APA-4
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CERTIFICATION OF EMERGENCY RULES
FILED WITH LEGISLATIVE SERVICES AGENCY
OTHNI LATHRAM, DIRECTOR

Pursuant to Code of Alabama 1975, §§41-22-5(b) and 41-22-6(c)(2)a. and b.

I certify that the attached emergency (amendment, new rule, new chapter, repeal or adoption by reference) is a correct copy as promulgated and adopted on the 7th day of April, 2020.

AGENCY NAME: Alabama Board of Nursing

RULE NO. AND TITLE: 610-X-3-.02ER Standards for Approval

EFFECTIVE DATE OF RULE: April 7, 2020

EXPIRATION DATE (If less than 120 days):

NATURE OF EMERGENCY: The COVID-19 public health emergency raised the need for provisions allowing nursing education programs to account for missed academic hours resulting from emergency closure.

STATUTORY AUTHORITY: **Code of Alabama, 1975,** § 34-21-2(c)(1)

SUBJECT OF RULE TO BE ADOPTED ON PERMANENT BASIS __X__ YES _____ NO

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Signature of officer authorized to promulgate and adopt rules and regulations or his or her deputy

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LEGISLATIVE SVC AGENCY

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ALABAMA BOARD OF NURSING
ADMINISTRATIVE CODE

CHAPTER 610-X-3
NURSING EDUCATION PROGRAMS

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610-X-3-.02ER Standards For Approval.

(1) The program must be accredited by a national nursing accrediting agency recognized by the U.S. Department of Education by the later of January 1, 2022 or within five (5) years of Approval by the Board.

(2) The governing institution, nursing program administrator, and nursing faculty are accountable for the standards, processes, and outcomes of the nursing education program.

(3) The governing institution offering the nursing program shall be:

(a) A postsecondary education institution that is authorized to offer nursing education and is accredited by an organization recognized by the U.S. Department of Education.

(b) Approved and licensed by the appropriate State of Alabama education agency(ies), as required by law.

(4) The governing institution shall provide financial support and resources sufficient to meet the outcomes of the nursing education program. Resources include, but are not

limited to:

(a) Financial.

(b) Educational facilities.

(c) Equipment.

(d) Learning aids.

(e) Technology.

(f) Administrative, instructional, and support personnel.

(5) The governing institution's administrator or program administrator shall notify the Board, in writing, of any substantive changes in the program, including, but not limited to:

(a) Nursing program administrator.

(b) Governing institution administrator, President, CEO, Chancellor, or Provost.

(c) Governance structure of the institution.

(d) Accreditation status.

(e) Ownership or merger of parent institution.

(f) School name.

(g) Relocation.

(h) Curriculum changes.

(6) There shall be an organizational chart that depicts the authority, responsibility, and channels of communication of the nursing program to the governing institution and other comparable programs within the governing institution.

(7) A nursing education program shall be administered by a qualified program administrator who is accountable for the planning, implementation, and evaluation of the program. Minimum qualifications of a nursing program administrator shall include:

(a) An active, unencumbered Alabama registered nurse license or a multistate registered nurse license issued by a party state, as defined in Chapter 4 of these rules.

(b) An earned graduate degree in nursing.

(c) Be academically and experientially qualified to administer a nursing program.

(8) The governing institution and nursing program administrator shall provide sufficient numbers of qualified faculty to ensure that curriculum implementation and expected program outcomes are achieved and aligned with national nursing accrediting standards. Minimum qualifications of nurse faculty shall include:

(a) An active, unencumbered Alabama registered nurse license, or a multistate registered nurse license issued by a party state, as defined in Chapter 4 of these rules.

(b) An earned graduate degree in nursing or a related health field.

(c) Be academically and experientially qualified to teach in the area assigned.

(9) Institutional and program policies and procedures shall:

(a) Be written, published, and publicly available.

(b) Address students' ability to assume clinical assignments including, but not limited to, educational preparedness and physical, mental, and emotional behaviors.

(c) Provide opportunities for students to regularly participate in the development, evaluation, and continuous improvement of the program.

(d) Include a detailed plan of action for completion of didactic and clinical hours in the event of cessation of academic activities or loss of clinical site availability resulting from as a result of natural disaster, inclement weather, public health emergency, or other unforeseen emergent interruption. Any program approved on or before March 20, 2020 shall provide the detailed plan of action to the Board no later than September 1, 2020.

(10) Faculty are accountable for curriculum development, implementation, and evaluation.

(11) The curriculum of a nursing education program shall:

(a) Enable the student to develop the knowledge, skills, and abilities necessary for the level, scope, and standards of competent nursing practice expected at the level of licensure.

(b) Comply with the standards set forth in this chapter.

(c) Be evidence-based and outcome-focused.

(d) Provide theoretical and clinical experiences specific to the expected scope of practice of graduates from each type of entry level nursing education program and shall include:

1. Content for students to attain knowledge and competence in providing a safe and effective care environment.

2. Prevention of illness.

3. Maintenance, promotion, and restoration of health.

4. Psychological integrity of individuals across the life span.

5. Clinical reasoning skills to assist in recognizing, analyzing, and applying relevant knowledge and skills to nursing care.

6. Clinical learning experiences to provide opportunities for students to develop cognitive, psychomotor, and affective skills in the provision of nursing care.

(e) The curriculum content of a nursing education program shall include:

1. Liberal arts and sciences supportive of the nursing program.

2. Anatomy and physiology with a corresponding lab. Utilizing a 'virtual lab' in lieu of a 'hands-on' lab is

considered a substantive change and requires Board notification.

3. Nursing foundations, health assessment, pharmacology, nutrition, and community-based nursing.

4. History and trends of nursing, cultural diversity, legal and ethical responsibilities, and nursing practice responsibilities, including leadership, management, delegation, and health care delivery systems.

5. Theoretical and clinical learning experiences in the areas of adult, maternal, child, and psychiatric/mental health nursing that includes simulation, laboratory time, and direct patient care in a licensed health care setting. This does not prohibit additional experience in licensed non-health care setting.

(6) Simulation learning experiences conducted according to acceptable faculty training standards and guidelines which incorporate clinical objectives, student debriefing, and evaluation are acceptable components of the clinical experience. Simulation may not comprise the entire clinical learning experience.

7. Safe and Effective Care Environment, Health Promotion and Maintenance, Psychosocial Integrity, and Physiological Integrity.

8. Microbiology for students pursuing an associate or baccalaureate degree.

(12) The governing institution, nursing program administrator, and nursing faculty are accountable for selecting and evaluating the teaching methods, delivery modalities, and processes used to achieve expected program outcomes.

(13) Clinical supervision of students shall comply with the standards set forth in this chapter.

(a) Clinical learning experiences shall be supervised by a registered nurse with knowledge of educational strategies and subject matter, and who is experienced in the clinical technologies essential to the safe practice of nursing.

(b) The clinical supervisor shall hold an unencumbered license to practice professional nursing in Alabama, or a multistate registered nurse license issued by a party state, as defined in Chapter 4 of these rules.

(c) The clinical supervisor shall be readily accessible to assign or prescribe a course of action, give procedural guidance, direction, and evaluation for students engaged in the clinical learning experience.

(d) The faculty-student ratio in clinical learning experiences shall be collaboratively determined by the professional nursing faculty, the School of Nursing administration, and the professional nurse administrator, or designee, in the clinical agency. In licensed hospitals that provide inpatient acute care, the faculty to student ratio shall not exceed 1:8 during clinical learning experiences. The faculty-student ratio shall be determined according to the:

1. Complexity of the educational experience.

2. Acuity of the patient(s).

3. Physical layout of the clinical setting.

4. Student's level of knowledge and skills necessary to provide safe patient care.

(e) The nursing education program shall work with clinical agencies for the planning, implementation, and evaluation of clinical experiences.

(f) Clinical learning experiences shall include the development of skills in clinical reasoning, management of care for groups of patients, and delegation to and supervision of other health care personnel performed in acute care and a variety of health care settings.

(g) Nursing faculty shall maintain responsibility and accountability for planning, implementation, and evaluation of all student clinical learning experiences.

(14) Nursing programs that offer only simulations or clinical testing do not meet the requirements for providing clinical learning experiences for nursing students.

(15) Scores on external exams shall not be utilized as the sole criterion for barring a student who otherwise has successfully completed all required course work from graduating from the nursing program.

Author: Alabama Board of Nursing
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Ed. Note: Rule 610-X-3-.01 was renumber to .02 as per certification filed September 25, 2006; effective October 30, 2006.