LEGISLATION AND RULES COMMITTEE
BOARD OF NURSING

Room 121A, 1400 East Washington Avenue, Madison WI
Contact: Sharon Henes (608) 266-2112
September 14, 2017

Notice: The following agenda describes the issues that the Committee plans to consider at the meeting. At the time of the meeting, items may be removed from the agenda. Please consult the meeting minutes for a description of the actions and deliberations of the Committee. A quorum of the Board may be present during the committee meeting.

8:00 A.M.

AGENDA

CALL TO ORDER – ROLL CALL – OPEN SESSION

A. Approval of Agenda (1)

B. Legislation and Administrative Rules Matters – Discussion and Consideration (2-23)
   1) Proposals for Amending N 1 Relating to School Approval, Including Curriculum and Clinicals
   2) Proposals for Amending N 2 Relating to Licensure
   3) Update on Pending and Possible Rulemaking Projects

C. Public Comments

ADJOURNMENT

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MEETINGS AND HEARINGS ARE OPEN TO THE PUBLIC, AND MAY BE CANCELLED WITHOUT NOTICE.

Times listed for meeting items are approximate and depend on the length of discussion and voting. All meetings are held at 1400 East Washington Avenue, Madison, Wisconsin, unless otherwise noted. In order to confirm a meeting or to request a complete copy of the board’s agenda, please call the listed contact person. The board may also consider materials or items filed after the transmission of this notice. Times listed for the commencement of disciplinary hearings may be changed by the examiner for the convenience of the parties. Interpreters for the hearing impaired provided upon request by contacting the Affirmative Action Officer, 608-266-2112.
Curriculum

General Standards

The curriculum shall enable the student to develop the nursing knowledge, skills, and abilities necessary for the level, scope, and standards of competent nursing practice expected at the level of licensure. All curriculum shall be developed by a faculty member with a graduate degree. Curriculum shall be revised as necessary to maintain a program that reflects advances in health care and its delivery. The curriculum shall include all of the following:

1. Evidence-based learning experiences and methods of instruction consistent with the written curriculum plan. The methods of instruction may include distance education methods.
2. Diverse didactic and clinical learning experiences consistent with program outcomes.
3. Coursework shall include all of the following:
   - Content in the biological, physical, social, and behavioral sciences to provide a foundation for safe and effective nursing practice.
   - Content regarding professional responsibilities, legal and ethical issues, and history and trends in nursing and health care.

The curriculum shall enable the student to develop the nursing knowledge, skills and abilities necessary for the level, scope and standards of competent nursing practice expected at the level of licensure. Curriculum will be revised as necessary to maintain a program that reflects advances in health care and its delivery.

The curriculum shall include:

1. Experiences that promote the development and subsequent demonstration of evidence-based clinical judgment, skill in clinical management, and the professional commitment to collaborate in continuously improving the quality and safety of the healthcare system for patients.
2. Evidence-based learning experiences and methods of instruction, including distance education methods, consistent with the written curriculum plan.
3. Coursework including:
   - Content in the biological, physical, social and behavioral sciences to provide a foundation for safe and effective nursing practice.
   - Content regarding professional responsibilities, legal and ethical issues, history and trends in nursing and health care.
   - Didactic content and curriculum

Curriculum

1. The curriculum shall be based upon the state program purpose, philosophy and outcomes.
2. Levels of progression in relation to the stated program outcomes shall be established.
3. Coordinated clinical and theoretical learning experiences shall be consistent with the program outcomes.
4. Curriculum content shall reflect contemporary nursing practice encompassing major health needs of all age groups.
5. The entire curriculum shall be based on sound nursing, education and instructional principles.
6. The curriculum shall be evaluated by faculty with student input, according to a stated plan.
7. The program shall be approved by the appropriate educational agency.

Curriculum

1. The curriculum of a program shall:
   - Reflect the philosophy/mission and program outcomes supported by the nursing faculty.
   - Identify program outcomes and define how learning experiences support outcomes.
   - Reflect current standards of nursing practice and education.
   - Be consistent with laws governing the practice of nursing.
   - Be comparable in quality to those in other programs of the same level, scope and standards of nursing practice expected at the level of educational preparation.
2. Curriculum requirements generally:
   - A statement of philosophy shall be established which is consistent with the philosophy of the sponsoring agency and which is implemented in the program of nursing education.
   - There shall be course, level and terminal objectives to serve as a guide in the development, implementation and evaluation of the curriculum. The objectives shall be reviewed periodically and revised as necessary.
   - Learning experiences and methods of instruction shall be selected to fulfill the stated outcomes of each nursing course.
   - Related clinical experiences and clinical lab hours shall be provided concurrently with, or immediately after, the theoretical presentation of the course content. Simulation laboratory hours shall be limited to no more than 50% of each clinical experience.
   - Evaluation methods and tools to be used for measuring student achievement shall be determined by the faculty in keeping with the assessment methods of the program.
3. The curriculum must provide diverse learning activities, including learning activities in clinical settings, that are consistent with program outcomes.
4. The curriculum shall enable the student to develop the competence necessary for the level, scope, and standards of nursing practice consistent with the type of licensure.

5. The curriculum shall enable the student to develop the nursing knowledge, skills and professional identity necessary for the level, scope, and standards of competent nursing practice expected at the level of educational preparation.
6. The curriculum will be revised as necessary to maintain a program reflecting advances in health care and its delivery.
7. The curriculum shall include evidence-based learning experiences and methods of instruction, including distance education methods, consistent with the written curriculum plan.
8. Clinical and practice experiences must include opportunities to learn and provide care to clients from diverse ethnic and cultural backgrounds. The emphasis place on these areas and the scope encompassed shall be in keeping with the purpose and outcomes of the program.
9. The length, organization, content, methods of instruction, and placement of courses must be consistent with the purpose and outcomes of the program.
10. All nursing programs
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| o Didactic content and supervised clinical experiences in the 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. | supervised clinical experience in the 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. Patient experiences will occur in a variety of clinical settings and will include:  
- Integrating patient safety principles throughout the didactic and clinical coursework  
- Implementing evidence-based practice to integrate best research with clinical expertise and patient values for optimal care, including skills to identify and apply best practices to nursing care.  
- Providing patient-centered, culturally competent care that recognizes that the patient or designee is the source of control and full partner in providing coordinated care by:  
  a) Respecting patient differences, values, preferences and expressed needs  
  b) Involving patients/designees in decision-making and care management | initial licensure as a licensed practical nurse or registered nurse shall include:  
1. Content that is consistent with the practice of nursing.  
2. Content in medical, surgical, gerontological, mental health, and nursing of childbearing families and children that reflects current nursing practice and that encompasses health needs throughout the lifespan.  
3. Opportunities to participate in the nursing process and to develop competencies in direct patient care, problem-solving methodologies, clinical judgment, communication and the use of current equipment and technology.  
4. Content in nursing history and trends, including professional, legal and ethical aspects.  
5. Supporting content from the natural and social sciences. | the sponsoring agency. These methods and tools shall be known to the students in the program.  
- The director and faculty shall evaluate all aspects of the curriculum on a systematic basis. Records of the results of the evaluation shall be maintained for board review, if requested.  
The curriculum shall be organized, developed, implemented, controlled, and evaluated on a regularly scheduled basis by the program director and the faculty within the framework of the philosophy, purposes and outcomes of the sponsoring agency and those approved by the board.  
The curriculum objectives shall identify the behavioral expectations of the graduate of the program and shall be used for the following purposes:  
1. Developing, organizing, implementing and evaluating the curriculum.  
2. Identifying outcomes for levels of progression and course and program completion.  
3. Providing to the student an organized pattern to follow in which the sequence of learning is from the simple to the complex and from the delivering curriculum through distance learning methods must ensure that students receive curriculum comparable to in-person teaching and the clinical and practice learning experiences are evaluated by faculty through formative and summative evaluations.  
7. Nursing programs shall not use external nursing examinations as the sole basis for program progression or graduation. External nursing exams for the purpose of this section, means exams created by people or organizations outside a student’s own nursing education program.  
8. Competency based testing for progression in nursing programs must be based on valid and reliable tools measuring the knowledge and skills expected at an identified level of student or nursing practice. |
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<td>c) Coordinating and managing patient care across settings</td>
<td>d) Explaining appropriate and accessible interventions to patients and populations that may positively affect their ability to achieve healthy lifestyles.</td>
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<td>• Collaborating with interprofessional teams to foster open communication, mutual respect, and shared decision-making in order to achieve quality patient care.</td>
<td>• Participating in quality improvement processes to monitor patient care outcomes, identify possibility of hazards and errors, and collaborate in the development and testing of changes that improve the quality and safety of health care systems</td>
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<td>• Using information technology to communicate, mitigate errors and support decision-making.</td>
<td>3. Delivery of instruction by distance education methods must be consistent with the program curriculum plan and enable students to meet the goals, competencies and outcomes of the educational</td>
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<td>known to the unknown, with each learning experience built on previously learned information of nursing and related scientific knowledge.</td>
<td>4. Organizing the courses so as to approximate, as closely as possible, the schedules of the sponsoring agency.</td>
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<td>5. Distributing the courses throughout the curriculum so that an unreasonable overload does not exist.</td>
<td>The statement of the conceptual framework or rationale for the program shall be the basis for the organization of the nursing content of the curriculum.</td>
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<td>The course content and other learning experiences shall promote student growth in all of the following areas:</td>
<td>1. The understanding of the roles and responsibilities of the members of the nursing profession.</td>
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<td>2. The application of the principles of nursing and the sciences which are basic to nursing practice in the development of plans of care for the patient or client.</td>
<td>3. The provision of direct and indirect nursing care.</td>
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<td>4. The understanding of effective human</td>
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program and standards of the BON.

relations and demonstrating the ability to use these principles in nursing situations.

5. The recognition of physical, psychosocial, and spiritual needs of diverse patient/client populations in the provision of nursing care.

6. The understanding of health, including the manifestations of disease and the initiation, organization, and application of the principles underlying the nursing care provided.

7. Developing skills and abilities in the administration of all aspects of nursing care, including all of the following:
   a. Communications
   b. Critical thinking, clinical reasoning and problem solving.
   c. Understanding legal and professional responsibilities.
   d. The working relationships with other health care providers.
   e. Evidence based practice.
   f. Quality and safety

8. Understanding and protecting the rights of patients or clients.

Curriculum Standards

Curriculum for the PN programs shall:
1. Include, at a minimum, Programs leading to a diploma in practical nursing shall be:
The director and faculty of a program of nursing education leading to licensure as a PN

The practical nurse nursing education program must include both didactic and
basic concepts of anatomy, physiology, chemistry, microbiology, physics, communications, growth and development, interpersonal relationships, psychology, sociology, cultural diversity, pharmacology, nutrition and diet therapy, and vocational, legal and ethical aspects of nursing.

2. Not preclude a flexible curriculum that would provide appropriate integration of the nursing subject areas.

3. Provide basic theoretical and clinical instruction in all areas of nursing practice in the promotion, prevention, restoration and maintenance of health in individuals and groups across the life span and in a variety of clinical settings.

4. Incorporate the nursing process as an integral part of the curriculum.

5. Prepare the student to assume entry level practical nursing positions to assist clients with normal and common health problems through use of basic nursing skills.

6. Be at least one academic year in length

7. If a military program, consist of a minimum of 36-40 weeks of theory and clinical instruction incorporating the curriculum outlined.

1. Be consistent with the legal implications within the scope of practice of a licensed practical nurse.

2. Focus on supportive or restorative care provided under the supervision of a registered nurse or physician.

3. Provide learning experiences in medical, surgical and gerontological nursing.

4. Provide content in nursing of childbearing families and children and mental health that is supported by one or more of the following: clinical instruction, lab/simulation or observation experiences adequate to meet program outcomes.

shall comply with all of the following provisions:

1. Select courses and ensure teaching concepts on which the theory and practice of practical nursing are based. The basic principles of the natural and applied sciences which are fundamental to the theory and practice of practical nursing and which are applied in the planning and implementation of nursing care shall be included.

2. Provide courses and clinical and simulation experiences in the care of all age groups and both sexes in medical, surgical, pediatric, obstetrical, and geriatric nursing and provide supervised practice in the administration of medications. Clinical laboratory, simulation laboratory, and clinical experience hours shall be sufficient to meet the objectives of the curriculum.

3. Ensure that courses include content relating to the following:
   a. The legal scope of practice of a practical nurse
   b. The standards of conduct for members of the nursing profession, and in particular, a licensed clinical learning experiences and must be:
      1. Include prerequisite classes in the physical, biological, social and behavior sciences that are transferable to colleges and universities.
      2. Planned, implemented and evaluated by the faculty.
      3. Based on the philosophy, mission, objectives, and outcomes of the program and consistent with laws.
      4. Organized by subject and content to meet program outcomes.
      5. Designed to teach students to use a systematic approach to clinical decision making and safe patient care.
      6. Organized by subject and content to meet program outcomes.
      a. Professional relationships and communication.
      b. Nursing ethics.
      c. Nursing history and trends.
      d. Board approved scope of practice decision tree.
      e. Standards of practice.
      f. Licensure and legal aspects of nursing including the disciplinary process, substance abuse and professional values.
      g. Concepts and clinical practice experiences in geriatric nursing, and medical, surgical, and
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<td>mental health nursing for clients throughout the life span.</td>
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<td>h. Concepts of antepartum, intrapartum, postpartum and newborn nursing with only an assisting role in the care of clients during labor and delivery and those with complications.</td>
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<td>i. Concepts and practice in the prevention of illness and the promotion, restoration, and maintenance of health in patients across the life span and from diverse cultural, ethnic, social and economic backgrounds.</td>
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<td>j. AIDS education as required by statute.</td>
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<td>7.</td>
<td>Designed to prepare graduates for licensure and to practice practical nursing.</td>
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<td>8.</td>
<td>Designed to prepare graduates to practice according to competencies recognized by professional nursing organizations.</td>
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<td>9.</td>
<td>Practical nursing courses shall include:</td>
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<td>a. Components of: Client needs; safe, effective care environment; health promotion and maintenance;</td>
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<td>interdisciplinary communication and collaboration; discharge planning; basics of multicultural health; psychosocial integrity; and physiological integrity.</td>
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<td>b. Skills laboratory and clinical practice in the functions of the practical nurse including administration of medications, implementing and monitoring client care, and promoting psychosocial and physiological health.</td>
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<td>c. Concepts of coordinated care, delegation and supervision.</td>
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<td>10. Practical nurse programs teaching intravenous infusion therapy shall prepare graduates for national certification by a nursing professional certifying body.</td>
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<td>Curriculum RN Standards</td>
<td>Curriculum for professional nursing programs shall: 1. Include, at a minimum, concepts in anatomy, physiology, chemistry, physics, microbiology, sociology, psychology, communications, growth and development, interpersonal relationships, group dynamics, cultural</td>
<td>The curriculum of a program leading to a degree in professional nursing shall: 1. Be consistent with the legal implications within the scope of practice of a registered nurse. 2. Focus on attaining, maintain and regaining health and safety for individuals and groups by utilizing the principles of</td>
<td>The director and faculty of a program of nursing education leading to licensure as a RN shall comply with all of the following provisions: 1. Select courses and ensure teaching concepts for basic content in the biological, physical, behavioral and other courses supportive of the nursing major which shall</td>
<td>The program of study for a registered nursing education program must include both didactic and clinical learning experiences and must be: 1. Designed so that all prerequisite nonnursing course credits and nursing credits are transferable to the bachelor’s in nursing programs. 2. Designed to include</td>
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|      | diversity, pharmacology and the administration of medication, nutrition and diet therapy, pathophysiology, ethics, nursing history, trends and theories, professional and legal aspects of nursing, leadership and management in nursing, and teaching-learning theory.  
2. Not preclude a flexible curriculum that would provide appropriate integration of the nursing subject matters.  
3. Provide theoretical and clinical instruction in all areas of nursing practice in the promotion, prevention, restoration and maintenance of health in individuals and groups across the life span and in a variety of clinical settings.  
4. Incorporate the nursing process as an integral part of the curriculum.  
5. Prepare the student to assume beginning level professional nursing positions.  
6. Be at least 2 academic years in length.  
The curriculum may include a Nursing Student Internship/Cooperative Education Course that meets the following minimum requirements:  
1. The course must be available with the leadership, management, nursing informatics and client education.  
3. Provide learning experiences in medical, surgical, mental health and gerontological nursing.  
4. Provide content in nursing of childbearing families and children that is supported by one or more of the following: clinical instruction, lab/simulation, or observation experiences adequate to meet program outcomes.  
5. Provide content in nursing research when the program leads to a baccalaureate, master’s or doctoral degree.  
6. Provide learning experiences in community health nursing when the program leads to a baccalaureate, master’s or doctoral degree.  
|      | assist the student to improve abilities in all of the following areas:  
a. Communication  
b. Interviewing  
c. Critical thinking, clinical reasoning, and problem solving.  
d. Interpersonal relationships.  
e. Use of scientific principles in providing individualized nursing care to the patient or client. Such courses shall have credits conferred consistent with the policies of the sponsoring agency.  
f. Analysis and evaluation of scientific research.  
g. Quality and safety  
2. Provide courses and clinical experiences in care of all age groups and sexes in medical, surgical, pediatric, geriatric, obstetrical and psychiatric nursing. Opportunities for learning experiences in community aspects of nursing shall be made available.  
3. Ensure that courses  
4. Designed to include theory and clinical experiences in the areas of medical surgical nursing and mental health nursing across the life span, teaching students to use a systematic approach to clinical decision making and preparing students to safely practice professional nursing through the promotion, prevention, rehabilitation, maintenance, restoration of health, and palliative and end of life care for individuals of all ages across the life span.  
4. Designed to include nursing history, health care trends, legal and ethical issues including professional values, substance abuse and the disciplinary process, scope of practice and Board approved scope of practice decision tree, and licensure and professional responsibility pertaining to the registered nurse role. Content may be instruction in the physical, biological, social and behavioral sciences. Content is required from the areas of anatomy and physiology (equivalent to 2 quarter credit terms with lab), chemistry, microbiology, pharmacology, nutrition, communication, and computations. |
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<td>nursing major and identified on the transcript.</td>
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<td>Faculty must meet approved nursing education program qualifications and hold faculty status with the educational unit.</td>
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<td>Clinical content must be coordinated with theoretical content.</td>
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<td>Clinical experience must be under direct supervision of qualified faculty as set forth or with a registered nurse preceptor. The nurse preceptor shall be approved by the program and shall work under the direction of a nurse faculty member.</td>
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<td>5.</td>
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<td>Students shall not be permitted to practice beyond educational preparation or without faculty supervision.</td>
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<td>The course shall be based on program purpose, philosophy, objectives and framework.</td>
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<td>7.</td>
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<td>Course evaluation shall be based on program purpose, philosophy, objectives and framework.</td>
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<td>Course evaluation shall be consistent with the plan for program. Evaluation.</td>
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<td>Articles of affiliation shall clearly delineate student, educational institution and health include content relating to all the following:</td>
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<td>a. The legal scope of practice of a registered nurse</td>
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<td>b. The standards of practice and performance and code of ethics for the nursing profession.</td>
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<td>c. Historical perspectives of nursing and current legal-ethical issues.</td>
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<td>d. Licensure requirements.</td>
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<td>e. Evidence-based practice.</td>
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<td>f. Quality and safety.</td>
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<td>10.</td>
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<td>Designed so articulation or dual enrollment agreements between associate and bachelor’s degree nursing programs or associate and master’s degree nursing programs exists to facilitate higher levels of nursing within a timely manner.</td>
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<td>11.</td>
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<td>Designed to prepare graduates for licensure and to practice as registered nurses.</td>
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<td>12.</td>
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<td>Designed to prepare graduates to practice as associate degree or</td>
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<td>integrated, combined, or presented as separate courses.</td>
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bachelor degree nurses as identified by professional nursing organizations.

13. Designed to include AIDS education as required by statutes.

Baccalaureate and entry-level master’s degree programs shall also include:

1. Theory and clinical experiences in community and public health nursing.

2. The study of research principles and application of statistics to health care practice and intervention.

3. The study and practice of leadership, interdisciplinary team coordination, quality assurance and improvement, care coordination and case management.

Registered nursing curricula shall include:

1. Comprehensive content on: client needs; safe practice; effective care environment; discharge planning; health promotion, prevention, and maintenance; psychosocial integrity and physiological integrity.

2. Clinical experiences in the care of persons at each stage of the human life cycle, with opportunities for the student to learn and have direct involvement in and
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**Postlicensure for RN who does not hold a BSN**

The curriculum of a program that leads to a baccalaureate degree in nursing shall include learning experiences in nursing that will enable the student to achieve competencies comparable to outcomes of the prelicensure baccalaureate education, including content in nursing research and learning experiences in community health nursing.

The curriculum of a program that leads to a master’s degree in nursing shall include content and learning experiences in nursing that will enable the student to achieve competencies comparable to outcomes of the prelicensure baccalaureate education and master’s education, including content in nursing research and learning experiences in community health nursing.

Registered nurse to bachelor’s or master’s in nursing education programs must:

1. Develop curriculum to ensure the courses or content completed at the diploma or associate degree levels of nursing are not duplicated.
2. Design curriculum to ensure student sufficient exposure to content in science and liberal arts.
3. Design curriculum to allow students the exposure to apply new concepts to practice at the level of the bachelor’s or entry level master’s in nursing.
4. Design curriculum to include critical thinking, problem solving, and clinical reasoning skills at the level of preparation.
5. Design curriculum including a specific course or content directly responsible and accountable for the provision of basic nursing care and comfort for clients with acute and chronic illnesses, pharmacological and parenteral therapies, and pain management.

3. Opportunities for management of care, delegation, supervision, working within a health care team, and interdisciplinary care coordination.
### Curriculum Graduate Level Standards

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related to role differences and effective role transition strategies at the level of preparation.

6. Design curriculum including competencies in the following areas:
   a. The study and practice of leadership, interdisciplinary team coordination and collaboration, quality assurance and improvement, and care coordination and case management.
   b. The study and practice of community and public health.
   c. The theory and application of research and evidence-based practice concepts and processes.

<p>| Licenses APRN. Does not approve graduate school programs. | Master’s, post-master’s and doctoral programs for registered nurses who hold a baccalaureate degree in nursing. 1. The curriculum of a program leading to a master’s or doctoral degree in nursing shall include in-depth study of: a. Nursing science, which includes content, practicum experiences and research; b. Advanced role areas in nursing; 2. The curriculum of a program leading to a master’s degree or post- | Programs with students of advance practice programs who are preparing for more than one population focus or combined rules have content and clinical experience in both function roles and population foci. | Graduate nursing education programs shall meet the standards established by the national nursing or nursing-related education accrediting body. The curriculum of graduate nursing education program shall be congruent with national standards for graduate level nursing education. The curriculum and practice experiences shall be consistent with the competencies of the specific area of practice, stated program outcomes, and established national standards by a nursing |</p>
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<td>Clinical Standards</td>
<td>Patient experiences shall occur in a variety of clinical or simulated settings and shall include all of the following:</td>
<td>Faculty supervised clinical practice shall include development of skills in direct patient care; making clinical judgments; care and management of both individuals and groups of patients across the lifespan; and delegation to and supervision of, as appropriate to level of education, other healthcare providers. 1. The program shall provide clinical hours comparable to those provided by an approved program of equivalent size and program type or, in the case of no equivalent program, clinical hours scaled relative to an approved program. 2. Clinical experiences shall</td>
<td>Clinical experience must be under direct supervision of qualified faculty as set forth or with a registered nurse preceptor. The nurse preceptor shall be approved by the parent institution and shall work under the direction of a nurse faculty member. The ratio of students to faculty in the clinical area shall be appropriate to the clinical learning experience: 1. When under direct supervision of the faculty, the ration shall not exceed 10 to 1. 2. When a registered nurse preceptor is used, the ration of students to faculty member shall not exceed 12 to 1.</td>
<td>The nursing program shall notify students and prospective students that nursing courses with a clinical component may not be taken by a person: o Who has been denied licensure by the board. o Whose license is currently suspended, surrendered or revoked in any U.S. jurisdiction. o Whose license or registration is currently suspended, surrendered or revoked in another country due to disciplinary action. In a precursory program, a ratio of one faculty member to a maximum of 8 students in practice situations involving clinical instruction.</td>
<td>All cooperating agencies selected for clinical laboratory and simulation laboratory experiences shall have standards of nursing care that demonstrate concern for the patient or client and evidence the skillful application of all measures of quality and safe, evidence-based nursing practice. All cooperating agencies shall have current license, if required, for their operation and adhere to the local zoning ordinances governing their operation. Each resource selected to provide clinical experience shall indicate a willingness to cooperate in the curriculum.</td>
<td>Practical, professional and advanced practice programs shall have: 1. Learning activities to acquire and demonstrate competence in clinical settings which patients across the life span and with patients throughout the whole wellness, acute and chronic illness continuum. 2. Diverse learning activities including clinical simulations to acquire and demonstrate competence.</td>
<td>All nursing programs preparing students for licensure shall provide faculty planned clinical or direct patient care experiences hours must be: 1. At least 300 hours for licensed practical nursing education programs. 2. At least 500 hours for associate degree nursing education programs. 3. At least 600 hours for bachelors of science in nursing education programs. 4. At least 500 hours for masters level nurse practitioner nursing education programs.</td>
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*Washington also has curriculum for licensure as advanced registered nurse practitioners (ARNP). I did not include in the grid.*
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<td>1.</td>
<td>o Respecting patient differences, values, preferences and expressed needs.</td>
<td>o Involving patients or designees in decision making and care management.</td>
<td>o Coordinating and managing patient care across settings.</td>
<td>o Explaining appropriate and accessible interventions to patients and populations that may positively affect their ability to achieve healthy lifestyles.</td>
<td>o Collaborating with interprofessional teams to foster open communication, mutual respect, and shared decision-making in order to achieve quality patient care.</td>
<td>o Participating in quality improvement processes to monitor patient care outcomes, identify possibility of hazards and errors and collaborate in the development and testing of changes that improve the quality and safety of health care systems.</td>
<td>o Using information technology to communicate, mitigate errors and support decision making.</td>
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<td>2.</td>
<td>The faculty of the nursing education program and the staff of cooperating agencies used as sites for additional theory and clinical experience shall work together for quality for patient care.</td>
<td>The clinical facilities shall provide learning experiences that meet curriculum objectives and outcomes.</td>
<td>The program shall provide information to the board about clinical facilities used for learning experiences.</td>
<td>The clinical facilities shall be accredited/approved by the appropriate agencies and shall have evidence of good standing by their regulatory body.</td>
<td>There shall be evidence that student experiences are coordinated when more than one program uses the same facility.</td>
<td>The clinical facilities shall be supervised by qualified faculty.</td>
<td>The clinical facilities shall be supervised by qualified faculty.</td>
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<td>3.</td>
<td>All student clinical experiences, including those with preceptors, shall be directed by nursing faculty.</td>
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<td>4.</td>
<td>Measurement of students’ competencies shall focus on the students’ demonstration of care in a variety of clinical situations and care settings.</td>
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<td>5.</td>
<td>The number of practice hours for student experiences, the board adopts by reference the standards of the International Nursing Association for Clinical Simulation and Learning, as specified in the publication entitled, “Standards of Best Practice: Simulation” 2013.</td>
<td>A registered professional nursing education program may substitute up to 50% of clinical hours in any single course with simulation laboratory experiences. For simulation laboratory experiences, the board adopts by reference the standards of the International Nursing Association for Clinical Simulation and Learning, as specified in the publication entitled, “Standards of Best Practice: Simulation” 2013.</td>
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<td>6.</td>
<td>Observation of licensed or qualified health care professionals practicing a technical skill or therapy may be included in the calculation of student clinical hours. Observation is reserved for care or therapy situations, which students are not qualified to deliver. Skill practice labs must not be counted towards clinical practice hours.</td>
<td>All postlicensure nursing programs shall have faculty planned practice experiences for students based on program outcomes and goals. Practice experience includes: indirect and direct patient care, patient or population teaching, population interventions, student nurse teaching or the teaching of nursing students, leadership and change projects, research, accessing client or population data for the purpose of doing quality assurance or improvement projects, informatics, thesis or dissertation development and defense. The number of practice hours must be equivalent to programs of similar type: 1. At least 100 hours for registered nurse to bachelor’s degree programs.</td>
<td>All postlicensure nursing programs shall have faculty planned practice experiences for students based on program outcomes and goals. Practice experience includes: indirect and direct patient care, patient or population teaching, population interventions, student nurse teaching or the teaching of nursing students, leadership and change projects, research, accessing client or population data for the purpose of doing quality assurance or improvement projects, informatics, thesis or dissertation development and defense. The number of practice hours must be equivalent to programs of similar type: 1. At least 100 hours for registered nurse to bachelor’s degree programs.</td>
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<td>All postlicensure nursing programs shall have faculty planned practice experiences for students based on program outcomes and goals. Practice experience includes: indirect and direct patient care, patient or population teaching, population interventions, student nurse teaching or the teaching of nursing students, leadership and change projects, research, accessing client or population data for the purpose of doing quality assurance or improvement projects, informatics, thesis or dissertation development and defense. The number of practice hours must be equivalent to programs of similar type: 1. At least 100 hours for registered nurse to bachelor’s degree programs.</td>
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|       | application of all measures of safe nursing practices. All faculty teaching clinical or practicum courses shall be experienced in the clinical area of the course and maintain clinical expertise. Faculty supervised clinical practice shall include all of the following:  
  o Development of skills in direct patient care  
  o Making clinical judgments.  
  o Care and management of both individuals and groups of patients across the lifespan.  
  o Delegation to and supervision of other health care providers.  
Clinical experiences shall be supervised by qualified faculty. All student clinical experiences, including those with preceptors, shall be directed by nursing faculty. | Association or Clinical Simulation and Learning, as specified in the publication entitled, “Standards of Best Practice: Simulation” 2013. | 2. At least 100 hours for graduate nursing education programs. Faculty shall organize clinical and practice experiences based on the educational preparation and skill level of the student. Faculty shall plan, oversee, and evaluate student clinical and practice experiences. **Ratios**  
  o Practical and prelicensure registered nursing education programs shall have a maximum faculty to student ratio of 1 faculty member to 10 students in clinical settings involving direct patient care, and 1 faculty member to 15 students at one time in practice settings that are observational, involve student precepted experiences or are skills practice labs.  
  o Registered nurse to bachelor nursing education programs shall have a maximum faculty to student ratio of 1 faculty member to 15 students at one time in clinical and practice settings.  
  o Advanced registered nurse practitioner nursing education programs shall have a maximum faculty to student ratio of 1 |
<p>| Simulation | Patient experiences shall occur in a variety of clinical or simulated settings. (NOTE: see clinical above) | &quot;Simulation&quot; means a technique to replace or amplify real experiences with guided experiences that evoke or replicate substantial aspects of the real world in a fully interactive manner. &quot;Debriefing&quot; means an experience, after a simulation experience, is led by a facilitator, encourages participant’s reflective thinking, and provides feedback regarding the participant’s performance. A prelicensure nursing education program may use simulation as a substitute for traditional clinical experiences, not to exceed fifty percent of its clinical hours. A program that uses | A registered professional nurse program may substitute up to 50% of clinical hours in any single course with simulation laboratory experiences. For simulation laboratory experiences, the board adopts by reference the standards of the International Nursing Association for Clinical Simulation and Learning, as specified in the publication entitled, &quot;Standards of Best Practice: Simulation&quot; 2013. A licensed practical nursing education program may substitute up to 50% of clinical hours in any single course with simulation laboratory experiences, except for pediatric and | High fidelity simulation may be used in part to meet the clinical requirements when: 1. Equipment and resources, including the number of nursing faculty, to support student learning are sufficient. 2. Nursing faculty with documented education and training in the use of simulation develop, implement, and evaluate the simulation experience. 3. The design, implementation, and evaluation of the simulation is based on nationally recognized evidence-based standards for simulation. 4. The simulation provides an opportunity for each | Use of simulation for clinical experiences in nursing education programs. 1. An LPN, RN, or RN to BSN nursing education program may use simulation as a substitute for traditional clinical experiences, after approval by the Board, not to exceed fifty percent of its clinical hours for a particular course. a. Simulation as used in this section means a technique to replace or amplify real experiences with evoking or replicating substantial aspects of the real world in a fully interactive |</p>
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<td>simulation shall adhere to the standards set in this section.</td>
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<td>1.</td>
<td>A program shall provide evidence to the Board of Nursing that these standards are being met.</td>
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<td>2.</td>
<td>The program shall have an organizing framework that provides adequate fiscal, human, and material resources to support the simulation activities.</td>
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<td>3.</td>
<td>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.</td>
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<td>4.</td>
<td>There shall be a budget that will sustain the simulation activities and training of the faculty.</td>
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<td>5.</td>
<td>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.</td>
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<td>6.</td>
<td>Faculty involved in the simulations, both didactic and clinical, shall have training in the use of simulation and shall engage in on-going professional development in the use of simulation.</td>
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<td>obstetric clinical hours. A licensed practical nursing education program may substitute up to 100% of pediatric and obstetric clinical hours with simulation laboratory. For simulation laboratory experiences, the board adopts by reference the standards of the International Nursing Association or Clinical Simulation and Learning, as specified in the publication entitled, “Standards of Best Practice: Simulation” 2013.</td>
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<td>student to demonstrate clinical competence while in the role of the nurse.</td>
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<td>Prebriefing and debriefing are conducted by nursing faculty with subject matter expertise and training in simulation using evidence-based techniques.</td>
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<td>It is not utilized for more than half of the time designated for meeting clinical learning requirements.</td>
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<td></td>
<td>b. The nursing education program shall have an organizing framework providing adequate fiscal, human, technological, and material resources to support the simulation activities.</td>
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<td></td>
<td>c. Simulation activities must be managed by an individual who is academically and experientially qualified and who demonstrates currency and competency in the use of simulation while managing the simulation program.</td>
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<td>d. The nursing education program shall have a budget sustaining simulation activities and training of the faculty.</td>
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<td>e. The nursing education program shall have appropriate facilities, educational and technological resources and equipment to meet the intended objectives of the simulation.</td>
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<td>f. All faculty involved in simulations, both didactic and clinical, shall have training in the use of simulation and shall engage in ongoing professional development in the use of simulation.</td>
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<td>of simulation.</td>
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<td>g. Faculty to student ratios in the simulation labs must be the same ratio as identified for clinical learning experiences.</td>
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<td>7. The program shall demonstrate that the simulation activities are linked to programmatic outcomes.</td>
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<td>2. Faculty shall organize clinical and practice experiences based on the educational preparation and skill level of the student.</td>
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<td>8. The program shall have written policies and procedures on the following:</td>
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<td>3. Qualified simulation faculty must supervise and evaluate student clinical and practice experiences.</td>
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<td>a. Short-term and long-term plans for integrating simulation into the curriculum.</td>
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<td></td>
<td>a. The nursing education program shall demonstrate that simulation activities are linked to programmatic outcomes.</td>
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<td>b. Method of debriefing each simulation activity.</td>
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<td>b. The nursing education program shall have written policies and procedures on the following:</td>
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<td>c. Plan for orienting faculty to simulation.</td>
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<td>i. Short-term and long-term plans for integrating simulation into the curriculum.</td>
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<td>9. The program shall develop criteria to evaluate the simulation activities.</td>
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<td>ii. An identified method of debriefing each simulated activity.</td>
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<td>10. Students shall evaluate the simulation experience on an ongoing basis.</td>
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<td>iii. A plan for orienting faculty to simulation.</td>
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<td>11. The program shall include information about its use of simulation in its annual report to the Board of Nursing.</td>
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<td>c. Debriefing as used in this section means an activity following a</td>
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<td>Topic</td>
<td>Wisconsin</td>
<td>NCSBN Model Rule</td>
<td>Illinois</td>
<td>Iowa</td>
<td>Michigan</td>
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<td>simulation experience that is led by a facilitator, encourages reflective thinking, and provides feedback regarding the participant’s performance.</td>
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<td>d.</td>
<td>The nursing education program shall develop criteria to evaluate simulation activities.</td>
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<td>e.</td>
<td>The students shall evaluate the simulation experience on an ongoing basis.</td>
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<td>f.</td>
<td>The program shall include information about use of simulation in its annual report to the Board.</td>
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Curriculum

The curriculum shall enable the student to develop the nursing knowledge, skills and abilities necessary for the level, scope and standards of competent nursing practice expected at the level of licensure. All curriculum shall be developed by school of nursing faculty with a graduate degree. Curriculum shall be revised as necessary to maintain a program that reflects advances in health care and its delivery. The curriculum shall include all of the following:

1. Evidence based learning experiences and methods of instruction consistent with the written curriculum plan. The methods of instruction may include distance education methods.
2. Diverse didactic and clinical learning experiences consistent with program outcomes.
3. Levels of progression in relation to the stated program outcomes shall be established.
4. Coordinated clinical and theoretical learning experiences shall be consistent with the program outcomes.
5. Coursework shall include all of the following:
   a. Content in the biological, physical, social and behavioral sciences to provide a foundation for safe and effective nursing practice.
   b. Content regarding professional responsibilities, legal and ethical issues, and history and trends in nursing and health care.
   c. Didactic content and supervised clinical experiences in the 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.
   d. Content shall reflect contemporary nursing practice encompassing major health needs of all age groups.
6. Nursing programs shall not use external nursing examinations for more than 20% of any course grade. External nursing examinations may not be used for progression or graduation from the school of nursing.

[NOTE: Adding to authorization to admit]
The curriculum objectives shall identify the behavioral expectations of the graduate of the program and shall be used for the following purposes.
1. Developing, organizing, implementing and evaluating the curriculum.
2. Identifying outcomes for levels of progression and course and program completion.
3. Providing to the student an organized pattern to follow in which the sequence of learning is from the simple to the complex and from the known to the unknown, with each learning experience built on previously learned information of nursing and related scientific knowledge.
4. Organizing the courses so as to approximate, as closely as possible, the schedules of the sponsoring agency.
5. Distributing the courses throughout the curriculum so that an unreasonable overload does not exist.

Curriculum – PN Standards

Schools of practical nursing shall:
1. Be consistent with the legal implications within the scope of practice of a licensed practical nurse.
2. Focus on supportive or restorative care provided under the supervision of a registered nurse or physician.
3. Provide learning experiences in medical, surgical and gerontological nursing.
4. Provide content in nursing of childbearing families and children and mental health that is supported by one or more of the following: clinical instruction, lab/simulation or observation experiences adequate to meet program outcomes.
5. Designed to teach students to use a systematic approach to clinical decision making and safe patient care.
6. Ensure that courses include content relating to all of the following:
   a. The legal scope of practice of a practical nurse.
   b. The standards of conduct for members of the nursing profession, and in particular, a licensed practical nurse.
   c. Evidence-based practice.
   d. Quality and safety.
   e. Include prerequisite classes in the physical, biological, social and behavior sciences that are transferable to a college or university.

Curriculum – RN Standards
Schools for registered nursing shall have curriculum including:
1. Instruction in the physical, biological, social and behavioral sciences. Content is required from the areas of anatomy and physiology, chemistry, microbiology, pharmacology, nutrition, communication, and computations.
2. Theory and clinical experiences in the areas of medical surgical nursing and mental health nursing across the life span.
3. Teaching students to use a systematic approach to clinical decision making and preparing students to safely practice professional nursing through the promotion, prevention, rehabilitation, maintenance, restoration of health.
4. Palliative and end of life care of individuals of all ages across the life span.
5. Nursing history.
7. Legal and ethical issues including professional values and delegation of nursing care.
8. Substance abuse.
10. Scope of practice.
11. Licensure and professional responsibility pertaining to the registered nurse role.

Curriculum – Postlicensure RN without a BSN Standards
Schools for registered nurses without a BSN shall have curriculum including:
1. Competencies in all of the following areas:
   a. The study and practice of:
      i. Leadership.
      ii. Interdisciplinary team coordination
      iii. Collaboration
      iv. Quality assurance and improvement
      v. Care coordination and case management.
      vi. Community and public health.
   b. The theory and application of research and evidence-based practice concepts and processes.
Curriculum – Graduate Standards
Graduate nursing education programs shall meet the standards established by the national nursing or nursing-related education accrediting body. The curriculum of graduate nursing education program shall be congruent with national standards for graduate level nursing education. The curriculum and practice experiences shall be consistent with the competencies of the specific area of practice, stated program outcomes, and established national standards by a nursing education accrediting body approved by the United States Department of Education.

Clinical Standards
Patient experiences shall occur in a variety of clinical or simulated settings and shall include all of the following:
1. Integrating evidence based research with patient goals and values to produce optimal care.
2. Providing patient-centered culturally competent care by doing the all of following:
   a. Recognizing that the patient or designee is the source of control and full partner in providing coordinated care
   b. Coordinating and managing patient care across settings.
   c. Providing education at a level understandable by the patient
3. Collaborating with interprofessional teams to foster open communication, mutual respect, and shared decision-making in order to achieve safe and effective patient care.
4. Participating in quality improvement processes to monitor patient care outcomes, identify possibility of hazards and errors and collaborate in the development and testing of changes that improve the quality and safety of health care systems.
5. Using information technology to communicate, mitigate errors and support decision making.

All cooperating agencies selected for clinical experiences shall have adhere to standards which demonstrate concern for the patient and evidence the skillful application of all measures of safe nursing practices.

All faculty teaching clinical or practicum courses shall be experienced in the clinical area of the course and maintain clinical expertise.

Faculty supervised clinical experiences shall include all of the following:
   a. Development of skills in the provision of direct patient care
   b. Effective application of the nursing process.
   c. Delegation to and supervision of other health care providers.

Clinical experiences shall be supervised by qualified faculty.

All student clinical experiences, including those with preceptors, shall be directed by nursing faculty.