



## **Summary of Revisions to Nursing Education Program Rules Chapter 4723-5, Ohio Administrative Code (OAC) Effective April 1, 2017**

The Nursing Education Program rules, Chapter 4723-5, OAC, were amended and the changes are effective April 1, 2017. This document provides a summary about the significant changes in the rules. The rules in this chapter with only technical revisions or those that were not revised are not covered in this document.

This information is a summary and is not intended to be a comprehensive overview of all the requirements. To review all the rules in Chapter 4723-5, OAC, please refer to the Board website at [www.nuring.ohio.gov](http://www.nuring.ohio.gov) under "Laws and Rules."

### **Summary of Revisions**

#### **Rule 4723-5-01, OAC: Definitions**

*The terms defined in this Rule apply throughout Chapter 4723-5, OAC.*

(B) "Advanced standing" has been revised to mean credit given to a student for prior nursing courses or transfer credit. For example, a RN associate degree program may accept a nutrition course completed by a transfer student at another institution, or a nursing course from a previously attended program. The definition requires that the program have a written "policy" for the granting of "advanced standing." The policy is required by Rule 4723-5-12, OAC.

(C) "Accelerated program" is a new definition that means a "program or track of an existing program that accepts applicants with a non-nursing baccalaureate or higher degree, and provides the student with the program's pre-license nursing education program curriculum." These programs or program tracks must span a minimum of fifty-two weeks of clinical courses. Previous to this new definition, these types of programs fell under the "Advanced Standing" definition and were required to span a minimum of twelve months of clinical course work. An accelerated program or program track must now span a minimum of fifty-two weeks.

*Definitions were added for patient simulation and three different fidelity levels for patient simulation. A program must clearly distinguish these three fidelity levels when simulation is used.*

(Y) "Patient simulation" means the replication of a real world patient in situ through accurate representations of patient cues and stimuli that a student is to observe, analyze, interact, and respond to with right nursing judgments and actions. The replication may be provided through the use or combination of low fidelity, mid or moderate fidelity, or high fidelity experiences.

(Q) "High Fidelity" means experiences using full scale computerized patient simulators, virtual reality or standardized patients that are extremely realistic and provide a high level of interactivity and realism for the learner.

(V) "Mid or moderate fidelity" means experiences that are more technologically sophisticated, such as computer-based self-directed learning systems simulations in which the participant relies on a two-dimensional focused experience to problem solve, perform a skill, and make decisions, or that use mannequins that are more realistic than static low-fidelity ones and have breath sounds, heart sounds and/or pulses.

(U) "Low fidelity" means experiences such as case studies, role-playing, using partial task trainers or static mannequins to immerse students in a clinical situation or practice of a specific skill.

#### **Rule 4723-5-05, OAC: Program Reports to the Board**

(A) This amended paragraph requires programs to submit an Annual Report to the Board if the program is under "**continued**" Conditional approval. These are programs that are continued on Conditional approval rather than being granted Full approval.

No change was made for programs that have been granted "initial" Conditional approval and have not yet graduated their first cohort of students; these programs are not required to submit Annual Reports.

Therefore, programs with Full, Provisional, or *continued* Conditional approval are required to submit Annual Reports to the Board.

#### **Rule 4723-5-09, OAC: Organization and Administration of the Program**

(A) The paragraph was amended regarding the program having and implementing a plan of organization and administration that shows:

- (1) The relationship between the program and the controlling agency;
- (2) How faculty and students are involved in determining academic and program policies and procedures, planning curriculum, and program evaluation;
- (3) How faculty are involved in implementing academic and program policies and procedures.

(D)(1)(b) The paragraph was amended to require that a program's controlling agency ensure a qualified registered nurse assumes the position of program administrator or interim program administrator within the specified timeframe, *rather than appointing an individual to the position who may assume their responsibilities at a later date.*

(D)(3)(a) The paragraph was amended to allow a RN who meets the associate administrator qualifications and has a master's degree, but does not have an earned doctoral degree, to serve as an interim administrator for a baccalaureate nursing program for a period of time not to exceed one year.

### **Rule 4723-5-13, OAC: Curriculum for a Registered Nursing Education Program**

*This Rule pertains to the "Curriculum" and not a student's admission or progression through the Program's established curriculum. The curriculum itself is generally a consistent framework, through which students enter, and progress through in accordance with the program's written policies.*

The minimum length of the curriculum is two years of full-time study with each year being 30 weeks, unless the curriculum is an accelerated curriculum or a stand-alone curriculum that is truncated for advanced standing. Below are examples:

- An Associate Degree Program establishes a curriculum that spans two years of full-time study and each year consists of a minimum 30 weeks. This is a two-year curriculum.
- An Associate Degree Program establishes a two-year curriculum of full-time study and each year consists of at least 30 weeks. Students may enter the two-year Curriculum at various places within the two-year curriculum dependent on the Program's implementation of its advanced standing policy. This is a two-year curriculum.
- A RN program designed for individuals who hold non-nursing baccalaureate degrees, and its curriculum is compressed or "accelerated" to provide nursing courses in a manner that enables the student to complete program requirements sooner rather than later. The curriculum must span a minimum of 52 weeks of clinical course work.
- A RN diploma program is designed to admit only current LPNs who are given credit for their prior nursing courses. The curriculum that is not a two-year curriculum must span at least 45 weeks of clinical course work.

(D)(2) This paragraph was amended to allow for an exchange in hours between laboratory experiences and clinical experiences **within a specific course**, provided the laboratory and clinical experiences are sufficient for student opportunity to achieve the behavioral objectives and requirements established in the course.

*Faculty and program administrators **must maintain records** that reflect the hours planned for laboratory and clinical within a specific course, the number of laboratory hours and clinical hours that were actually provided to students in the course, as well as documentation of each student's achievement of behavioral objectives within the course.*

(D)(3) This paragraph was amended to require the curriculum clinical courses to collectively include clinical experiences in providing care to patients across the lifespan, conception to death, with a qualified exception of the obstetrical patient, the immediate newborn, and pediatrics. The exception applies only to those programs that utilize high, or mid or moderate fidelity simulation for obstetrical, immediate newborn, and pediatric laboratory experiences. These qualified programs **may** use those simulated experiences instead of providing clinical experience in those three respective lifespan periods.

(F) This paragraph was amended to add specific subject content to the minimum curriculum:

- (F)(2)(v) "Prioritization and resource allocation"
- (F)(6)(j) "Nursing informatics"
- (F)(7) "Humanities.....gender identity, sexuality..."

*RN programs are required to incorporate this content into the curriculum by either integration in one or more courses or an individual course.*

Paragraph (F)(8) includes the provision of a combination of clinical and laboratory experiences that are provided concurrent with the theory instruction. The amendments include the following:

- Requires the laboratory and clinical experience to be "*directly relevant*" to the applied theoretical and behavioral objectives of each clinical course, are sufficient for students to practice their cognitive, psychomotor and affective skills, and "*are sufficient for students to effectively demonstrate their ability to meet the course's nursing behavioral outcomes.*"
- The laboratory and clinical experiences must provide the student the opportunity to achieve technical skills including skills related to IV therapy.
- The laboratory and clinical experiences, must provide the faculty with input from the teaching assistant, if applicable, the opportunity to effectively evaluate and document the student's achievement of each course's specified behavioral outcomes.
- Programs that use high, or mid or moderate fidelity patient simulation for the specific lifespan periods of obstetrics, immediate newborn care, and/or pediatrics [within a specific course] instead of clinical experience for that specific lifespan period, must have faculty or teaching assistants conducting the simulation who have demonstrated knowledge skills and abilities necessary to conduct the simulation obtained from a recognized body of knowledge relative to the simulation. The program must maintain the faculty and/or teaching assistants' documentation of having obtained the knowledge and skills necessary to provide the simulation. In providing the simulation in this manner, the program must adhere to all requirements of paragraph (F)(8) of Rule 4723-5-13, OAC.
- The faculty or teaching assistant providing the patient simulation may also use computer technology specialists to assist in operating the computer equipment.

#### **Rule 4723-5-14, OAC: Curriculum for a Practical Nursing Education Program**

*This Rule pertains to the "Curriculum" and not a student's admission or progression through the Program's established curriculum. The curriculum itself is generally a consistent framework, through which students enter, progress through and complete in accordance with the program's written policies.*

(D) This paragraph was amended to also require that the curriculum plan include the units of credit or number of academic or clock hours allotted to theory, laboratory, and clinical experiences "**within each course.**"

(D)(2) This paragraph was amended to permit an exchange in hours between laboratory experiences and clinical experiences within a specific course, provided the laboratory and clinical experiences are sufficient for student opportunity to achieve the behavioral objectives and requirements established in the course. *Faculty and program administrators are required to maintain records that reflect the hours planned for laboratory and clinical within a specific course, the number of laboratory hours and clinical hours that were actually provided to students in the course, and documentation of each student's achievement of behavioral objectives within the course.*

Paragraph (D)(3) was amended to require the curriculum clinical courses to collectively include clinical experiences in providing care to patients across the lifespan, conception to death, with the qualified exception of the obstetrical patient, the immediate newborn, and pediatrics. The exception applies only to those programs that utilize high, or mid or moderate fidelity simulation for obstetrical, immediate newborn, and pediatric laboratory experiences. These qualified programs **may** use those simulated experiences instead of providing clinical experience in those three respective lifespan periods.

Paragraph (E)(2) was amended to add specific subject content to the minimum curriculum that addresses **gender identity and sexuality**. *PN programs are required to incorporate this content into the curriculum by either through integration in one or more courses or an individual course.*

Paragraph (E)(12) was amended to require the program to provide a combination of clinical and laboratory experiences concurrently with the related theory instruction that:

- Are "**directly relevant**" to the applied theoretical and behavioral objectives of each clinical course, are sufficient for students to practice their cognitive, psychomotor and affective skills, and "**are sufficient for students to effectively demonstrate their ability to meet the course's nursing behavioral outcomes.**"
- The laboratory and clinical experiences must provide the student the opportunity to achieve technical skills **including skills related to IV therapy.**
- The laboratory and clinical experiences, must provide the faculty with input from the teaching assistant, if applicable, the opportunity to effectively evaluate and document the student's achievement of each course's specified behavioral outcomes.
- Programs that use high, or mid or moderate fidelity patient simulation for the specific lifespan periods of obstetrics, immediate newborn care, and/or pediatrics [within any specific course] instead of clinical experience for that specific lifespan period must have faculty or teaching assistants conducting the simulation who have demonstrated knowledge skills and abilities necessary to conduct the simulation obtained from a recognized body of knowledge relative to the simulation. The program must maintain the faculty and/or teaching assistants' documentation of having obtained the knowledge and skills necessary to provide the simulation. In providing the simulation in this manner, the program must adhere to all requirements of paragraph (E)(12) of Rule 4723-5-14, OAC.

- The faculty or teaching assistant providing the patient simulation may also utilize computer technology specialists to assist in operating the computer equipment.

Paragraph (F)(4), pertaining to IV therapy, was amended to delete the specific list of clinical skills that were previously required of all PN programs, but it continues to require programs to provide didactic, laboratory, and supervised clinical practice that includes nursing care of individuals receiving intravenous therapy, including the clinical experience that provides students the opportunity to achieve technical skills including skills related to intravenous therapy. Programs must provide students with a course or integrated course content in IV therapy that includes laboratory and clinical experiences in IV therapy.

#### **Rule 4723-5-19, OAC: Responsibilities of Faculty Teaching a Nursing Course**

Paragraph (A) was amended to incorporate the changes made to Curriculum Rules 4723-5-13 and 4723-5-14 and to establish a baseline regarding the number of clinical and laboratory hours planned for a course, to compare with the hours that were actually provided during the course as follows:

Each course syllabus or outline must include the total number of clinical and laboratory hours (combined) to be provided to students **-AND-** of the combined clinical and laboratory hours the total number of "planned" clinical hours and the total number of "planned" laboratory hours.

Paragraph (E) requires that, after the course is taught, the responsible faculty must document the course-specific number of planned clinical hours and the course-specific number of clinical hours actually provided to students, and to report this data to the administrator; and to also document the course-specific number of planned laboratory hours and the course-specific number of laboratory hours actually provided to students and report this data to the administrator.

Paragraph (F) requires that data reported under (E) above must be prepared in a **chart form**, contain the following, and will be maintained by the administrator and submitted with the program annual report to the Board:

- Name of the course
- Dates through which the course was taught
- Name of faculty responsible for teaching the course
- Number of planned clinical hours (beginning of course)
- Number of clinical hours actually provided to students (end of course)
- Number of planned laboratory hours (beginning of course)
- Number of laboratory hours actually provided to students during the course (end of course)

#### **Rule 4723-5-21, OAC: Program Records**

Paragraph (A), was amended to expand the records and specific record content that are to be **maintained for currently enrolled students**:

- Clinical experience evaluation records for each clinical course that reflect the student's achievement of the specific behavioral and cognitive skills and

outcomes to successfully complete the course and to engage in safe and effective nursing practice.

- Laboratory evaluation records for each course regarding nursing care of obstetrical patients, immediate newborns, and pediatric patients, where high fidelity or mid or moderate fidelity simulation is used, that reflect the student's achievement of the specific behavioral and cognitive skills and outcomes to successfully complete the course and to engage in safe and effective nursing practice.
- Laboratory experience evaluation records for each course containing laboratory hours, not related to the applicable obstetrical patients, immediate newborn, or pediatric simulation, that reflect the student's achievement of the specific behavioral and cognitive skills and outcomes to successfully complete the course and to engage in safe and effective nursing practice.

Paragraph (D), was amended regarding the records for each faculty and teaching assistant currently utilized by the program. The verification of licensure at the time of a faculty or teaching assistant's appointment must be retained, unless it has been reviewed at a previous survey visit. Programs must continue to document verification of the license at renewal.

#### **Rule 4723-5-23, OAC: Program NCLEX Rates**

Paragraph (B), was amended so that the pool of candidates on which the pass rate calculation is based will be limited to the program's test candidates who took the NCLEX examination for the first time within six months of program completion.

*This Rule will be implemented with 2017 test candidates and programs will see these pass rate calculations in 2018. As with all test candidates, programs are encouraged to discuss the importance to accurately enter their program completion month and year at the time the candidate registers with Pearson VUE.*



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### Implementation Questions and Answers

1. **Question:** My program currently utilizes high fidelity simulation for obstetrical patients and we have faculty who are qualified to provide the simulation scenarios. Do I have to await a new cohort of students before I may substitute this simulation for the course's current obstetrical clinical experience?

**Answer:** No. The substitution of an obstetrical clinical experience with simulation is not a change in a program completion requirement if the **total** number of applicable clinical and laboratory hours of the course in which the simulation is used does not change. For example, the program offers a dedicated obstetrics course that contains 30 hours of laboratory experience and 30 hours of clinical experience. The program would provide 60 hours of the high, or mid or moderate fidelity obstetrical simulation.

2. **Question:** I would prefer to provide pediatric clinical experiences when they are available for my students, but quality experiences are not available year-round. Do the rules allow me to offer pediatric clinical experience when the pediatric course is taught in the Fall, and to offer either 100% pediatric simulation, or a reduced amount of pediatric clinical experience in combination with pediatric simulation when the same course is offered in the Spring?

**Answer:** Yes. The rules allow the program's faculty responsible for teaching the course to determine and use the best available educational resources. While the total number of applicable clinical and laboratory hours within the course must be the same, a program may determine the number of pediatric clinical experiences, the planned number of high, mid or moderate pediatric simulation experiences, or a combination of both every time the course is offered.

3. **Question:** I am a faculty responsible for teaching a medical surgical course. With the new Rule, I understand that I may move hours between clinical and laboratory experiences within the course, but does this include increasing the number of clinical hours and reducing laboratory hours to take advantage of available quality clinical experiences?

**Answer:** Yes. Faculty must provide a course syllabus that states the total combined number of laboratory experience hours and clinical hours that will be provided to students, the number of "planned" laboratory hours and the number of "planned" clinical hours. The faculty may increase the clinical experience

hours and decrease the number of laboratory hours as determined by the faculty, without changing the total combined hours stated in the syllabus. The faculty must, at the end of the course, document the number of planned clinical hours as well as the number of clinical hours actually provided, and the number of planned laboratory hours as well as the number of laboratory hours actually provided.

4. **Question:** I am faculty responsible for teaching a community health course. Can I provide different students enrolled in the course with different numbers of clinical and laboratory hours as long as an individual student completes the total combined number of laboratory and clinical experience hours stated in the course syllabus?

**Answer:** It is recognized that there may be some variance in the "actual" number of clinical and laboratory hours mostly between clinical groups of students within the same course due to, for example, unexpected denied access by a clinical agency/facility for a specific clinical group. Students within a clinical group should be provided the same number of clinical hours and laboratory hours. Although there may also be some variance within a clinical group, these should be kept to a minimum. For example, a program should not provide two students in the clinical group with two hours of clinical and 30 hours of laboratory and provide the remaining six students with 30 hours of clinical and two hours of laboratory. Program faculty should strive to provide all students enrolled in the course with equally rich and meaningful clinical and laboratory experiences, which must meet the objectives of the course. (Response updated 11/7/2017)

5. **Question:** Can a program's [branch] location move clinical experience hours and laboratory hours within a clinical course that is different from the movement of clinical experience hours for the same course at the program's main [campus] address, as long as the combined clinical and laboratory hours are the same? For example, a medical surgical course has a combined clinical experience and laboratory hours of 60 clock hours. Of these 60 hours, the program location will provide a planned 20 hours of laboratory and 40 hours of clinical, but the program's main [campus] address will provide 30 hours of laboratory and 30 hours of clinical experience for the same course.

**Answer:** Yes, because the same curriculum, courses, course sequencing and exchange of clinical and laboratory hours are within the control of the faculty implementing the course for the students enrolled in that faculty's course. However, the course's total of clinical experience hours and laboratory hours must be consistently provided to all students at all program locations.

6. **Question:** My highest academic degree is a MSN, and I met the minimum qualifications for an interim administrator for a baccalaureate program at the time I was appointed to that role in June 2016. Now that the Rule has changed that limits the amount of time to one year that I may serve in the interim administrator role, will the Board consider the program as noncompliant if I continue in the role after June 2017?

**Answer:** No. Rules cannot be applied retroactively. MSN prepared interim administrators within a baccalaureate program who were appointed on or before

April 1, 2017, may continue to serve in the role until April 1, 2018, which is one year from the date the Rule went into effect.

7. **Question:** My RN diploma program admits only currently licensed LPNs who are given advanced standing credit for their prior nursing courses. The curriculum plan meets the requirements of the RN curriculum rule except that it spans less than 45 weeks of clinical course work. Does the curriculum now need to span 45 weeks of clinical course work?

**Answer:** Yes, the program curriculum is required to span a minimum of 45 weeks of clinical course work. The program should begin to make this adjustment in the curriculum. This change likely results in a change in program progression and/or completion and would not be implemented with currently enrolled students.

8. **Question:** Now that the Rule no longer requires PN programs to provide the detailed IV therapy clinical experiences, am I permitted to provide only laboratory experiences for IV therapy if I am unable to secure a clinical agency where IV therapy is provided to patients?

**Answer:** No. PN programs are required to provide students with a clinical experience in which the students care for patients receiving IV therapy. The clinical must be sufficient for students to achieve technical skills related to IV therapy.