

**VIRGINIA BOARD OF NURSING
REGULATORY REVIEW COMMITTEE MEETING
Tuesday, January 23, 2024**

Department of Health Professions – Perimeter Center
9960 Mayland Drive, Conference Center 201 – **Board Room 4**
Henrico, Virginia 23233

***DHP Mission** – the mission of the Department of Health Professions is to ensure safe and competent patient care by licensing health professionals, enforcing standards of practice, and providing information to health care practitioners and the public.*

**COMMITTEE
MEMBERS:**

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Cynthia Rubenstein, PhD, Virginia Association of Colleges of Nursing (VACN)
Art Wells, State Council of Higher Education for Virginia (SCHEV)
J. Anthony Williams, Ed.D., Virginia Department of Education (VDOE)

STAFF:

Jay Douglas, RN, MSM, CSAC, FRE, Executive Director
Jacquelyn Wilmoth, RN, MSN, Deputy Executive Director
Randall Mangrum, DNP, RN, Nursing Education Program Manager
Erin Barrett, Director of Legislative and Regulatory Affairs, DHP

3:00 pm	Welcome and Introductions (Ms. Swineford)
3:05 pm	Review of Committee Charge (Ms. Barrett)
3: 10 pm	Public Comment
3: 20 pm	Review of Draft Regulations
4:55 pm	Next Steps
5:00 pm	Summary and Adjourn

Project 7651 - None

Board of Nursing

Chapter 27 Amendments Resulting from Periodic Review 2023

18VAC90-27-10. Definitions.

In addition to words and terms defined in § 54.1-3000 of the Code of Virginia, the following words and terms when used in this chapter shall have the following meanings unless the context clearly indicates otherwise:

~~"Accreditation" means having been accredited by an agency recognized by the U.S. Department of Education to include the Accreditation Commission for Education in Nursing, the Commission on Collegiate Nursing Education, the Commission for Nursing Education Accreditation, or a national nursing accrediting organization recognized by the board.~~

"Advisory committee" means a group of persons from a nursing education program and the health care community who meets regularly to advise the nursing education program on the quality of its graduates and the needs of the community.

"Approval" means the process by which the board or a governmental agency in another state or foreign country evaluates and grants official recognition to nursing education programs that meet established standards not inconsistent with Virginia law.

"Associate degree nursing program" means a nursing education program preparing for registered nurse licensure, offered by a Virginia college or other institution and designed to lead to an associate degree in nursing, provided that the institution is authorized to confer such degree by SCHEV.

"Baccalaureate degree nursing program" or "prelicensure graduate degree program" means a nursing education program preparing for registered nurse licensure, offered by a Virginia college

or university and designed to lead to a baccalaureate or a graduate degree with a major in nursing, provided that the institution is authorized to confer such degree by SCHEV.

"Board" means the Board of Nursing.

"Clinical experience" means a faculty planned, ~~and~~ guided ~~and supervised~~ learning activity designed to meet course outcomes and to provide students with the opportunity to practice cognitive, psychomotor, and affective skills in the delivery of nursing care.

"Clinical faculty" means faculty that instructs students in the direct client care environment.

"Clinical setting" means any location in which the clinical practice of nursing occurs as specified in an agreement between the cooperating agency and the school of nursing.

"Community health clinical experience" means a supervised clinical experience that occurs in the community, ~~with a geographically defined population, outside of the educational setting,~~ and may be inside or outside of a healthcare facility.

"Conditional approval" means a time-limited status that results when an approved nursing education program has failed to maintain requirements as set forth in this chapter.

"Controlling institution" means the institution that has authority over and administrative accountability for a nursing program.

"Cooperating agency" means an agency or institution that enters into a written agreement to provide clinical or observational experiences for a nursing education program.

"Diploma nursing program" means a nursing education program preparing for registered nurse licensure, offered by a hospital and designed to lead to a diploma in nursing, provided the hospital is licensed in this state.

"Direct client care" means nursing care provided ~~to patients or clients~~ in a clinical setting supervised by qualified faculty or a designated preceptor.

"Full approval" means the status granted to a nursing education program when compliance with regulations pertaining to nursing education programs has been verified.

"High fidelity simulation" means an evidence-based teaching methodology, to include standardized patient, mannequin, or virtual reality, ~~which provides a clinically realistic activity with utilizes an activity that is extremely realistic and provides~~ a high level of interactivity promoting the use of clinical judgment and realism for the learner and in which students are required to learn and use critical thinking and decision-making skills.

"Initial approval" means the status granted to a nursing education program that allows the admission of students.

"National certifying organization" means an organization that has as one of its purposes the certification of a specialty in nursing based on an examination attesting to the knowledge of the nurse for practice in the specialty area.

"NCLEX" means the National Council Licensure Examination.

"NCSBN" means the National Council of State Boards of Nursing.

"Nursing accreditation" means having been accredited by an agency recognized by the U.S. Department of Education to include the Accreditation Commission for Education in Nursing, the Commission on Collegiate Nursing Education, the Commission for Nursing Education Accreditation, or a national nursing accrediting organization recognized by the board.

"Nursing education program" means an entity offering a basic course of study preparing persons for licensure as registered nurses or as licensed practical nurses. A basic course of study shall include all courses required for the degree, diploma, or certificate.

"Nursing faculty" means registered nurses who teach the practice of nursing in nursing education programs.

"Nursing student" means an individual enrolled in a board approved nursing education program.

"Practical nursing program" means a nursing education program preparing for practical nurse licensure that leads to a diploma or certificate in practical nursing, provided the school is authorized by the Virginia Department of Education, SCHEV, or by an accrediting agency recognized by the U.S. Department of Education.

"Preceptor" means a licensed nurse who ~~is employed in the clinical setting,~~ serves as a resource person and role model, and is present with the nursing student in ~~that~~ the clinical setting, providing clinical supervision.

"Preceptorship" means a clinical experience in which a nursing student has direct supervision by a preceptor.

"Program director" means a registered nurse who holds a current, unrestricted license in Virginia or a multistate licensure privilege and who has been designated ~~by the controlling authority~~ to administer the nursing education program.

"Recommendation" means a guide to actions that will assist an institution to improve and develop its nursing education program.

"Requirement" means a mandatory condition that a nursing education program must meet to be approved or maintain approval.

"SCHEV" means the State Council of Higher Education for Virginia.

~~"Simulation" means an evidence-based teaching methodology utilizing an activity in which students are immersed into a realistic clinical environment or situation and in which students are required to learn and use critical thinking and decision-making skills.~~

"Site visit" means a focused onsite review of the nursing program by board staff, usually completed within one day for the purpose of evaluating program components such as the physical location (skills lab, classrooms, learning resources) for obtaining initial program approval, in response to a complaint, compliance with NCLEX plan of correction, change of location, or verification of noncompliance with this chapter.

"Survey visit" means a comprehensive onsite review of the nursing program by board staff, usually completed within two days (depending on the number of programs or campuses being reviewed) for the purpose of obtaining and maintaining full program approval. The survey visit includes the program's completion of a self-evaluation report prior to the visit, as well as a board staff review of all program resources, including skills lab, classrooms, learning resources, and clinical facilities, and other components to ensure compliance with this chapter. Meetings with faculty, administration, students, and clinical facility staff will occur.

"~~Systemic~~ Systematic plan of evaluation" means a written plan developed by faculty to provide a comprehensive evaluation of all aspects of the program.

18VAC90-27-30. Application for initial approval.

An institution wishing to establish a nursing education program shall:

1. Provide documentation of attendance by the program director at a board orientation on establishment of a nursing education program not more than one year prior to submission of ~~an~~any application and fee.
2. Submit to the board an application to establish a nursing education program along with a nonrefundable application fee as prescribed in 18VAC90-27-20.
 - a. The application shall be effective for 12 months from the date the application ~~was~~ and fee are received by the board.

- b. If the program does not meet the board's requirements for approval within 12 months, the ~~institution shall file a new application and fee~~ application will expire.
3. Submit the following information on the organization and operation of a nursing education program:
- a. ~~A copy of a business license and zoning permit to operate a school in a Virginia location, a certificate of operation from the State Corporation Commission, evidence of approval from the Virginia Department of Education or SCHEV, and documentation of accreditation, if applicable;~~
 - b. ~~The organizational structure of the institution and its relationship to the nursing education program therein;~~
 - c. ~~The type of nursing program, as defined in 18VAC90-27-10;~~
 - d. b. An enrollment plan specifying the beginning dates and number of students for each class for a two-year period from the date of initial approval including (i) the planned number of students in the first class and in all subsequent classes and (ii) the planned frequency of admissions. Any increase in admissions that is not stated in the enrollment plan must be approved by the board. Also, transfer students are not authorized until full approval has been granted to the nursing education program; and
 - e. c. A tentative time schedule for planning and initiating the program through graduation of the first class and the program's receipt of results of the NCLEX examination.
4. ~~Submit to the board evidence documenting adequate resources for the projected number of students and the ability to provide a program that can meet the requirements of this part to include the following information:~~

- ~~a. The results of a community assessment or market analysis that demonstrates the need for the nursing education program in the geographic area for the proposed school. The assessment or analysis shall include employment opportunities of nurses in the community, the number of clinical facilities or employers available for the size of the community to support the number of graduates, and the number and types of other nursing education programs in the area;~~
- ~~b. A projection of the availability of qualified faculty sufficient to provide classroom instruction and clinical supervision for the number of students specified by the program;~~
- ~~c. Budgeted faculty positions sufficient in number to provide classroom instruction and clinical supervision;~~
- d. Availability of clinical training facilities for the program as evidenced by ~~copies of contracts or letters of agreement~~ clinical affiliation agreements specifying the responsibilities of the respective parties and indicating sufficient availability of clinical experiences for the number of students in the program, the number of students, and clinical hours permitted at each clinical site and on each nursing unit; and
- ~~e. Documentation that at least 80% of all clinical experiences are to be conducted in Virginia, unless an exception is granted by the board. There shall be documentation of written approval for any clinical experience conducted outside of Virginia by the agency that has authority to approve clinical placement of students in that state. The use of any clinical site in Virginia located 50 miles or more from the school shall require board approval;~~
- ~~f. A diagram or blueprint showing the availability of academic facilities for the program, including classrooms, skills laboratory, and learning resource center. This information~~

~~shall include the number of restrooms for the student and faculty population, classroom and skills laboratory space large enough to accommodate the number of the student body, and sufficient faculty office space; and~~

~~g. e.~~ Evidence of financial resources for the planning, implementation, and continuation of the nursing program with line-item budget projections for the first ~~three~~ two years of operations beginning with the admission of students.

5. Respond to the board's request for additional information ~~within a timeframe established by the board.~~

6. Comply with all provisions of 18VAC90-27-40 through 18VAC90-27-110.

18VAC90-27-40. Organization and administration.

A. The governing ~~or parent~~ institution and the offering Virginia nursing education programs shall be approved by the Virginia Department of Education or SCHEV or and accredited by an accrediting agency recognized by the U.S. Department of Education.

B. Any agency or institution used for clinical experience by a nursing education program shall be in good standing with its licensing body.

~~C. The program director of the nursing education program shall:~~

~~1. Hold a current license or multistate licensure privilege to practice as a registered nurse in the Commonwealth without any disciplinary action that currently restricts practice;~~

~~2. Have additional education and experience necessary to administer, plan, implement, and evaluate the nursing education program;~~

~~3. Ensure that faculty are qualified by education and experience to teach in the program or to supervise the clinical practice of students in the program;~~

~~4. Maintain a current faculty roster, a current clinical agency form, and current clinical contracts available for board review and subject to an audit; and~~

~~5. Only serve as program director at one location or campus.~~

~~D. The program shall provide evidence that the director has authority to:~~

~~1. Implement the program and curriculum;~~

~~2. Oversee the admission, academic progression, and graduation of students;~~

~~3. Hire and evaluate faculty; and~~

~~4. Recommend and administer the program budget, consistent with established policies of the controlling agency.~~

C. ~~The program shall~~ Submit the following information on the ~~organization and~~ operation of a nursing education program ~~upon application, survey visit, or as required by the board:~~

~~1. A copy of a business license and zoning permit to operate a school in a Virginia location;~~

1. Zoning permit to operate a nursing program in a Virginia location

~~2. A certificate of operation from the State Corporation Commission, evidence of approval from the Virginia Department of Education or SCHEV, and documentation of institutional accreditation, if applicable;~~

~~3. Submit to the board Evidence documenting adequate resources for from the projected number of students and the ability to provide a program that can meet the requirements of this part, to include:~~

~~a. Documentation that at least 60% of all clinical experiences are to be conducted in Virginia. There shall be documentation of written approval for any clinical experience conducted outside of Virginia by the agency vested with authority to approve clinical placement of students in that state;~~

b. The use of any clinical site in Virginia located 50 miles or more from the school shall require board approval;

4. All additional information required by the board, which shall be submitted within a timeframe established by the board.

~~D.-E.~~ An The program shall maintain an organizational plan ~~shall which indicate~~ indicates the lines of authority and communication of the nursing education program to the controlling ~~body~~ institution, to other departments within the controlling institution, to the cooperating agencies, and to the advisory committee for the nursing education program.

~~E. F.~~ There shall be evidence of financial support and resources sufficient to meet the goals of the nursing education program as evidenced by a copy of the current annual nursing program budget or a signed statement from administration specifically detailing its financial support and resources.

~~F. G.~~ All registered nursing programs must maintain nursing accreditation from a nursing accrediting agency. New registered nursing programs shall obtain nursing accreditation candidacy status within one year of initial program approval by the board.

18VAC90-27-50. Philosophy and objectives.

Written statements of philosophy and objectives shall be the foundation of the curriculum and shall be:

1. Formulated and accepted by the faculty and the program director; and
2. Descriptive of the practitioner to be prepared; ~~and~~
3. ~~The basis for planning, implementing, and evaluating the total program through the implementation of a systematic plan of evaluation that is documented in faculty or committee meeting minutes.~~

18VAC90-27-60. ~~Faculty~~ Nursing administration and faculty.

A. The program director of the nursing education program shall:

1. Hold a current, unencumbered license or multistate licensure privilege to practice as a registered nurse in the Commonwealth;
2. Have additional education and experience necessary to administer, plan, implement, and evaluate the nursing education program;
3. Ensure that faculty are qualified by education and experience to teach in the program or to supervise the clinical practice of students in the program; and
4. Maintain a current faculty roster, a current clinical agency summary form, and current clinical affiliation agreements.; and

~~5. B.~~ The program director shall serve as the program director at only one location or campus unless the following criteria are met:

1. [Insert];
2. [insert];
3. [repeat as necessary. List can be "one of" or "all must be present."]

~~C. B.~~ The program shall provide evidence that the program director has authority to:

1. Implement the program and curricula;
2. Direct the admission, academic progression, and graduation of students;
3. Direct the hiring and evaluation of faculty; and
4. Recommend and administer the program budget, consistent with established policies of the controlling agency **institution.**

~~D. C.~~ Qualifications for all faculty.

1. Every member of the nursing faculty, including the program director, shall (i) hold a current license or a multistate licensure privilege to practice nursing in Virginia as a registered nurse without any disciplinary action that currently restricts practice and (ii) have had at least two years of direct client care experience as a registered nurse prior to employment by the program. Persons providing instruction in topics other than nursing shall not be required to hold a license as a registered nurse.

2. ~~Every~~ Each member of a ~~the~~ nursing faculty ~~supervising the clinical practice of students, including simulation in lieu of direct client care,~~ shall meet the licensure requirements of the jurisdiction in which ~~that practice~~ student instruction or clinical practice occurs and shall provide evidence of education or experience in the ~~specialty~~ area in which ~~they supervise student clinical experience for quality and safety~~ the faculty member instructs students.

3. ~~Prior to supervision of students~~ in the clinical setting, the faculty providing supervision shall have completed a clinical orientation to the site in which supervision is being provided. ~~Faculty members who supervise clinical practice by simulation shall also demonstrate simulation knowledge and skills in that methodology and shall engage in ongoing professional development in the use of simulation.~~

~~3.~~ 4. The program director and each member of the nursing faculty shall maintain documentation of professional competence ~~through such activities as nursing practice, continuing education programs, conferences, workshops, seminars, academic courses, research projects, and professional writing.~~ Documentation of ~~annual~~ professional development competence shall be maintained in employee files for the director and each faculty member until the next survey visit ~~and shall be available for board review.~~

5. ~~4.~~ For baccalaureate degree and prelicensure graduate degree programs:

- a. The program director shall hold a doctoral degree with a graduate degree in nursing.
- b. Every member of the didactic nursing faculty shall hold a graduate degree; the majority of the faculty shall have a graduate degree in nursing. Faculty members with a graduate degree with a major other than in nursing shall have a baccalaureate degree with a major in nursing.
- c. Every member of the clinical faculty shall have a baccalaureate or graduate degree in nursing. A majority shall hold a graduate degree with a major in nursing.

6. ~~5.~~ For associate degree and diploma programs:

- a. The program director shall hold a graduate degree with a major in nursing.
- b. The majority of the members of the didactic nursing faculty shall hold a graduate degree, preferably with a major in nursing.
- c. ~~All members~~ Every member of the ~~nursing-clinical~~ faculty shall hold a baccalaureate or graduate degree with a major in nursing.

7. ~~6.~~ For practical nursing programs:

- a. The program director shall hold a baccalaureate degree with a major in nursing.
- b. The majority of the members of the nursing faculty shall hold a baccalaureate degree, preferably with a major in nursing.

B- E. Number of faculty.

1. The number of faculty shall be sufficient to prepare the students to achieve the objectives of the educational program and to ensure safety for clients to whom students provide care.

2. When students ~~are giving~~ provide direct care to clients, the ratio of students to faculty shall not exceed 10 students to one faculty member, and the faculty shall be on site solely to supervise students.

3. When students are engaged in learning skills in the skills laboratory, the ratio of students to faculty shall not exceed 15 students to one faculty member at any time.

~~3.~~ 4. When preceptors are utilized for specified learning experiences in clinical settings, the faculty member may supervise up to 15 students and shall be readily available for communication and consultation.

~~G.~~ F. Functions. The principal functions of the faculty shall be to:

1. Develop, implement, and evaluate the philosophy and objectives of the nursing education program;

2. ~~Design, implement~~ Implement, teach, evaluate, and revise the curriculum. ~~Faculty shall provide evidence of education and experience necessary to indicate that they are competent to teach a given course;~~

3. Create a learning environment that promotes the health, safety, and well-being of students by establishing and maintaining appropriate verbal, physical, emotional, and social boundaries;

4. ~~Develop and~~ Review, evaluate, and revise student admission, progression, retention, and graduation policies within the framework of the controlling institution;

4. ~~5.~~ Participate in academic advisement and counseling of students ~~in accordance with requirements of the Financial Educational Rights and Privacy Act (20 USC § 1232g);~~

5. ~~6.~~ Provide opportunities for and evidence of student and graduate evaluation of curriculum, ~~and teaching,~~ and program effectiveness; and

~~6.~~ 7. Document actions taken in faculty and committee meetings ~~using~~ through meeting minutes and the use of a systematic plan of evaluation for total program review.

18VAC90-27-70. Admission of students.

A. Requirements for admission to a registered nursing education program shall not be less than the requirements of § 54.1-3017 A 1 of the Code of Virginia that will permit the graduate to be admitted to the appropriate licensing examination. The equivalent of a four-year high school course of study as required pursuant to § 54.1-3017 shall be considered to be:

1. A General Educational Development (GED) certificate for high school equivalence; or
2. Satisfactory completion of the college courses required by the nursing education program.

B. Requirements for admission to a practical nursing education program shall not be less than the requirements of § 54.1-3020 A 1 of the Code of Virginia that will permit the graduate to be admitted to the appropriate licensing examination.

~~C. Requirements for admission, readmission, advanced standing, progression, retention, dismissal, and graduation shall be available to the students in written form.~~

D. ~~Except for high school students,~~ All students enrolled in a nursing education program shall be required to submit to a criminal background check prior to a clinical experience involving direct patient-client care.

~~E. Transfer students may not be admitted until a nursing education program has received full approval from the board.~~

18VAC90-27-80. Resources, facilities, publications, and services.

A. Classrooms, conference rooms, laboratories, clinical facilities, and offices shall be sufficient to meet the objectives of the nursing education program and the needs of the students, faculty,

administration, and staff and shall include private areas for faculty-student conferences. The nursing education program shall provide facilities that meet federal and state requirements, including:

1. Comfortable temperatures;
2. Clean and safe conditions;
3. Adequate lighting;
4. Adequate space to accommodate all students; and
5. Instructional technology and equipment needed for simulating client care.

B. The program shall have learning resources and technology that are current, copyright dated within the past five years, and technology that is pertinent, and accessible, to students and faculty and sufficient to meet the needs of the students and faculty.

C. Current information about the nursing education program shall be published and distributed to applicants for admission and current students and shall be made available to the board. Such information shall include:

1. Description of the program to include whether the program is accredited by a nursing education accrediting body;
2. Philosophy and objectives of the controlling institution and of the nursing program;
3. ~~Admission and graduation requirements, including the policy on the use of a final comprehensive exam;~~ Requirements for admission, readmission, advanced standing, progression, retention, dismissal, and graduation, including the use of progression assessments and end of program high-stakes testing;
4. Fees and expenses;
5. Availability of financial aid;

6. Tuition refund policy;
7. Education facilities;
8. Availability of student activities and services;
9. Curriculum plan, to include course progression from admission to graduation, the name of each course, ~~theory~~ didactic hours, skills lab hours, simulation hours (if used in lieu of direct client care hours), and clinical hours;
10. Course descriptions, ~~to include a complete overview of what is taught in each course;~~
11. Faculty-staff roster;
12. School calendar;
13. Student grievance policy; and
14. Information about implications of criminal convictions.

D. Administrative support services shall be provided to faculty and administration.

E. There shall be ~~written~~ current clinical affiliation agreements with cooperating agencies that:

1. Ensure full control of student education by the faculty of the nursing education program, including the selection and supervision of learning experiences, to include the dismissal of students from the clinical site if client safety is or may be compromised by the acts of the student;
2. Provide that faculty members or preceptors are present in the clinical setting when students are providing direct client care;
3. Provide for cooperative planning with designated agency personnel to ensure safe client care; and

4. Provide that faculty be readily available to students and preceptors while students are involved in preceptorship experiences.

F. Cooperating agencies shall be approved by the appropriate accreditation, evaluation, or licensing bodies, if such exist.

18VAC90-27-90. Curriculum.

A. ~~Both classroom and online~~ Didactic and clinical curricula shall reflect the philosophy and objectives of the nursing education program and shall be consistent with the law governing the practice of nursing.

B. Nursing education programs preparing for licensure as a registered or practical nurse shall include:

1. Evidence-based didactic content and supervised clinical experience in nursing, ~~encompassing~~ which encompasses the attainment and maintenance of physical and mental health, ~~and~~ the prevention of illness for individuals and groups throughout the life cycle, and in a variety of acute, nonacute, community-based, and long-term care clinical settings and experiences, to include: (i) adult medical/surgical nursing, (ii) geriatric nursing, (iii) maternal/infant (obstetrics, gynecology, neonatal) nursing, (iv) mental health/psychiatric nursing, (v) nursing fundamentals, and (vi) pediatric nursing;

2. Concepts of the nursing process that include conducting a focused nursing assessment of the client status that includes decision making about who and when to inform, identifying client needs, planning for episodic nursing care, implementing appropriate aspects of client care, contributing to data collection and the evaluation of client outcomes, and the appropriate reporting and documentation of collected data and care rendered;

3. Concepts of anatomy, physiology, chemistry, microbiology, and the behavioral sciences;

4. Concepts of communication, growth and development, nurse-client interpersonal relations, and client education, including:

a. Development of professional socialization that includes working in interdisciplinary teams to cooperate, collaborate, communicate, and integrate patient care and health promotion; ~~and~~

b. Conflict resolution; and

c. Civility in practice and lateral violence;

5. Concepts of ethics and the vocational and legal aspects of nursing, including:

a. Regulations and sections of the Code of Virginia related to nursing;

b. Client rights, privacy, and confidentiality;

c. Prevention of client abuse, neglect, and abandonment throughout the life cycle, including instruction in the recognition, intervention, and reporting by the nurse of evidence of child or elder abuse;

d. Professional responsibility, to include the role of the practical and professional nurse;

e. Professional boundaries, to include appropriate use of social media and electronic technology; and

f. History and trends in nursing and health care;

6. Concepts of pharmacology, dosage calculation, medication administration, nutrition, and diet therapy;

7. Concepts of client-centered care, including:

a. Respect for cultural differences, values, and preferences;

- b. Promotion of healthy life styles for clients and populations;
 - c. Social determinants of health, population health, and health equity;
 - d. Promotion of a safe client environment;
 - d. Prevention and appropriate response to situations of bioterrorism, natural and man-made disasters, and intimate partner and family violence;
 - e. Use of critical thinking and clinical judgment in the implementation of safe client care; ~~and~~
 - f. Care of clients with multiple, chronic conditions; ~~and~~
 - g. Use of telehealth in the provision of client care; and
 - h. End of life care;
8. Development of management and supervisory skills, including:
- a. The use of technology in medication administration and documentation of client care;
 - b. Participation in quality improvement processes and systems to measure client outcomes and identify hazards and errors; and
 - c. Supervision of certified nurse aides, registered medication aides, and unlicensed assistive personnel-; and
9. Providing skills to face unique psychosocial, spiritual, and physical stressors that healthcare professionals may encounter.

C. ~~In addition to meeting curriculum requirements set forth in subsection B of this section, Education programs preparing students for licensure as a registered nursing nurse education programs preparing for registered nurse licensure shall also include:~~

1. Evidence-based didactic content and supervised clinical experiences in conducting a comprehensive nursing assessment that includes:

- a. Extensive data collection, both initial and ongoing, for individuals, families, groups, and communities addressing anticipated changes in client conditions as well as emerging changes in a client's health status;
- b. Recognition of alterations to previous client conditions;
- c. Synthesizing the biological, psychological, and social aspects of the client's condition;
- d. Evaluation of the effectiveness and impact of nursing care;
- e. Planning for nursing interventions and evaluating the need for different interventions for individuals, groups, and communities;
- f. Evaluation and implementation of the need to communicate and consult with other health team members; and
- g. Use of a broad and complete analysis to make independent decisions and nursing diagnoses; and

2. Evidence-based didactic content and supervised clinical experiences in:

- a. Development of clinical judgment;
- b. Development of leadership skills and unit management;
- c. Knowledge of the rules and principles for delegation of nursing tasks to unlicensed persons;
- d. Supervision of licensed practical nurses;
- e. Involvement of clients in decision making and a plan of care; and

f. Concepts of pathophysiology.

18VAC90-27-100. Curriculum for direct client care.

A. A nursing education program preparing a student for licensure as a registered nurse shall provide a minimum of 500 hours of direct client care supervised by qualified faculty. A nursing education program preparing a student for licensure as a practical nurse shall provide a minimum of 400 hours of direct client care supervised by qualified faculty. Direct client care hours shall include experiences and settings as set forth in 18VAC90-27-90 B 1.

B. Skills acquisition and task training alone, as in the traditional use of a skills laboratory, does not qualify as simulated client care and therefore does not meet the requirements for direct client care hours.

C. Any observational experiences shall be planned in cooperation with the agency involved to meet stated course objectives. Observational experiences shall not be accepted toward the required minimum clinical hours. Observational objectives shall be available to students and the clinical agency.

D. Community health clinical experiences utilized for direct client care must meet the following criteria:

1. Clinical objectives are established and orientation to the setting; and

2. Nursing care provided by the nursing student is limited to basic screening and data collection, health teaching, and assisting with low-risk, non-invasive nursing care, such as taking vital signs, assessments, and assisting with basic activities of daily living.

~~B.~~ E. Licensed practical nurses transitioning into prelicensure registered nursing programs may be awarded ~~no more than~~ up to 150 clinical hours of ~~the 400 clinical hours~~ received in a practical nursing program. In a practical nursing to registered nursing transitional program, the remainder of the clinical hours shall include registered nursing clinical ~~experience~~ experiences

across the life cycle in adult medical/surgical nursing, maternal/infant (obstetrics, gynecology, neonatal) nursing, mental health/psychiatric nursing, and pediatric nursing.

~~C. Any observational experiences shall be planned in cooperation with the agency involved to meet stated course objectives. Observational experiences shall not be accepted toward the 400 or 500 minimum clinical hours required. Observational objectives shall be available to students, the clinical unit, and the board.~~

~~F.~~**D.** Simulation for direct client clinical hours.

1. Simulation for direct client clinical hours must be high fidelity simulation.

~~2. No more than 25% 33% of direct client contact hours may be simulation. For prelicensure registered nursing programs, the total of simulated client care hours cannot exceed 125 hours (25% of the required 500 hours). For prelicensure practical nursing programs, the total of simulated client care hours cannot exceed 100 hours (25% of the required 400 hours).~~

~~2. 3. No more than 50% of the total clinical hours for any course may be used as simulation. If courses are integrated, simulation~~ Simulation shall not be used for more than 50% of the total clinical hours in different clinical specialties and population groups across the life span.

~~3. Skills acquisition and task training alone, as in the traditional use of a skills laboratory, do not qualify as simulated client care and therefore do not meet the requirements for direct client care hours.~~

4. Clinical simulation must be led by faculty who meet the qualifications specified in 18VAC90-27-60. Faculty with education and expertise in simulation and in the applicable subject area must be present during the simulation experience. Faculty members who supervise clinical practice by simulation shall also demonstrate simulation knowledge and

skills in that methodology and shall engage in annual professional development in the use of simulation.

5. Documentation of the following shall be available for all simulated experiences that constitute direct client care:

a. Course description clinical and simulation objectives;

b. Learning outcomes;

~~b. c. Type of simulation and location of simulated experience~~ Simulation design;

~~c. d. Number of simulated hours~~;

~~d. e. Faculty qualifications~~;

~~e. f. Methods of pre-briefing and debriefing~~;

f. g. Evaluation of simulated experience; and

~~g. h. Method to communicate student performance to~~ course and clinical faculty.

18VAC90-27-110. Clinical practice of students.

A. In accordance with § 54.1-3001 of the Code of Virginia, a nursing student, while enrolled in an approved nursing program, may perform tasks that would constitute the practice of nursing. The student shall be responsible and accountable for the safe performance of those direct client care tasks to which ~~he~~ the student has been assigned.

B. Faculty or preceptors shall be responsible for ensuring that students perform only skills or services in direct client care for which they have received instruction and have been found proficient by the ~~instructor~~ faculty. Skills checklists shall be maintained for each student.

C. Faculty ~~members~~ or preceptors providing onsite supervision in the clinical care of clients shall be responsible and accountable for the assignment of clients and tasks based on their

assessment and evaluation of the student's clinical knowledge and skills. ~~Supervisors shall also monitor clinical performance and intervene if necessary for the safety and protection of the clients.~~

D. Clinical preceptors may be used to augment the faculty and enhance the clinical learning experience.

1. Supervision of students in the clinical setting shall not exceed two students to one preceptor at any given time.

2. Faculty shall be responsible for the designation of a preceptor for each student and shall communicate such assignment with the preceptor. A preceptor may not further delegate the duties of the preceptorship.

3. Faculty shall perform periodic meetings with student and preceptor for the purpose of monitoring and evaluating learning experiences.

4. A preceptor may not further delegate the duties of the preceptorship.

E. Preceptors shall ~~provide to the nursing education program evidence of competence to supervise student clinical experience for quality and safety in each specialty area where they supervise students.~~

1. The clinical preceptor shall be Be licensed as a nurse at or above the level for which the student is preparing; and

2. Have at least one year of experience in the clinical specialty area.

F. Supervision of students. When preceptors are utilized for specified learning experiences in clinical settings, the faculty member may supervise up to 15 students. During the period in which students are in the clinical setting with a preceptor, the faculty member shall be available for communication and consultation with the preceptor.

~~1. When faculty are supervising direct client care by students, the ratio of students to faculty shall not exceed 10 students to one faculty member. The faculty member shall be on site in the clinical setting solely to supervise students.~~

~~2. When preceptors are utilized for specified learning experiences in clinical settings, the faculty member may supervise up to 15 students. In utilizing preceptors to supervise students in the clinical setting, the ratio shall not exceed two students to one preceptor at any given time. During the period in which students are in the clinical setting with a preceptor, the faculty member shall be available for communication and consultation with the preceptor.~~

G. Prior to beginning any preceptorship, the following shall be required:

1. Written objectives, methodology, and evaluation procedures for a specified period of time to include the dates of each experience;

2. An A preceptor and student orientation program for faculty, preceptors, and students, to include responsibilities of the preceptor, faculty, and students; and

3. A skills checklist detailing the performance of skills for which the student has ~~had faculty-supervised clinical and didactic preparation~~ been found proficient by faculty; and

4. ~~The overall coordination by faculty who assume ultimate responsibility for implementation, periodic monitoring, and evaluation.~~

18VAC90-27-120. Granting of initial program approval.

A. Initial approval may be granted when all documentation required in 18VAC90-27-30 has been submitted and is deemed satisfactory to the board and when the following conditions are met:

1. There is evidence that the requirements for organization and administration and the philosophy and objectives of the program, as set forth in 18VAC90-27-40 and 18VAC90-27-50, have been met;
2. A program director who meets board requirements has been appointed, and there are sufficient faculty to initiate the program as required in 18VAC90-27-60;
3. A written curriculum plan developed in accordance with 18VAC90-27-90 has been submitted and approved by the board;
4. A written systematic plan of evaluation has been developed and ~~approved by~~ submitted to the board; and
5. The program is in compliance with requirements of 18VAC90-27-80 for resources, facilities, publications, and services as verified by a satisfactory site visit conducted by a representative of the board.

B. If initial approval is granted:

1. The advertisement of the nursing program is authorized.
2. The admission of students is authorized, except that transfer students are not authorized to be admitted until the program has received full program approval.
3. The program director shall submit quarterly progress reports to the board that shall include evidence of progress toward full program approval and other information as required by the board.

18VAC90-27-140. Causes for denial or withdrawal of nursing education program approval.

A. Denial or withdrawal of program approval may be based upon the following:

1. Failing to demonstrate compliance with program requirements in Part II (18VAC90-27-30 et seq.), III (18VAC90-27-150 et seq.), or IV (18VAC90-27-210 et seq.) of this chapter.

2. Failing to comply with terms and conditions placed on a program by the board.
3. Advertising for or admitting students without authority, board approval, or contrary to a board restriction.
4. Failing to progress students through the program in accordance with ~~an~~the approved timeframe.
- ~~5. Failing to provide evidence of progression toward initial program approval within a timeframe established by the board.~~
5. ~~6.~~ Failing to provide evidence of progression toward full program approval within a timeframe established by the board.
6. ~~7.~~ Failing to respond to requests for information required from board representatives within the established timeframe.
7. ~~8.~~ Fraudulently submitting documents or statements to the board or its representatives.
8. ~~9.~~ Having had past actions taken by the board, other states, or accrediting entities regarding the same nursing education program operating in another jurisdiction.
9. ~~10.~~ Failing to maintain a pass rate of 80% on the NCLEX for graduates of the program as required by 18VAC90-27-210.
10. ~~11.~~ Failing to comply with an order of the board or with any terms and conditions placed upon it by the board for continued approval.
11. ~~12.~~ Having the program director, owner, or operator of the program convicted of a felony or a misdemeanor involving moral turpitude or his professional license disciplined by a licensing body or regulatory authority.
12. ~~13.~~ Failing to pay the required fee for a survey or site visit.

B. Withdrawal of nursing education program approval may occur at any stage in the application or approval process pursuant to procedures enumerated in 18VAC90-27-130, 18VAC90-27-160, and 18VAC90-27-230.

C. Programs with approval denied or withdrawn may not accept or admit additional students into the program effective upon the date of entry of the board's final order to deny or withdraw approval. Further, the program shall submit quarterly reports until the program is closed, and the program shall comply with board requirements regarding closure of a program as stated in 18VAC90-27-240.

18VAC90-27-150. Granting full program approval.

A. Full approval may be granted when:

1. A self-evaluation report of compliance with Part II (18VAC90-27-30 et seq.) of this chapter and a survey visit fee as specified in 18VAC90-27-20 have been submitted and received by the board;
2. The program has achieved a passage rate of not less than 80% for the program's first-time test takers taking the NCLEX based on at least 20 graduates within a two-year period; and
3. A satisfactory survey visit and report have been made by a representative of the board verifying that the program is in compliance with ~~all requirements for program approval~~ 18VAC90-27-40.

B. If full approval is granted, the program shall continue to comply with all requirements in Parts II (18VAC90-27-30 et seq.) and III (18VAC90-27-150 et seq.) of this chapter, and admission of transfer students is authorized.

18VAC90-27-170. Requests for exception to requirements for faculty.

After full approval has been granted, a program may request board approval for exceptions to faculty degree requirements ~~of~~ contained in 18VAC90-27-60 for faculty as follows:

1. Initial request for exception.

a. The program director shall submit a request for initial exception in writing to the board for consideration prior to ~~the academic year during which the nursing faculty member is scheduled to teach or whenever an unexpected vacancy has occurred~~ employing or assigning a faculty member that requires an exception.

b. A description of teaching assignment, a curriculum vitae, a license verification, and a statement of intent from the prospective faculty member to pursue the required degree shall accompany each request.

c. The executive director of the board shall be authorized to make the initial decision on requests for exceptions. Any appeal of that decision shall be in accordance with the provisions of the Administrative Process Act (§ 2.2-4000 et seq. of the Code of Virginia).

2. Request for continuing exception.

a. Continuing exception will be based on the progress of the nursing faculty member toward meeting the degree required by this chapter during each year for which the exception is requested.

b. The program director shall submit the request for continuing exception in writing prior to the next academic year during which the nursing faculty member is scheduled to teach.

c. A list of courses required for the degree being pursued and college transcripts showing successful completion of a minimum of two of the courses during the past academic year shall accompany each request.

d. Any request for continuing exception shall be considered by the informal factfinding committee, which shall make a recommendation to the board.

18VAC90-27-180. Records and provision of information.

~~A. Requirements for admission, readmission, advanced standing, progression, retention, dismissal, and graduation shall be readily available to the students in written form.~~

~~A.~~~~B.~~ A system of records shall be maintained and be made available to the board representative and shall include:

1. Data relating to accreditation by any agency or body.
2. Course outlines.
3. Minutes of faculty and committee meetings, which shall (i) reflect faculty decision-making and include evidence that evaluation data is utilized to make program decisions, (ii) including include documentation of the use of a systematic plan of evaluation for total program review, and (iii) including include those faculty members in attendance.
4. The systematic evaluation plan shall include evaluative criteria, methodology, frequency of evaluation, assignment of responsibility, and measurable benchmarks of effectiveness.
5. Record of and disposition of complaints.

B. ~~C.~~ A file shall be maintained for each student. Provision shall be made for the protection of student and graduate files against loss, destruction, and unauthorized use. Each file shall be available to the board representative and shall include the student's:

1. Application, ~~including the date of its submission and the date of admission into the program;~~
2. High school transcript or copy of high school equivalence certificate, and if the student is a foreign graduate, a transcript translated into English;
3. Current record of achievement to include classroom grades, skills checklists, and clinical hours for each course; and
4. A final transcript ~~retained in the permanent file of the institution to include~~ which includes dates of admission and completion of coursework, graduation date, name and address of graduate, the dates of each semester or term, course grades, and authorized signature.

C. ~~e~~ Current information about the nursing education program shall be published and distributed to students and applicants for admission and shall be made available to the board. In addition to information specified in 18VAC90-27-80 C, the following information shall be included:

1. Annual passage rates on NCLEX for the past five years; and
2. Accreditation status.

18VAC90-27-190. Evaluation of resources; written agreements with cooperating agencies.

A. Periodic evaluations of curricula, faculty, technology learning resources, facilities, and student services shall be conducted by the administration, faculty, students, and graduates of the nursing education program, ~~including an employer evaluation for graduates of the nursing education program.~~

B. ~~Such~~ Administration or program annual evaluation shall ~~include assurance~~ to assure that at least ~~80%~~ 60% of all clinical experiences are conducted in Virginia. ~~unless an exception has been granted by the board.~~

~~B. Current written agreements with cooperating agencies shall be maintained and reviewed annually and shall be in accordance with 18VAC90-27-80 E.~~

~~C. Upon request, a program shall provide a clinical agency summary on a form provided by the board.~~

~~D. C.~~ Upon request and if applicable, the program shall provide (i) documentation of board approval for use of clinical sites located 50 or more miles from the school, and (ii) for use of clinical experiences conducted outside of Virginia, documented approval from the agency that has authority to approve clinical placement of students in that state.

18VAC90-27-200. Program changes.

~~A. The following shall be reported to the board within 10 days of the change or receipt of a report from an accrediting body:~~

1. Change in the program director, governing body, or parent institution;
2. Adverse action taken by a licensing authority against the program director, governing body, or parent institution;
3. Conviction of a felony or misdemeanor involving moral turpitude against the program director, owner, or operator of the program;
4. Change in the physical location of the program;
5. Change in the availability of clinical sites;
6. Change in financial resources that could substantively affect the nursing education program;
7. Change in content of curriculum, faculty, or method of delivery that affects ~~25% or more of the total hours of didactic and clinical instruction~~ a substantive portion of the program;
8. Change in accreditation status; and

9. A final report with findings and recommendations from the accrediting body.

~~B. Other curriculum or faculty changes shall be reported to the board with the annual report required in 18VAC90-27-220 A.~~

18VAC90-27-210. Passage rate on national examination.

A. For the purpose of continued approval by the board, a nursing education program shall maintain a passage rate for first-time test takers on the NCLEX that is not less than 80%, calculated on the cumulative results of the past four quarters of all graduates in each calendar year regardless of where the graduate is seeking licensure.

B. If an approved program falls below 80% for one year, it shall submit a plan of correction to the board. If an approved program falls below 80% for two consecutive years, the board shall place the program on conditional approval with terms and conditions, require the program to submit a an updated plan of correction, and conduct a site visit. Prior to the conduct of such a visit, the program shall submit the fee for a site visit for the NCLEX passage rate as required by 18VAC90-27-20. If a program falls below 80% for three consecutive years, the board may withdraw program approval.

C. For the purpose of program evaluation, the board may provide to the program the NCLEX examination results of its graduates. However, further release of such information by the program shall not be authorized without written authorization from the candidate.

18VAC90-27-220. Maintaining an approved nursing education program.

A. The program director of each nursing education program shall submit an annual report to the board.

B. At the beginning of each academic year, the program director of a nursing education program shall submit a program summary update, detailed course hours form, a faculty roster, and a clinical agency roster to the board.

C. Every registered or practical nursing education program that has not achieved accreditation as defined in 18VAC90-27-10 shall be reevaluated at least every five years by submission of a comprehensive self-evaluation report based on Parts II (18VAC90-27-30 et seq.) and III (18VAC90-27-150 et seq.) of this chapter and a survey visit by a representative or representatives of the board on dates mutually acceptable to the institution and the board.

D. A registered or practical nursing education program that has maintained accreditation as defined in 18VAC90-27-10 shall be reevaluated at least every 10 years by submission of a comprehensive self-evaluation report based on Parts II (18VAC90-27-30 et seq.) and III (18VAC90-27-150 et seq.) of this chapter and a survey visit by a representative or representatives of the board on dates mutually acceptable to the institution and the board. As evidence of compliance with specific requirements of this chapter, the board may accept the most recent study report, site visit report, and final decision letter from the accrediting body. The board may require additional information or a survey visit to ensure compliance with requirements of this chapter. If accreditation has been withdrawn or a program has been placed on probation by the accrediting body, the board may require a survey visit.

~~B. Prior to February 7, 2021, each registered nursing education program shall be reevaluated as follows:~~

- ~~1. Every registered nursing education program that has not achieved accreditation as defined in 18VAC90-27-10 shall be reevaluated at least every five years by submission of a comprehensive self-evaluation report based on Parts II (18VAC90-27-30 et seq.) and III (18VAC90-27-150 et seq.) of this chapter and a survey visit by a representative or representatives of the board on dates mutually acceptable to the institution and the board.~~
- ~~2. A registered nursing education program that has maintained accreditation as defined in 18VAC90-27-10 shall be reevaluated at least every 10 years by submission of a comprehensive self-evaluation report as provided by the board. As evidence of~~

~~compliance with specific requirements of this chapter, the board may accept the most recent study report, site visit report, and final decision letter from the accrediting body. The board may require additional information or a site visit to ensure compliance with requirements of this chapter. If accreditation has been withdrawn or a program has been placed on probation by the accrediting body, the board may require a survey visit. If a program fails to submit the documentation required in this subdivision, the requirements of subdivision 1 of this subsection shall apply.~~

~~After February 7, 2021, each registered nursing education program shall have accreditation or candidacy status and shall be reevaluated at least every 10 years by submission of a comprehensive self-evaluation report as provided by the board. As evidence of compliance with specific requirements of this chapter, the board may accept the most recent study report, site visit report, and final decision letter from the accrediting body. The board may require additional information or a site visit to ensure compliance with requirements of this chapter. If a program has been placed on probation by the accrediting body, the board may require a survey visit. If a program fails to submit the documentation required in this subdivision, the requirements of subdivision 1 of this subsection shall apply.~~

~~C. Each practical nursing education program shall be reevaluated as follows:~~

~~1. Every practical nursing education program that has not achieved accreditation as defined in 18VAC90-27-10 shall be reevaluated at least every five years by submission of a comprehensive self-evaluation report based on Parts II (18VAC90-27-30 et seq.) and III (18VAC90-27-150 et seq.) of this chapter and a survey visit by a representative or representatives of the board on dates mutually acceptable to the institution and the board.~~

~~2. A practical nursing education program that has maintained accreditation as defined in 18VAC90-27-10 shall be reevaluated at least every 10 years by submission of a~~

~~comprehensive self evaluation report as provided by the board based on Parts II (18VAC90-27-30 et seq.) and III (18VAC90-27-150 et seq.) of this chapter and a survey visit by a representative or representatives of the board on dates mutually acceptable to the institution and the board. As evidence of compliance with specific requirements of this chapter, the board may accept the most recent study report, site visit report, and final decision letter from the accrediting body. The board may require additional information or a site survey visit to ensure compliance with requirements of this chapter. If accreditation has been withdrawn or a program has been placed on probation by the accrediting body, the board may require a survey visit. If a program fails to submit the documentation required in this subdivision, the requirements of subdivision 1 of this subsection shall apply.~~

E. Interim site or survey visits shall be made to the institution by board representatives at any time ~~within the initial approval period or full approval period~~ as deemed necessary by the board. Prior to the conduct of such a visit, the program shall submit the fee for a survey visit as required by 18VAC90-27-20.

F. Failure to submit the required fee for a survey or site visit may subject an education program to board action or withdrawal of board approval.

18VAC90-27-240. Closing of an approved nursing education program; custody of records.

A. When the governing institution anticipates the closing of a nursing education program, the governing institution shall notify the board in writing, stating the reason, plan, and date of intended closing.

The governing institution shall assist in the transfer of students to other approved programs with the following conditions:

1. The program shall continue to meet the standards required for approval until all students are transferred and shall submit a quarterly report to the board regarding progress toward closure.
2. The program shall provide to the board a list of the names of students who have been transferred to approved programs, and the date on which the last student was transferred.
3. The date on which the last student was transferred shall be the closing date of the program.

B. When the board denies or withdraws approval of a program, the governing institution shall comply with the following procedures:

1. The program shall be closed according to a timeframe established by the board.
2. The program shall provide to the board a list of the names of students who have transferred to approved programs and the date on which the last student was transferred shall be submitted to the board by the governing institution.
3. The program shall provide quarterly reports to the board regarding progress toward closure.

C. Provision shall be made for custody of records as follows:

1. ~~¶~~ The governing institution shall provide to the Board:
 - a. A list of all program graduates; and
 - b. Copies of transcripts for all students and graduates. ~~continues to function, it shall assume responsibility for the records of the students and the graduates. The governing institution shall inform the board of the arrangements made to safeguard the records.~~
2. ~~If the governing institution ceases to exist, the academic transcript of each student and graduate shall be transferred by the institution to the board for safekeeping.~~

D. A program that voluntarily closes or from which the board withdraws approval may submit a new program application. The new program application shall not be submitted to the board until at least 12 months have elapsed from the date of program closure or withdrawal of board approval.



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MEMORANDUM

To: Nursing Education Regulatory Review Committee

From: Jacquelyn Wilmoth, RN, MSN
Deputy Executive Director

Date: January 11, 2023

Subject: Regulatory Change Major Discussion Topics

Attached is a table with potential discussion items for the committee to consider regarding regulatory change. The table includes information and research regarding potential regulatory changes.

BON Nursing Education Regulatory Change Consideration - Committee

Current Regulation and Suggested regulatory changes	Notes regarding current regulation	Research	Committee action required
<p>Requirements in 18VAC90-27-30 (3)(a) to be combined with 40(C)(2) and remove 18VAC90-27-30 (3)(a)</p>	<p>High school programs that admit adult students have expressed concern with the requirement for SCHEV approval as it is a financial hardship. These programs also do not accept Federal financial aid.</p> <p>SCHEV was added to the regulations in 2017 as an entity to approve programs to help ensure a satisfactory student experience. SCHEV's responsibilities range over academic policy, private education regulation, finance and financial aid policy, and more.</p> <p>What we know:</p> <ul style="list-style-type: none"> • Business license is not required in all jurisdictions • Zoning permit is required • SCC CTO is required to operate a business • Good standing does not mean anything other than approved by their licensing body (even facilities with monetary penalties are in good standing). 	<p>18VAC90-27-30 (3)(a) →40(C)(2) in proposed regs</p> <p>The <i>high school programs</i> that have provided feedback on the above regulation during survey visit, do not accept financial aid but do admit adult students.</p> <p>DOE is unable to provide information as to when the “high school” programs began accepting adults. Based on survey visit schedules, we believe adults were not accepted into these programs when SCHEV was added to regulation in 2017. DOE does not possess the authority to approve programs that admit adults (post-secondary education). If the high school program does not admit/educate post-secondary students, SCHEV approval would not be required.</p> <p>According to SCHEV regulation, 8VAC40-31-60 (A)(3), non-degree seeking programs, would not need to obtain SCHEV approval. The Commonwealth has numerous PN proprietary programs and high school</p>	<p>Does the committee want SCHEV to remain a requirement for non-degree granting programs?</p> <p>If yes: increased cost and burden to programs.</p> <p>If no: high school and proprietary programs that are non-degree granting may not have an agency that provides student protection of FA and academic policies. <i>Note: there has been one proprietary program that has been ordered to close for not having SCHEV approval, however, that program also had other persistent regulatory violations.</i></p>

BON Nursing Education Regulatory Change Consideration - Committee

Current Regulation and Suggested regulatory changes	Notes regarding current regulation	Research	Committee action required
<p>18VAC90-27-60 (A) qualifications of program director are provided.</p> <p>Under 18VAC90-27-60 (A)(5) a program director may only serve as program director at one location or campus</p>	<p>Currently some programs have a program director that may oversee multiple sites and have someone else that is on site at each campus that is “in charge” of the day to day.</p> <p>We also have some community college programs, where the program director is over both the RN and PN program at multiple locations.</p>	<p>programs that are not degree seeking (they award diplomas) and do not accept Financial Aid in the Commonwealth.</p> <p>Missouri: Program Administrator employed full time. If responsible for 2 or more programs appoints a full-time faculty to be the program coordinator at each site.</p> <p>Washington: two years’ experience in nursing education and have education in curriculum evaluation, etc.</p> <p>Kentucky: Designate an assistant program administrator at additional campuses. Must devote at least 25% of time to administrative duties. 5 years nursing experience within last 7 years; minimum 2 years full time teaching in nursing program.</p> <p>Texas: Actively employed in nursing for past 5 years, minimum 1 year teaching experience in pre-licensure nursing education program; 5 years varied nursing experience</p>	<p>Committee will continue discussion regarding potential regulatory changes regarding program director.</p>

BON Nursing Education Regulatory Change Consideration - Committee

Current Regulation and Suggested regulatory changes	Notes regarding current regulation	Research	Committee action required
		<p>since graduation from professional nursing education program. Director cannot have major teaching responsibility.</p> <p>North Carolina: 2 years' experience as a nursing faculty member.</p> <p>NCSBN Model Rules suggest experience in teaching, nursing practice and administration as qualification for program director.</p>	
<p>18VAC90-27-60 (C)(5) and (6):</p>	<p>Baccalaureate programs often seek faculty exception for clinical faculty as they have difficulty obtaining faculty who are masters prepared to provide clinical instruction. On average there have been 45 faculty exception for last 2 years.</p> <p>For associate degree programs, current regulation allows for baccalaureate prepared nurses to teach clinical.</p>	<p>For baccalaureate programs, the addition of baccalaureate prepared nurses would be able to assist in providing clinical instruction.</p> <p>West VA: clinical faculty must hold RN license.</p> <p>Missouri: 75% of faculty shall have graduate degree with major in nursing to teach in baccalaureate program. Faculty of associate degree and practical nursing programs shall have a baccalaureate degree with a clinical component.</p>	<p>Committee to provide recommendation regarding training for faculty.</p>

BON Nursing Education Regulatory Change Consideration - Committee

Current Regulation and Suggested regulatory changes	Notes regarding current regulation	Research	Committee action required
		<p>Washington: Academic and professional education in specialization.</p> <p>Kentucky: at or above the degree level of the program. Must have education in curriculum development, etc and have current practice in the last 5 years.</p> <p>Texas: 3 years varied experience since graduation; active license; if not experience then education preparation to teach.</p> <p>North Carolina: Graduate degree from an accredited institution</p> <p>NCSBN Model Rules: recommends graduate degree for RN and bachelors degree for PN faculty; 35% full time faculty; clinical faculty should have current clinical experience related to the area of assigned teaching.</p>	
<p>Amend 18VAC90-27-70 (D) to change requirement for criminal background check prior to providing direct client care rather than patient care.</p>	<p>Rationale for this regulation? Client safety.</p>	<p>High school students are not all less than 18 years of age.</p> <p>Many programs require CBC on admission and then the clinical</p>	<p>Suggest removing “except for high school students”.</p>

BON Nursing Education Regulatory Change Consideration - Committee

Current Regulation and Suggested regulatory changes	Notes regarding current regulation	Research	Committee action required
<p>18VAC90-27-90(B)(1) requires that clinical occur across the lifespan to include <i>specialty</i> areas.</p>	<p>Current regulation does not provide the number of direct client care clinical hours for each specialty, only that clinical should occur <i>across the lifespan</i>.</p> <p>NCLEX assesses knowledge across the lifespan.</p> <p>Nursing Licensure is a general license to practice in any area.</p>	<p>facilities require before patient contact.</p> <p>This regulation is congruent with regulations of other states.</p>	<p>Committee discussion to consider regulatory guidance.</p>
<p>18VAC90-27-100 (A) requires 500 hours of direct client care for RN programs and 400 hours for PN programs.</p>	<p>The hour requirement has been in regulation since 2008.</p> <p>VA trended below the national average for all program types prior to the regulatory change; associate degree and baccalaureate programs have been above national average since 2013 and 2014 respectively. The gap between VA NCLEX pass rates and national average has been decreasing since 2013.</p> <p>*With the inception of Next Generation NCLEX pass rate comparison may be difficult.</p>	<p>There are at least 18 other states that require a minimum number of clinical hours for prelicensure nursing education.</p> <p>Of those, for practical nursing programs, most require between 250-500 hours, with the next being 501-750 hours.</p> <p>Of those, for registered nursing programs, most require 501-750 hours with next being 250-500 hours. 68 (of the 81) RN programs in VA offer greater than 526 clinical hours.</p> <p>NCLEX (NGN) assess clinical judgment.</p>	<p>Need discussion regarding regulatory hourly requirement.</p> <p>If hour requirement is removed or lowered, it would allow greater flexibility for the program to determine number of hours needed for students to meet clinical and course objectives. With a lower number of hours permitted, students would not have as much time to show mastery of clinical content which could impact attrition rates.</p> <p>Regardless of change, programs remain able to determine the number of hours required for each learning experience to</p>

BON Nursing Education Regulatory Change Consideration - Committee

Current Regulation and Suggested regulatory changes	Notes regarding current regulation	Research	Committee action required
	<p>We have a variety of types of programs (high school, proprietary, private, etc.) which allows for a wide range of standards for students and faculty.</p> <p>There continues to be an education to practice gap that is highly researched. Decreasing the number of clinical hours may increase the gap. Less experienced nurses entering the workforce not only increases orientation cost for facilities but may negatively impact patient safety. There is a shift in clinical practice that most nurses on a clinical unit at any given time have less than 5-years' experience.</p>	<p>Programs are not raising concerns regarding the general hourly requirement.</p> <p>AACN new essentials (for registered nursing programs) focus on competency-based education. AACN does not provide a minimum hour requirement for pre-licensure clinical experiences. *note: not all nursing programs in Virginia follow AACN Essentials.</p> <p>NCSBN Model Rules do not provide a suggested hour requirement.</p> <p>For licensees who want to endorse in Virginia, they may have difficulty if their program did not contain the minimum required hours. Provisional licensure remains an option for RN who are endorsing in.</p>	<p>afford students the best opportunity for success.</p>
<p>New regulatory language 18VAC90-27-100(D) Community Health Clinical experiences</p>			<p>Discussion needed to determine if this is regulatory language desired by the committee.</p>

BON Nursing Education Regulatory Change Consideration - Committee

Current Regulation and Suggested regulatory changes	Notes regarding current regulation	Research	Committee action required
			<p>This was added to regulation based on prior public comment. When the Board repealed the prior guidance document, the committee at the time did not desire to include the proposed D2 in regulation.</p> <p>A question for the committee to consider: should students in a community health setting be held to same standard?</p>
<p>18VAC90-27-100(E) allows up to 150 of PN hours to transfer to use for RN hour requirements. Students are still required to complete clinical across the lifespan during the RN program.</p>	<p>5% of Virginia’s RN students are LPNs. During survey visits it is noted that most programs award less than 100 hours to LPNs for clinical experiences.</p>	<p>RN and PN scope of practice differ. Those transitioning from PN to RN need adequate education and experience to practice at the level of a RN.</p>	<p>Committee to discuss regulatory guidance.</p>
<p>Requirements in 18VAC90-27-100(F) Currently allows simulation for 25% of direct client care total hours, with no more than 50% of any clinical specialty experience simulated.</p>	<p>Most VA programs do not have a certified simulation center.</p> <p>Most VA programs do not have a designated faculty to effectively create/run simulations.</p> <p>PN programs: 20 programs do not offer simulation at all; 29 programs offer less than 50 clinical simulation hours.</p>	<p>Allowance varies state to state. 11 states do not have any information regarding simulation in their regulations.</p> <p>A national study indicates with a minimum of 600 hours of clinical, 50% simulation is effective.</p> <p>Simulation technology is advancing rapidly, more time will be needed for robust studies to be completed on types of</p>	<p>Based on a national study regarding use of simulation, staff recommends that regulation permit 33% of total direct client care hours be simulation and maintain the 50% for any specialty experience. Committee may need to reconsider staff recommendation if minimum hour requirements are amended.</p> <p>While simulation is a wonderful learning modality, programs are</p>

BON Nursing Education Regulatory Change Consideration - Committee

Current Regulation and Suggested regulatory changes	Notes regarding current regulation	Research	Committee action required
	<p>RN programs: 8 programs do not offer any simulation; 28 programs offer less than 50 hours simulation; 22 programs offer more than 100 hours of simulation.</p> <p>57 programs are using virtual simulation (National Annual survey data for VA)</p>	<p>simulation and their effectiveness.</p> <p>Type of simulation is not differentiated in the regulations for other states that I have reviewed.</p> <ul style="list-style-type: none"> • Virtual simulation has not been highly researched. • No robust studies researching the allowance of simulation to count 2:1 for clinical hours. • VA Simulation Alliance recommends only high-fidelity simulation count 2:1 <p>NCSBN model rules suggest that simulation faculty be certified.</p>	<p>not utilizing simulation as much as currently permitted. Many programs are using only virtual simulation which does not offer the same intensity and learning experience as high-fidelity simulation.</p> <p>A vast increase in simulation would mean students graduate with less hands-on care with a live patient. Nursing is a practice profession. Employers have noted lack of clinical confidence with the decreased exposure to a variety of skills in nursing education programs.</p> <p>During the pandemic when 100% simulation was permitted, there was a drastic decrease in NCLEX success rates and there was a greater education to practice gap felt by students/graduates as evidenced by conversations during survey visits and complaints received from students (that were not regulatory violations).</p> <p>Facilities/employers reported an increase in orientation times for</p>

BON Nursing Education Regulatory Change Consideration - Committee

Current Regulation and Suggested regulatory changes	Notes regarding current regulation	Research	Committee action required
<p>18VAC90-27-170 (2)(d) Continued faculty exception requests</p>	<p>Can we delegate authority to ED? Or Can we allow the program to determine compliance and submit a report to the Board?</p>	<p>Due to the timing of IFC, this could be a potential barrier to faculty continuing to teach for a program. There are instances where the educator takes a summer course and due to timing, would not be able to teach the first part of the fall semester.</p>	<p>new graduates related to an increased education practice gap. Committee discussion regarding approval of continued faculty exceptions.</p>
<p>18VAC90-27-220 Survey Visit Schedule Will combine language for RN and PN programs into 18VAC90-27-200 (C) and (D)</p>	<p>Accredited programs every 10 years Non-accredited programs every 5 years</p>	<p>West Virginia: on program director and curriculum change, or submitted complaint Missouri: Every 5 years Washington: No defined time period; programs “subject to a site visit” Kentucky: No defined time period; some reasons for a visit include: complaint, change in location, faculty turnover (30% for 2 years), program director turnover (3 in 5 years), and attrition rate >40% Texas: every 6 years if not accredited; not defined for accredited.</p>	<p>Committee to discuss survey visit timeframe.</p>

BON Nursing Education Regulatory Change Consideration - Committee

Current Regulation and Suggested regulatory changes	Notes regarding current regulation	Research	Committee action required
<p>Amend 18VAC90-27-240 (C) to: Within 30 days of closure of a nursing education program, the program shall provide a list of all graduates, to include program start and completion date and final transcripts for all graduates and students since initial board approval was obtained.</p>	<p>Current regulation states that if the governing institution ceases to exist, records are transferred to the board. Unfortunately, once the nursing program does not exist the board does not have a relationship with the program which has caused the board not to receive academic transcripts.</p>	<p>North Carolina: every 8 years NCSBN Model Rules: state periodic survey visits</p>	



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MEMORANDUM

To: Nursing Education Regulatory Review Committee

From: Jacquelyn Wilmoth, RN, MSN
Deputy Executive Director

Date: January 11, 2023

Subject: Petition for Rulemaking by Leah Jaquez

Comments provided during the public comment period for the Petition for Rulemaking filed by Leah Jaquez to amend 18VAC90-27-60 (A)(4) to allow nurses with 20 years or more of experience to serve as faculty for nursing education programs are attached.

18AC90-27-60 (A)(4):

A. Qualifications for all faculty

4. For baccalaureate degree and prelicensure graduate degree programs:

a. The program director shall hold a doctoral degree with a graduate degree in nursing.

b. Every member of the nursing faculty shall hold a graduate degree; the majority of the faculty shall have a graduate degree in nursing. Faculty members with a graduate degree with a major other than in nursing shall have a baccalaureate degree with a major in nursing.

**Agency** Department of Health Professions**Board** Board of Nursing**Chapter** Regulations Governing Nursing Education Programs [[18 VAC 90 - 27](#)]

6 comments

All comments for this forum**[Back to List of Comments](#)****Commenter:** Holly Reynolds

11/21/23 9:35 am

Leah Jaquez - petition for amendment r/t nursing faculty

I **completely disagree** with the petitioners request to the Board to amend 18VAC90-27-60(A)(4) and allow nurses with 20 years or more of experience to serve as faculty for nursing education programs.

Experience alone does not qualify a nurse to effectively educate nursing students and prepare them for success in passing NCLEX and entering the nursing profession as a novice nurse. I believe that experience and the additional education (Master's degree in nursing education specifically and/or a DNP in nursing education) in combination with clinical (bedside) nursing experience are needed for a nurse to be an effective nurse educator. There are so many dynamics to teaching in the didactic classroom setting - understanding adult learning theory, evaluation and assessment strategies, curriculum mapping, test writing, blueprinting and item analysis, providing testing accommodations, understanding NGN/NCSBN questioning, being familiar with higher education organizational dynamics, accreditation requirements, etc. Bedside/clinical experience does not teach or prepare a nurse for the academic environment. I strongly vote against this proposed amendment. This is a big NO for me. Thank you for the opportunity to share my opinion.

CommentID: **220677****Commenter:** Jamie Robinson, James Madison University

11/27/23 11:49 am

More parameters are needed

I appreciate the opportunity to provide comments on this Petition for Rulemaking for Statutory Authority: § 54.1-2400 affecting 18 VAC 90 - 27. Without having context provided, I can only assume that the logic behind the petition is to provide an alternative route into nursing education to alleviate the nursing faculty shortage. It is evident that the nursing faculty shortage is concerning, but I cannot endorse this approach.

Nursing faculty need to have expertise in nursing practice. Years of experience could be an indicator practice but it does not necessarily indicate immersion in or expertise in a particular area. Nursing faculty need to have training or formal education in the principles of teaching in order to be effective educators as well. Teaching is a specialty within itself and it would be presumptuous to assume that without training any nurse inherently has the skills and competence of a teacher.

We do need to consider new ways to approach nursing education. But, to protect the public, which is the role of the Board of Nursing, more parameters than "20 years of experience" are needed. I would suggest the following amendment to the petition: *allow BSN-prepared nurses who have 5 years of experience in a single area of focus and have documented training in nursing education principles to be eligible to work as clinical faculty with the stipulation that they are supervised by an experienced master's prepared faculty member.*

Once again, thank you for the opportunity to provide comments. I look forward to hearing the decision of the Board.

CommentID: **220715**

Commenter: Shelly Smith, University of Virginia, School of Nursing

11/27/23 12:51 pm

Experience as qualifier

The University of Virginia appreciates the Board of Nursing's responsiveness to the nursing workforce crisis and its correlation to the nurse faculty shortage. While twenty years of practice brings with it a wealth of knowledge, we believe the constraint limits other highly qualified nurses to serve in this capacity. The American Association of the Colleges of Nursing's recent call for comment on revisions to the Essentials includes language in Key Element II-F, "*Faculty teaching clinical in the baccalaureate program have a graduate degree or a baccalaureate degree. Those faculty who do not have a graduate degree have significant clinical experience and are enrolled in a graduate program or are otherwise qualified for the area(s) in which they teach. Evidence of such "other" qualification includes significant clinical experience and expertise (e.g., graduate-level courses or continuing education units, national certification) relevant to the clinical area(s) and meaningful engagement with and formal oversight by a graduate-prepared faculty member.*" It is our hope that Virginia's Board of Nursing can follow AACN's lead in providing schools the flexibility to vet the expertise of their own faculty. At a minimum, our hope is that the suggested twenty years could be reduced by at least half. Thank you for the opportunity to provide public comment.

CommentID: **220716**

Commenter: Leah Jaquez

11/30/23 6:23 pm

Adjunct Clinical Nurse positions for Retired nurses

As seasoned nurses embark on well-deserved retirements, they carry with them a wealth of invaluable knowledge cultivated over 20 or more years of dedicated practice. Their mastery in the field is a testament to their commitment and experience. In the wake of this significant wave of retirements, there is a unique opportunity for these skilled professionals to transition into clinical teaching roles. With their extensive clinical background, they are perfectly primed to impart practical wisdom to the next generation of healthcare providers. Their wealth of experiences not only enhances the educational landscape but also ensures that the legacy of their expertise continues to positively influence the nursing profession. I chose 20 years as an arbitrary number. I have had the greatest clinical education from seasoned nurses with diplomas.

CommentID: **220720**

Commenter: Karen Weeks

11/30/23 6:30 pm

Amend 18VAC90-27-60(A)(4) regarding faculty requirements

First, I would like to thank the ability to have public comments to the petition for the Board amend 18VAC90-27-60(A)(4) to allow nurses with 20 years or more of experience to serve as faculty for nursing education programs. While I certainly appreciate the expertise in years served in the nursing profession and the value to the profession; however, I can not endorse years of experience as requirements to serve as nursing faculty. The nursing shortage is felt by all, including nursing faculty. A myth that needs to be acknowledge is that the transition from practice to academia is an easy transition without any additional education. Quality nursing faculty are advanced nurses with the professional development and expertise in assessing, measuring, and ensuring student outcomes and competence. I would like to see more parameters beyond the years of experience. I would like to see the development of future faculty under experienced faculty to mentoring within the clinical areas. These future faculty should have more than 7 years experience, BSN prepared, preferred national certification endorsement, and professional development/training related to nursing education competencies.

Thank you again for the opportunity to contribute to this discussion.

CommentID: **220721**

Commenter: Marcella Williams (Bon Secours Memorial College of Nursing)

12/6/23 1:46 pm

Support for expanding parameters and recognition of clinical experience/expertise

Thank you for the opportunity to comment on the proposal to alter the Regulations Governing Nursing Education Programs [18 VAC 90-27]. The valuable conversation surrounding this issue sheds light on the current nursing and nursing faculty shortages. In essence, we can't hope to make progress in developing new nurses without sufficient numbers of qualified nursing faculty. I support the concept of broadening the requirements to align with the American Association of College of Nursing Essentials as mentioned by Shelly Smith, allowing individual schools to "vet the expertise of their own faculty" and help meet the clinical teaching needs of nursing programs. As nursing education moves to embrace a competency-based model designed to improve workforce readiness, it must be acknowledged that competencies are most evident in bedside care delivery.

We must also acknowledge the trends of new nurses fleeing the bedside, often reporting they are unprepared to face the demands of clinical practice in a chronically understaffed environment. Students need instructors with clinical expertise to guide them through the challenges of advocacy, critical thinking, and in-the-moment care decisions. We need to collaborate with our clinical partners to help retain the new nurses entering practice by ensuring we are truly preparing them for that transition.

As an experienced nurse educator, I fully acknowledge the importance of adult learning theory, test construction, NGN-NCLEX preparation and skills developed within a masters or doctoral program. However, those areas of expertise are largely required in didactic education. Additionally, many in academia begin to focus on research, evidence-based practice, and other academic pursuits that limit time at the bedside. We need both expert educators and expert clinicians to support nursing education.

Suggestions by Karen Weeks and Jamie Robinson, seem eminently logical. Specifically address the qualifications for clinical faculty teaching at the bedside to include at least 5 years of experience within a specific specialty with preference for those with specialty certification, combined with documented training in nursing education principles and close supervision by master's prepared faculty. I firmly believe there is a solid middle ground in this discussion. One that recognizes the critical nature of clinical experience to support clinical education, partnered with experts in nursing education. Together, we can focus on supporting student ability to learn the science and art that undergirds professional practice, patient safety, licensure and successful transition to practice.

CommentID: **220730**



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MEMORANDUM

To: Nursing Education Regulatory Review Committee

From: Jacquelyn Wilmoth, RN, MSN
Deputy Executive Director

Date: January 11, 2023

Subject: NCSBN Model Rules for Prelicensure Nursing Education Programs

Attached are the NCSBN Model Rules for Prelicensure Nursing Education Programs. This document was used as a resource when considering revisions to 18VAC90-27 et al. and is provided for information only.

Chapter 6. Prelicensure Nursing Education

6.1 Purpose of Nursing Education Standards

The purpose of nursing education standards is to ensure that graduates of nursing education programs are prepared for safe and effective nursing practice.

Authority: Model Act Article VI Section 1

6.1.1 Prelicensure Nursing Education Standards

All nursing education programs shall meet these standards:

- a. The purpose and outcomes of the nursing program shall be consistent with the Act and BON promulgated administrative rules, regulations and other relevant state statutes.
- b. The input of stakeholders shall be considered in developing and evaluating the purpose and outcomes of the program.
- c. A systematic evaluation plan of the curriculum is in place.
- d. The curriculum shall provide diverse didactic and clinical learning experiences consistent with program outcomes.
- e. Faculty and students shall participate in program planning, implementation, evaluation and continuous improvement.
- f. The nursing program administrator shall be professionally and academically qualified RN with institutional authority and administrative responsibility for the program.
- g. The nursing program administrator shall be consistent in a nursing program, with no more than 3 nursing program administrators in 5 years.
- h. Professionally, academically and clinically qualified faculty shall be sufficient in number, have a low turnover, and have the expertise to accomplish program outcomes and quality improvement.
- i. The simulation center shall be accredited.
- j. Written an easily accessible policies and procedures that have been vetted by students and faculty.
- k. Formal mentoring of full-time and part-time faculty.
- l. Formal orientation of adjunct faculty.
- m. The school shall provide substantive and periodic workshops and presentations devoted to faculty development.
- n. The program can provide evidence that their admission, progression, and student performance standards are based on data.
- o. The fiscal, human, physical (including access to a library), clinical and technical learning resources shall be adequate to support program processes, security and outcomes.

Authority: Model Act Article VI Section 2

6.1.2 Required Criteria for Prelicensure Nursing Education Programs

- a. Curriculum shall include experiences that promote clinical judgment; skill in clinical management, supervision and delegation; interprofessional collaboration; quality and safety; and navigation and understanding of health care systems.
 1. Distance education methods are consistent with the curriculum plan.
 2. Coursework shall include, but not be limited to:
 - i. Sound foundation in biological, physical, social and behavioral sciences
 - ii. Didactic content including prevention of illness and the promotion, restoration and maintenance of health in patients across the lifespan and from diverse cultural, ethnic, social and economic backgrounds.
 - iii. Didactic and clinical experiences shall include Medical/ Surgical, obstetrics, pediatrics, Psychiatric/ Mental Health and Community Health.
 - iv. 50% or more of clinical experiences, in each course, shall include direct patient care.
 - v. Clinical experiences shall be supervised and occur directly with patients. Clinical experiences and simulation shall include a variety of clinical settings and are sufficient for meeting program outcomes.
 3. The program has processes in place to manage and learn from near misses and errors.
 4. The program has opportunities for collaboration with interprofessional teams.
 5. Professional responsibilities, legal and ethical issues, history and trends in nursing and health care.
- b. Students
 1. The program shall hold students accountable for professional behavior, including honesty and integrity, while in their program of study.
 2. All policies relevant to applicants and students shall be readily available in writing and vetted by students and faculty.
 3. Students shall meet health standards and criminal background check requirements.
 4. English as a second language assistance is provided.
 5. Assistance is available for students with disabilities.
 6. All students have books and resources necessary throughout the program.
 7. Remediation strategies are in place at the beginning of each course and students are aware of how to seek help.

c. Administrator qualifications

1. Administrator qualifications in a program preparing for LPN/VN licensure shall include:
 - a. A current, active RN license or privilege to practice that is not encumbered and meet requirements in the jurisdiction where the program is approved;
 - b. A minimum of a graduate degree in nursing or bachelor's degree in nursing with a graduate degree;
 - c. Experience in teaching, nursing practice and administration; and
 - d. A current knowledge of nursing practice at the practical/vocational level.
2. Administrator qualifications in a program preparing for RN licensure shall include:
 - a. A current, active RN license or privilege to practice that is not encumbered and meet requirements in the jurisdiction where the program is approved;
 - b. A doctoral degree in nursing; or a graduate degree in nursing and a doctoral degree;
 - c. Educational preparation or experience in academic teaching;
 - d. Experience in nursing practice and administration; and
 - e. A current knowledge of registered nursing practice.

d. Faculty

1. There shall be a minimum of 35% of the total faculty, including all clinical adjunct, part-time, or other faculty, are employed at the institution as full-time faculty.
2. The nursing faculty shall hold a current, active RN license or privilege to practice that is not encumbered and meet requirements in the state where the program is approved.
3. Faculty supervising clinical experiences shall hold a current active RN license or privilege to practice that is not encumbered and meet requirements in the jurisdiction where the clinical practicum is conducted.
4. Qualifications for nursing faculty who teach in a program leading to licensure as an LPN/VN should be academically and experientially qualified with a minimum of a bachelor's degree in nursing.
5. Qualifications for nursing faculty who teach clinical courses, including didactic or clinical experiences, in a program leading to licensure as an RN should be academically and experientially qualified with a minimum of a graduate degree in nursing.
6. Faculty can demonstrate participation in continuing education.
7. Interprofessional faculty teaching non-clinical nursing courses shall have advanced preparation appropriate for the content being taught.
8. Clinical faculty, preceptors and adjunct faculty shall demonstrate current clinical experience related to the area of assigned clinical teaching responsibilities.

9. Clinical preceptors shall have an unencumbered license to practice as a nurse at or above the level for which the student is being prepared, in the jurisdiction where they are precepting students.
10. Simulation faculty are certified.

Authority: Model Act Article VI Section 2

6.1.3 Determination of Compliance with Standards

Accreditation by a national nursing accrediting body, set forth by the United States Department of Education (USDE), is required, and evidence of compliance with the accreditation standards may be used for evaluating continuing approval.

Nursing programs must submit to the BON copies of accreditation related correspondence with the national nursing accrediting agency within 30 days of receipt.

Authority: Model Act Article VI Section 3

6.1.4 Purposes of Prelicensure Nursing Education Program Approval

- a. To promote public protection through the safe practice of nursing by implementing standards for individuals seeking licensure as RNs and LPN/VNs.
- b. To grant legal recognition to nursing education programs that the BON determines have met the standards.
- c. To ensure graduates meet the educational and legal requirements for the level of licensure for which they are preparing and to facilitate their endorsement to other states and countries.
- d. To provide the public and prospective students with a published list of nursing programs that meets the standards established by the BON.

Authority: Model Act Article VI Section 4

6.1.5 Establishment of a New Prelicensure Nursing Education Program

Before establishing a new nursing education program, the program shall contact the BON and complete the process outlined below:

- a. Phase I – Application to BON. The proposed program shall provide the following information to the BON:
 1. Identification of sufficient financial and other resources.
 2. Governing institution approval and evidence of financial support that can be provided on an ongoing basis.
 3. Evidence of the institution meeting state requirements, and regional or national accreditation by an accredited agency recognized by the USDE.
 4. Evidence of the nursing program actively seeking pre-accreditation or candidate accreditation from a USDE recognized national nursing accrediting agency.
 5. Clinical opportunities and availability of resources.

6. Evidence of clinical partnerships and availability of resources.
 7. Availability of qualified faculty and program director.
 8. A proposed timeline for initiating the program.
- b. Phase II – Initial Approval for Admission of Students. The proposed program shall provide the BON with verification that the following program components and processes have been completed:
1. Employment of a qualified director.
 2. A comprehensive program curriculum.
 3. Establishment of student policies for admission, progression, retention, and graduation.
 4. Policy and strategies to address students' needs including those with learning disabilities and English as a second language; and remediation tactics for students performing below standard.
 5. When the BON determines that all components and processes are completed and in place, the BON shall authorize the program to admit students.
- c. Phase III – Full Approval of Program. The BON shall fully approve the program upon:
1. Completion of BON program survey visit.
 2. Submission of program's ongoing systematic evaluation plan.
 3. Employment of qualified faculty.
 4. Additional oversight of new programs will take place for the first 6 years of operation. This may include progress reports every 6 months on program leadership, consistency of faculty, numbers of students and trends of NCLEX pass rates, along with the regularly collected annual reports to the BON.

Authority: Model Act Article VI Section 5

6.1.6 Continuing Approval of Prelicensure Nursing Education Programs

- a. Every < > years previously approved nursing education programs with full program approval status will be evaluated for continuing approval by the BON.
- b. Warning signs that may trigger a focused site visit include:
 1. Complaints from students, faculty and clinical agencies.
 2. Turnover of program administrators, defined by more than 3 administrators in a 5 year period.
 3. Frequent nursing faculty turnover.
 4. Frequent cuts in numbers of nursing faculty.
 5. Decreasing trends in NCLEX pass rates.

- c. The BON may accept all or partial evidence prepared by a program, to meet national nursing accreditation requirements. The BON shall review and analyze various sources of information regarding program performance, including, but not limited to:
 1. Periodic BON survey visits, as necessary, and/or reports.
 2. Evidence of being accredited by a USDE recognized national nursing accredited agency.
 3. BON recognized national nursing accreditation visits, reports and other pertinent documents provided by the program.
 4. Results of ongoing program evaluation.
- d. Continuing approval will be granted upon the BON's verification that the program is in compliance with the BON's nursing education administrative rules.

Authority: Model Act Article VI Section 6

6.1.7 Conditional Approval of Prelicensure Nursing Education Programs

- a. The BON may grant conditional approval when it determines that a program is not fully meeting approval standards.
- b. If the BON determines that an approved nursing education program is not meeting the criteria set forth in these regulations, the nursing program shall be given a reasonable period of time to submit an action plan and to correct the identified program deficiencies.

Authority: Model Act Article VI Section 7

6.1.8. Withdrawal of Approval

- a. The BON shall withdraw approval if, after proper notice and opportunity, it determines that:
 1. A nursing education program fails to meet the standards of this Rule.
 2. A nursing education program fails to correct the identified deficiencies within the time specified.

Authority: Model Act Article VI Section 8

6.1.9 Appeal

A program denied approval or given less than full approval may appeal that decision. All such actions shall be in accordance with due process rights.

Authority: Model Act Article VI Section 9

6.1.10 Reinstatement of Approval

The BON may reinstate approval if the program submits evidence of compliance with nursing education standards within the specified time frame.

Authority: Model Act Article VI Section 10

6.2 Closure of Prelicensure Nursing Education Program and Storage of Records

- a. A nursing education program may be closed due to withdrawal of BON approval or may close voluntarily.
- b. Provisions shall be made for maintenance of the standards for nursing education during the transition to closure.
- c. Arrangements are made for the secure storage and access to academic records and transcripts.
- d. An acceptable plan is developed for students to complete a BON approved program.
- e. Confirmation shall be provided to the BON, in writing, that the plan has been fully implemented.

Authority: Model Act Article VI Section 11

6.2.1 Prelicensure Nursing Education Program Closed Voluntarily

The program shall submit to the BON:

- a. Reason for the closing of the program and date of intended closure.
- b. An acceptable plan for students to complete a BON approved program.
- c. Arrangements for the secure storage and access to academic records and transcripts.

Authority: Model Act Article VI Section 12

6.3 Innovative Approaches in Prelicensure Nursing Education Programs

A nursing education program may apply to implement an innovative approach by complying with the provisions of this section. Nursing education programs approved to implement innovative approaches shall continue to provide quality nursing education that prepares graduates to practice safely, competently and ethically within the scope of practice as defined in the Act.

Authority: Model Act Article VI Section 13

6.3.1 Purposes

- a. To foster innovative models of nursing education to address the changing needs in health care.
- b. To assure that innovative approaches are conducted in a manner consistent with the BON's role of protecting the public.

Authority: Model Act Article VI Section 14

6.3.2 Eligibility

- a. The nursing education program shall hold full BON approval without conditions.
- b. There are no substantiated complaints in the past 2 years.
- c. There are no rule violations in the past 2 years.

Authority: Model Act Article VI Section 15

6.3.3 Application

- a. A description of the innovation plan, with rationale, shall be provided to the BON at least < > days before the BON meeting.

Authority: Model Act Article VI Section 16

6.3.4 Standards for Approval

- a. Eligibility criteria in 6.3.2 are met.
- b. The innovative approach will not compromise the quality of education or safe practice of students.
- c. Resources are sufficient to support the innovative approach.
- d. Timeline provides for a sufficient period to implement and evaluate the innovative approach.

Authority: Model Act Article VI Section 17

6.3.5 Review of Application and BON Action

- a. If the application meets the standards, the BON may:
 1. Approve the application; or
 2. Approve the application with modifications as agreed between the BON and the nursing education program.
- b. If the submitted application does not meet the criteria in 6.3.2 and 6.3.4, the BON may deny approval or request additional information.

Authority: Model Act Article VI Section 18

6.3.6 Requesting Continuation of the Innovative Approach

- a. If the innovative approach has achieved the desired outcomes and the final evaluation has been submitted, the program may request that the innovative approach be continued.
- b. Request for the innovative approach to become an ongoing part of the education program must be submitted < > days prior to a regularly scheduled BON meeting.
- c. The BON may grant the request to continue approval if the innovative approach has achieved desired outcomes, has not compromised public protection, and is consistent with core nursing education criteria.

Authority: Model Act Article VI Section 19

6.4 Simulation

A prelicensure nursing education program (“program”) may use simulation as a substitute for traditional clinical experiences, not to exceed fifty percent (50%) of its clinical hours per course. A program that uses simulation shall adhere to the standards set in this section.

Authority: Model Act Article VI Section 20

6.4.1 Evidence of Compliance

A program shall provide evidence to the board of nursing that these standards have been met.

Authority: Model Act Article VI Section 21

6.4.2 Organization and Management

- a. The program shall have an organizing framework that provides adequate fiscal, human, and material resources to support the simulation activities.
- b. Simulation activities shall be managed by an individual who is academically and experientially qualified. The individual shall demonstrate continued expertise and competence in the use of simulation while managing the program.
- c. There shall be a budget that will sustain the simulation activities and training of the faculty.

Authority: Model Act Article VI Section 22

6.4.3 Facilities and Resources

- a. The program shall have appropriate facilities for conducting simulation. This shall include educational and technological resources and equipment to meet the intended objectives of the simulation.

Authority: Model Act Article VI Section 23

6.4.4 Faculty Preparation

- a. Faculty involved in simulations, both didactic and clinical, shall have training in the use of simulation.
- b. Faculty involved in simulations, both didactic and clinical, shall engage in on-going professional development in the use of simulation.

Authority: Model Act Article VI Section 24

6.4.5 Curriculum

- a. The program shall demonstrate that the simulation activities are linked to programmatic outcomes.

Authority: Model Act Article VI Section 25

6.4.6 Policies and Procedures

The program shall have written policies and procedures on the following:

- a. Short-term and long-term plans for integrating simulation into the curriculum;
- b. Method of debriefing each simulated activity; and
- c. Plan for orienting faculty to simulation.

Authority: Model Act Article VI Section 26

6.4.7 Evaluation

- a. The program shall develop criteria to evaluate the simulation activities.
- b. Students shall evaluate the simulation experience on an ongoing basis.

Authority: Model Act Article VI Section 27

6.4.8 Annual Report

- a. The program shall include information about its use of simulation in its annual report to the board of nursing.

Authority: Model Act Article VI Section 28