

# **Preparing for a Site Visit: Putting Your Best Foot Forward**

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# Outline

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- The ABC's of Preparation
- The Self-study
- Setting up the visit
- The Visit
- Debriefing

# Remembering

- Researchers have discovered that chocolate produces some of the same reactions in the brain as marijuana...the researchers also discovered other similarities between the two, they just can't remember what they are.
- Matt Lauer on NBC's today show.

# A=administrative Policies



- Check catalogues, handbooks, syllabus
- Are the policies congruent?
- Do you have all you need? Do they work?
  - Admission, progression, advanced placement, transfer, financial aid, grievance, rights and responsibilities
  - Clinical policy, attendance, drug testing, HIV, health and safety, grading

# Policies

- Policies for student input (R4-19-201G)
- Policies to ensure both faculty and students are mentally and physically safe to provide client care (R4-19-203 (C)(6))
  - Drug screen—for cause
  - Physical ability—for cause?
  - Criminal background—upon hire

# Clinical Contracts

- Expiration date
- Allow faculty freedom to select learning experiences
- Do not allow for contract to be terminated during a clinical session

# B=Basis of Program



- Mission, Goals and Philosophy of Parent Institution
- Mission, Goals and Philosophy of Program
- Are they congruent?
- Do faculty have “buy in”?

# Congruence

- The university prepares graduates for lifelong learning...
- The university encourages cultural diversity and respect for all cultures
- The College of Nursing faculty view learning as a lifelong process...
- The College of Nursing prepares graduates to deliver culturally competent, client centered, care.

# Incongruence

- The University prepares graduates for lifelong learning...
- The University encourages cultural diversity and respect...
- The nursing program prepares graduates to pass the NCLEX exam
- The nursing program prepares graduates to function within the community...

# C=Curriculum



- Congruence between
  - conceptual model,
  - framework,
  - goals,
  - objectives,
  - unit/class objectives
  - Topical outline
  - Tests/assignments
  - Program evaluation

# Except for Curriculum...

- Outside of killings, our city has one of the lowest crime rates in the country.
  - Mayor of a major U.S. city.

# Curriculum worksheet

Program outcomes	Level I outcomes	Level II outcomes	Level III outcomes
The graduate will work with the patient and health team members to establish priorities and manage care to achieve desired patient outcomes	The student will formulate and implement a plan of care for an individual client in stable condition.	The student will formulate and implement a plan of care for an acutely ill client.	The student will collaborate with other health care providers revise plans of care for clients across the lifespan to meet desired patient outcomes and delegate selected aspects of care to unlicensed personnel.

# Course Worksheet

<p><b>Course Outcome</b></p> <p>The student will formulate and implement a plan of care for an individual client in stable condition</p>	<p><b>Lesson Objectives</b></p> <p>The student will explicate the components of the nursing process.</p> <p>The student will utilize the nursing process in caring for a single stable client</p>	<p><b>Content</b></p> <p>I. Components of the Nursing process</p> <p>A. Assessment</p> <p>B. Physical assessment</p> <p>C. Nursing Assessment</p> <p>D. Analysis .....etc</p>	<p><b>Activities</b></p> <p>Group care plan</p> <p>Care plan assignment</p> <p>Demonstration of physical and nursing assessment</p> <p>Return demo—check-off</p>
	<p>The student will apply the nursing process in caring for a patient with respiratory disorders.</p> <p>Compare and contrast nursing interventions for clients with common respiratory diagnoses.</p>	<p>Assessment of the patient with common respiratory disorders</p> <p>Physical findings; lab tests</p> <p>Functional abilities</p> <p>Care of the patient with common respiratory disorders: pneumonia, COPD, asthma, emphysema</p>	<p>Incentive spirometer demo</p> <p>Suctioning</p> <p>Trach care</p> <p>Oxygen administration</p> <p>Cough and deep breathe</p>

# Advanced Level



- Map Curriculum to Licensing Exam Test Plan
- How do Pre-requisites contribute to achievement of goals?

# Faculty Buy-in--Curriculum



- Do the faculty truly understand the mission/goals and philosophy of the program?
- Is the curriculum supported by evidence?
- Are they willing to put effort into ensuring the outcomes? How much effort?
- Do they have outcomes for each class session and follow them?
- Plan the teaching and teach to the plan!

# D=Discuss and Document



- All work needs to be documented in committee and faculty minutes.
- Should be able to see implementation of evaluation plan in faculty minutes
- Change syllabus, catalogues etc.

# E=Evaluation Plan

- Most overlooked and most cited concern of NLNAC/CCNE
- Must be an active document
- Must contain all elements needed for each body having oversight of the program
- Must document both criteria and results and trend over time
- Criteria must be measurable and valid

# Measurable Criteria

- Non-measurable/non-criteria
  - The curriculum will be mapped to NCLEX
  - The faculty will agree that they are qualified to teach
  - Students will evaluate resources
- Measurable
  - 100% of the faculty agree that the curriculum reflects the NCLEX test plan based upon gap analysis of NCLEX mapping
  - 100% of didactic faculty are prepared with a minimum of a master's degree in nursing
  - Students will rate clinical and classroom/lab resources at 3.5 or above upon survey

# Methods—must be valid

- Invalid methods

- Evaluate faculty effectiveness by review of faculty credentials
- Evaluate student services by review of services

- Valid methods

- Evaluate faculty effectiveness by student HESI scores, evaluations, and peer classroom observation
- Evaluate student services by survey of students and usage statistics

# Frequency

- Need to decide how frequent—can range from each semester to every 5 years
- Evaluation of mission and goals can be every 5 years
- Evaluation of NCLEX results—should be twice a year
- New programs need to evaluate more often

# Assignment of responsibility

Should assign to the most logical person/people for the criteria

Usually faculty or the program director

# Result

- All programs except those applying for provisional approval need to report the results of the evaluation in the document
- Results should be dated and trended

# Action Plan

- How does the result direct further efforts of the program
- If you reach all your benchmarks, are they set too low?

# Areas to be evaluated

- The AZBN requires the following areas be evaluated
  - Administration and Organization
  - Mission and Goals
  - Curriculum
  - Educational facilities, resources and services
  - Clinical resources
  - Student achievement of educational outcomes
  - Graduate performance on licensing exam
  - Faculty performance
  - Protection of patient safety

# Example

Element	Criteria	Method	Responsible party	Frequency	Result
Licensing exam scores	Graduates will achieve a 90% or higher first time NCLEX pass rate	Review of quarterly reports; review of NLCEX program reports	Program Director	Annually	72% of graduates passed on the first time in 2001— Goal not met

# Elements of the Evaluation Plan

- Element Evaluated
  - Administration and organization
- Criteria or standard to be achieved
- Who will be responsible
- How often
- Methodology
- Results, goal met/not met and rationale
- Action plan

# F=Functional relationships



- Dysfunction Between Faculty and Administrator
- Dysfunction among faculty
  - Prima Donna
  - Meek and weak
  - Cliques
  - Are we one program or am I a solo performer?

# Another mayor checks in

- The streets are safe in our city. It's only the people who make them unsafe.
- Mayor of a major U.S. city

**When the parents do not respect each other, the kids suffer.**

When the faculty do not respect each other, the students suffer.

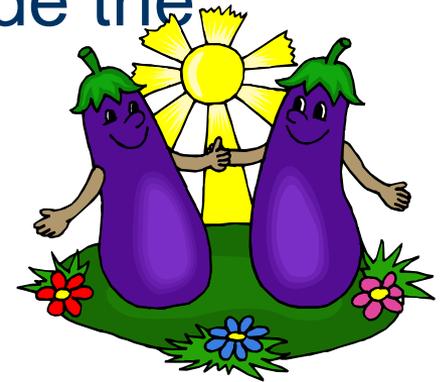
Randolph, 2002

# Pathway to mutual respect--Faculty

- Refuse to hear complaints of other faculty/courses—refer to program director
- Offer resources to new faculty
- Review course materials constructively
- Recognize strengths
- Discuss issues in professional, collegial manner
- Agree to disagree on small matters

# Administrator/Faculty Relations

- Recognize limitations placed on Administrator and what role entails.
- Make reasonable requests.
- Know faculty, culture and program before proposing change.
- Find role model and support outside the department.



# G=Get/Consider outside consultant

- Can walk you through process
- Look over self-study
- Identify strengths and weaknesses
- Mock visit



# H=Have faculty policies

- AZBN rules require faculty policies to ensure faculty members are physically and mentally able to provide safe patient care
- At best, the policies for students should also apply to faculty
  - “for cause” drug screen
  - Background checks for new faculty
  - Functional abilities--health

# Writing the Report

- Goal
- Components
- Essentials
- Nice to have



# Goal of Report

- Gives an accurate and honest picture of your program
- Understandable to readers
- Serves as basis of visit
- Addresses all criteria in a thorough manner—no gaps, avoids excess detail

## And finally...

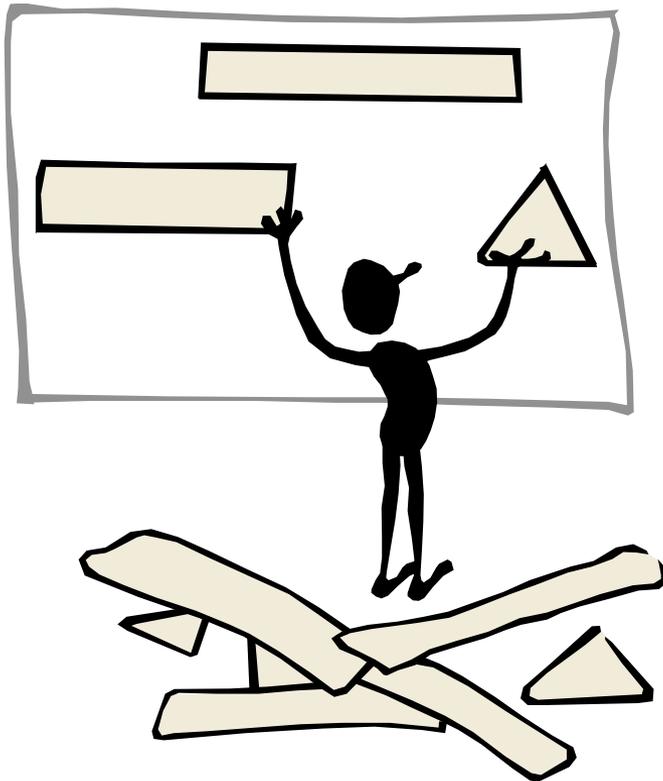
- I haven't committed a crime. What I did was fail to comply with the law.
- Another mayor of a major U.S. city.

# Pitfalls

- Addressing issues you want to address rather than the criteria
- Over intellectualization
- Over simplification
- Over generalization without evidence
- Confusing and conflicting information



# Components



- Need to follow guidelines and answer the questions
- Pithy, articulate and concise is better than long and ponderous
- Do as many comparison charts as you can to show relationships

# Approach

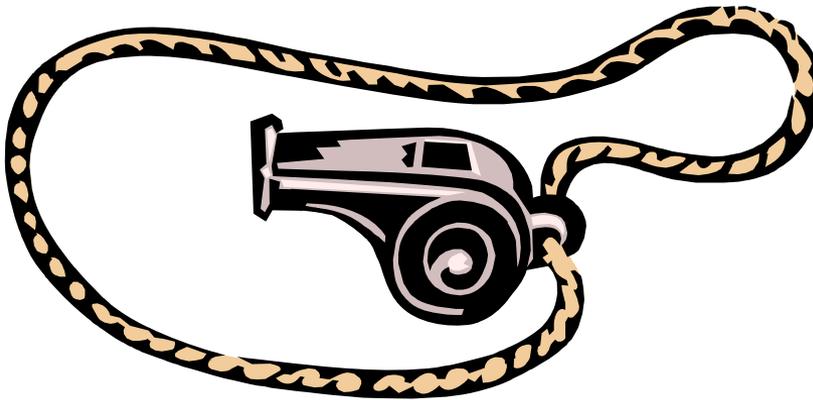


- Assign sections based on strengths
- One editor
- Decide on style—active verbs
- Consistent between sections
- Get samples
- Multiple proof readers

# Essentials

- All categories
- Appendix must contain evidence
- Faculty degrees, license numbers, nursing experience
- If an MS, was the major in nursing
- Evaluation needs to be a focus of report
- Honesty—no glossing or minimizing

# Nice to have—Bells and Whistles



- Appendix tabbed and labeled as to content
- Other data: Faculty salary charts, load configuration, how contact hours compare to other departments; how budget compares to other departments
- Color, pictures, extra charts, maps

# Before Printing

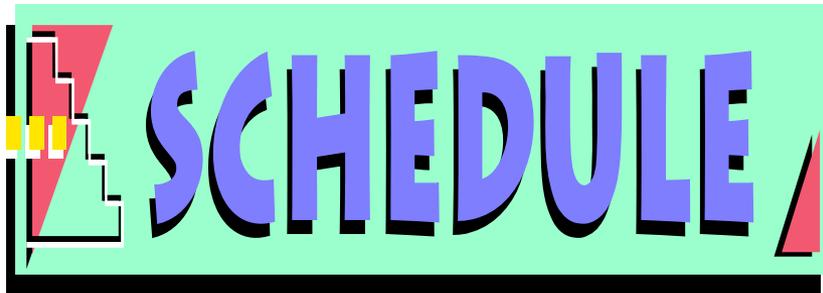
- Share with parent institution/administration
- Proof, proof, proof
- Choose color, binding—School colors work well
- Print adequate copies, keep a camera-ready loose copy
- Compile electronic copy

# Site visit-the pieces come together

- Preparation
- The Visit
- Debriefing



# Preparing the schedule



- Start with a campus tour
- Orientation to exhibit room
- Allow sufficient time for interviews
- Allow time for document review
- Allow time to write report

# Preparing the Exhibit Room



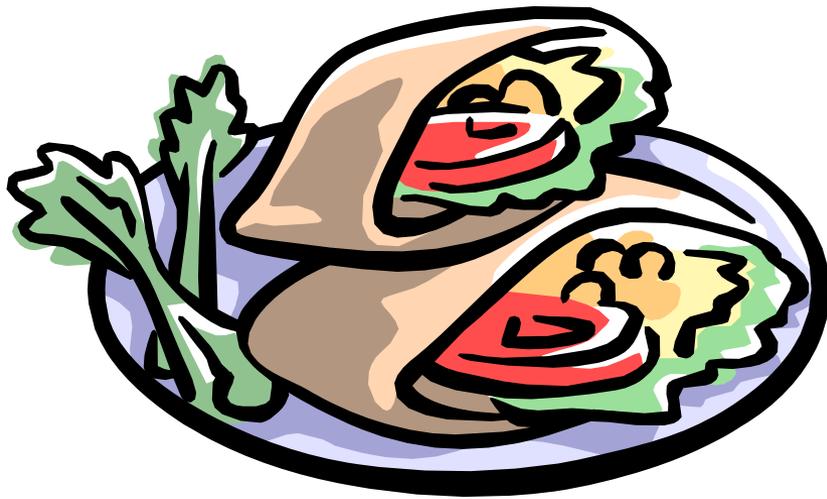
- Essentials—syllabus, faculty profiles, minutes, evaluations, catalogues, policies
- Nice to have—tests, examples of student work, student posters that exhibit strands of the curriculum

# Exhibit room comforts



- Computer—essential for some agencies
- Writing pads/pens
- Water, coffee, snacks
- Adequate lighting
- Security for purses
- Room to work
- Orient to bathroom

# Meals



- Arrange for meals to be brought in—can charge visitors (most can be reimbursed)
- Have choice of options—vegetarian, low fat etc
- Do not expect visitors to eat and interview at the same time

# Anticipate Questions—mock interviews



- Anticipate questions
- Conduct mock interviews or brief faculty, students, and administration
- Encourage participants to think of answers that best portray the truth of the program

**Question: If you could live forever, would you and why?**

Answer: I would not live forever, because we should not live forever, because if we were supposed to live forever, then we would live forever, but we cannot live forever, which is why I would not live forever.

Miss Alabama in the 1994 Miss Universe Contest

# Hotel



- Arrange close to program
- Inform visitors about amenities—brochure
- Arrange transportation from airport

# The Visit



- Site visitor role
- Tips for a smooth visit
- Classroom and clinical visits
- Interview tips
- Oral report
- Gifts
- Written report

# First Impressions



- Sign indicating the department is nursing
- Clean entrance
- Looks busy and efficient
- Washrooms—post health messages
- Display history

# Site visitor role



- Amplify, verify, and clarify contents of self-study
- Promote program with administration and other departments
- Educate participants on the process and value of accreditation/approval

# Joint State Board Visits

- Saves the program time and expense
- Board consultant joins the team
- Results usually consistent; board can ensure follow-up of potential deficiencies
- Separate reports and reporting bodies

# Visit Tips



- Arrive early
- Check preparations/comfort
- Greet and orient visitors
- Have contact faculty and secretary that checks exhibit room frequently
- Keep to schedule

# Interview tips



- Honesty but do not have to share everything
- Exhibit respect/collegiality
- Avoid criticizing students, others
- Anticipate questions
- Friendly demeanor
- Know self study and criteria—do not address other issues that are best solved internally
- Know what faculty and students will say

# And most important.....

- Know that anything you say can be used in the report!!!

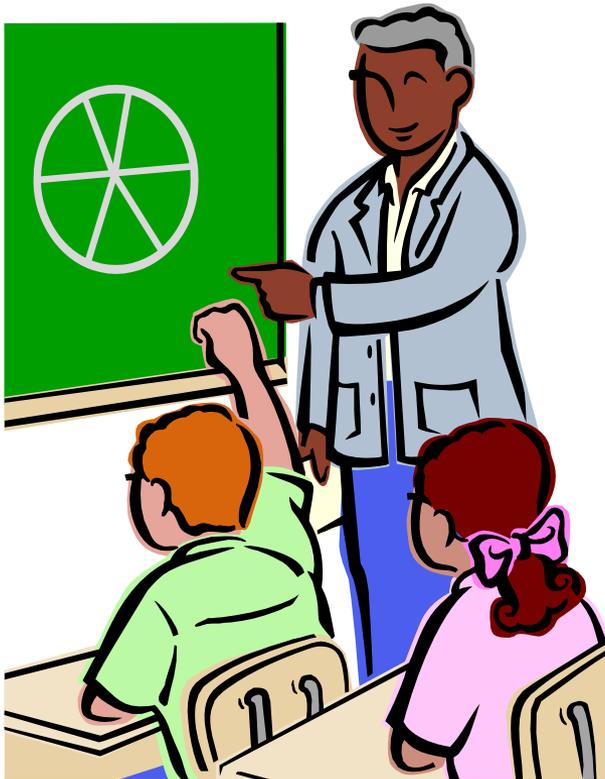


# Clinical Agency Visit



- Showcase your most creative and innovative clinical experience
- Schedule visitors to areas of clinical expertise
- Should be a regular faculty member--seasoned
- If possible arrange for student project—health fair etc
- Visitors want to see how faculty interact with students in clinical

# Classroom visit



- Most entertaining lecturer
- Use a variety of methods
- Class activities should be related to philosophy
- Avoid guest lectures, non-nursing classes
- Ensure that faculty is competent in area
- Avoid student reports

# Document Review



- Have documents organized in notebooks and clearly labeled
- Ensure that faculty minutes reflect evaluation plan
- Do not overwhelm or overstuff notebooks and files

# Oral Report



- Invite interviewees
- Pre-report to director
- Take notes
- Listen and do not take concerns personally
- Written report will follow
- Try not to just focus on end result

# 5 Top Program Rule Violations

- Failure to implement evaluation plan (R4-19-201(I))
- Failure to have objectives/content outline for each class session (R4-19-206 (B))
- Failure to have faculty policies that address the physical/mental ability of faculty to provide safe client care (R4-19-203 (C)(6))

## 5 Top Program Rule Violations-- continued

- Failure to evaluate faculty at all (clinical adjunct) and/or failure to evaluate faculty in the area of nursing knowledge and skills (R4-19-203(C)(5))
- Failure to center administrative control of the program in the nursing administrator (R4-19-201 (D))

# Gifts



- Not necessary.
- Should be of nominal/sentimental value.
- Mugs with school logo, small snack basket in hotel (remember site visitors have to travel on a plane), pens with school logo etc.

# Written report



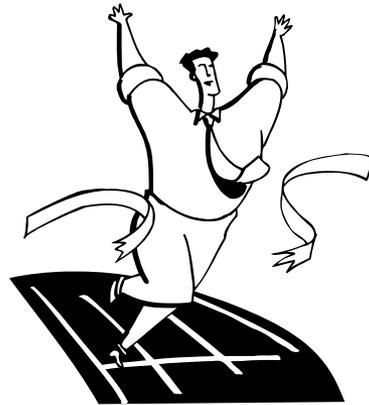
- Are there errors of fact?
- Do deficiencies/patterns of concern relate to standards or have visitors imposed own values?
- Accept or challenge?

# Debriefing



- No matter what result all involved need recognition and thanks
- Need to take a “breather”—have a party
- Plan for working on concerns if any

# The end



# Post Script

Whenever I watch TV and see those poor starving kids all over the world, I can't help but cry. I mean I'd love to be skinny like that but not with all those flies and death and stuff.

Mariah Carey.