

**VIRGINIA BOARD OF NURSING  
REGULATORY REVIEW COMMITTEE MEETING  
Friday, April 26, 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)  
Kelly Davis, M. Ed. CTE., Virginia Department of Education (VDOE)

**STAFF:**

Jacquelyn Wilmoth, RN, MSN, Deputy Executive Director  
Randall Mangrum, DNP, RN, Nursing Education Program Manager  
Erin Barrett, Director of Legislative and Regulatory Affairs, DHP  
Matthew Novak, Policy and Economic Analyst

9: 30 a.m.	Welcome and Introductions (Ms. Swineford)
9:35 a.m.	Review of Committee Charge (Ms. Barrett)
9:40 a.m.	Public Comment
9: 45 a.m.	Review of Proposed Regulations Discussion: Petition for rule making Discussion: 2024 Legislative Session Impact on Regulatory requirements
12:00 p.m.	Lunch
2: 50 p.m.	Next Steps
3: 00 p.m.	Summary and Adjourn



**Secretariat** Health and Human Resources

**Agency** Department of Health Professions

**Board** Board of Nursing

Petition 403

Petition Information	
<b>Petition Title</b>	Request to require self-care training as part of didactic nursing education
<b>Date Filed</b>	2/12/2024 <a href="#">[Transmittal Sheet]</a>
<b>Petitioner</b>	Marcella Williams
<b>Petitioner's Request</b>	The petitioner requests that the Board amend 18VAC90-27-90 and 18VAC90-27-100 to require training in self-care. The petitioner requests that 18VAC90-27-90 be amended to add "Personal and professional self-care behaviors that promote well-being, resiliency, and emotional intelligence." The petitioner requests that 18VAC90-27-100 be amended to add: "No more than 10 clinical hours within a nursing program may be used as structured self-care activities. Self-care activities will be planned in cooperation with the agency involved and designed to meet clinical course objectives available to the students, the agency, and the Board."
<b>Agency's Plan</b>	The petition for rulemaking will be published in the Virginia Register of Regulations on March 11, 2024. The petition will also be published on the Virginia Regulatory Town Hall at <a href="http://www.townhall.virginia.gov">www.townhall.virginia.gov</a> to receive public comment, which will open on March 11, 2024, and will close on April 10, 2024. The Board will consider the petition and all comments in support or opposition at the next meeting after the close of public comment, currently scheduled for May 21, 2024. The petitioner will be notified of the Board's decision after that meeting.
<b>Comment Period</b>	Began 3/11/2024 Ended 4/10/2024 <a href="#">6 comments</a>
<b>Virginia Register Announcement</b>	Submitted on 2/12/2024 <a href="#">The Virginia Register of Regulations</a> Published on: 3/11/2024 Volume: 40 Issue: 15
<b>Agency Decision</b>	Pending

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**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**

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**Commenter:** Lena Whisenhunt (Mountain Empire Comm College)

3/11/24 1:48 pm

**amending 18VAC90-27-90 and 100**

No. I do not agree with adding this amendment to the already overwhelming list of items/pieces to teach.

Programs already cover self-care in programs. This starts in fundamentals, is interwoven throughout, and concludes in Trends. People are doing the best they can. How can we require more hours - or take hours away from didactic content in preparation for NCLEX to study self care?? Again, self care is already addressed.

And my second question is this: how do you complete, let alone prove, this type of clinical? Are we going to the spa?

No.

CommentID: 222268

**Commenter:** Carol Anderson DuBois

3/12/24 8:28 am

**I wholeheartedly support this proposal!**

I wholeheartedly support this proposal!

I have been a nurse for over 30 years and a nurse educator for 20 years. I can personally tell you that nursing is a mentally and physically challenging profession that has only increased since the pandemic.

The physical and mental health of nurses is a major concern to me. I believe that incorporating behaviors that help reduce work strain, anxiety, and tension by increasing one's ability to cope through holistic stress reduction strategies is essential to resilience.

I have always prioritized self-care in my life and taught the "concept" of self-care for the duration of my career. However, nursing curricula is so intense that educators only have time to talk about self-care concepts. The reality of practice is simply not feasible.

As nurses, we must change the way we think and act!

New nurses must start to not only value the knowledge of self-care practices but understand how to care for themselves. Therefore, self-care skill development is necessary. Mandating that nursing programs not only teach, but allow nursing students to experience relaxation, healthy eating and exercise through documented

self-care activities will help students develop positive coping habits rather than negative ones. Participating in activities such as yoga, exercise classes, support groups, and other activities that promote health and illness prevention will help solidify these behaviors.

I believe that practicing self-care during nursing school will foster a healthier transition into practice and lengthen the time nurses are able to provide safe care to patients in demanding workplaces. I am thankful that this proposal is being considered and support it completely!

CommentID: **22275**

**Commenter:** Kim Sivak, adjunct nurse clinical instructor for 2 universities in VA

3/17/24 4:51 pm

### **Proposed amendment to 18VAC90-27-90 and 18VAC90-27-100**

Though I feel very strongly about self-care and advocate and encourage nursing students with me for their mental health clinicals, I do not feel it should be mandated into nursing program curriculum. There is so much already mandated in the nursing programs. Where would another up to 10 hours be placed? And no more than 10 hours, does that mean it can also be 1 hour or even 30 min?

We do discuss self-care in our programs. I provide free apps for nurse self-care handouts to students, which I received during the ANA nursing burn-out series. I tell them if we are not at our best, we cannot give our best. Self-care is personal and there are so many things that it could include. I feel adding this mandate may have the reverse effect and cause nursing students more stress. Prior to starting my ADN program many years ago, the college provided an orientation that did discuss this. Also, when I do discuss self-care-it seems there are some that really look like they feel it is important and others look at me like I have 3 heads and seem very disinterested. Again-this is something very personal.

Thank you.

CommentID: **222319**

**Commenter:** Kathleen Allen, BSMCON

3/26/24 11:59 am

### **Request to require self-care training as part of didactic nursing education**

Self-care is important for nurses to maintain their physical, mental, and emotional wellbeing. Nursing is a very demanding profession with long hours, and it is often in high stress environments. If nurses do not attend to their own self-care, they risk burnout, leading to decreased job satisfaction, increased turnover rates and eventually, poorer patient outcomes. By incorporating self-care into the nursing curriculum, students are taught early in their careers the importance of taking care of themselves.

Furthermore, self-care is not just about burnout, it also promotes overall health and wellness. Nurses who practice self-care are more likely to be healthier, happier, and more resilient in facing challenges.

Opposing self-care in curriculum sends the message that self-care is not a priority or is somehow separate from the practice of nursing. It disregards the holistic approach to healthcare and it undermines the idea that nurses should be advocates for health and wellness.

Therefore, including self-care in the curriculum, nursing programs can help shape a generation of nurses who understand the importance of caring for themselves in order to better care for others and better prepares students for the demands of the profession.

CommentID: **222360**

**Commenter:** Trina Gardner

3/26/24 2:11 pm

**Self care training**

We all know how demanding nursing can be on us physically, emotionally and mentally but I struggle with having clinical hours count towards self care. We are challenged with ensuring that our students have enough time in the clinical setting caring for patients and I would not want to lose these hours. That being said, I do feel we are obligated to teach our students how to care for themselves. This can be threaded through the curriculum in lectures, in post conferences and even by providing webinars for students to watch.

I would not want this to be clinical hours.

CommentID: **222372****Commenter:** Ellis Parker, Longwood University

4/3/24 2:05 pm

**Self Care**

While an issue historically, there is an increasing incidence of mental health, anxiety, emotional regulation, resiliency, and decision-making in current cohorts. I know many programs will argue that they already cover self-care but I would urge those programs to reflect on *how* it is being covered. I find that many do mention it, perhaps even multiple times for "reinforcement" of the concept. But, what is being done or taught? Is it simply defining burnout and related terms? Is it having students list self-care activities or promise they're going to incorporate more of them? What is this *really* providing the student? Self-care is far more than a face mask and a bath. It requires the ability to identify emotions so we can accurately acknowledge, address, and regulate them so we can then make decisions. Far too often we fail to teach *tangible* skills with which a student can truly engage in self-care and resiliency.

Last year I collaborated with a campus mental health professional to include wellness sessions in a course that is required for students on delayed progression. Topics covered include mindfulness (focusing on emotion regulation and decision-making), relationships (how to say no and ask for what you need), radical acceptance, and responding to emotional distress. These sessions give students tools to truly engage in their own well-being and actively change their self-care related behaviors. We've submitted a 2-credit course for approval to offer as an elective for freshmen and sophomores with the thought that empowering them early in the program will improve retention.

In an ideal world, this would be mandatory for every student. I know the pushback is often that we already have "too much content" to cover and that anything "non-critical" must be trimmed. I absolutely appreciate and understand that concern. However, "critical" content seems to be definite as "content the NCLEX will test on". If we are educating students for more than just passing a standardized test, then I'd argue that there is "critical content" we are missing. What's the point of students passing the NCLEX if they are leaving the profession within five years due to burnout?

CommentID: **222481**

Regulatory Changes from HB 1499 and Board suggested changes in response to legislation

18VAC90-27-10 Definitions.

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

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

18VAC90-27-40(C)(3) Organization and administration.

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

18VAC90-27-60. **Nursing** Faculty

A. Qualifications for all **nursing** faculty.

2. Each ~~Every~~ member of a 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 **the faculty member instructs students**. ~~they supervise student clinical experience for quality and safety.~~

3. ~~Prior to supervision of students~~ **in the clinical setting**, the **nursing** 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.~~

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 **competence** development shall be maintained in employee files for the director and each **nursing** faculty member until the next survey visit ~~and shall be available for board review.~~

5. For baccalaureate degree and prelicensure graduate degree programs:

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. Clinical nursing faculty shall hold a graduate degree in nursing or hold a baccalaureate degree in nursing and be enrolled in a graduate degree program, or hold a baccalaureate degree in nursing and hold alternative credentials. Clinical nursing faculty with a graduate degree other than nursing must hold a baccalaureate degree in nursing.**

Regulatory Changes from HB 1499 and Board suggested changes in response to legislation

6. For associate and diploma programs:

~~b. The majority of the members of the nursing faculty shall hold a graduate degree, preferably with a major in nursing.~~ **Didactic members of the nursing faculty shall hold a graduate degree preferably with a major in nursing or hold a baccalaureate degree and be actively enrolled in a graduate program.**

~~c. All members of the nursing faculty shall hold a baccalaureate or graduate degree with a major in nursing.~~ **Every member of the clinical nursing faculty shall hold a baccalaureate degree in nursing or an associate degree in nursing and be actively enrolled in a baccalaureate program in nursing.**

7. For practical nursing programs:

~~b. The majority of the members of the nursing faculty shall hold a baccalaureate degree, preferably with a major in nursing.~~ **All nursing faculty shall hold a baccalaureate degree, preferably with a major in nursing, or hold an associate degree and be actively enrolled in a baccalaureate degree program, preferably with a major in nursing.**

18VAC90-27-170. Repeal

~~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 requirements of 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.~~

~~b. A description of teaching assignment, a curriculum vitae, 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.~~



## Regulatory Changes from HB 1499 and Board suggested changes in response to legislation

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