring for the purposes of PA
- Schools will receive these results on an annual basis.
- ***Score won't contribute to overall PA status until 2023.***

Indicator 9

Preceptor's assessment of graduate's readiness to practice:

- Provides an objective measurement of aggregated preceptor's assessment of student's readiness to practice.
- Based on a 3-year cumulative total of aggregated scores for the preceptor survey responses in a school's program(s).
- 3-year cumulative total is the value used to determine indicator 9 scoring for PA
- Schools will receive these results on an annual basis.
- ***Score won't contribute to PA status until 2023.***

Pilot Program Overview



February-June 2019



Pilot Purpose

The purpose of the pilot was to:

- Test the feasibility of graduate and preceptor instruments
 - Assess structure, process (focused on implementation – e.g., logistics, distribution)
 - Response rates and related structure and process issues
- Assess concurrent validity of instruments
- Assess reliability of instruments
- Review pilot data against evaluation domains

Pilot Schools

The following chart provides the list of schools and the associated programs that participated in the pilot:

Program	University/ College
BScN	University of Western Ontario
	University of Windsor
PN	Collège Boréal
	Confederation College
	Niagara College
NP	University of Windsor

Pilot Approach

Distribution Format

- Paper-based survey option was made available for preceptors at select schools
 - Preceptors received the survey in a pre-stamped self-addressed envelope to be returned to CNO
 - Everyone else received a link to an online survey platform (SurveyGizmo)

Distribution Channels

- Data collection depended on each school's existing channels
 - Each school has its own means of engaging directly with students and preceptors for final integrated practicum evaluations
 - Where applicable, we recommended the use of HSPnet to house the link and communicate with preceptors
- We proposed sending the tool to *all* students and preceptors as opposed to using a convenience sample

Addressing Low Response Rates

- Clear, transparent, and consistent communication was critical to success
- Reminders were sent out electronically and followed-up via direct contact where appropriate

High Level Pilot Results Summary:

Demographics:

- Age distribution for students: 20-25 years for BScN; PN and NP students, more age variation as expected
- Preceptor age distribution reflective of practice settings, wide distribution
- Acute, LTC and clinic settings represented
- Preceptors were same category as student
- Fewer males overall, both student and preceptor, highest male student population (25%) for NP category

Responses: more preceptors responded than students for one baccalaureate category (>50%); response rate varied for students (15-50 %) but limited window to respond for some students in pilot

Hard copy preceptor surveys: approx. 50% response rate but some items were not completed therefore survey data could not be used (risk for using hard copy format)

Evaluation Framework for Pilot Program

Interviews/Focus Groups

- Pilot schools
- Placement organizations
- Select graduates/
preceptors
- CNO

Data Analysis

- Analysis of responses
- Specific evaluation
questions
- Comparative analysis (e.g.
paper vs. electronic)



Evaluation Domains

- Structure/ Process
- Outcome
- Instrument Validity/
Reliability

Evaluation: Survey Feedback from Pilot Program

Overall feedback

Majority of participants did not provide any feedback

A good proportion of the feedback was positive

Technical issues

Two respondents faced technical difficulties in completing the survey – but both were able to complete the survey

Neutral option

A neutral or “n/a” category was requested in several comments

Of interest is when the role of the nurse in a non-hospital setting does not lend itself well to some of the criteria (e.g. nurses in a public health setting)

Feedback on survey questions

Several comments were focused on changing the questions themselves

“Ask more questions about the school program strengths instead of focusing solely on placements”

“More focus on current wound care practice as well as pain management”

General comments on programs/ nursing practice

Most comments focused on issues not pertaining to the survey, but to the practice in general

“The college I attended needs a better system to establish preceptors.”

“Students should be in a clinical setting earlier.”

Evaluation: Overarching Threads

Ease and Timely completion

- No issues with either surveys

Importance of Communication and Consistent Channels

- To health care organizations by schools
- To preceptors
- To health care organizations by CNO – use existing committee structures
- Placement coordinator should be aware of process to answer questions from their staff

Paper-based v/s Electronic Format

- School-specific however standardization for HCOs is ideal (some take students from 20-30 schools)

School vs. Third-Party sender

- Preceptors preferred third-party, CNO sends survey link; HCO preferred school sends survey link

Standalone vs. integrated data collection

- Inconsistent insights if these surveys should be part of existing course evaluation tools



Scoring and Implementation of Indicators 8 and 9



Survey Questions – Baccalaureate/PN Survey

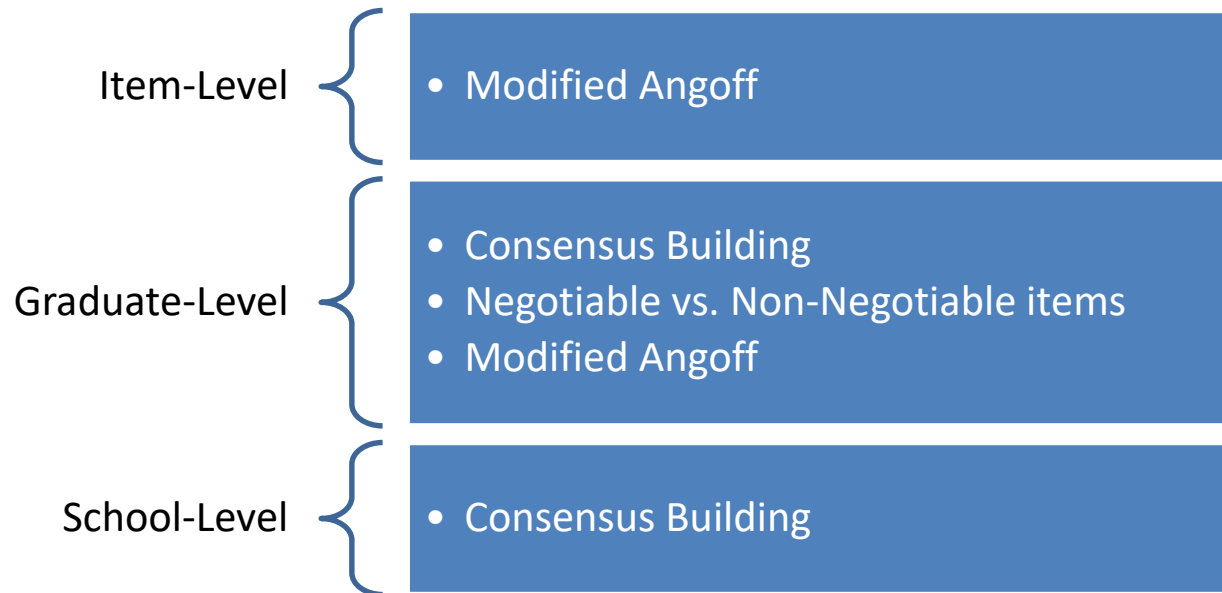
- Graduates will be asked to assess their confidence with competencies related to safety and ethics.
- Examples of survey questions:
 - Communicating with the health care team when client care is being compromised.
 - Protecting clients' rights by respecting their confidentiality and privacy.
 - Reporting near misses and errors*
 - Promoting my role as a self-regulated health professional in relation to public protection*

Survey Questions – NP

- Graduates will be asked to assess their confidence with competencies related to safety and ethics.
- Examples of survey questions:
 - Analyzing multiple sources of data including diagnostic and screening tests results, health history, and physical examination to confirm a likely diagnosis
 - Communicating a diagnosis to client including future implications and prognosis
 - Reporting near misses and errors*
 - Promoting my role as a self-regulated health professional in relation to public protection*

Cut Score Model Methodology

- Consultation workshop conducted with SME representatives, employers, pilot schools, CNO and invited regulators
- The methodology to determine the cut-score utilized standard setting procedures normally used in high stakes testing
- There were several stages to this process as outlined below, as the process moves from item to graduate to school or program levels



Cut-Score Model

- Each student is rated on a scale of 1 to 4 in their indicator tool on a number of items (e.g. 16 competencies for Indicator 8 – BScN/Practical Nursing Graduate)
- Depending on the rating and whether the item is negotiable, this corresponds to an item score for each item based on the following rubric

		Rating on the Indicator Tool			
		1	2	3	4
Summated Rating	Non-Negotiable	0	0	1	1
	Negotiable	0	0.75	0.75	0.75

For example, if a student received a rating of a 3 or 4 on a non-negotiable item, they receive a score of 1 for that item

- The student's item scores are added together, and the total number for the survey is divided by the maximum score possible for that tool to obtain a final percentage score for that student

Cut-Score (cont'd)

- Once all student percentages are obtained, the total score is divided by number of students who completed the survey to obtain an average program score.
- The program score is assessed against the corresponding cut-score table to arrive at their final score for the indicator

	BScN and PN	NP
To obtain a score of...	The average of scores needs to be...	The average of scores needs to be...
2	74% or more on all items	89% or more on all items
1	63 – 73% on all items	78 – 88% on all items
0	<63% on all items	<78% on all items

Negotiable Questions

- When faced with a moral or ethical dilemma in client care, accurately assessing what is going on in a given client/family situation, reflecting on the situation to gain perspective, and using available evidence to determine the best solution for client needs
- Promoting my role as a self-regulated health professional in relation to public protection

Program Approval School Score Example (XYZ College)

	Item	XYZ College
Indicator 8	N	90
	Average Score	86%
	CNO Score	2
Indicator 9	N	133
	Average Score	94%
	CNO Score	2

CNO Score	Average Score Required
2	74%
1	63 – 73% on all items
0	<63% on all items



Program Approval School Score Example (ABC University)

	Item	ABC University
Indicator 8	N	10
	Average Score	79%
	CNO Score	1
Indicator 9	N	1
	Average Score	65%
	CNO Score	0

CNO Score	Average Score Required
2	89% or more on all items
1	78 – 88% on all items
0	<78% on all items



Collection of Indicator 8 Data

- Graduate applies to CNO through portal and submits payment
- Receives email with invitation link to complete the survey within 24 hours
 - Voluntary and anonymous
 - Education team determines the score – we do not get actual (raw) data; only aggregate data provided by program from CNO's Analytics & Research team.
 - Link is tied to program code
 - Doesn't need to be completed in one sitting
 - Must answer all questions, will be prompted to complete unanswered questions
 - Only one submission/link
 - Reminder sent out 1 week after initial email – will be auto-generated by survey platform

Collection of Indicator 9 Data

- Email and survey link sent to schools by CNO Education Program Associate.
- Schools will distribute link and explanatory information to preceptors using their existing processes.
- Survey needs to be completed within one sitting.
- Must answer all questions, will be prompted to complete unanswered questions.
- Multiple submissions are possible, however highly unlikely given preceptor workload/time.
- Schools will be asked to send out reminder 1 week after initial email, CNO will provide the draft email reminder to be sent.
- Submitted surveys come directly to CNO.

Data Privacy and Security

- Survey data will be collected by CNO using the Survey Gizmo platform.
- Students and preceptors will be provided with a link to view CNO privacy policy.
- CNO's Analytics & Research team will be privy to raw data. Education team will only receive aggregate data.
- Student program will be matched to their graduate CNO application via applicant portal using their school's exam code.
- *Preceptors will be required to identify the school, program and site using a drop-down menu on the survey.

*Schools will need to help preceptors accurately identify the student's school, program and site



Resources for Schools

- Copy of surveys.
- Email for distribution of survey link to preceptors and fact sheet to explain purpose of this data collection.
- Email survey reminder at one week before term end.
- Indicator 8 and 9 information for schools to use in their student/preceptor orientation, handbooks, etc.
- Website information for members and stakeholders to view information about CNO's nursing program approval.

Next Steps

- CNO will send resources for schools to include in their pre-grad or consolidation course information.
- Schools to distribute preceptor surveys a month prior to consolidation term ending.
- School to send a reminder email to preceptors a week before end of term. CNO will send a reminder to the school as well.

Questions



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