



Kansas State Board of Nursing Board Task Force Meeting Notice

Date: January 17, 2023 at 12:00 noon.

NOTE: The meeting will be held via Zoom. Link to access meeting to follow agenda.

AGENDA: Discuss possible changes to licensure requirements

You are invited to a Zoom webinar.

Please click the link below to join the webinar:

<https://us02web.zoom.us/j/82748718719?pwd=VjJFcFFxaFgyaW1BaTBib2p5UXNpZz09>

Passcode: KsbnBoard

Or One tap mobile :

US: +12532158782,,82748718719#,,,,*532138991# or +13462487799,,82748718719#,,,,*532138991#

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US: +1 253 215 8782 or +1 346 248 7799 or +1 669 444 9171 or +1 669 900 6833 or +1 719 359 4580 or +1 253 205 0468 or +1 360 209 5623 or +1 386 347 5053 or +1 507 473 4847 or +1 564 217 2000 or +1 646 876 9923 or +1 646 931 3860 or +1 689 278 1000 or +1 301 715 8592 or +1 305 224 1968 or +1 309 205 3325 or +1 312 626 6799

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Healthcare Apprenticeships

Kansas Hospital Association Information

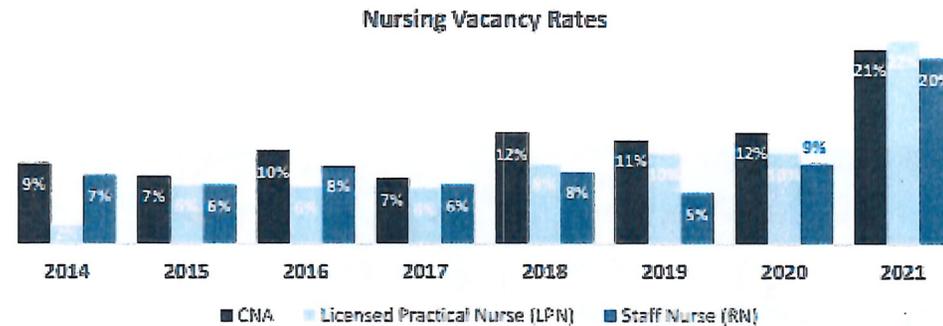


Kansas Hospital Association

Opportunities with Healthcare Apprenticeships
January 2023

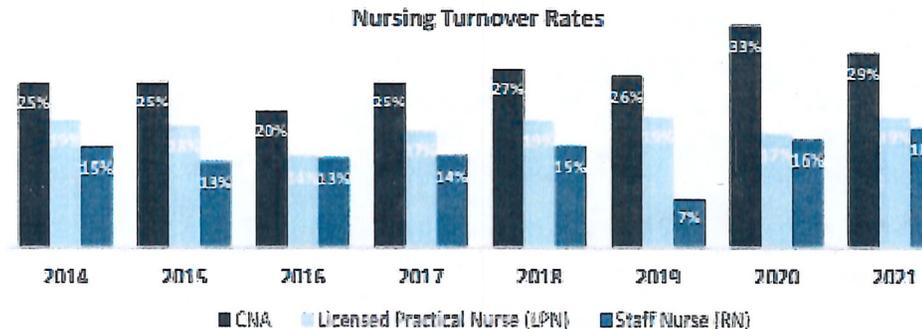
KHA 2022 Workforce Survey Results

Nursing Vacancy Rates (2021)



Source: Kansas Hospital Association Annual Workforce Survey, collected January 2022

Nursing Turnover Rates (2021)



Source: Kansas Hospital Association Annual Workforce Survey, collected January 2022

Nurse Vacancies and Turnovers by Rural vs Urban (2021)

Rural	Number of FTE Vacancies	Number of Vacant Positions	Employee Vacancy Rate	Employee Separations	Employee Turnover Rate
Licensed Practical Nurse (LPN)	49.3	54	16%	77	21%
Staff Nurse (RN)	309.57	361	14%	451.9	17%
C.N.A.	170.26	225	15%	510	29%

Urban <i>Includes KCMO Urban Hospitals</i>	Number of FTE Vacancies	Number of Vacant Positions	Employee Vacancy Rate	Employee Separations	Employee Turnover Rate
Licensed Practical Nurse (LPN)	110	147	33%	96	24%
Staff Nurse (RN)	2,942	3,960	23%	3,399	20%
C.N.A.	811	1,256	22%	1,983	31%

Healthcare Apprenticeships as a Workforce Tool

What is Registered Apprenticeship?

Registered Apprenticeship is an industry-driven, high-quality career pathway where employers can develop and prepare their future workforce, and individuals can obtain paid work experience, classroom instruction, and industry-issued, nationally recognized credentials. Outcomes include:



ON-THE-JOB
TRAINING



RELATED TECHNICAL
INSTRUCTION



MENTORSHIP



REWARDS FOR
SKILL GAINS



NATIONAL
OCCUPATIONAL
CREDENTIAL

How do Healthcare Apprenticeships Work?

- Apprenticeship programs meet all industry standards for training employees with regards to safety, education and licensing requirements.
- For many occupations, the standard includes formal education in the form of a certificate or degree.
- Apprenticeships work best with flexible, distance education programs that accommodate the scheduling needs of healthcare providers. Many campuses already have programs that fit this model with little or no modification.
- Apprenticeships allow students to earn while they learn
 - Enables staff and students to put their healthcare education into practice in real time
 - Provides income to students from a job that is tied directly to their career goals

Effective LPN Apprenticeships Provide:

- Skills and bedside experiences
- Address skills competency and socialization to professional nursing
- Enhanced ability to clinical reason much earlier in the educational conduit
- Career advancement opportunities
- Improved retention rates and significantly strengthens the nursing workforce

Healthcare Apprenticeships Nationally

- Over 26 states have healthcare apprenticeships in place
- Several states, including North Dakota and Texas have robust nursing apprenticeship programs that Kansas could look at for inspiration
 - How did they do it?
 - North Dakota's BON passed an innovative educational model that paved the way to allow LPN apprenticeship

Who can be an LPN Apprentice?

- In theory, anyone that would otherwise normally be admitted into an LPN program
 - Admission into an accredited LPN program is a requirement
- In practice, employers could use LPN apprenticeship to train and upskill current staff such as CNAs while keeping those staff employed and within their communities

Program Stages	Pre-Apprenticeship and acceptance into the LPN Nursing Program on a Contingency Basis	Semester 1 Apprenticeship	Semester 2 Apprenticeship	Semester 3 Apprenticeship	Final
Timeframe	4 months (can be extended to meet age qualifications) This is considered a pre-apprenticeship	4 months	4 months	2 months	Apprentice will continue to work until 2000 hrs. are met until able to obtain DOL credential
Program Details/Highlights	<p>Students may enroll in pre-requisite courses and apply to the LPN program (Considered an apprentice, contingency nursing student)</p> <p>Student is participating in clinical worksite education and registered on the ND Board of Nursing Unlicensed Assistive Personnel Registry (UAP) (considered an apprentice, contingency nursing student)</p>	<p>Student is participating in clinical worksite education and registered on the ND Board of Nursing Unlicensed Assistive Personnel Registry (UAP) (considered an apprentice, contingency nursing student)</p> <p>The apprenticeship clinicals starts after they are accepted into the LPN program.</p> <p>Apprentices can be paid for clinical hours. clinical hours may be required at other facilities.</p> <p>Apprentices can be paid for didactic hours, if the employer chooses to do so.</p>	<p>Student is participating in clinical worksite education and registered on the ND Board of Nursing Unlicensed Assistive Personnel Registry (UAP) (considered an apprentice, contingency nursing student)</p> <p>The apprenticeship clinicals starts after they are accepted into the LPN program.</p> <p>Apprentices can be paid for clinical hours. clinical hours may be required at other facilities.</p> <p>Apprentices can be paid for didactic hours, if the employer chooses to do so.</p> <p>Apprentice can perform skills at work outside student clinical hours if recognized by faculty as skilled and competent to do so if a mentor is present in the facility.</p>	<p>Student is participating in clinical worksite education and registered on the ND Board of Nursing Unlicensed Assistive Personnel Registry (UAP) (considered an apprentice, contingency nursing student)</p> <p>The apprenticeship clinicals starts after they are accepted into the LPN program.</p> <p>Apprentices can be paid for clinical hours. clinical hours may be required at other facilities.</p> <p>Apprentices can be paid for didactic hours, if the employer chooses to do so.</p> <p>Apprentice can perform skills at work outside student clinical hours if recognized by faculty as skilled and competent to do so if a mentor is present in the facility.</p>	<p>Apprentice works as a CNA, CNA Specialty, or MA or UAP until they pass the NCLEX-LPN. Apprentices also utilize an interim LPN license.</p> <p>Apprentices will be paid for LPN hours and CNA/CNA Specialty or MA or UAP hours.</p>
RTI Requirements	NONE Prior credit ENGL 110 PSYC 111 PSYC 250 PHRM 215 BIOL 220 & 221	BIOL 220 PSYC 111 NURS 120 NURS 121 NURS 122	BIOL 221 ENCL 110 PHRM 215 NURS 124 NURS 127 NURS 145	PSYC 250 NURS 126 NURS 129	NONE- Complete the required coursework for the LPN program.
Expected OJT Hours	Up to 1000 hours of OJT credited toward the required Dept of labor 2000 hours	144 hours of clinical 320 hours of OJT 564 hours this semester	144 hours of clinical 320 hours of OJT 564 hours this semester	144 hours of clinical 160 hours of OJT 304 hours this semester	Must meet the total of 2000 hours
Role in facility	CNA, CNA Specialty, or MA Must be registered as a UAP	CNA, CNA Specialty, or MA Must be registered as a UAP			
Wage Scale	CNA or MA wage	% of Entry Level LPN wage	% of Entry Level LPN wage	% of Entry Level LPN wage	% of Entry Level LPN wage
Credential Earned	None	LPN Apprentice	LPN Apprentice	Apprenticeship Credential from the DOL for Licensed Practical Nursing and a Nursing License from the ND Board of Nursing (based on passing NCLEX)	Apprenticeship Credential from the DOL for Licensed Practical Nursing and a Nursing License from the ND Board of Nursing (interim)

North Dakota LPN Apprenticeship Example

- The apprentice is a W-2 employee on **Day 1**
- The apprentice receives a starting wage when they begin their apprenticeship
- Most LPN apprentices work 20 hours a week and then attend classes (virtually or on campus)
- The employer pays for education (at the community college, tech school, etc. or through an online learning platform) and the apprentice learns through instruction while also learning through on the job experience
- The LPN apprentice travels to campus on occasion to do labs OR the instructor comes to apprentice and does a simulation lab.
- As the apprentice learns from instruction and mentorship, they fulfill an increasing number of competencies as part of their framework (see handout)
- The apprentice program ends after 2000 hours are met, and the apprentice has obtained their credential, and earns a wage increase.

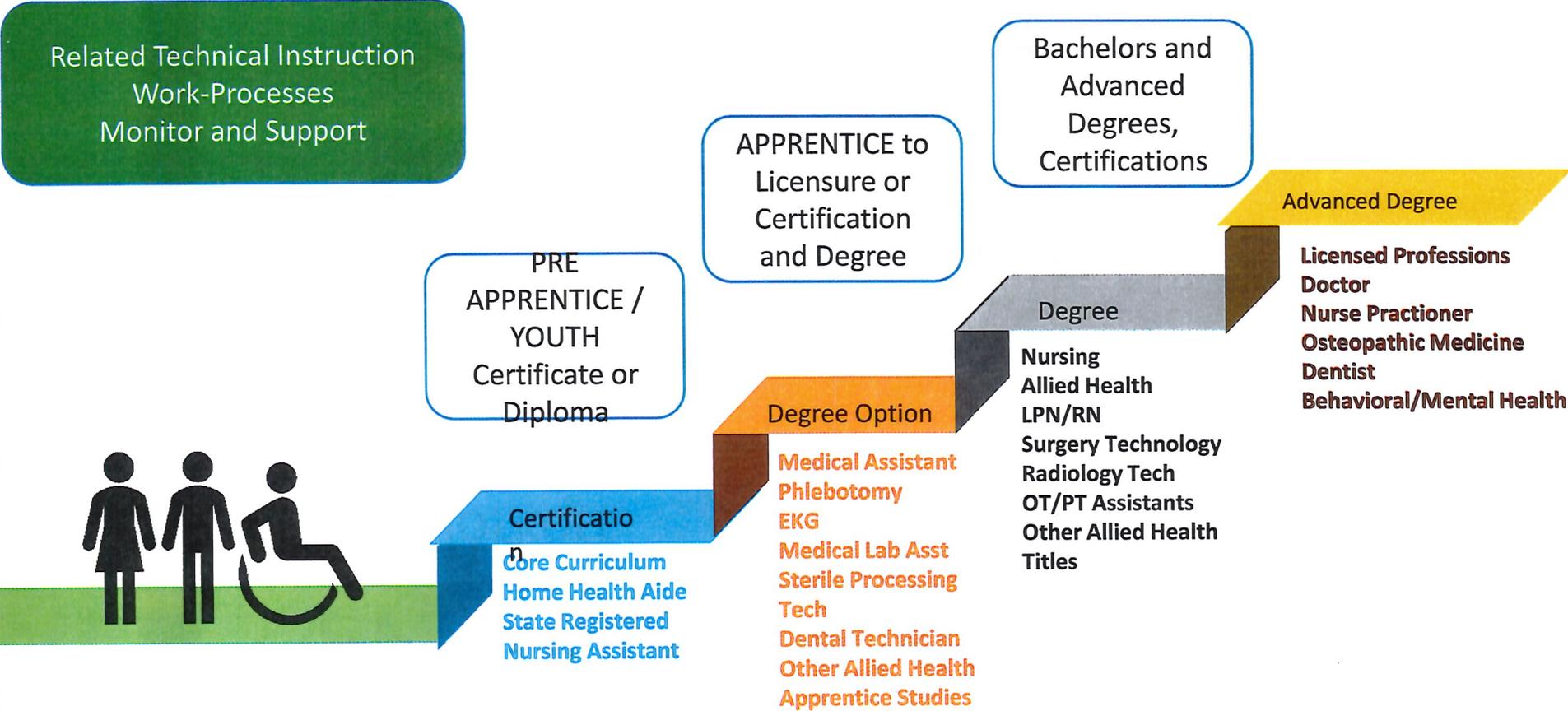
Benefits to the Apprentice

- Able to have a paying job while they are also gaining a professional credential in healthcare
- Learns experience on the job while also learning the material from instruction
- Remain living in the local community instead of leaving to attend a program
- Become a valued part of the hospital by having a mentor
- Apprentice develops loyalty to employer due to employer's investment in the apprentice

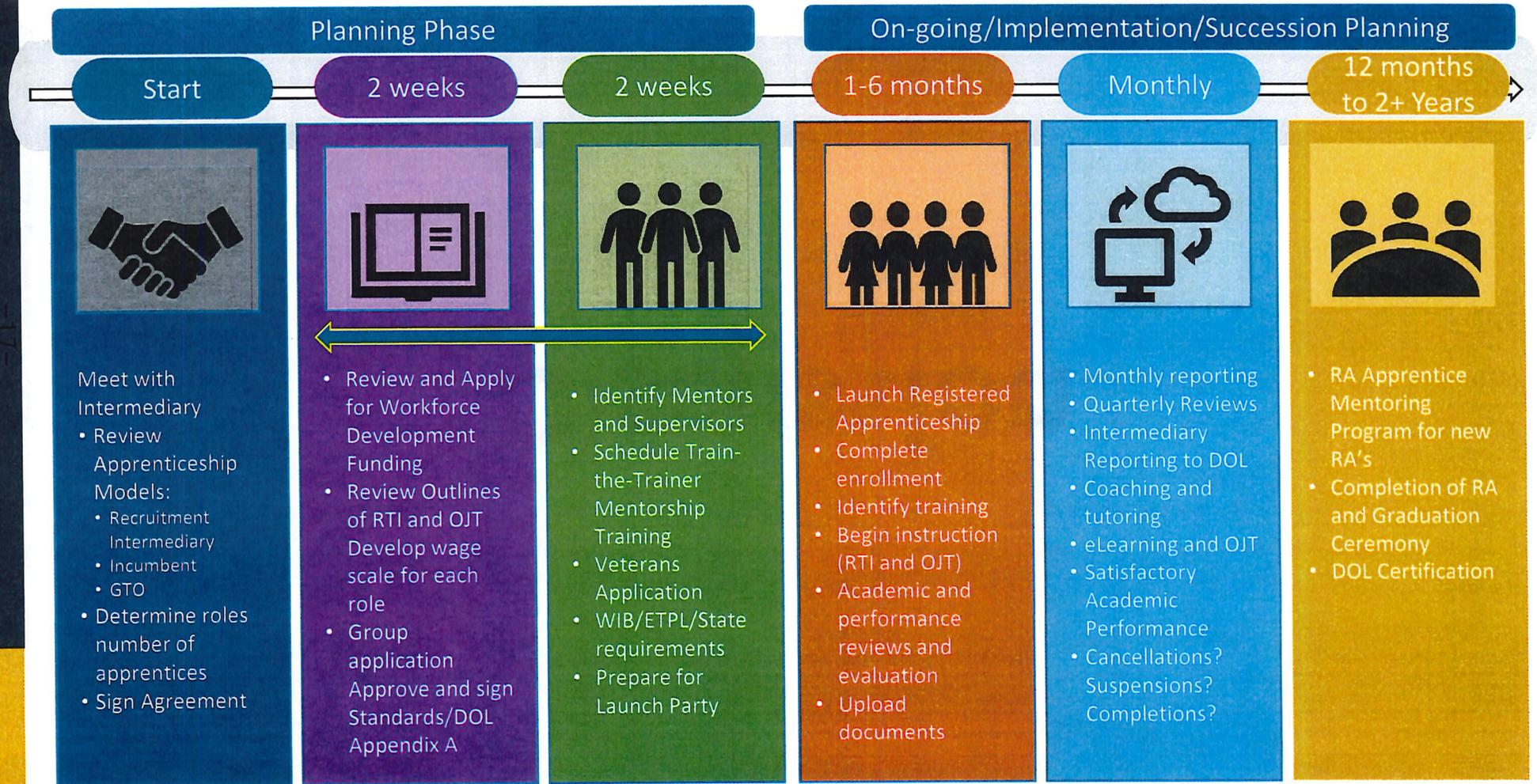
Employer Benefits of Apprenticeship Programs

- Pipeline of workers
- Fill vacancies
- Improve employee morale
- Apprentices have a **92%** retention rate
- Reduces need for contract labor
- Supports new hires through mentoring
- Improve productivity
- Decrease error and accident rates

Clinical Career Ladder Sample



Timeline for Apprenticeship Programs



Discussion

LPN (ND) Competency Checklist

OC Code: 29-2061.00 Licensed Practical Nurse

Rapids Code: 8037

Job Description: NDCC 54-05-01-07 LPN

The licensed practical nurse (LPN) is responsible and accountable to practice according to the standards of practice prescribed by the Board of Nursing (ND BON) and the profession. It is not the setting or the position title that determines a nursing practice role, but rather the application of nursing knowledge.

The LPN practices nursing independently under the direction of the registered nurse (RN), advanced practice registered nurse (APRN), or licensed practitioner through the application of the nursing process and the execution of diagnostic or therapeutic regimens prescribed by licensed practitioners. The administration and management of nursing by the LPN includes assigning and delegating nursing interventions. Unlicensed assistive persons (UAP) compliment the licensed nurse in the performance of nursing interventions but may not substitute for the licensed nurse.

***Related Technical Training (RTI)** is a requirement of a federally registered Department of Labor apprentice program. The ND Apprenticeship model with the Dakota Nursing Program is the RTI provider. The related clinical faculty instruction (instructor/mentor) meet all requirements within the NDCC 54-03.2-06-07 Nursing Education Program Curriculum and 54-05-01 Standards of Practice for Licensed Practical Nurses and 54-05-02-04 Standards of Practice for Registered Nurses.*

***On the Job Training (OJT) and Related Technical Instruction (RTI)** are identified by an X as to where the learning is taking place. In most cases, learning is happening both on the job as well in the classroom.*

***Proficient in Task**-apprentice performs task properly and consistently. Must be initialed for DOL documentation.*

***Completion Date**-Date apprentice completes final demonstration of competency. Must be dated for DOL documentation.*

***Instructions:** Industry partner mentor/supervisor is responsible to initial proficiency in task and record the date of observation. Each person initialing and dating the form will identify their initials by adding their initials and name in written block letters (do not use your signature) to the list below.*

Initial	Name	Initial	Name
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Competencies for LPN Job Functions

<p>Job Function 1: Each licensed practical nurse (LPN) is responsible and accountable to practice according to the standards of practice prescribed by the ND Board of Nursing and the profession. It is not the setting or the position title that determines a nursing practice role, but rather the application of nursing knowledge. The LPN practices nursing dependently under the direction of the RN, APRN or licensed practitioner through the application of the nursing process and the execution of diagnostic or therapeutic regimens prescribed by licensed practitioners.</p> <p>The administration and management of nursing by the LPN includes assigning and delegating nursing interventions. UAPs complement the licensed nurse in performance of nursing interventions but may not substitute for the licensed nurse. The LPN practices within the legal boundaries for practical nursing through the scope of practice authorized in the Nurse practices Act and the rules governing nursing. NDCC 54-05-01-07</p> <p>Skills</p> <ul style="list-style-type: none"> PROFESSIONALISM AND LEADERSHIP: Incorporate professional standards and scope of practice as a certificate practical nurse while pursuing professional growth within legal, ethical and regulatory frameworks. <p>Technology</p> <ul style="list-style-type: none"> 	Course Level	Course	RTI	OJT	Proficient in Task (Site Mentor initials (i.e. MH)	Date Completed (i.e. 1/22/19)
Competency 1a: Demonstrate honesty and integrity in nursing practice.	Course Level Intermediate	Course NURS 127			Proficient in Task (Site Mentor initials (i.e. MH)	Date Completed (i.e. 1/22/19)
Competency 1a: Demonstrate honesty and integrity in nursing practice.	Advanced	NURS 145				
Competency 1b: Base nursing decisions on nursing knowledge and skills, the needs of clients, and licensed practical nursing standards.	Basic	NURS 121				
Competency 1b: Base nursing decisions on nursing knowledge and skills, the needs of clients, and licensed practical nursing standards.	Basic	NURS 122				
Competency 1c: Accept responsibility for nursing actions, competence, decisions, and behavior in the course of practical nursing practice.	Basic	NURS 121				
Competency 1c: Accept responsibility for nursing actions, competence, decisions, and behavior in the course of practical nursing practice.	Basic	NURS 122				
Competency 1c: Accept responsibility for nursing actions, competence, decisions, and behavior in the course of practical nursing practice.	Intermediary	NURS 124				

Competency 1c: Accept responsibility for nursing actions, competence, decisions, and behavior in the course of practical nursing practice..	Advanced	NURS 126				
Competency 1c: Accept responsibility for nursing actions, competence, decisions, and behavior in the course of practical nursing practice.	Advanced	NURS 129				
Competency 1d: Maintain competence through ongoing learning and application of knowledge in practical nursing.	Intermediary	NURS 127				
Competency 1d: Maintain competence through ongoing learning and application of knowledge in practical nursing.	Advanced	NURS 145				
Competency 1e: Report violations of the act or rules by self or other licensees and registrants.	Basic	NURS 120				
Competency 1e: Report violations of the act or rules by self or other licensees and registrants.	Intermediary	NURS 124				
Competency 1e: Report violations of the act or rules by self or other licensees and registrants.	Advanced	NURS 126				
Competency for Job Function 2: Assists in implementing the nursing process under the supervision of the RN, APRN or licensed practitioner. NDCC54-05-01-08 Skills (Practical Nursing Student Learning Outcomes) <ul style="list-style-type: none"> Participate as a member of the interdisciplinary health care team through effective communication in the delivery and management of client care including women, newborns and children. Incorporate professional standards and scope of practice as a certificate practical nurse while pursuing professional growth within legal, ethical and regulatory frameworks. Become aware of ethical and legal issues and the policies and procedures utilized in maternal, newborn, and pediatric health care delivery settings. Recognize own values, beliefs, and attitudes related to care of the maternal, newborn, and pediatric client. Provide culturally competent care for clients while promoting their self-determination and integrity. Choose culturally and developmentally appropriate verbal and nonverbal caring communication techniques when intervening for the health education and safety needs for the maternal, newborn, and pediatric client. Utilize the nursing process, science, and clinical reasoning to provide quality evidence-based client care. Employ evidence-based decision making to deliver safe and effective client care and to evaluate client outcomes. Differentiate actual/potential patient complications, choose interventions from an established plan of care, and monitor responses for the woman, newborn, and child. Utilize appropriate technology to communicate effectively and manage information in the 	Course Level	Course	RTI	OJT	Proficient in Task (Site Mentor initials (i.e. MH)	Date Completed (i.e. 1/22/19)

<p>delivery of client care. Explain confidentiality issues related to use of technology in the care of clients including women, infants, and children.</p> <ul style="list-style-type: none"> Examine safe, effective nursing care, incorporating therapeutic communication for the diverse client across the lifespan with stable or predictable health problems and assist with those whose conditions are critical or unpredictable. <p>Technologies</p> <ul style="list-style-type: none"> Clinical assessment tools and equipment Clinical equipment for treatments and procedures IT software and hardware for healthcare documentation Pharmaceuticals 							
Competency 2a: Participates in nursing care, health maintenance, client teaching, counseling, collaborative planning, and rehabilitation to the extent of the LPPN's basic nursing education and additional skills through subsequent education and experiences.		Course Level Basic	Course PSYC 101	RTI x	OJT x	Site Mentor initials	Date Completed
Competency 2a: Participates in nursing care, health maintenance, client teaching, counseling, collaborative planning, and rehabilitation to the extent of the LPPN's basic nursing education and additional skills through subsequent education and experiences.		Basic	NURS 121	x	x		
Competency 2b: Conducts a focused nursing assessment and contribute data to the plan of care.		Basic	BIOL 220 (A&P)	x	x		
Competency 2b: Conducts a focused nursing assessment and contribute data to the plan of care.		Basic	NURS 121	x	x		
Competency 2c: Plans for client care, including planning nursing care for a client whose condition is stable or predictable.		Basic	BIOL 220 (A&P)	x	x		
Competency 2d: Participates with other licensed practitioners in the development and modification of the client-centered plan of care.		Basic	NURS 121	x	x		
Competency 2e: Assists the RN or other licensed practitioner in the definition of client needs, priorities of care, and goals.		Basic	NURS 121	x	x		
1.	Demonstrates attentiveness and provides client surveillance and monitoring.	Basic	NURS 121	x	x		
2.	Assists and contributes in the evaluation of the client-centered health care plan.	Basic	NURS 121	x	x		
3.	Obtains orientation or training for competency when encountering new equipment and technology or unfamiliar care situations.	Basic	NURS 121	x	x		
4.	Recognizes client characteristics that may affect the client's health status.	Basic	NURS 121	x	x		
5.	Implements nursing interventions and prescribed medical regimens in a timely and safe manner.	Basic	NURS 121	x	x		
6.	Documents nursing care provided accurately and timely.	Basic	NURS 121	x	x		
Competency 2f: Collaborates and communicates relevant and timely client information with clients and other		Basic	NURS 120	x	x		

health team members to ensure quality and continuity of care.						
Competency 2g: Take preventive measures to promote an environment that is conducive to safety and health to clients, others, and self.	Basic	NURS 122	x	x		
Competency 2h: Respect client diversity and advocates for the client's rights, concerns, decisions, and dignity.	Basic	NURS 121	x	x		
Competency 2i: Maintain appropriate professional boundaries.	Basic	NURS 120	x	x		
Competency 2j: Participates in the health teaching approved by a licensed practitioner.	Basic	BIOL 220	x	x		
Competency 2k: Participate in systems, clinical practice, and client care performance improvement efforts to provide client outcome.	Basic	NURS 122	x	x		
Competency 2l: Contribute to evaluation of the plan of care by gathering, observing, recording, and communicating client responses to nursing interventions.	Basic	NURS 120	x	x		
Competency 2m: Modify the plan of care in collaboration with an RN, APRN, or licensed practitioner based on an analysis of client responses.	Basic	NURS 121	x	x		
Competency 2n: Function as a member of the health care team, contributing to the implementation of an integrated client-centered health care plan.	Basic	NURS 121	x	x		
Competency 2o: Assume responsibility for nurse's own decisions and action.	Basic	NURS 120	x	x		
Competency 2p: Promote a safe and therapeutic environment by providing appropriate monitoring and surveillance of the care environment.	Basic	NURS 120	x	x		
Competency 2q: Participate in quality improvement activities to evaluate and modify practice.	Basic	NURS 120	x	x		
Competency 2r: Demonstrate knowledge and understanding of the statutes and rules governing nursing and function within the legal boundaries of LPN practice.	Basic	NURS 120	x	x		
Competency 2s: Observe and follow the duly adopted standards, policies, directives, and orders of the ND BON as they may relate to the LPN.	Basic	NURS 120	x	x		
Competency 2a: Participates in nursing care, health maintenance, client teaching, counseling, collaborative planning, and rehabilitation to the extent of the LPN's basic nursing education and additional skills through subsequent education and experiences.	Course Level Intermediate	Course BIOL 221	RTI x	OJT x	Site Mentor initials	Date Completed
Competency 2a: Participates in nursing care, health maintenance, client teaching, counseling, collaborative planning, and rehabilitation to the extent of the LPN's basic nursing education and additional skills through subsequent education and experiences.	Intermediate	NURS 124	x	x		
Competency 2a: Conducts a focused nursing assessment and contribute data to the plan of care.	Intermediate	ENCL 110	x	x		
Competency 2b: Conducts a focused nursing assessment and contribute data to the plan of care.	Intermediate	NURS 124	x	x		
Competency 2b: Conducts a focused nursing assessment and contribute data to the plan of care.	Intermediate	NURS 145	x	x		
Competency 2c: Plans for client care, including planning nursing care for a client whose condition is stable or predictable.	Intermediate	PHARM 215	x	x		
Competency 2c: Plans for client care, including planning nursing care for a client whose condition is stable or predictable.	Intermediate	NURS 124	x	x		

Competency 2c: Plans for client care, including planning nursing care for a client whose condition is stable or predictable.		Intermediate	NURS 145	x	x		
Competency 2d: Participates with other licensed practitioners in the development and modification of the client-centered plan of care.		Intermediate	NURS 124	x	x		
Competency 2e: Assists the RN or other licensed practitioner in the definition of client needs, priorities of care, and goals.		Intermediate	NURS 124	x	x		
1.	Demonstrates attentiveness and provides client surveillance and monitoring	Intermediate	NURS 124	x	x		
2.	Assists and contributes in the evaluation of the client-centered health care plan.	Intermediate	NURS 124	x	x		
3.	Obtains orientation or training for competency when encountering new equipment and technology or unfamiliar care situations.	Intermediate	NURS 124	x	x		
4.	Recognizes client characteristics that may affect the client's health status.	Intermediate	NURS 124	x	x		
5.	Implements nursing interventions and prescribed medical regimens in a timely and safe manner.	Intermediate	NURS 124	x	x		
6.	Documents nursing care provided accurately and timely.	Intermediate	NURS 124	x	x		
Competency 2e: Assists the RN or other licensed practitioner in the definition of client needs, priorities of care, and goals.		Intermediate	NURS 127	x	x		
1.	Demonstrates attentiveness and provides client surveillance and monitoring.	Intermediate	NURS 127	x	x		
2.	Assists and contributes in the evaluation of the client-centered health care plan.	Intermediate	NURS 127	x	x		
3.	Obtains orientation or training for competency when encountering new equipment and technology or unfamiliar care situations.	Intermediate	NURS 127	x	x		
4.	Recognizes client characteristics that may affect the client's health status.	Intermediate	NURS 127	x	x		
5.	Implements nursing interventions and prescribed medical regimens in a timely and safe manner.	Intermediate	NURS 127	x	x		
6.	Documents nursing care provided accurately and timely.	Intermediate	NURS 127	x	x		
Competency 2e: Assists the RN or other licensed practitioner in the definition of client needs, priorities of care, and goals.		Intermediate	NURS 145	x	x		
1	Demonstrates attentiveness and provides client surveillance and monitoring.	Intermediate	NURS 145	x	x		
2	Assists and contributes in the evaluation of the client-centered health care plan.	Intermediate	NURS 145	x	x		
3	Obtains orientation or training for competency when encountering new equipment and technology or unfamiliar care situations.	Intermediate	NURS 145	x	x		
4	Recognizes client characteristics that may affect the client's health status.	Intermediate	NURS 145	x	x		
5	Implements nursing interventions and prescribed medical regimens in a timely and safe manner.	Intermediate	NURS 145	x	x		
6	Documents nursing care provided accurately and timely.	Intermediate	NURS 145	x	x		
Competency 2f: Collaborates and communicates relevant and timely client information with clients and other		Intermediate	NURS 127	x	x		

health team members to ensure quality and continuity of care.						
Competency 2f: Collaborates and communicates relevant and timely client information with clients and other health team members to ensure quality and continuity of care.	Intermediate	NURS 124	x	x		
Competency 2f: Collaborates and communicates relevant and timely client information with clients and other health team members to ensure quality and continuity of care.	Intermediate	NURS 145	x	x		
Competency 2g: Take preventive measures to promote an environment that is conducive to safety and health to clients, others, and self.	Intermediate	NURS 127	x	x		
Competency 2g: Take preventive measures to promote an environment that is conducive to safety and health to clients, others, and self.	Intermediate	NURS 124	x	x		
Competency 2g: Take preventive measures to promote an environment that is conducive to safety and health to clients, others, and self.	Intermediate	NURS 145	x	x		
Competency 2h: Respect client diversity and advocates for the client's rights, concerns, decisions, and dignity.	Intermediate	NURS 127	x	x		
Competency 2h: Respect client diversity and advocates for the client's rights, concerns, decisions, and dignity.	Intermediate	NURS 124	x	x		
Competency 2h: Respect client diversity and advocates for the client's rights, concerns, decisions, and dignity.	Intermediate	NURS 145				
Competency 2i: Maintain appropriate professional boundaries.	Intermediate	NURS 124	x	x		
Competency 2j: Participates in the health teaching approved by a licensed practitioner.	Intermediate	NURS 124	x	x		
Competency 2j: Participates in the health teaching approved by a licensed practitioner.	Intermediate	NURS 145	x	x		
Competency 2k: Participate in systems, clinical practice, and client care performance improvement efforts to provide client outcomes.	Intermediate	NURS 124	x	x		
Competency 2l: Contribute to evaluation of the plan of care by gathering, observing, recording, and communicating client responses to nursing interventions.	Intermediate	NURS 124	x	x		
Competency 2l: Contribute to evaluation of the plan of care by gathering, observing, recording, and communicating client responses to nursing interventions.	Intermediate	NURS 145	x	x		
Competency 2m: Modify the plan of care in collaboration with an RN, APRN, or licensed practitioner based on an analysis of client responses.	Intermediate	NURS 124	x	x		
Competency 2m: Modify the plan of care in collaboration with an RN, APRN, or licensed practitioner based on an analysis of client responses.	Intermediate	NURS 145	x	x		
Competency 2n: Function as a member of the health care team, contributing to the implementation of an integrated client-centered health care plan.	Intermediate	NURS 127	x	x		
Competency 2o: Assume responsibility for nurse's own decisions and action.	Intermediate	NURS 127	x	x		
Competency 2p: Promote a safe and therapeutic environment by providing appropriate monitoring and surveillance of the care environment.	Intermediate	NURS 124	x	x		
Competency 2q: Participate in quality improvement activities to evaluate and modify practice.	Intermediate	NURS 124	x	x		

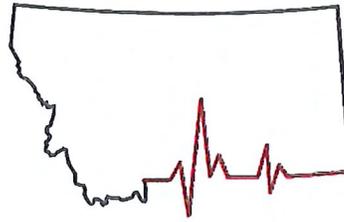
Competency 2r: Demonstrate knowledge and understanding of the statutes and rules governing nursing and function within the legal boundaries of LPN practice.		Intermediate	NURS 127	x	x		
Competency 2s: Observe and follow the duly adopted standards, policies, directives, and orders of the ND BON as they may relate to the LPN.		Intermediate	NURS 127	x	x		
Competency 2a: Participates in nursing care, health maintenance, client teaching, counseling, collaborative planning, and rehabilitation to the extent of the LPPN's basic nursing education and additional skills through subsequent education and experiences.		Course Level Advanced	Course NURS 126	RTI x	OJT x	Site Mentor initials	Date Completed
Competency 2a: Competency 1a: Participates in nursing care, health maintenance, client teaching, counseling, collaborative planning, and rehabilitation to the extent of the LPPN's basic nursing education and additional skills through subsequent education and experiences.		Advanced	NURS 129	x	x		
Competency 2b: Conducts a focused nursing assessment and contribute data to the plan of care.		Advanced	NURS 126	x	x		
Competency 2b: Conducts a focused nursing assessment and contribute data to the plan of care.		Advanced	NURS 129	x	x		
Competency 2b: Conducts a focused nursing assessment and contribute data to the plan of care.		Advanced	PSYC 250	x	x		
Competency 2c: Plans for client care, including planning nursing care for a client whose condition is stable or predictable.		Advanced	NURS 126	x	x		
Competency 2c: Plans for client care, including planning nursing care for a client whose condition is stable or predictable.		Advanced	NURS 126	x	x		
Competency 2c: Plans for client care, including planning nursing care for a client whose condition is stable or predictable.		Advanced	PSYC 250	x	x		
Competency 2d: Participates with other licensed practitioners in the development and modification of the client-centered plan of care.		Advanced	NURS 126	x	x		
Competency 2e: Assists the RN or other licensed practitioner in the definition of client needs, priorities of care, and goals.		Advanced	NURS 126	x	x		
1.	Demonstrates attentiveness and provides client surveillance and monitoring.	Advanced	NURS 126	x	x		
2.	Assists and contributes in the evaluation of the client-centered health care plan.	Advanced	NURS 126	x	x		
3.	Obtains orientation or training for competency when encountering new equipment and technology or unfamiliar care situations.	Advanced	NURS 126	x	x		
4.	Recognizes client characteristics that may affect the client's health status.	Advanced	NURS 126	x	x		
5.	Implements nursing interventions and prescribed medical regimens in a timely and safe manner.	Advanced	NURS 126	x	x		
6.	Documents nursing care provided accurately and timely.	Advanced	NURS 126	x	x		
Competency 2f: Collaborates and communicates relevant and timely client information with clients and other health team members to ensure quality and continuity of care.		Advanced	NURS 126	x	x		
Competency 2f: Collaborates and communicates relevant and timely client information with clients and other health team members to ensure quality and continuity of care.		Advanced	PSYC 250	x	x		

Competency 2g: Take preventive measures to promote an environment that is conducive to safety and health to clients, others, and self.	Advanced	NURS 126	x	x		
Competency 2g: Take preventive measures to promote an environment that is conducive to safety and health to clients, others, and self.	Advanced	PSYC 250	x	x		
Competency 2h: Respect client diversity and advocates for the client's rights, concerns, decisions, and dignity.	Advanced	NURS 129	x	x		
Competency 2h: Respect client diversity and advocates for the client's rights, concerns, decisions, and dignity.	Advanced	PSYC 250	x	x		
Competency 2j: Participates in the health teaching approved by a licensed practitioner.	Advanced	NURS 126	x	x		
Competency 2j: Participates in the health teaching approved by a licensed practitioner.	Advanced	PSYC 250	x	x		
Competency 2k: Participate in systems, clinical practice, and client care performance improvement efforts to provide client outcomes.	Advanced	NURS 126	x	x		
Competency 2l: Contribute to evaluation of the plan of care by gathering, observing, recording, and communicating client responses to nursing interventions.	Advanced	NURS 126	x	x		
Competency 2l: Contribute to evaluation of the plan of care by gathering, observing, recording, and communicating client responses to nursing interventions.	Advanced	PSYC 250	x	x		
Competency 2m: Modify the plan of care in collaboration with an RN, APRN, or licensed practitioner based on an analysis of client responses.	Advanced	NURS 126	x	x		
Competency 2m: Modify the plan of care in collaboration with an RN, APRN, or licensed practitioner based on an analysis of client responses.	Advanced	PSYC 250	x	x		
Competency 2n: Function as a member of the health care team, contributing to the implementation of an integrated client-centered health care plan.	Advanced	NURS 126	x	x		
Competency 2o: Assume responsibility for nurse's own decisions and action.	Advanced	NURS 126	x	x		
Competency 2p: Promote a safe and therapeutic environment by providing appropriate monitoring and surveillance of the care environment.	Advanced	NURS 126	x	x		
Competency 2q: Participate in quality improvement activities to evaluate and modify practice.	Advanced	NURS 126	x	x		
Competency 2r: Demonstrate knowledge and understanding of the statutes and rules governing nursing and function within the legal boundaries of LPN practice.	Advanced	NURS 126	x	x		
Competency 2s: Observe and follow the duly adopted standards, policies, directives, and orders of the ND BON as they may relate to the LPN.	Advanced	NURS 126	x	x		

Competency for Job Function 3: Able to manage intravenous therapy. NDCC54-05-01-06 <i>(Varies by nursing program)</i> Skills: <ul style="list-style-type: none"> Participate as a member of the interdisciplinary health care team through effective communication and collaboration in the delivery and management of client care. Incorporate professional standards and scope of practice as a certificate practical nurse while pursuing professional growth within legal, ethical and regulatory frameworks. 	Course Level	Course	RTI	OJT	Proficient in Task (Site Mentor initials (i.e. MH)	Date Completed (i.e. 1/22/19)
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<ul style="list-style-type: none"> • Accepts accountability for own professional behavior and development. • <p>Technology</p> <ul style="list-style-type: none"> • Pharmaceuticals • Specific equipment utilized for IV therapy 							
Competency 3a: Selected components in nursing management of intravenous therapy is defined by the ND BON and may be performed by an LPN as part of the healthcare team.		Course Level Intermediate	Course PHARM 215	RTI x	OJT x	Site Mentor initials	Date Completed
<p>Competency for Job Function 4: Able to perform responsibilities of organizing, managing and supervising the practice of nursing. NDCC 54-05-01-09 (Varies by nursing program)</p> <p>Skills</p> <ul style="list-style-type: none"> • Participate as a member of the interdisciplinary health care team through effective communication and collaboration in the delivery and management of client care. • Incorporate professional standards and scope of practice as a certificate practical nurse while pursuing professional growth within legal, ethical and regulatory frameworks. • Distinguish and use delegation skills needed to manage client care for clients across the health-illness continuum in collaboration with other members of the health care team. • Examine management of client care in relationship to multiple responsibilities, time management and delegation skills. • Accepts accountability for own professional behavior and development. <p>Technology</p> <ul style="list-style-type: none"> • Healthcare software 		Course Level	Course	RTI	OJT	Proficient in Task (Site Mentor initials (i.e. MH))	Date Completed (i.e. 1/22/19)
Competency 4a: Assign nursing interventions.		Course Level Advanced	Course	RTI x	OJT x	Site Mentor initials	Date Completed
1.	Assign nursing care within the LPN scope of practice to other LPNs who are authorized to provide nursing care through licensure as an LPN.	Advanced	NURS 126	x	x		
2.	Monitor and evaluate the care assigned to an LPN.	Advanced	NURS 126	x	x		
Competency 4b: Delegate to another only nursing interventions for which that person has the necessary skills and competencies to accomplish safely. The delegation of the intervention must pose minimal risk to the client and consequences of performing the intervention improperly are not life-threatening. UAP complement the licensed nurse in the performance of nursing interventions but may not substitute for the licensed nurse. A LPN may delegate an intervention to a		Advanced	NURS 129	x	x		

technician who may perform limited nursing functions within the ordinary, customary and usual roles in the individual's field.							
1.	Ensure that the UAP is on a registry and has the education and demonstrated competency to perform the delegated intervention.	Advanced	NURS 129	x	x		
2.	Ensure that results of interventions are reasonably predictable.	Advanced	NURS 129	x	x		
3.	Ensure that interventions do not require assessment, interpretation, or independent decision-making during its performance or at completion.	Advanced	NURS 126	x	x		
4.	Provide clear directions and guidelines regarding the delegated intervention or routine interventions on stable clients.	Advanced	NURS 126	x	x		
5.	Verify that the UAP follows each written facility policy or procedure.	Advanced	NURS 129	x	x		
6.	Provide supervision and feedback to the UAP.	Advanced	NURS 129	x	x		
7.	Observe, evaluate, and communicate the outcomes.	Advanced	NURS 126	x	x		
8.	Intervene when problems are identified.	Advanced	NURS 126	x	x		
9.	Assist in the revisions to the plan of care.	Advanced	NURS 129	x	x		
10	Retain accountability for the nursing care.	Advanced	NURS 126	x	x		



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Apprenticeship for Campuses

What is healthcare apprenticeship?

Apprenticeship is a time-tested, “earn while you learn” strategy with the combination of on-the-job training, related instruction online or in a classroom, mentorship, and incremental wage increases. Employers work with the Registered Apprenticeship Program to identify competencies, timelines, and related coursework.

Apprenticeship programs meet all industry standards for training employees with regards to safety, education and licensing requirements. For many healthcare occupations, the standard includes formal education in the form of a certificate or degree. The Department of Labor & Industry (DLI) recognizes the value of our Montana campuses and anticipates partnering with local colleges to provide the educational component of apprenticeship programs.

Apprenticeships work best with flexible, distance education programs that accommodate the scheduling needs of healthcare providers. Many campuses already have programs that fit this model with little or no modification.

Apprenticeship Benefits for Campuses

The apprenticeship strategy makes higher education accessible to more students. Employer driven training facilitates career advancement for a wider range of potential students.

- **Retention:** In high demand occupations, such as medical coding and health informatics, students are often hired part way through their programs. With the apprenticeship model, they can start working with their employer and finish their degree programs.
- **Boost Enrollment:** Flexible training models that accommodate apprenticeships expand the potential student base to all working students, particularly adult learners.
- **Distance Education:** Creative solutions for distance education allow students to train for their careers while remaining in their home communities. Employer sponsors are able to provide the on-the-job experience that complements educational programs. Students who are unable to relocate can now pursue education with the support structure to facilitate program completion.
- **Recognition:** By providing the related technical instruction for apprenticeship programs, campus programs are automatically promoted to potential students and employers by DLI representatives. Programs receive recognition on the state level for their dedication to meeting workforce needs.
- **Collaboration:** Campuses whose certificate and degree programs are not currently structured to accommodate the apprenticeship model can still participate in the process through participating in course sharing, and hosting temporary or short term programs.
- **Steps to Success:** Apprenticeships encourage students to continue with their education through additional programs. In a case study sponsored by the US Department of Labor and administered by the Council for Adult and Experiential Learning, 60% of CNA apprentices expressed interest in pursuing the LPN credential and 30% to RN.

Occupations: There are *over 70 apprenticeship occupations in the healthcare industry*. Target occupations for Montana include Certified Nurse Aide, Licensed Practical Nurse, Pharmacy Technician, Phlebotomist, Medication Aide II, Medical Coding & Billings, Health Information Technology, and more. Many programs are underway, but we need higher education partners to develop more!

How do apprenticeships differ from clinical rotations and internships?

On the job training is already a major part of many degree and technical programs. It takes many different forms. However, the type of on the job training often occurs on a spectrum with different roles and responsibilities for students, employers, and faculty members. The following side by side comparison aims to differentiate by different types of on the job training programs.

Apprenticeships	Clinical Rotations	Internships
Paid	Unpaid	Typically unpaid
Related to coursework	Related to coursework	Varies
Employer-specific competencies	No employer-specific competencies	Varies
Employer evaluates competencies	Faculty evaluate competencies	Employer evaluates competencies
Employer investment in the individual	Less employer investment in the individual	Varies
Trains permanent employees	Provides familiarity with work environment	Provides work experience
Employment anticipated with training facility upon graduation	Employment not anticipated for all students with facility upon graduation	Varies

How do campuses participate in apprenticeship?

- **Share your expertise!** For many programs, the best way to be involved is to discuss your existing programs with DLI representatives.
- **No change needed!** Campuses are not expected to modify or change course requirements.
- **Student identification!** Some programs have an “apprenticeship track” to identify and support a cohort of related students undergoing the same training schedule, while others do not.
- **Prepare your students!** By receiving valuable program evaluations from employers, you can prepare your students for specific industry needs upon graduation.
- **Promote your programs!** DLI representatives promote programs and engage employers once they have identified related instructional programs that correspond to the apprenticeship model.
- **Connect!** Apprenticeship occupations can have multiple educational partners for each apprenticeship occupation.

Many two year schools throughout the state partner with the Department of Labor & Industry to provide the educational component of apprenticeship programs. Affiliated educational programs include those in the electrical and building trades, as well as certified nursing aide, pharmacy technician, computed tomography technologist and more!

For More Information:

Visit our websites: apprenticeship.mt.gov and healthcaremt.org.

Contact the Montana Department of Labor and Industry Registered Apprenticeship Program:

Valerie Piet	vpiet@mt.gov	406-490-8788
Madeline Boehm	mboehm2@mt.gov	406-431-8708
Bo Bruinsma	bbruinsma@mt.gov	605-751-9037
Brittney Keller	bkeller@mt.gov	406-686-2939

Education Report

Professional Nurse Apprenticeship – A Collaborative Workforce Solution for Nursing

Authored by **Bibi Schultz, RN MSN CNE –**
Director of Education

Missouri State Board of Nursing Education
Committee Members:
Anne Heyen, DNP, RN, CNE (Chair)
Mariea Snell, DNP, MSN, BSN, RN, FNP-BC
Bonny Kehm, PhD, RN

Nursing shortage and retention

The Bureau of Labor Statistics projects a nation-wide increase of 15% (438,100) in employment for registered nurses (RN) by 2026. The 2018 National Health Care Retention and RN Staffing Report published by NSI Nursing Solutions, Inc. indicates a current U.S. RN vacancy rate of 8.2%. While this is an average, 25.3% of over 3,000 hospitals surveyed report vacancy rates above 10%. An increase in RN turnover rates in U.S. hospitals of 16.8% in 2017 is reported. Nationally 19.4% of new RNs leave their first jobs in nursing within one year of employment. Expectation and necessity for novice nurses to successfully navigate the complexity of today's health care arena right out of school significantly contributes to retention rates. The report indicates average cost of turnover for one bedside RN at \$49,500; RN turnover cost for the average U.S. hospital is projected at \$4.4 to \$7.7 million dollars. Just a one percent change in turnover rates is projected to save an estimated \$337,500.

The Missouri Hospital Association (MHA) – 2018 Workforce Report shows a current vacancy rate of 13.3% (4,985) for registered nurse positions in Missouri. Job turnover rate for RNs in those facilities is reported at 16%. Missouri hospitals face growing challenges to find qualified applicants to fill nursing positions. Aging of the Missouri RN workforce heavily weighs in on this equation. The Missouri State Board of Nursing RN Age Range Report (2018) indicates that 44% of all RNs licensed in Missouri are over the age of 50; of those 23% are older than 60 years. Not only will this intensify RN vacancies in coming years, the impact on expertise and leadership is concerning. Willett (2017) projects that in England aging out of the nurse workforce will pose a growing management gap. In his view, unless something is done quickly knowledge and experience to keep pace with growing demands of health care will soon be lacking. The need for deliberate action is undeniable.

Southwest Missouri is especially impacted by nursing shortages; market analyses show close to 500 annual openings for registered nurses in the Ozark Region alone. While the nursing shortage is on the forefront of workforce development, measures to support expansion of

nursing schools are only one step in addressing shortages. Transformation of the educational model in nursing is necessary to recruit, retain and optimally prepare students and graduates for gratifying careers in nursing while providing quality care to patients. Innovation in clinical education is a must. A modern professional nurse apprenticeship model may be well positioned to help address these issues, provide access to real-time clinical education, ease transition to professional practice, and improve nurse retention rates. Robust clinical education in facilities where students work and earn wages while in school and continue their employment once they complete their nursing program offers a viable transformational model for change. Nurse apprenticeships, if utilized strategically, promise a win-win situation for Missouri patients, health care employers, students and nursing schools.

National skills crisis and student loan debt

In 2018 the President's Council for the American Worker (Title 3) called for national strategies to ensure that the American people have "access to affordable, relevant and innovative education and job training that will equip them to compete and win in the global economy." Statistics clearly indicate a national skill crisis. Documentation indicates that in this country there are currently 6.7 million unfilled jobs. The reality that our system has and continues to prepare workers for an economy that no longer exists is terrifying. The need for development of a more robust workforce is very real. Mims (2018) reiterates the dilemma of the huge student loan debt of our generation. Americans currently owe \$1.4 trillion in student loan debt. It is difficult to grasp that a nation that so highly invests in education lacks enough skilled workers to meet demands. One in four Americans has a low-wage job while there are hundreds of thousands of open positions. Employers simply cannot find people that have the skills to fill those positions. Exponential widening of this skills gap is expected. Nursing is in no way immune to this trend. The current health care climate demands that new graduates enter the workplace fully prepared to perform at the level of experienced, much more seasoned peers. While necessity to transform clinical learning in our nursing schools is broadly discussed and essentiality of clinical reasoning skills is undeniable to patient safety and quality of care, growing student practice constraints often impact how much students can engage in high acuity patient care situations. Growing shortages of qualified faculty and experienced preceptors adds to this preparatory mismatch.

General information about apprenticeships

The concept of apprenticeship as a way to facilitate experiential learning is certainly not a new concept in workforce development. Apprenticeships have been utilized for hundreds of years in many countries to pair master craftsmen with workers that are young to a particular trade or field of study to create robust learning environments (Carlson, 2017). Carlson (2017) denotes the "poplar imagination in this country" that apprenticeships solely represent manual labor and trade professions, are

tied to marginal income potential and do not yield the university experience that many students and their parents are seeking. Weber (2014) implies that employers may be reluctant to engage in apprenticeships due to perceived ties to labor unions that are seen to want to organize workers and manage the apprenticeships. Weber empathizes that development of independent apprenticeships can be accomplished. Field (2015) reiterates the often negative connotation of apprenticeships in the U. S. Apprenticeships are historically seen as a lesser alternative to college education and as a way for less prepared students to find their way into the workforce. Nothing could be further from reality! Carlson (2017) describes apprenticeships as augmentation to a college education, rather than an alternative. The author reiterates that "random college direction" has caused many Americans to be debt-laden without much hope for well-paying, fulfilling careers. A look at Europe reveals that there 70% of apprenticeships start at age 15. Granted that is a very young age to get into nursing education, but the point is that awareness about healthcare and recruitment into the nursing profession should start well before high school. In Switzerland, a hotspot for apprenticeships, 97% of students graduate from high school while training for a job and/or are working toward a college education. Swiss statistics are staggering: 50% of Swiss companies have apprenticeships and what is even more amazing is that 50% of Swiss business leaders were once apprentices in their field (Carlson, 2017).

Federal grant dollars for apprenticeships

In 2018 the U.S. Department of Labor (Department) made available \$150 million in H-1B funds to help develop and expand apprenticeship programs on a national level. The Department reports that since 2017 U.S. employers have hired more than 460,000 apprentices. Registration of apprenticeships by employers with the Department is required to gain eligibility for wage reimbursement dollars. Requirements to become eligible for this funding are outlined on the Department's website at <https://www.dol.gov/featured/apprenticeship/grants>. Employers and apprentices can be eligible to access funding to support Registered Apprenticeships. Many of Missouri's Local Workforce Development Boards are supporting apprenticeships through programs that also offset the cost of training of eligible apprentices. Employers may contact apprenticeship@ded.mo.gov to connect to resources to develop and support apprenticeships.

Building a talent pipeline

Mims (2018) advocates community colleges as a formidable source for great talent. The author embraces the fact that major technology giants, such as Amazon, Google and IBM are forming highly effective partnership with two-year schools to build "talent pipelines." Such partnerships are utilized to prepare workers for very specialized work in jobs that provide unique opportunities for candidates that otherwise may have never connected to these employers. As students earn degrees their new employers work closely with their schools to provide this specialized training, often pay them full-time wages while they learn and help them to become fully socialized to their professional role and place of employment. Mims (2018) reiterates that all of this has already taken place by the time the apprentice graduates. It is difficult to find a good reason why this could not work for nursing! Retention of students in nursing school is a growing issue that directly impacts the nursing workforce. More and more students are challenged by economic needs that often necessitate their working long hours after school at jobs that often do not correlate with their career goals, but are necessary to keep food on the table. Employment outside of school clearly impacts study time and preparation for theory and clinical education, makes students tired before they ever get to school or clinical, and impacts attendance. The ratio of nursing students that drop out of school in order to maintain their employment is high. While the concept of "earn while you learn" may have a negative connotation to some and is often associated with preparation for jobs other than nursing, this may just be what would keep many nursing students in school.

Traditional clinical educations, new graduate preparation in nursing and transition to nursing practice

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Education Report

Caputi (2019) references nursing literature that clearly points to a significant decrease in new registered nurse (RN) graduate readiness to meet today's challenges. A study by Del Bueno (2005) showed that at that time an estimated 35% of new graduate nurses were deemed adequately prepared to apply entry-level critical thinking. Kavanagh and Szweda (2017) revisited this study and found that in 2017 this number had significantly dropped to 23%. In 2012 Muntean quoted studies that showed that an estimated 65% of adverse events may have been prevented with more sophisticated clinical decision making at the bedside. Should it be surprising that retention rates suffer as many new nurses become too scared and stressed to stay in their nursing jobs? Our rapidly changing economy demands more, patients in our hospitals and long-term care facilities deserve more and our students and graduates need more to become successful and to stay in nursing! Transformation of the clinical model to nurse apprenticeships may just be the necessary link to fill this gap. Smith (2011) reported the need for transformative learning strategies to enhance patient safety in England as early as 2011. Realization that literacy and mathematical skills are not universally high and may pose barriers to patient safety is reflected. The apprenticeship model was then utilized to build and enhance a culture of safety and trust that enabled students to learn more effectively. Point of care feedback from experienced nurses working with the nurse apprentices, dedicated training days as well as regular evaluation and reflection was used to assess progress and to remediate. Real-time realization of how every action impacts patient care and safety is a mainstay of the apprenticeship in nursing. A learning environment that is challenging as well as supportive is recommended.

Hungerford et al. (2019) explored practice experience hours for nursing students and their relevance to consistent achievement of learning objectives and program outcomes. It is no surprise that quantity of clock hours spent in clinical settings is much less important than quality of learning that occurs at the bedside in actual patient care settings and situations. Major inconsistencies in opportunities for clinical learning make clinical experiences delivered in the traditional student-faculty model even less reliable than once estimated. Evidence that would justify regulatory agencies to set certain numbers of clinical hours and to prescribe what clinical education must look like beyond the expectation to consistently meet essential learning outcomes is simply lacking. Hungerford et al. (2019) reiterate staggering financial impact for students traveling far away from their homes to participate in clinical experiences that often do not yield anticipated opportunities and outcomes.

Transformation of the clinical learning model

Modern approaches to clinical learning must provide students with experiences that teach and refine their clinical reasoning, immerse them in expert-led best practice experiences with actual patients, allow them extended time to work side-by-side with seasoned clinical experts and engage them in activities that deliberately safeguard and enhance patient safety and satisfaction. Mayer & Start (2018) discuss the need for expansion of clinical placements for students. Authors recap importance of clinical projects and practicum experiences for pre-licensure as well as graduate level students. Essentiality for schools to work with clinical partners to evaluate level of preparedness achieved by students and graduates and to find ways to accommodate needed clinical education is stressed. Communication of specific learning objectives for each student/group through clinical rotation information sheets that are completed by faculty and posted for staff to utilize is recommended. The need for staff development on how to precept and work with student nurses is clear. Appropriate training for nurses and students, placing students in one-on-one care situations with nurses, using off shifts and weekends to expand placements has shown to bring about powerful clinical learning and keep highly experienced clinical experts at the bedside. Utilization of clinical sites as a nurse teaching grounds on a 24/7 basis promises ground breaking transformation in nursing education.

Graduate readiness to navigate Next Generation NCLEX®

Caputi (2019) expects that the Next Generation NCLEX® (NGN) licensure exams will focus on testing clinical judgment rather than content in a way that is quite different from what has been known. Caputi suggests that questions will be designed to create clinical scenarios that closely mimic acute care situations, provide higher fidelity, feel very real and require analysis and application of

clinical reasoning as seen in actual patient care. Creation of clinical learning for students that is robust and provides sufficient clinical exposure is more essential than ever! The need for real-time clinical education is reiterated. Caputi (2019) challenges that teaching the five steps of the nursing process or similar clinical judgment models may not be enough. Repetitive teaching of "thinking skills" is described as an essential part of theory and clinical learning experiences. Necessity of a multi-layered approach to learn clinical judgment that takes the student from general to specific, teaches discernment of relevant information as well as focuses on early recognition of change and ability to rescue is clear. The author projects that students that are challenged to work through predetermined thinking competencies at each level and in all settings of their nursing education will become "self-regulated thinkers." Caputi (2019) reiterates the reality that traditional ways to educate students will no longer work.

Nurse apprenticeships and the continued need for modified nurse residency programs

Goode et al. (2018) recommend that all new nurses should complete a nurse residency program as part of their employment; the call for action per mandate or incentives at federal and state levels is extended. Writers identify delegation, prioritization, management of care delivery, collaboration with other disciplines, and conflict resolution as some of major areas to address. This call for action is based on preparation of new graduates, their ability to function as experienced nurses right out of the gate of nursing school and retention issues that continue to magnify nursing shortages. The writers state that residency programs should be nationally accredited in order to provide the level of preparation necessary to sufficiently address the complexity of the current acute care environment. Increase in patient acuity, shorter lengths of stay, significant documentation requirements, the need to coordinate care with other disciplines compounded by use of highly technical equipment in delivery of care are major culprits to warrant this additional training. Writers compare preparation to provide nursing care with the medical model through which physicians become licensed after their post-graduate residency and have access to funded Graduate Medical Education (GME). Writers recommend focused nurse residency models that concentrate on one area of clinical specialization and provide a highly structured transition to practice with the aim to improve quality and safety, increase job satisfaction, reduce stress, decrease turnover and lead to improved patient outcomes. Quality residency programs are to be built on formal training for preceptors, skill development and practice support for new nurses for at least six to nine months and creation of a positive learning environment through active collaboration with other disciplines. Sounds much like the making of effective nurse apprenticeships that would provide skills and bedside experiences, address skills competency and socialization to professional nursing, and enhance ability to clinically reason much earlier in the educational conduit. Much like successful nurse residency programs, a robust apprenticeship model incorporates gap analyses to identify performance issues and requires built-in, real-time remediation and validation of competencies at the point of care. With that said, early models of nurse apprenticeships clearly depict benefits of modified nurse residency programs to support new nurses as they grow to become clinical experts. While the nurse apprenticeship is utilized to provide clinical training and experience, eases transition to professional nursing practice and fills open nursing positions, a modified nurse residency continues to support nurses in their journey to become clinical experts, develops leadership in nursing, and provides an ideal training ground for preceptors and clinical tutors.

Makings of the professional nurse apprenticeship

A deliberate model to learn how to critically think at a much deeper level coupled with consistency of real-time clinical learning where students earn wages while deeply immersed in today's complex patient care environment promises win-win outcomes. Students learn from nurse experts and become fully socialized to the role of the nurse, acclimate to quality clinical decision making through direct patient contact, assume direct responsibility for their actions early on and leave nursing school much better prepared to meet the challenges of their "new" nursing positions that by that time really are not so new anymore. While graduate readiness to sit for the NCLEX® licensure exam is important, apprenticeships promise to attract new talent to nursing, help new nurses to be better prepared to provide optimal care to their patients, improve nurse retention rates and significantly strengthen the nursing workforce.

Professional nurse apprenticeships require completion of a college degree, engage students to work in nursing while they learn, and prepare learners at a much higher level to navigate their chosen profession. While apprenticeships initially may require higher investments from the business sector, employers who have engaged in apprentice training models enjoy a steady stream of well-prepared workers, are able to reduce recruitment and orientation costs and report vastly higher retention rates among apprentices (Field, 2015). Field (2015) goes on to brand apprenticeships as the "the other college without the debt" and purposes apprenticeships as highly viable options for non-traditional students and more mature workers that are ready to engage in new careers. Growing evidence of graduates that are much better prepared to meet the challenges of contemporary employment makes the apprenticeships a model of study that cannot be ignored.

Necessity to design innovative clinical learning models for nursing students that intentionally and consistently support contextualization of the nursing culture is clear. The Institute of Medicine report (IOM, 2010) as well as nursing theorist Dr. Benner and her colleagues extended a compelling call for transformation in nursing education in 2010. In 2011 Seifert clearly recognized the need for transformational clinical learning in response to "ubiquitous technology, shortened lengths of stay for patients, and growing lists of mandatory skills sets." Bingham (2014) describes how a school in New Plymouth, New Zealand answered Benner's call. While modern nurse apprenticeships are deeply grounded in clinical practice, they are significantly different from older models of clinical learning. The "modern apprenticeship" developed at Western Institute of Technology offers a three-year full time plan of study which culminates in a baccalaureate degree in nursing, places students in clinical very early in their program and deliberately prepares graduates for employment in a variety of settings. Recognition that theory-based teaching does not yield the education necessary to successfully navigate the waters of modern health care is clear. Strong partnerships between health care providers and academia are instrumental to make this work. The curriculum is based on the work of Benner and colleagues (2010) and guides the learner through three distinct apprenticeships, or phases of learning. As identified by Benner (2010) nursing education begins as students engage in cognitive learning to acquire and learn to use knowledge. The second apprenticeship is skills-based and begins to tightly connect theory to clinical practice. Apprenticeship three relates to salience, the importance of being a nurse, ties ethical and professional principles together and culminates in standards, behaviors and professional responsibilities of the registered nurse. Bingham (2014) reiterates that a variety of teaching methods are utilized to help students develop and utilize skills of noticing, interpreting, responding and reflecting

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Education Report

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like a nurse. Real-life clinical learning, management of unexpected patient situations with little or no prompting from clinical tutors and responsibility for actions taken are pillars of the “modern apprenticeship.” While faculty works directly with students in clinical in year one, experienced nurses in partnering facilities work with nurse apprentices in years two and three. By the end of their program nurse apprentices work 32-hour weeks as part of their care teams in clinical. Apprentice logs and weekly faculty-led tutorials provide full reflection on clinical actions, allow apprentices to share their experiences with their peers and provide a supportive avenue for remediation. Accountability for actions is at the forefront of real-time clinical learning. Transformative educational preparation and effective transitional orientation processes help learners form their professional identity, embrace their social role and responsibility and accept moral agency and advocacy of their positions. Bingham (2014) reports outcome data for this “modern apprenticeship” utilized in an active, blended learning environment to educate nurses in New Zealand. In 2013 a mixed-method questionnaire was utilized to attain feedback from 48 nurse apprentices; 92% of responders rated their educational experiences as positive. Responses, such as “best way to apply theory to practice,” “learn to notice the little things” and “increased my confidence” reiterate a highly positive, effective way to clinically educate.

Dean (2018) describes nursing education offered in form of a nurse apprenticeship at Anglia Ruskin University in England. In this model nurse apprentices work three days each week in their jobs while completing an 18-month course of study. Nurse apprentices engaged in this educational model are required to attain a two-year foundational degree that is required to effectively transition to the University and provides academic eligibility to complete their degree in nursing. The writer indicates that while this apprenticeship program moves very fast, comprehensively ties theory and clinical together and demands high levels of motivation and commitment, drop-out rates are very low. While the article indicates that this model is primarily used to offer “bands” of articulation to workers already employed in health care, this university continues to work with local employers to develop innovative work-based approaches to foster the nursing workforce. Just last September a full 42-month nursing apprenticeship program was started; the option for students with foundational degrees to complete the apprenticeship in 20 months is offered. Early retention rates for these options are high as well. Necessity for employers to work closely with academia to select and pair nurse apprentices with their mentors, determine optimal care placements for them and to work collaboratively to see them through their educational journey is clearly demonstrated.

How to make the professional nurse apprenticeship work

The Journal of Perioperative Practice (Anonymous Author, 2012) describes facets of a contemporary apprenticeship and brings out essentials to make this new innovative model work. Prerequisite skills and knowledge should be set to ensure patient safety, clinical experiences should span over at least two years, and clinical placements should be consistent, yet robust, to ensure stability and continuity of patient care. Strong focus on staff development and career progression is essential. Creation of “nursing bands” which begin with a platform

of basic training as a health care assistant and then move forward onto actual nurse education is discussed. Essentiality of deliberate alignment of formal education and mentorship with hands-on on the job learning is reiterated throughout the literature. Bradley-Adams (2011) yet again emphasizes necessity for “placement providers” to closely work with nursing schools to determine optimal placements for nurse apprentices. Hiring for apprentice placements should directly hinge to permanent positions in nursing upon completion of the nursing degree. Expert clinical training paired with the opportunity to earn wages in nursing while learning the profession serves as a major incentive to attract the best and brightest with equal rights for economically challenged as well as affluent students! The current clinical model undeniably puts great strain on nurse workload, does not support clinical operations in facilities as well as it could and certainly does not help with the shortage of clinical faculty and preceptors. Impact of well-designed nurse apprenticeships on clinical learning, nurse workloads and clinical site operation could be astonishing. This new approach to clinical learning promises better continuity of care, reduction of temp staffing costs, cohesive nurse and apprentice work teams, extra hands on deck to enhance patient care and satisfaction and unprecedented impact on new nurse retention rates.

Essentials of the professional nurse apprenticeship:

- Early engagement of students in middle and high school to raise awareness and to grow interest in nursing/health care field.
- “Nursing bands” which provide a platform for basic training as health care assistants and culminate in degrees in professional nursing.
- Robust partnership of health care employers with academia – collaboration, trust, agreement and open communication.
- Registration of professional nurse apprenticeships with the U.S. Department of Labor – exploration/ utilization of financial incentives to support apprenticeships.
- Curriculum focused on contextualization of theory and clinical learning.
- Prerequisite course work, skills and proficiencies for each level of the apprenticeships – utilized to determine student eligibility to work as an apprentice nurse.
- Selection of nurse apprentices by health care employers in concert with academia.
- Hiring of nurse apprentices at competitive wages with intent for full employment after graduation.
- Spanning of nurse apprenticeships over at least two years to meet the clinical component of the degree in nursing.
- Apprentice nurse work hours counted as college credit for clinical.
- Clear delineation of faculty and staff responsibilities in oversight of apprentice nurses.
- Focused training for expert nurses to build strong care teams with apprentice nurses.
- Apprentice nurses work at the level of objectives, skills and competencies already covered in school.
- Clear communication of specific learning objectives for each nurse apprentice/level of apprenticeship – clinical rotation information sheets completed by faculty and posted for staff to utilize.
- Apprentice placements that are constant and robust to ensure stability and continuity of patient care.
- Incorporation of clinical projects and practicum experiences.

- Gap analyses to identify performance issues, built-in, real-time remediation and validation of competencies at the point of care.
- Clearly defined evaluation processes for effectiveness/outcomes of the apprenticeship.
- Modified nurse residency programs to support nurses in their journey to become clinical experts, culminate leadership in nursing, and provide training grounds for preceptors and clinical tutors.

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Nursing Apprenticeship

Other Information



Driven by growing evidence that new nurse graduates are often less than optimally prepared to meet the challenges of the clinical environment paired with workforce data that reflects huge turnover of new nurses within their first year of practice, a review of the literature conducted in 2018 revealed that a modified professional apprenticeship model may be the future for clinical education.

An intensive look at nurse apprenticeship models followed including studying Colorado and Kentucky models. The 2019 Missouri State Board of Nursing (Board) strategic planning session focused on the benefits and challenges of academic-clinical partnerships. Multiple meetings and webinars with nurse educators, their local associations, the Missouri Hospital Association and stakeholders representing Missouri clinical partners followed. Essential components of such partnerships found in the literature and reiterated in out-of-state models that would help foster success of academic-clinical partnerships in Missouri were shared.

In March 2020, the National Council of State Boards of Nursing (NCSBN) posted a Policy Brief entitled *Nursing Leadership Supports Practice/Academic Partnerships to Assist the Nursing Workforce during the COVID-19 Crisis*. This Brief was endorsed by NCSBN and several nursing organizations and accreditors, to include the Accreditation Commission for Education in Nursing, Inc. (ACEN), the Organization for Associate Degree Nursing (OADN), the NLN Commission for Nursing Education Accreditation (CNEA), and the Commission on Collegiate Nursing Education (CCNE), the Nursing Student Nurses Association and the American Nurses Association.

At that time several Missouri nursing programs had already embraced this new concept in clinical education and several academic-clinical partnerships had emerged. The concept of "Earn While You Learn" soon became the new mantra to explore.

A 2021 survey of Missouri pre-licensure nursing programs revealed that twenty-two (22) programs had implemented some form of academic-clinical partnerships. Interest by nursing programs and their clinical partners continues to grow and several major Missouri hospital systems are now embracing this concept. While implementation and evaluation of this new clinical model is ongoing, evidence points toward a win-win situation for patients, students, clinical partners and nursing schools.

Benefits of Academic-Clinical Partnerships:

1. Improved working relationship/resource sharing among nursing schools and their clinical partners.
2. Students to engage in "Earn While You Learn" experiences are selected by the employer in partnership with the nursing program.
3. Upper level clinical learning experiences directly provide opportunities for students to work toward positions they may assume when they graduate.
4. Early socialization to specific clinical environments that often shorten orientation periods after graduation and allow students to transition into practice with higher confidence.
5. Enhanced staffing patterns as students work with experienced clinical nurses as junior staffers/part of care teams and gain experiences that prepare them for practice.
6. Deeper student engagement in clinical learning as employees.
7. Significant cost savings to clinical partners due to reduced orientation time and improved new nurse retention.

While impact of the COVID-19 pandemic continues to impact traditional clinical placements for Missouri nursing programs, many students engaged in academic-clinical partnerships are allowed to continue in their training while classified as employees rather than "guests" in clinical settings.

As we move into 2022, nursing workforce shortages are critical, staffing patterns are strained, nursing faculty shortages are severe and quality clinical placements are at a premium. Nursing programs and clinical partners are encouraged to continue to work together to enhance staffing patterns while providing students with robust opportunities to prepare for clinical practice.

Compliance with Minimum Standards:

1. Implementation of academic-clinical partnership(s) does not require special approval by the Missouri State Board of Nursing.
2. Minimum Standards require:
 - a. Written clinical contracts/partnership agreements outlining clinical learning experiences for students. Role and responsibilities of the nursing school and the clinical partner should be clearly addressed.
 - b. Fundamental/foundational clinical experiences must be conducted under direct supervision of clinical faculty.
 - c. Nursing faculty and clinical preceptors should be fully oriented to the clinical learning model. Expectations of the nursing school and clinical partners should be clear.
 - d. Nursing schools must work with their clinical partners to ensure that direct patient care experiences are fully aligned with respective clinical courses and are sufficient to consistently meet clinical objectives and student learning outcomes.
 - e. Nursing faculty is directly responsible for all clinical learning experiences and must oversee precepted clinical learning activities through frequent contact with students and preceptors.
 - f. While preceptors may have input in student evaluations, faculty should always be responsible for final assessment of student learning/assigning of clinical grades.

Along with the National Council of State Boards of Nursing (NCSBN) – 2020 Policy Brief, NCSBN posted Frequently Asked Questions that may pertain to their recommendation to turn to academic-clinical partnerships to help address constraints of the pandemic while enhancing learning experiences for nursing students across the country:
<https://www.ncsbn.org/14573.htm>

Earn While You Learn to be a RN – A Collaborative Partnership

Authored by Nancy Mitchell, Director of Nursing and Dean of Health Sciences at East Central College

"Earn While You Learn to be a RN" is a collaborative partnership between East Central College (ECC), Mercy Hospital Washington (MHW) and Missouri Baptist Sullivan Hospital (MBSH) to transform clinical learning by immersing fourth semester ADN students in an "earn while you learn" model of clinical education. East Central College has a proud tradition of providing local and regional nursing education. Students who attend and graduate from nursing programs in rural or semirural environments are highly likely to remain employees in the same area. The vast majority of RN's at MHW and MBSH are ECC alumni.

ECC, MHW and MBSH have shared common goals for nursing education in our community for over 30 years. The talent pipeline of new graduate RN's is a result of the ongoing collaborative partnerships between these entities. It is our shared objective to transform clinical learning by immersing second year nursing students in an "earn as you learn" partnership model of clinical education. As partners in education and the workforce, the model of "Earn While You Learn to be a RN" is an avenue to combat the nursing shortage and new nurse turnover rates. Real world clinical immersion is the first step in this pathway. These partnerships offer the student the opportunity to be fully immersed in the nursing culture earning full-time wages while they learn. The partnership provides an alternative delivery model for clinical education, removes financial barriers for students and nursing programs, creates a seamless transition to practice and consistent pipeline of talent to clinical partners.

This partnership model has been built on mutual trust and collaboration. It provides the opportunity to bridge the gap between nursing education and real world nursing to increase new graduate confidence, communication, decision making and delegation skills along with enriching patient care, improving patient safety, reducing orientation time and costs, and improve retention rates of new nurses. During the paid clinical partnership, students engage in hands-on clinical learning, increase confidence by combining education with clinical practice and become acclimated to the healthcare culture. The program reinforces nursing education, patient safety, professionalism, and an appreciation of organizational structures and operations. As part of the learning process, participants are embedded in the culture of nursing and the healthcare

Institution. This early socialization to management of patient care and load, variable shift work, real-life relevant clinical experiences, professional ethics and responsibilities, and institutional culture will ease the transition to professional nursing practice.

ECC's inaugural cohort from spring 2020, boasted five candidates between the two partner hospitals. These five students successfully completed between 128-144 precepted clinical hours during their leadership and management clinical rotation. All five successfully passed their national licensure exam, NCLEX-RN, on their first attempt.

On average, pilot students completed graduate nurse orientation four to six weeks earlier than their counterparts saving the institutions upwards of \$10,000 or more. They are currently working on units such as the ICU, Telemetry-Medicine, Medical-Surgical and COVID designated units within their respective facilities. ECC, MHW, and MBSH reaffirmed their desire to continue the partnership for spring 2021. Both facilities have increased their capacity to accept additional students. Heather Sluis, MBSH Educational Liaison and ECC Nursing clinical adjunct stated, "When our EWL program is successful long term we should see improvements in our quality indicators (CHF, MI, Pneumonia, Sepsis) and patient safety scorecards (falls, hand hygiene, critical results, med rec) because our new nurses are more prepared and that gap between school and real-world nursing has been bridged."

This project aligns with the new mission of the ECC Nursing Program: The ECC Nursing Program empowers graduates to pass "the NCLEX-RN and function as registered nurses in diverse health care settings" (NLN Educational Competencies). The graduates of the ADN program enrich our communities by contributing to the service work force, providing safe, competent, professional care in a diverse and ever-changing health care arena. At ECC, we are thrilled to continue this partnership and see the successes of our students, our program, and our local community healthcare partners.



[\(https://www.eastcentral.edu/blog/earn-while-you-learn-nursing-program-expanding/\)](https://www.eastcentral.edu/blog/earn-while-you-learn-nursing-program-expanding/)

'Earn While You Learn' Nursing Program Expanding

August 9, 2021 | Campus News (<https://www.eastcentral.edu/blog/category/news/>)

The East Central College Nursing Program's "Earn While You Learn" (EWYL) initiative has been leading the way in Missouri as a successful partnership among the college and its health care partners.

EWYL allows for ECC nursing students to earn a paycheck from local hospitals while they are conducting clinicals as part of the nursing program. In return, the students sign on to work at the hospitals after they graduate.

What began as a pilot program, Earn While You Learn just recently was fully approved by the Missouri State Board of Nursing, which will allow for ECC's program to expand and other colleges to follow suit.

The nursing board's decision came after Nancy Mitchell, director of nursing and dean of health science at ECC, and Heather Sluis, clinical educator at Missouri Baptist Sullivan Hospital (MBSH), presented at the Missouri Hospital Association "Innovations in Student Nurse Clinical Education Partnerships" event held in June.

The pair presented details to attendees about ECC's successful partnership program, which benefits nursing students and two of ECC's health care partners — MBSH and Mercy Hospital Washington.

EWYL Details

The students must be in their fourth, and final, semester of the associate degree in nursing (ADN) to participate in the program.

In return, the students sign a contract to work after they graduate with the hospital where they are conducting clinical training.

Growing Program

In 2020, ECC first placed students in MBSH and Mercy Hospital Washington as part of the Earn While You Learn program.

While approving the curricular change, the state nursing board gave the ECC Nursing program approval to partner with Phelps Health in Rolla to offer the same clinical partnership.

The partnership is much more than providing nursing students an income and getting them accustomed to a hospital culture, it also greatly benefits the health care partners.

"This allows the students to become embedded in the culture early on and it will decrease the cost to orientate them later," Mitchell said.

Mitchell noted that MBHS saved about \$50,000 in training and orientation costs with three student apprentices.

There has been an increased interest statewide, and beyond, in the EWYL initiative to combat nursing shortages and reduce new nurse turnover rates. Most recently, Washington School of Practical Nursing and Mercy Washington have developed a partnership mirroring ECC's to offer the EWYL to practical nursing students.

"Our goal is to provide our students the best educational experience possible as well as keep these great nurses in our community caring for our community members," Mitchell said.

"One does this by building relationships and partnerships with your community and your partner hospitals. We invest in one another, to invest in our community," she added.

To learn more about the nursing degree options at ECC, visit www.eastcentral.edu/nursing/nursing/.

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December 19, 2019

Missouri Nursing Board approves “Earn While You Learn to Be an RN” program in an ongoing effort to combat state nursing shortage

Jefferson City, MO - The Missouri State Board of Nursing has directed its attention toward encouraging educators to develop new and innovative ways to get more qualified nursing graduates into the workforce. This month, the Board showed their support in a way that was fast and focused, making it easier for nursing students to learn and acclimate to the healthcare environment quickly and earn a salary while doing it.

The Board, using some of the flexibility allowed in its regulations, was able to approve a new model of nursing education less than 48 hours after it was requested – clearing the way for students to enter the pilot program in January 2020.

The curriculum change was a collaborative request made by East Central College (ECC) in Union, MO, Mercy Hospital Washington (MHW) in Washington, MO, and Missouri Baptist Sullivan Hospital (MBSH) in Sullivan, MO. The group asked for a curriculum change allowing them to introduce a new model of nursing education called “Earn While You Learn to be an RN,” which transforms the clinical learning experience by immersing fourth semester associate degree in nursing (ADN) students in an “earn while you learn” model of clinical education. This model is an avenue to combat the nursing shortage and to reduce new nurse turnover rates.

Fourth semester students will earn a wage while engaging in hands-on clinical learning via an apprenticeship model of teaching and learning. The model will serve to help increase student confidence by combining education with real world clinical practice as they become acclimated to the healthcare culture.

“I continue to applaud the visionary and creative ways that our nursing education programs are educating future nurses,” said **Lori Scheidt**, executive director of the Missouri State Board of Nursing. “This is a remarkable collaboration between our state board, a nursing program and nursing employers that offers a new apprenticeship model, giving those interested in joining the profession a way to earn wages while learning. This is a win-win for all Missouri citizens.”

###

**ALABAMA BOARD OF
NURSING ADMINISTRATIVE
CODE**

**CHAPTER 610-X-15
STUDENT NURSE APPRENTICES
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610-X-15-.01 Definitions

(1) Approved Alabama Nursing Education Program: A prelicensure nursing education program approved by the Board pursuant to Chapter 3 of these rules. Approved nursing education programs may award clinical credit hours toward the student nurse apprentice nursing degree, as long as the training is congruent with the clinical course in which the clinical credit hours are awarded.

(2) Student Nurse Apprentice: A nursing student who is engaged in a registered apprenticeship, pursuant to the Alabama Industry Recognized and Registered Apprenticeship Program Act and has obtained a Board issued permit.

(3) Student Nurse Apprentice Permit: A Board issued permit issued for the duration of the student's enrollment in an Alabama approved nurse apprentice program.

(4) Apprentice Skills listing and qualifications: A Board approved list of nursing apprentice qualifications for basic and advanced student nurse duties, skills, and activities allowed for the student nurse apprentice.

(5) Nursing Program apprentice roster: A primary source document submitted to the Board indicating nursing students eligible for apprentice permits and certifying the student competency validation for basic or advanced nursing skills.

(6) Apprentice competency validation: The nursing program shall validate training and competency prior to the student obtaining a permit; the employing agency shall document assessment of competency through direct observation and return demonstration by a licensed nurse as new skills are added throughout the training period.

(7) Apprenticeship application: Form(s) and process for applicants seeking apprenticeship permits.

(8) Void application: Any incomplete application is voided due to failure by the applicant to satisfy all requirements.

(9) Permit Invalidation: The permit is automatically invalid if the nursing student withdraws from the apprenticeship program, withdraws from the nursing education program, or does not make satisfactory progress in the nursing education program. The educational program is responsible for notifying the Board of student withdrawal.

(10) Supervision Direct: Responsible licensed nurse is physically present in the facility and readily accessible to designate or prescribe a course of action or to give procedural guidance, direction, and periodic evaluation. Direct supervision is required for all invasive procedures performed by the apprentice.

(11) Primary source verification: The Board obtains primary source verification directly from educational programs prior to issuing a permit.

(12) Journey Worker: A supervising licensed nurse serving in the role as preceptor.

610-X-15-.02 Qualifications of Applicants for Permit

- (1) Student Nurse Apprenticeship/Apprenticeship: An individual who:
 - (a) Is currently enrolled in a Board approved nursing education program
 - (b) Has obtained approval and basic competency validation of Board approved nursing skills from the nursing educational program.
 - (c) Is employed by a licensed healthcare facility where the apprenticeship is to be performed, and
 - (d) Is actively engaged in a registered apprenticeship, pursuant to the Alabama Industry Recognized and Registered Apprenticeship Program Act

610-X-15-.03 Application Process and Permit

(1) The nursing program shall submit an eligible student nurse apprenticeship roster to the Board to include attestation of competency validation of basic or advanced apprenticeship skills.

(2) Apprentice applicants shall submit an on-line application for approval and pay a permit fee of Fifty (50.00) dollars.

(3) The nurse apprentice permit is valid for the duration of the student's enrollment in an Alabama approved nurse apprentice program or until graduation from the nursing program.

(4) An applicant shall provide a valid social security number prior to the Board issuing a permit.

(5) Be a citizen or legal resident of the United States. Individuals who are not legally present in the United States are not eligible for permit.

(6) Licensed Health Care facilities that employ apprentices shall verify permits through the Board website or subscription service.

610-X-15-.04 Competency Validation and Supervision

(1) Licensed healthcare facilities may employ student nurse apprentices to perform nursing skills, tasks, and activities, as submitted by Alabama Industry Recognized and Registered Apprenticeship Program and approved by the Board, provided that such training, tasks, skills, and activities are performed under supervision by licensed nurses.

(2) The nursing education program retains responsibility for validating the apprentice's competency to perform each nursing skill pursuant to the apprentice performing those skills under the supervision of a licensed nurse at the healthcare facility.

(3) The supervising licensed nurse is responsible for validating, in advance, an apprentice's competency to perform nursing skills or activities assigned to the apprentice in the clinical setting.

(4) A supervising licensed nurse may suspend an apprenticeship - due to poor performance and collaborate with the nursing education program to oversee remediation - until the apprentice can perform at an acceptable skill level. Failure to perform at an acceptable level could result in dismissal from the apprenticeship and failure of the nursing education program.

610-X-15-.05 Standards of Student Nurse Apprenticeship Practice

(1) Nursing apprentices may perform Board approved skills or activities in any licensed healthcare facility that has authorized a nurse apprentice program, pursuant to the Alabama Industry Recognized and Registered Apprenticeship Program Act.

(2) The nursing apprentice's competency to perform the selected nursing tasks, skills or activities must be validated by the nursing education program prior to performing in the apprenticeship. The supervising licensed nurse or shall document competency validation in advance of any such independent performance or as required by facility policy.

(3) Student nurse apprentices who have been issued a permit may perform the Board approved nursing skills after meeting the qualifications for the basic or advanced skills list for apprentice nursing skills.



Alabama Board of Nursing

The following competencies may be performed Student Nurse Apprentices following competency validation by the nursing education program:

Basic Competencies	PN Student Apprentice	RN Student Apprentice
Perform hand hygiene	Yes	Yes
Apply personal protective equipment	Yes	Yes
Assist patients with ambulation, including but not exclusive to use of mobile assistive devices such as walkers, canes, crutches, gait belts, and wheelchairs	Yes	Yes
Position and transfer patients	Yes	Yes
Perform restorative care to include active and passive range-of-motion exercises and contracture care	Yes	Yes
Perform hygiene care including bed baths, urinary catheter care, and ostomy care	Yes	Yes
Assist patients with activities of daily living such as feeding, clothing, care of teeth and hair, toileting	Yes	Yes
Perform skin care and pressure ulcer prevention, turning	Yes	Yes
Apply sequential compression stockings and/or devices	Yes	Yes
Communicate with patients and families using therapeutic communication methods	Yes	Yes
Perform comprehensive physical assessment to include identification of normal and abnormal findings	Yes	Yes
Document assessments, vital signs, medications, etc.	Yes	Yes
Assist with admission and discharge of patients	Yes. May not perform the initial intake assessment, may gather data and perform patient discharge	Yes. May perform initial intake assessment and discharge instructions
Obtain vital signs, including blood pressure, pulse, respirations, height/weight, and oxygen saturation	Yes	Yes

Obtain blood glucose readings and appropriately document and disclose results	Yes	Yes
Perform 12-lead EKG	Yes	Yes
Administer enemas	Yes	Yes
Perform ostomy care	Yes	Yes
Collect non-intravenous and non-arterial specimens	Yes	Yes
Perform wet to dry and clean dressings	Yes	Yes
Apply steri-strips, removes bandages and staples/suture	Yes	Yes
Apply cold and heat therapies	Yes	Yes
Provide care for casts, traction, pins, and air splints	Yes	Yes
Insert, provide suction, and remove nasogastric tubes	Yes	Yes
Administer enteral and nasogastric tube feedings	Yes	Yes
Administer oxygen therapy and perform airway management	Yes	Yes
Administer Incentive Spirometer therapy	Yes	Yes
Provide oral, nasal, and tracheal suctioning	Yes	Yes
Apply restraints only as facility policy allows and under the supervision of the supervising (preceptor) nurse	Yes	Yes
Administer medications by oral, intra-muscular, intradermal, subcutaneous, otic, ophthalmic, nasal, nebulizer, or tube routes excluding racemic epinephrine by nebulizer. Administer narcotics only as allowed by facility policy and under the supervision of the supervising (preceptor) nurse.	Yes	Yes
Follow safety precautions for fall prevention, seizures, etc.	Yes	Yes
Perform end-of-life care	Yes	Yes
Perform post-mortem care	Yes	Yes

Advanced Competencies	PN Student Apprentice	RN Student Apprentice
Apply sterile gloves/surgical gowning and gloving (may be performed in first time period)	Yes	Yes
Empty and care for surgical drains such as Jackson-Pratts, Hemovacs, and etc.	Yes	Yes
Insert and remove urinary catheters	Yes	Yes
Straight catheter insertion and removal	Yes	Yes
Insert intravenous (IV) catheters and provide IV therapy	Yes Note: LPNs may not start IVs on neonates	Yes

Administer IV piggyback medications. IV push medications only administered if healthcare facility policy allows.	Yes Note: LPNs may not administer IV push medications without further certification	Yes.
Preparing primary IV container and tubing	Yes	Yes
Converting a primary IV line into a saline lock	Yes	Yes
Peripheral lab draw using a butterfly needle and syringe	Yes	Yes
Discontinue IV therapy	Yes	Yes
Perform endotracheal tube suctioning, care, and dressing changes	Yes	Yes
Perform central line dressing changes as healthcare facility policy allows	Yes	Yes
Perform sterile dressing procedures pending facility policy	Yes	Yes
Perform routine care of chest tubes	Yes	Yes
Assign tasks to other healthcare personnel	May assign to nursing assistants/care techs	May assign to other RNs and nursing assistants/care techs
Perform assessments on adult patients, pediatric patients, pregnant patients, post-partum patients, and newborns	Yes	Yes
Care for patients in labor and delivery to include but not limited to applying and monitoring external fetal heart tone (FHT) and uterine contraction monitors (TOCO), monitoring internal FHT and uterine contraction monitors, conducting nonstress tests, checking for cervical dilation and effacement, obtaining vaginal cultures, assisting with epidurals, and assisting with deliveries.	Yes	Yes
Administer care of the newborn, including but not limited to assessing the cord and obtaining cord blood, determining Apgar scores, taking measurements, administering vitamin K, Hepatitis vaccine, and erythromycin ointment; and performing heel sticks for PKU and glucose monitoring, monitoring phototherapy, and assisting with circumcisions.	Yes	Yes
Manage post-partum care including but not limited to episiotomy care, assessing for postpartum hemorrhage, and assisting with breastfeeding.	Yes	Yes

Skills that may **NOT** be performed by a student nurse apprentice include:

- a. Administration and discontinuation of blood or blood products
- b. Administration of IV chemotherapy
- c. Taking verbal or phone orders without the presence of the licensed nurse preceptor
- d. Transporting a patient alone when an RN is required
- e. Providing second signature/check for controlled drugs, blood products, and medications listed as requiring independent double-checking
- f. Witnessing consents
- g. Any skills for which the student nurse apprentice has not been cleared by the nursing education program

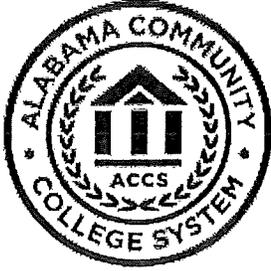
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colleges
launch nurse
apprenticeship
program to
help meet

Home / Press Room / Alabama community colleges launch nu



high demand for nurses statewide

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PRESS ROOM

Alabama community colleges launch nurse apprenticeship program to help meet high demand for nurses statewide

PRESS
RELEASE

March 17th, 2022

MONTGOMERY – Alabama’s community colleges are working with the Alabama Office of Apprenticeship, hospitals and healthcare employers to meet the high demand for nurses.



New rules went into effect March 17 that allow healthcare employers to enter into an apprenticeship agreement with a sponsoring community college. Students who apply and are accepted as nurse apprentices serve as employees of the healthcare facility and work alongside an experienced nurse. Nurse apprentices can continue their employment by completing their apprenticeship and passing the National Council Licensure Examination (NCLEX) that certifies nurses.

Jimmy H. Baker
Chancellor
135 South Union
Street
Montgomery, AL
36104
www.accs.edu

“This is a very exciting time for nursing in Alabama. We are pleased to be participating in this endeavor to give nursing students real-life clinical experiences, to improve their NCLEX performance, and prepare them for entry into practice as nurses at the bedside,” said Peggy Sellers Benson, Executive Officer of the Alabama Board of Nursing. “The Student Nurse Apprenticeships also fill an urgent need in the state



by assisting with the high demand for patient care in Alabama facilities.”

The first cohort of the new nurse apprenticeship program will begin this summer at Coastal Alabama Community College and Gadsden State Community College. Additional sponsors and employers for the apprenticeship program will be accepted in the fall.

“This is another way we’ve aligned the training and education offered by Alabama’s community colleges to meet the state’s workforce needs,” said Jimmy H. Baker, Chancellor of the Alabama Community College System. “You’ll see the need for superb medical care within communities of all sizes in Alabama, and in those areas is also a community college that trains students to help meet those healthcare needs. Our colleges continue to build trust with every business and industry sector to secure and create opportunities for students to gain real-life work experience. This nursing apprenticeship is another means for employers who look to our colleges to gain willing employees who will be well-trained, both before and after completing a college program.”

The Alabama Hospital Association welcomed the development of the nursing apprenticeships

“Alabama’s hospitals are grateful to Alabama’s community colleges and the Alabama Board of Nursing for their efforts to help meet a significant need for additional hospital nurses,” said Donald Williamson, MD, President of the Alabama Hospital Association. “Our hospitals look forward to working with their local colleges to provide hands-on experience and mentoring for these future nurses.”

The nursing apprenticeships will help meet a high demand for nurses across Alabama. Nurses are listed as one of the top 25 highest demand positions in Alabama, with more than 4,500 annual openings in the state for RNs and LPNs.

“Good health care begins with highly trained and compassionate nurses,” Alabama Nursing Home Association President and CEO Brandon Farmer said. “We’re excited to see nurse apprenticeships begin because it will draw more people into Alabama’s health care sector and will enhance the workforce development efforts of our association and its members. We will be active partners with the Alabama Office of Apprenticeship to help nursing homes employ and mentor nursing students.”

More than 8,800 students were enrolled in registered nursing and licensed practical nursing programs at Alabama’s community colleges last academic year. In that same time frame, a total of 3,150 students obtained a nursing credential.

Twenty-one of Alabama’s 24 community colleges offer a nursing program.

“The opportunity for nurse apprentices to earn while they learn, to continue applying skills learned in class in a real work environment, and to extend time spent working with their preceptors, will positively impact the nursing industry’s critical needs for recruitment and retention of highly prepared nurses,” said Josh Laney, Director of the Alabama Office of Apprenticeship.

The Alabama Legislature approved amendments to

^

the Nurse Practice Act last year to allow nursing apprenticeships in the state.

More information about the apprenticeships – as well as an application – is available at abn.alabama.gov

About ACCS

With 24 community colleges in more than 130 locations, the Alabama Community College System (ACCS) is Alabama's gateway to first-class, affordable education and technical training to compete in a constantly evolving workforce. More than 144,000 Alabamians benefit from the various certification, credential, dual enrollment and degree programs ACCS offers alongside leading industry partners. The System includes the Alabama Technology Network, which provides extensive training and service offerings directly to business and industry. ACCS is governed by the Alabama Community College System Board of Trustees.



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IDAHO
DIVISION OF OCCUPATIONAL
& PROFESSIONAL LICENSES
- BOARD OF NURSING -



BRAD LITTLE - GOVERNOR
RUSSELL S. BARRON - ADMINISTRATOR

PO Box 83720
BOISE, ID 83720-0061
PHONE: (208) 577-2476

Instructions for Students Applying for Nurse Apprentice

1. Application Form

- a. Complete all information requested on the enclosed application (page 2 of this document).
- b. Have the Affidavit on the bottom of the application form notarized. You must sign the application in the presence of the notary public.
- c. Submit your application to: ibn@dopl.idaho.gov

2. Verification of Academic Standing

The Verification of Academic Standing form must be completed, signed, and submitted directly by a faculty member of your nursing school to: ibn@dopl.idaho.gov

It will not be accepted if it is submitted by the student.

3. Issuance of Approval Letter

Upon approval of the application, a Nurse Apprentice approval letter will be issued. The letter is valid while the Nurse Apprentice is currently enrolled and maintains good academic standing in a nursing education program and up until three months after graduation. Should the Nurse Apprentice withdraw, no longer be in good academic standing, or graduate and be out of the nursing education program for more than three months the Nurse Apprentice approval is automatically voided.

OFFICE LOCATED AT:
11351 W CHINDEN BLVD
BOISE, ID 83714



**IDAHO
DIVISION OF OCCUPATIONAL
& PROFESSIONAL LICENSES
- BOARD OF NURSING -**



BRAD LITTLE - GOVERNOR
RUSSELL S. BARRON - ADMINISTRATOR

PO Box 83720
BOISE, ID 83720-0061
PHONE: (208) 577-2476

Nurse Apprenticeship: Verification of Academic Standing

Student Name: _____

Student Contact: Phone: _____ Email: _____

This is to verify that the above-named student has satisfactorily completed:

- A Basic Fundamentals of Nursing Course, and
- Is currently enrolled in good academic standing in the PN or RN program, and
- Has demonstrated satisfactory performance of the following skills:
 - Communication/Interpersonal Skills Promoting Patients' Independence
 - Infection Prevention Respecting Patients' Rights
 - Safety/Emergency Procedures Personal Care Skills
 - Basic Nursing Skills
(as approved for nursing assistants)

By my signature, I verify that the above-named student meets the academic requirements for the Nurse Apprenticeship authorization and I validate the successful demonstration of above listed skills.

Name of Faculty Member

Faculty Signature

Nursing Education Program/Institution

Date

Please note that this form must be submitted directly to: IBN@dopl.idaho.gov

OFFICE LOCATED AT:
11351 W CHINDEN BLVD
BOISE, ID 83714



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BOISE, ID 83720-0061
PHONE: (208)577-2476

Instruction for Facilities Employing Nurse Apprentices

1. Application Form

- a. Complete all information requested on the enclosed application (page 2 of this document).
- b. Submit your application to: IBN@dopl.idaho.gov

2. Job Description

Attach a copy of the Nurse Apprentice job description.

3. Orientation and Skill Validation

Attach a written plan for the Nurse Apprentice orientation and skill validation.

4. Statement of Assurance

Submit a statement of assurance that a fully licensed registered nurse is present on-site when a nurse apprentice is working.

5. Written Procedure

Attach the written procedure that describes the process to be followed when a nurse apprentice, who is asked to perform a task that could jeopardize a patient, declines to perform the task.

6. Issuance of Approval Letter

A letter granting the health care agency approval to employ Nurse Apprentices shall be issued for a period of up to one year upon application review and approval by the Board of Nursing.

At any time, if the employing agency fails to inform the Idaho Board of Nursing of changes in conditions upon which approval was based or otherwise fails to comply with established requirements, the Board may notify the agency of withdrawal of approval.

OFFICE LOCATED AT:
11351 W CHINDEN BLVD
BOISE, ID 83714



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▪ BOARD OF NURSING ▪



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 BOISE, ID 83720-0061
 PHONE: (208)577-2476

Nurse Apprentice: Facility Application

1. Name of Facility: _____
2. Address: _____
3. Phone Number: _____ Email address: _____
4. Type of Facility: Acute Care
 Long-Term Care
 Other (Please Specify): _____

Number of beds/clients: _____

Approval/Accreditation Status: _____

Name of Approving Body: _____

Date of most recent approval/accreditation: _____

5. Name of Chief Executive Officer: _____
6. Name of Director of Nursing Service: _____
7. Licensed Professional Nurse (R.N.) who shall be accountable and responsible for the coordination/management of the Nurse Apprentice program:

OFFICE LOCATED AT:
 11351 W CHINDEN BLVD
 BOISE, ID 83714



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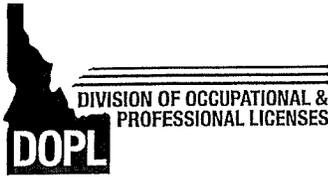
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8. Attach copy of job description for Nurse Apprentice.
9. Attach plan for orientation and skill validation of Nurse Apprentice.
10. Attach copy of written statement of assurance that a fully licensed registered nurse will be present on-site to provide supervision when a nurse apprentice is working.
11. Attach copy of written procedure for the nurse apprentice who is asked to perform a task that could jeopardize a patient and who declines to perform the task.

Signature of Chief Executive Officer

Signature of Nursing Administrator

Date



State of Idaho
Division Of Occupational and Professional Licenses
Board of Nursing

BRAD LITTLE
Governor
RUSSELL BARRON
Administrator

11341 W Chinden Blvd.
P.O. Box 83720
Boise, ID 83720-0063
(208) 334-3233
dopl.idaho.gov

November 18, 2022

RE: Nurse Apprentice Programs

Dear Nursing Program Director,

The Idaho Board of Nursing is charged with protecting the public's health, safety, and welfare. Pursuant to this charge, the Board adopted rules governing the practice of nursing. Rule 76.04 of the Board of Nursing Rules states: "A nurse apprentice is a nursing student or recent graduate who is employed for remuneration in a non-licensed capacity outside the student role by a Board approved health care agency." See IDAPA 24.34.01.076.04. This Rule limits a nurse apprentice's scope to the same level of an Unlicensed Assistive Personnel (UAP). Per Rules 010.35 and 400.03, UAPs are employed to perform nursing care services under the direction and supervision of licensed nurses. UAPs may not be delegated procedures involving acts that require nursing assessment or diagnosis, establishment of a plan of care or teaching, the exercise of nursing judgment, or procedures requiring specialized nursing knowledge, skills, or techniques.

During the COVID-19 pandemic, the Board temporarily suspended Rule 76.04 to allow students participating in the nurse apprenticeship program to perform skills up to the student's level of education.

At its November 2022 meeting, the Board deliberated regarding Rule 76.04 and its enforcement. During the discussion, the Board reiterated that Rule 76.04 is in full force and effect and that the Rule is necessary for public safety.

We appreciate you relaying this information to students, faculty, and clinical sites that are affiliated with your program. Please feel free to reach out with any questions. Thank you.

Sincerely,

Nicki Chopski, PharmD
Bureau Chief/Executive Officer
IBN@dopl.idaho.gov



State of Idaho
Division Of Occupational and Professional Licenses
Board of Nursing

BRAD LITTLE
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November 18, 2022

RE: Nurse Apprentices Programs

Dear Nurse Apprenticeship Program Participant,

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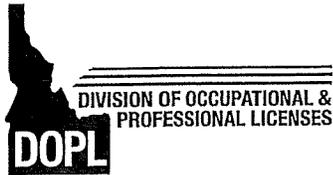
At its November 2022 meeting, the Board deliberated regarding Rule 76.04 and its enforcement. During the discussion, the Board reiterated that Rule 76.04 is in full force and effect and that the Rule is necessary for public safety.

Pursuant to Rule 76.04, a licensed nurse who is delegating to a nurse apprentice beyond the UAP scope is acting in violation of Board rules. Likewise, a nurse apprentice who accepts delegated tasks beyond the level of a UAP is acting in violation. Please review the Board's Rules and ensure, staff functions are aligned with the Board of Nursing rules.

We appreciate your continued efforts to provide quality care to patients in Idaho. Please feel free to reach out with any questions. For additional information, please visit our [website](#).

Sincerely,

Nicki Chopski, PharmD
Bureau Chief/Executive Officer
IBN@dopl.idaho.gov



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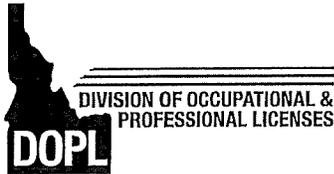
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We appreciate your continued efforts to provide quality care to patients in Idaho. Please feel free to reach out with any questions. For additional information, please visit our [website](#).

Sincerely,

Nicki Chopski, PharmD
Bureau Chief/Executive Officer
IBN@dopl.idaho.gov



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November 18, 2022

Dear Nurse Apprentice,

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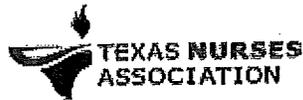
Pursuant to Rule 76.04, a licensed nurse who is delegating to a nurse apprentice beyond the UAP scope is acting in violation of Board rules. Likewise, a nurse apprentice who accepts delegated tasks beyond the level of a UAP is acting in violation. Please review the Board's Rules and ensure, as you work as a nurse apprentice, that you are not performing skills outside the limited scope of a UAP.

We appreciate your continued efforts to provide quality care to patients in Idaho. Please feel free to reach out with any questions. For additional information, you may also visit the Board's [website](#).

Sincerely,

Nicki Chopski, PharmD
Bureau Chief/Executive Officer
IBN@dopl.idaho.gov

2022



The Texas Nursing Workforce Plan

Education and Retention

Part I: Increasing the Supply of Nurses in Texas

Texas is well positioned to increase the supply of nurses within the state. Far from ignoring the nursing shortage, the Texas Legislature created three programs over the past several sessions to address this problem. Each program addresses potential bottlenecks in the education pipeline: increasing the admission of and capacity to educate nursing students, increasing the number of faculty available to teach these students, and increasing the simulation and clinical capacity required to finish students' training.

This formula has already been piloted by Governor Abbott using the Governor's Emergency Education Relief (GEER) Fund. On December 20, 2021, Governor Abbott announced the final allocation of GEER funds that Texas received from Congress. Among the total \$123.3M finally allocated, the Governor designated \$25M to "support Texas nurses through loan repayment, financial aid for nursing students, and to accelerate innovation in nursing education."¹ Each of the Governor's priorities corresponds to a program created by the Legislature to solve the nursing shortage.

- **The Nursing Shortage Reduction Program:** This program increases the number of students admitted and nursing schools' capacity to train and graduate students by making capital investments in nursing schools, faculty, and preceptors.
- **The Nursing Faculty Loan Repayment Assistance Program:** This program increases the number of faculty available to teach students by repaying faculty members' student loans. Loan repayment removes the financial disincentive that would otherwise exist for a nurse who leaves a more lucrative clinical practice to serve as faculty.
- **The Nursing Innovation Grant Program:** This program promotes innovation in the education, recruitment, and retention of nursing students and qualified faculty. Past awards have been used to fund simulation and skills lab capacity among institutions of higher education in Texas. This biennium's round of grants could be used to expand simulation and clinical space, which would clear out a potential bottleneck in the nursing education pipeline.

These three programs have a track record of success. The number of annual nurse graduates doubled from 2007 to 2018, which encompasses the period in which these programs received sustained funding. Despite the steady growth of nursing graduates, Texas nursing schools turn away approximately 10,000 qualified applicants each academic year. This means Texas' nursing programs have room to grow.

This funding model, created by the Texas Legislature, received the support of the Governor to great effect through the GEER Fund, and is familiar to the administering agencies. Capitalizing on this three-program model is the lowest cost, most efficient way to address the nursing shortage in Texas without expanding the footprint of state government.

¹ Press Release, "Governor Abbot Announces Additional \$123.3 Million in Education Funding," Office of the Texas Governor (December 20, 2021), available at: <https://gov.texas.gov/news/post/governor-abbott-announces-additional-123.3-million-in-education-funding>

Part I
**Increasing the Supply of
Nurses in Texas**

I. The Nursing Shortage Reduction Program²

A. Program Description

The Nursing Shortage Reduction Program (NSRP) was first authorized by the 77th Texas Legislature in 2001. The authorizing legislation, Senate Bill (SB) 572, found that, “Texas is experiencing a significant shortage in the registered nurses it needs,” and that, “it is necessary to increase the number of registered nurses in the state to protect the health, safety and welfare of the public.”

In 2009, the Legislature modified the NSRP’s program design via Rider 35 in the General Appropriations Act. The Rider recognized differences among nursing education programs and sought to promote effective use of appropriated funds by dividing funds into three targeted subprograms:

1. **Regular Program:** The program is open to all professional nursing education programs. Funds are allocated among institutions annually based on the increase in their number of nursing graduates over the previous year. The program includes funding for both initial licensure graduates (associate and baccalaureate degrees) as well as licensed nurses completing bachelors, masters, and doctoral degrees in nursing.
2. **Over 70 Program:** The program is only open to prelicensure nursing programs with a graduation rate of 70% or higher. Awards are made based on increases in nursing enrollment. The THECB, in consultation with the institution, sets an enrollment increase target at the beginning of the biennium and advances funds to institutions. If the institution fails to meet the target, it is required to return the pro-rata share of unearned funds.
3. **Under 70 Program:** The program is open only to prelicensure nursing programs with a graduation rate of less than 70%. Awards are based on the institution’s increase in graduation of initial licensure nursing students. Institutions are required to establish graduation targets and are advanced funds based on their projections. If the institution falls short of the target, it must return the unearned share of its advanced funds.

A THECB evaluation of the NSRP, published in October 2020, found the three subprograms introduced administrative complexity that confused many program participants and recommended doing away with the subprogram design.³

In 2021, the Legislature incorporated THECB’s recommendation to simplify the program and gave THECB the opportunity to submit proposals for redesigning the program and

² The Nursing Shortage Reduction Program, Texas Higher Education Coordinating Board (last visited February 15, 2022), available at: [THED: Nursing Shortage Reduction Program \(txhighereddata.org\)](https://www.txhighereddata.org)

³ “Evaluation of the Nursing Shortage Reduction Program,” Texas Higher Education Coordinating Board (October 2020), available at: [Evaluation of Nursing Shortage Reduction Program Report October 2020 \(texas.gov\)](https://www.txhighereddata.org)

recommending additional changes.⁴ THECB's recommendations are required to be submitted to the Legislature by November 1, 2022.⁵

B. Program Performance

Recent analysis of the program by THECB using Texas Center for Nursing Workforce Studies data shows the NSRP has been highly effective and has room to grow. Admissions of qualified applicants to nursing programs have grown, but qualified applicants are still turned away.

Table 1. Summary of Texas RN Enrollment-Graduation-Admissions Reports 2009-2018

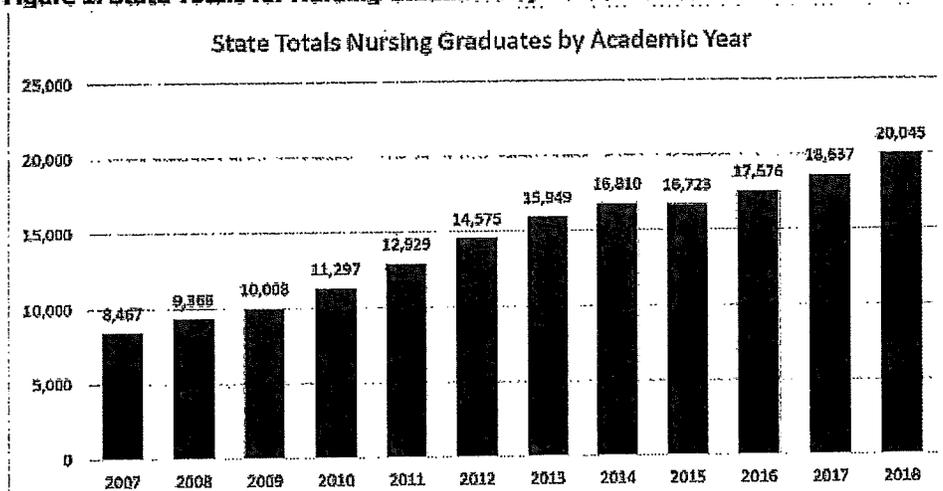
Period	Pre-RN Licensure Student Admissions for Academic Year	Year-to-Year Percentage Change	Qualified Applications Not Offered Admission
2008-2009	10,856		8,957
2009-2010	12,953	19.3%	11,217
2010-2011	13,975	7.9%	10,838
2011-2012	13,830	-1.0%	11,152
2012-2013	14,809	7.1%	12,000
2013-2014	13,827	-6.5%	9,403
2014-2015	14,642	5.9%	7,255
2015-2016	14,969	2.2%	7,440
2016-2017	15,686	4.8%	10,353
2017-2018	16,284	3.8%	12,916

Note: These totals include all Texas institutions, including for-profit institutions.

Source: Texas Center for Nursing Workforce Studies

Graduation rates have also increased over the life of the program and will continue to grow as the state prioritizes admitting more qualified applicants.

Figure 1. State Totals for Nursing Graduates by Academic Year



Source: Texas Higher Education Coordinating Board CBM reports

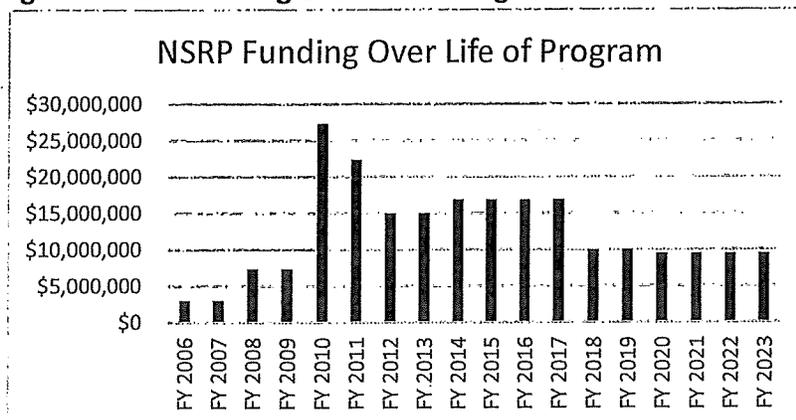
⁴ General Appropriations Act for the 2022-23 Biennium, 87th Leg., R.S., Article III, Paragraph 27, available at: [General Appropriations Act 2022_2023.pdf \(texas.gov\)](https://www.texas.gov/general-appropriations-act-2022-2023.pdf)

⁵ *Id.*

The NSRP permits recipients to use NSRP funds for multiple purposes. The flexibility of these funds will be helpful to institutions of higher education as they work to address complicated bottlenecks and pandemic-induced, novel challenges that have squeezed department budgets.

The Legislature has committed varying levels of funds to the NSRP, and recently has contributed less to the program than is needed considering the strain the pandemic put on the nursing workforce.

Figure 2. NSRP Funding Over Life of Program



Source: State General Appropriations Acts 2006-2023

The NSRP is well suited to address the short- and long-term problems of Texas’ nursing shortage. An injection of funds into the NSRP would help address pandemic-related education funding issues. TNA strongly encourages funding of this program.

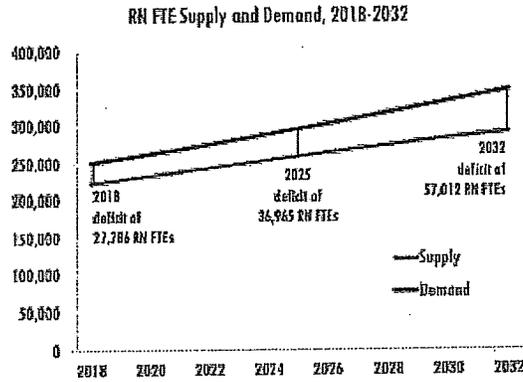
There are 68 approved Associate Degree Nursing programs, and 59 Baccalaureate Degree Nursing programs in Texas: [ApprovedRNSchools.pdf \(texas.gov\)](#). The NSRP funds public and independent institutions of higher education but does not fund proprietary schools. NSRP-eligible nursing programs are therefore fewer than the total number of nursing programs in the state, with 57 ADN programs and 41 BSN currently eligible for NSRP funds.⁶

Each NSRP recipient requires funds to expand its admissions and graduation rates. The most significant funding ever contributed to the NSRP was in the 2010-2011 budget cycle with a total of \$49,700,000 going to the program. Adjusted for inflation, this amounts to approximately \$65.5M in today’s dollars. The Legislature should appropriate, at minimum, a comparable level of funding to the historic highwater mark.

Appropriations for this program could be significantly higher than that, but Legislative Appropriations will eventually hit a ceiling at which further investment would fail to produce additional gains in admissions and graduation rates for lack of qualified applicants.

⁶ See Appendix, Attachment 1, “Nursing Education Costs: Texas Programs,” Andrew Kovach, Texas Nurses Association (April 28, 2022) (surveying nursing schools in Texas for tuition costs and reporting results).

Figure 3. Licensed RN Deficit Projection
Deficit Projections



Source: Texas Center for Nursing Workforce Studies

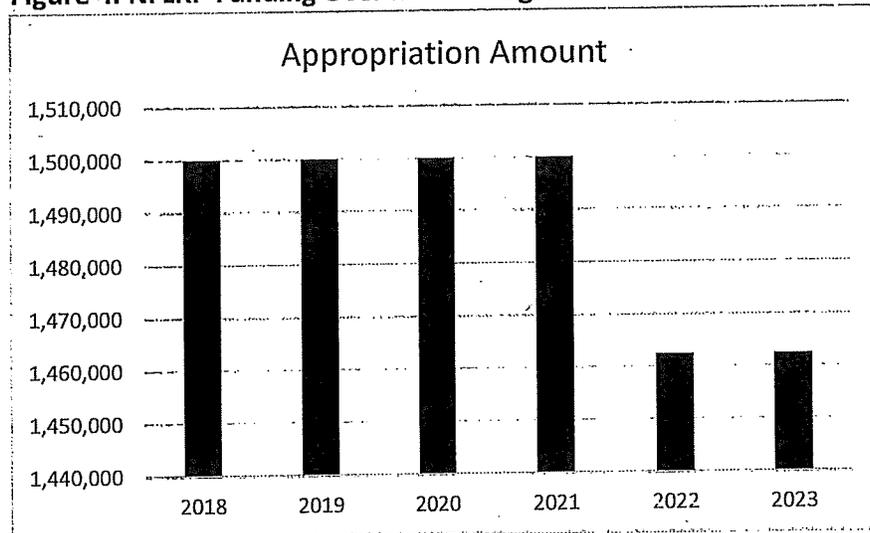
However, Texas is not experiencing a deficit of APRNs. These nurses are qualified for faculty roles and will play an important role in educating RN students. To address the deficit of RNs, Texas needs these graduate degree prepared nurses to teach more students.

Attracting nurses with master's or doctoral levels of education from clinical practice into faculty service is therefore a critical step if Texas is going to have enough professors to teach the new influx of students. Supporting them with the NFLRP makes a faculty role more attractive.

C. Past Program Spending

The Legislature created the NFLRP in 2013, however the program did not receive dedicated funds until 2018. In the 87th Legislative Session, the Legislature reduced the amount it had previously appropriated for this program by 2.5%.

Figure 4. NFLRP Funding Over Life of Program



Source: State General Appropriations Acts 2018-2023

TNA recommends the Legislature appropriate significantly more funding for this program. Nursing schools consistently report difficulty in hiring and retaining faculty as the number one obstacle to bringing in more nursing students. Spending more in this program would greatly improve the incentive to work as faculty. In past budgets, the NFLRP has typically been funded at about 10% of the funding provided for the NSRP. We recommend sustaining this proportionate relationship because it has a track record of success.

III. Nursing Innovation Grant Program⁹

A. Program Description

The 76th Legislature created the Nursing Innovation Grant Program (NIGP) in 1999 to help relieve the state's nursing shortage. The program is codified in Texas Education Code Section 63.202 (f) and (g) and is funded with proceeds from the Texas Tobacco Lawsuit Settlement.

The NIGP addresses the shortage by promoting innovation in the education, recruitment, and retention of nursing students and qualified faculty. Past awards have been used to fund simulation and skills lab capacity among institutions of higher education in Texas.

B. Program Performance

The NIGP works as intended. The program makes necessary capital investments to address issues facing nursing schools and has enough program flexibility to be tailored to the needs of the day.

C. Past Program Spending

Spending under the NIGP works differently than other legislative programs. The funds used for the NIGP come from the Texas Tobacco Lawsuit Settlement. As a result, there is no need for legislative appropriations to fund the program. Spending is reported publicly by the THECB, however publicly available data over the life of the program is limited. Open records requests to the agency may be necessary to establish spending over the entire course of the program. Following is the data currently available to TNA:¹⁰

- 2020-2022 awards supported clinical learning experiences to mitigate impediments due to COVID-19, distributing \$4,940,700 among grant recipients;
- 2017-2019 awards built simulation and skills lab capacity, distributing \$4,850,214 among grant recipients;
- 2013-2016 awards funded curriculum reform, clinical education, as well as lab and simulation training, distributing \$9,599,958 among grant recipients.

This snapshot of spending during the life of the program shows it is highly malleable to the needs of nursing education in Texas. The program's flexibility and agency oversight throughout the grant process ensures funds are used efficiently and responsibly for contemporary needs.

⁹ The Nursing Innovation Grant Program, Texas Higher Education Coordinating Board (last visited February 15, 2022), available at: [Nursing Innovation Grant Program \(NIGP\) - THECB \(texas.gov\)](#)

¹⁰ See Appendix, Attachment 2, "Nursing, Allied Health and Other Health-related Education Grant Program Grant Awards for the 2013-14 and 2015-16 Biennia," Texas Higher Education Coordinating Board (2016) (surveying nursing schools in Texas for tuition costs and reporting results); see also "Nursing Innovation Grant Program," Texas Higher Education Coordinating Board (last visited April 28, 2022), available at: [Nursing Innovation Grant Program \(NIGP\) - THECB \(texas.gov\)](#)

Appendix

Attachment 1
Nursing Education Costs:
Texas Programs

Nursing Education Costs: Texas Programs

Brief Overview:

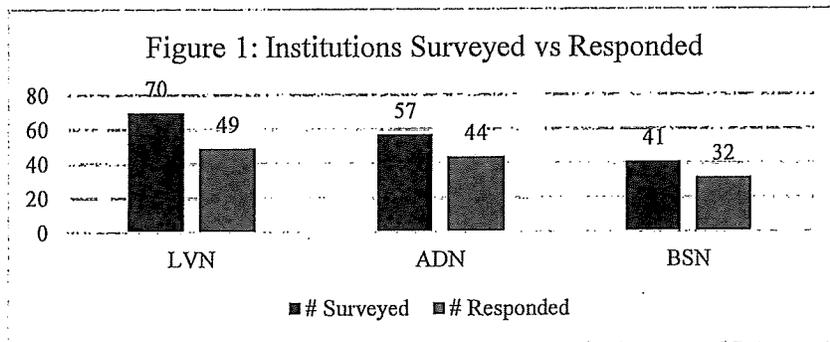
This document contains results related to a survey given to educational institutions in Texas that offer LVN, ADN, and BSN programs. Research includes the average cost of each program (LVN, ADN, BSN) in Texas, various cost options for funding 10,000 nursing students, and anecdotal evidence regarding the difficulties educators and institutions face.

Methods:

Data was collected through information provided by the Board of Nursing. Collection of data consisted of publicly available information online and direct requests via phone and email. Survey requests were sent to institutions on April 12th and April 13th. Responses were accepted and received from April 12th to April 18th. No responses received after April 18, 2022 were accepted. The figures collected from each institution consists of tuition, general fees and department fees. The cost of books, equipment, uniforms, testing or other miscellaneous expenses were not used in calculating the following numbers.

Survey Results:

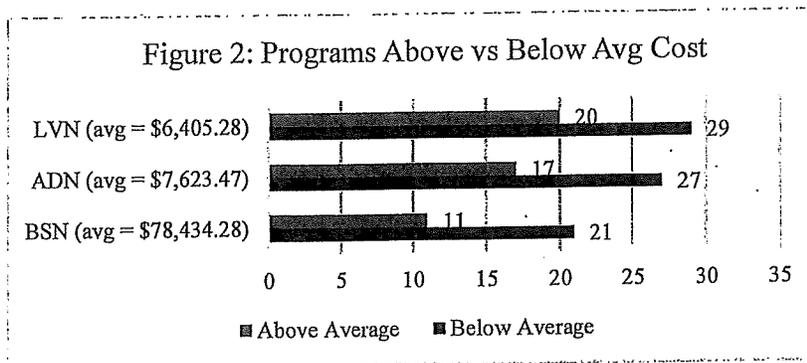
TNA surveyed NSRP-eligible ADN ($n = 57$) and BSN ($n = 41$) programs, and also surveyed ineligible LVN ($n = 70$) programs for reference; LVN programs had the lowest response rate, 70%, BSN programs had the highest response rate, 78%, and ADN programs had a 77% response rate (see Figure 1).



TNA averaged the data collected to determine the average cost per program in Texas. The average cost per program includes both private and public educational institutions. Individual averages for public or private schools are indicated for BSN programs only. Average program costs are:

- LVN (in-district) = \$6,405.28
- ADN (in-district) = \$7,623.47
- BSN = \$78,434.28
 - Public only = \$46,824.68
 - Private only = \$135,019.00

While these figures represent the average costs of tuition, note that most institutions offer each program below the calculated average (see Figure 2).



Note: Pg. 4-6 contains all data collected

The difference of the average pricing for BSN programs offered by public and private universities is significant. The average public-school cost is \$46,824.68, whereas private school is \$135,019.00 (refer to pg. 1).

The proposed addition of 10,000 nurses varies in pricing depending on the type and number of nursing programs funded (ADN vs. BSN). Nursing demographics have changed over the years; thus, the number of individuals with ADNs and BSNs differ each year. Using the most recent data provided by the Texas Board of Nursing (pg. 7), TNA projects 39% of nursing students will pursue ADN degrees and 61% will pursue BSN degrees¹¹. Below is a chart that presents various estimates for the total cost of funding ADN & BSN programs. There are two different values for BSN: (1) the total average (includes private and public school costs) and (2) the public average (consists of costs from public schools exclusively) (see Figure 3).

Figure 3: Calculations for Cost of Funding 10,000 Nursing Students (ADN & BSN)

<i>Degree:</i>	<i>Quantity:</i>	<i>Breakdown of price per student:</i>	<i>Total Cost:</i>
ADN	10,000	\$7,623.47	\$76,234,700
BSN Only (total avg)	10,000	\$78,434.28	\$784,342,800
BSN Only (public avg)	10,000	\$46,824.68	\$468,246,800
ADN & BSN (total avg)	3,900 ADN; 6,100 BSN	\$7,623.47, ADN; \$78,434.28, BSN	\$508,180,641
ADN & BSN (public avg)	3,900 ADN; 6,100 BSN	\$7,623.47, ADN; \$46,824.68, BSN	\$315,362,081

¹¹ The proposed formula utilizes the most recent data from the Board of Nursing in 2020. https://www.bon.texas.gov/reports_and_data_nursing_statistics.asp.html

Discussion with Educators of Nursing Colleges:

Conversations facilitated with nursing educators had reoccurring themes and concerns. Morale amongst students and faculty is low due to the environment of working/learning in the pandemic and feared implications of the RaDonda Vaught case, in which a nurse was convicted of gross neglect of an impaired adult and negligent homicide for a medication error. Schools expressed concern amongst those who graduated in the worst years of the pandemic. Some institutions indicated students were permitted to miss 10 to 20 percent of their classes; furthermore, educators noticed an increase in underperformance for labs and testing. However, there has been a positive increase in alumni reaching out to educators for professional advice, questions and explanations.

Data Collected:

LYN - PRICING		
<i>Institution</i>	<i>Price (In-District)</i>	<i>Price (Out-of-District)</i>
Alvin Community College	\$ 5,013.00	\$ 7,081.00
Angelina College - MEEP	\$ 4,620.00	
Angelina College - LUFKIN	\$ 4,620.00	
Austin Community College	\$ 4,286.00	\$ 13,331.00
Baptist Health System School of Health Professions	\$ 18,835.00	
Blinn College (Brenham)	\$ 6,164.95	\$ 7,655.95
Blinn College (Bryan)	\$ 6,164.95	\$ 7,655.95
Brazosport College	\$ 6,668.00	\$ 7,960.00
Central Texas College at Killeen	\$ 4,085.00	\$ 5,117.00
Central Texas College at Killeen - Military Specific Program	\$ 4,085.00	\$ 5,117.00
Coastal Bend College	\$ 3,084.00	\$ 5,688.00
College of the Mainland	\$ 2,520.00	\$ 4,200.00
Collin College	\$ 8,197.00	\$ 10,405.00
Howard College at Big Spring	\$ 6,568.00	
Howard College at San Angelo	\$ 6,568.00	
Lamar State College - Orange	\$ 6,138.00	
Lamar State College - Port Arthur	\$ 6,130.00	
Lee College	\$ 4,002.00	\$ 7,219.50
Lone Star College - Cyfair	\$ 4,320.00	\$ 7,081.00
Lone Star College - Kingwood	\$ 4,320.00	\$ 7,081.00
Lone Star College - Montgomery	\$ 4,320.00	\$ 7,081.00
Lone Star College - North Harris - MEEP	\$ 4,320.00	\$ 7,081.00
Lone Star College - Tomball	\$ 4,320.00	\$ 7,081.00
Navarro College at Corsicana	\$ 10,611.00	\$ 13,461.00
Navarro College at Mexia	\$ 10,611.00	\$ 13,461.00
Navarro College at Waxahachie	\$ 10,611.00	\$ 13,461.00
North Central Texas College	\$ 7,551.90	\$ 8,391.90
Odessa College at Andrews	\$ 5,330.00	\$ 7,503.00
Odessa College at Monahan's	\$ 5,330.00	\$ 7,503.00
Panola College	\$ 4,264.00	\$ 7,120.00
San Jacinto College North	\$ 3,681.00	\$ 5,756.00
San Jacinto College South	\$ 3,510.00	\$ 6,075.00
Schreiner University	\$ 15,537.00	
South Texas College	\$ 6,840.00	\$ 7,290.00
Southwest Texas Junior College	\$ 6,204.00	\$ 9,330.00
St. Phillip's College - New Braunfels	\$ 9,453.00	\$ 14,905.00
St. Phillip's College - San Antonio	\$ 9,453.00	\$ 14,905.00
Tarrant County College	\$ 2,880.00	\$ 5,670.00
Temple College at Taylor	\$ 5,244.00	\$ 8,648.00
Temple College at Temple	\$ 7,394.00	\$ 10,798.00
Texarkana College	\$ 6,710.00	
Texas Southmost College	\$ 7,524.00	\$ 8,574.00
Trinity Valley Community College - Terrell	\$ 4,312.00	\$ 8,036.00
Trinity Valley Community College - Palestine	\$ 4,312.00	\$ 8,036.00
Tyler Junior College	\$ 5,278.00	\$ 7,918.00
Vernon College	\$ 6,748.00	\$ 8,468.00
Victoria College	\$ 10,044.00	\$ 12,376.00
Weatherford College	\$ 7,753.00	\$ 10,388.00
Wharton County Junior College	\$ 7,324.00	\$ 8,450.00
	Average In-District Cost:	Average Out-Of-District Cost:
	\$ 6,405.28	\$ 8,583.98

BSN PRICING		
<i>Institution</i>	<i>Price (In-State)</i>	<i>Public or Private</i>
Angelo State University	\$ 37,240.00	Public
Baylor University	\$ 206,956.00	Private
Concordia University Texas	\$ 145,060.00	Private
East Texas Baptist University	\$ 106,800.00	Private
Lamar University	\$ 42,344.40	Public
Midwestern State University	\$ 48,798.00	Public
Prairie View A&M University	\$ 30,115.52	Public
Schreiner University	\$ 149,856.00	Private
Southwestern Adventist University	\$ 60,270.00	Private
Stephen F. Austin State University	\$ 45,225.00	Public
Texas A&M Health Science Center - College of Nursing	\$ 49,360.00	Public
Texas A&M International University	\$ 39,000.00	Public
Texas A&M University - Texarkana	\$ 40,310.57	Public
Texas Christian University	\$ 227,330.00	Private
Texas Lutheran University	\$ 135,680.00	Private
Texas Lutheran University - Direct Entry MSN	\$ 135,680.00	Private
Texas State University	\$ 47,380.00	Public
Texas Tech University - Health Sciences Center School of Nursing	\$ 52,694.00	Public
Texas Tech University - El Paso Health Sciences Center	\$ 51,052.80	Public
University of Mary Hardin-Baylor	\$ 132,460.00	Private
University of St. Thomas - Houston	\$ 129,936.00	Private
University of Texas - Arlington	\$ 45,256.00	Public
University of Texas - Austin	\$ 85,584.00	Public
University of Texas - El Paso	\$ 39,597.20	Public
University of Texas - Tyler	\$ 38,384.00	Public
University of Texas Health Science Center at Houston	\$ 35,862.56	Public
University of Texas Health Science Center at San Antonio	\$ 35,791.76	Public
University of Texas Medical Branch at Galveston	\$ 40,652.00	Public
University of Texas Rio Grande Valley (UTRGV)	\$ 41,044.48	Public
University of the Incarnate Word	\$ 137,600.00	Private
West Texas A&M University	\$ 43,976.72	Public
Western Governors University	\$ 52,600.00	Private
	Average Cost (all):	
	\$ 78,434.28	
	Average Cost (Public):	Average Cost (Private):
	\$ 46,824.68	\$ 135,019.00

Nursing Demographics - 2000-2020						
	# of ADN	# of BSN	Total # of RN	Total # of LVN	Date Published	
2020	108,527	170,212	313,046	107,705	6/15/2020	<i>Note:</i> 2000-2003 has no data for LVNs
2019	110,160	165,873	334,678	107,214	10/16/2019	
2018	111,371	154,523	320,015	105,980	6/21/2018	
2017	111,724	148,522	312,397	105,267	10/22/2017	
2016	110,501	135,611	294,376	102,557	6/22/2016	
2015	110,544	129,206	286,441	101,715	9/22/2015	
2014	107,214	116,510	267,966	99,154	6/23/2014	
2013	105,471	110,645	259,175	97,430	9/20/2013	
2012	96,230	98,602	239,134	93,600	11/1/2012	
2011	94,594	90,931	184,562	72,709	9/1/2011	
2010	90,194	85,693	176,713	71,011	9/1/2010	
2009	84,564	79,643	168,638	69,019	9/1/2009	
2008	78,450	73,086	162,163	67,033	9/1/2008	
2007	73,866	68,260	155,707	65,092	9/1/2007	
2006	70,971	64,966	149,682	63,447	9/1/2006	
2005	67,720	61,615	143,939	61,581	9/1/2005	
2004	65,160	58,757	139,281	72,921	9/1/2004	
2003	63,020	56,485	135,174		9/1/2003	
2002	61,123	54,560	130,950		9/1/2002	
2001	59,919	52,638	127,274		9/1/2001	
2000	48,241	41,792	123,548		9/1/2000	

NCLEX Pass Rate Calculation

60-2-102. Reapproval requirements. (a) Based on the annual report, each nursing program shall be reviewed for approval annually by the board and pay the annual fee to the board specified in K.A.R. 60-4-103.

(b) Each approval of a nursing program shall be valid for not more than 10 years. If the nursing program is accredited by a national nursing accreditation agency, the next survey visit may be made in coordination with a national nursing accreditation agency visit. Each nursing program without national nursing accreditation shall have a survey visit every five years.

(c) An unannounced survey may be conducted at any time other than a scheduled survey visit if the board determines that there is evidence reflecting any deficiency in meeting the requirements or the board is determining whether or not any deficiency has been corrected by a nursing program on conditional approval.

(d) Each deficiency sufficient to warrant action by the board shall include the deficiencies specified in subsections (e) through (h). Failure to correct any deficiency within the prescribed period may result in the board's placement of the nursing program on conditional approval or may result in loss of approval.

(e) The most recent calendar year licensure examination pass rate or the mean pass rate for the three most recent years must meet at least one of the following based on the total number of test-takers;

80% or greater for all first-time test-takers; or

80% or greater for all first-time test-takers and repeaters; or

At or above the national mean based on the nursing program type

(1) If the first-time candidates in a nursing program have an **annual** pass rate on the licensure examination of less than 80 percent **for one year** based on any of the above criterion, the nursing program shall receive a written notice of concern from the board.

(2) The nursing program shall have three months after the date of the written notice of concern to submit a written report analyzing all aspects of the nursing program, identifying areas contributing to the pass rate and the nursing program's plan of action to improve the pass rate. The nursing program shall have one year

after the date of the written notice to demonstrate evidence of implementing strategies to correct any deficiency to bring the pass rate up to at least the 80 percent criterion.

(3) If the nursing program has an ~~annual~~ pass rate of less than 80 percent for two consecutive years, the nursing program may receive a survey for evaluation and recommendation and be placed on conditional approval. The nursing program administrator shall appear before the board and present an analysis of the measures taken and an analysis of the reasons for the nursing program's pass rate below 80 percent.

(4) If the nursing program has an ~~annual~~ pass rate of less than 80 percent for three consecutive years ~~for first-time candidates~~, the nursing program may be directed by the board to cease admissions.

(f) A nursing program that is accredited by a national nursing accrediting agency and is subsequently placed on warning or whose accreditation by the national nursing accreditation agency is withdrawn shall be scheduled immediately for a survey visit.

(g) Failure to meet the requirements of the education statutes and regulations shall result in action by the board.

(h) Each complaint involving education statutes and regulations reported to board members or staff shall initiate an investigation by the board and may require a survey visit, depending on the seriousness and number of complaints.

(i) The nursing program administrator shall make the following information available during each survey visit:

(1) Data about the nursing program, including the following:

(A) The number of students;

(B) the legal body responsible for policy and support of the nursing program;

(C) the organizational chart;

(D) an audited fiscal report covering the previous two years, including a statement of income and expenditures;

- (2) the nursing program administrator's responsibilities;
- (3) for each faculty member and preceptor, the following information:
 - (A) Job descriptions;
 - (B) selection policies;
 - (C) orientation plan;
 - (D) faculty organization by-laws;
 - (E) number of full-time and part-time faculty and non-nursing faculty with academic credentials and assignments; and
 - (F) faculty-student clinical ratio;
- (4) degree plan, if applicable;
- (5) a copy of the current curriculum with the date of last revision;
- (6) the testing process with test analysis and the written test procedure;
- (7) a description of education facilities, including classrooms, offices, library, and computers;
- (8) a list of clinical facilities;
- (9) the number of students by classes; and
- (10) the policies for students as listed in K.A.R. 60-2-107.
- (j) During each survey visit, the nursing program administrator shall make available the following:
 - (1) The educational institution's administration, faculty, support services personnel, and students;
 - (2) staff members of selected affiliating agencies;
 - (3) faculty minutes for at least the three previous years;
 - (4) faculty and student handbooks;
 - (5) student records;
 - (6) policies and procedures;
 - (7) curriculum materials;

- (8) a copy of the nursing program's audited fiscal report covering the previous two years, including income and expenditures;
- (9) contractual agreements;
- (10) program evaluation plan and evidence of nursing program effectiveness, which shall address compliance with the nurse practice act and board regulations; and
- (11) the school's current catalog.
- (k) The nursing program administrator or designated personnel shall take the survey visit team to the nursing educational facilities, including satellite program facilities, library facilities, and clinical agencies.
- (l) Upon completion of the survey visit, the nursing program administrator shall be given a copy of the survey report and asked to correct any inaccurate statements contained in the survey report, limiting comments to errors, unclear statements, and omissions.
- (m) If a nursing program fails to meet the requirements for approval within the designated period of time, the nursing program shall be provided notice stating the deficiencies and the opportunity for a hearing if requested within 60 days from the date of service of the notice. If no hearing is requested timely, the nursing program shall be removed from the list of approved schools.
- (n) The parent institution shall be responsible for securing and providing for the permanent custody and storage of records of all students and graduates.

This regulation shall be effective on and after January 1, 2022. (Authorized by K.S.A. 65-1129; implementing K.S.A. 65-1119; effective April 4, 1997; amended Jan. 24, 2003; amended Nov. 7, 2008; amended January 1, 2022; amended P _____.)

ACEN

Criterion 5.3

The written systematic plan for evaluation describes the process for annual assessment of the licensure and/or certification examination pass rate (when required for practice). The faculty will:

- a. examine aggregate examination pass rate data (licensure and/or certification) secured from regulatory and/or certifying agencies. The most recent annual pass rate **OR** the mean pass rate for three most recent years must meet at least one of the following based on the total number of test-takers:
 - 80% or greater for all first-time test-takers; or
 - 80% or greater for all first-time test-takers and repeaters; or
 - at or above the national/territorial mean based on the nursing program type.
- b. disaggregate the pass rate data to promote meaningful analysis; provide justification for data that are not disaggregated;
- c. analyze program licensure and/or certification examination pass rate data (aggregate and/or disaggregate) annually and when necessary, implement actions based on the analysis to maintain and/or improve students' examination pass rate success;
- d. maintain documentation for the three most recent years of the aggregated and/or disaggregated data, the analysis of data, and the use of data analysis in program decision-making to maintain and/or improve students' success in passing the licensure and/or certification examination; and
- e. share the analysis of the licensure and/or certification examination pass rate data with communities of interest.

CCNE

V-C. Licensure pass rates demonstrate program effectiveness.

This key element is not applicable to a program that does not prepare individuals for licensure examinations or does not yet have individuals who have taken licensure examinations.

Elaboration: Programs with a pre-licensure track demonstrate achievement of required program outcomes regarding licensure. The program demonstrates that it meets the licensure pass rate of 80% in any one of the following ways:

- the NCLEX-RN® pass rate for each campus/site and track is 80% or higher for first-time takers for the most recent calendar year (January 1 through December 31);
- the pass rate for each campus/site and track is 80% or higher for all takers (first-time and repeaters who pass) for the most recent calendar year;
- the pass rate for each campus/site and track is 80% or higher for all first-time takers over the

three most recent calendar years; or

- the pass rate for each campus/site and track is 80% or higher for all takers (first-time and repeaters who pass) over the three most recent calendar years.

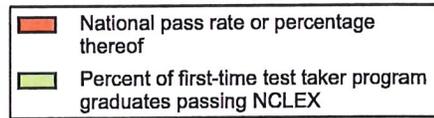
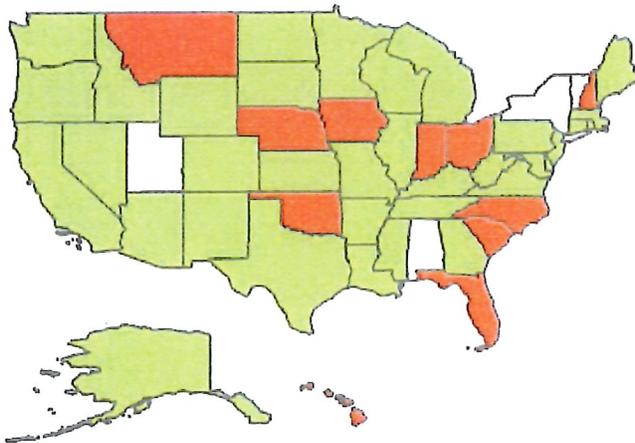
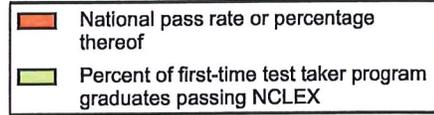
For each campus/site and track, identify which of the above options was used to calculate the pass rate.

Q18. What standard does the Board of Nursing require for NCLEX pass rate?

37 (71%)



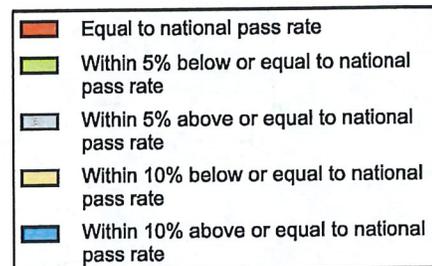
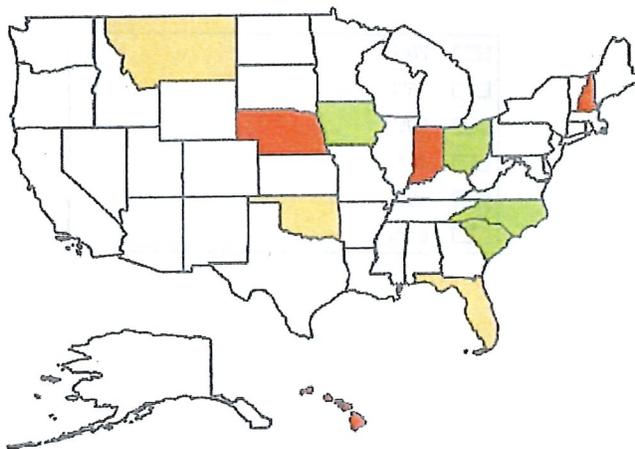
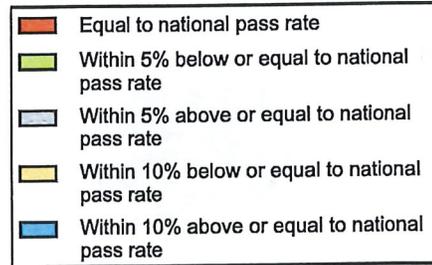
15 (29%)



*PN BONs and US Territories are not displayed on the map. For detailed information, please see the text responses below.

Responses	Jurisdictions	Number of Boards	Percentage of Boards Responding
National pass rate or percentage thereof	CA-VN, CNMI, FL, GU, HI, IA, IN, MT, NC, NE, NH, OH, OK, SC, WV-PN	15	29%
Percent of first-time test taker program graduates passing NCLEX	AK, AR, AZ, CA-RN, CO, CT, DC, DE, GA, ID, IL, KS, KY, LA-PN, LA-RN, MA, MD, ME, MI, MN, MO, MS, ND, NJ, NM, NV, OR, PA, RI, SD, TN, TX, VA, WA, WI, WV-RN, WY	37	71%

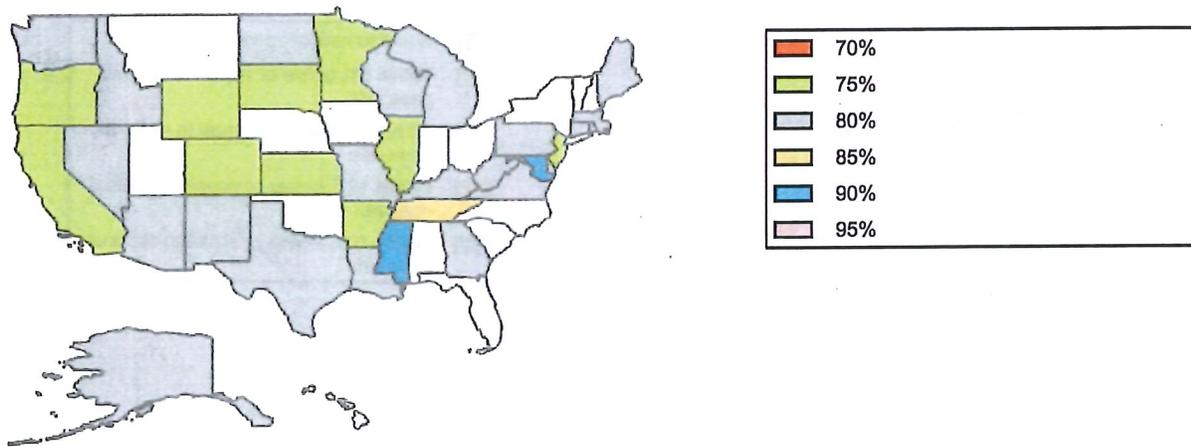
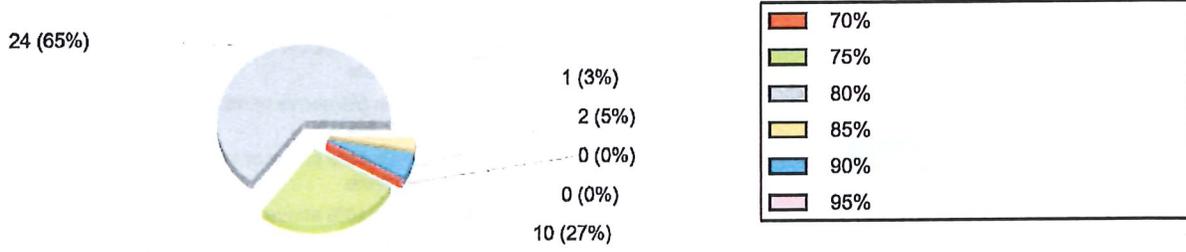
Q19. If the jurisdiction's NCLEX pass rate standard is a percentage of the national NCLEX pass rate, what percentage do you require?



*PN BONs and US Territories are not displayed on the map. For detailed information, please see the text responses below.

Responses	Jurisdictions	Number of Boards	Percentage of Boards Responding
Equal to national pass rate	GU, HI, IN, NE, NH	5	33%
Within 5% below or equal to national pass rate	IA, NC, OH, SC	4	27%
Within 5% above or equal to national pass rate		0	0%
Within 10% below or equal to national pass rate	CA-VN, CNMI, FL, MT, OK	5	33%
Within 10% above or equal to national pass rate	WV-PN	1	7%

Q20. If the jurisdiction's NCLEX pass rate standard is the first-time NCLEX pass rate of the program, what first-time NCLEX pass rate do you require?



*PN BONs and US Territories are not displayed on the map. For detailed information, please see the text responses below.

Responses	Jurisdictions	Number of Boards	Percentage of Boards Responding
70%		0	0%
75%	AR, CA-RN, CO, IL, KS, MN, NJ, OR, SD, WY	10	27%
80%	AK, AZ, CT, DC, DE, GA, ID, KY, LA-PN, LA-RN, MA, ME, MI, MO, ND, NM, NV, PA, RI, TX, VA, WA, WI, WV-RN	24	65%
85%	TN	1	3%
90%	MD, MS	2	5%
95%		0	0%

Faculty Qualifications

60-2-103. Nursing program faculty and preceptor qualifications. (a) Professional nursing programs.

- (1) Each nurse faculty member shall be licensed as a registered professional nurse in Kansas.
- (2) Each preceptor shall meet the following requirements:
 - (A) Be licensed as a registered professional nurse in the state in which the individual is currently practicing nursing; and
 - (B) complete a preceptor orientation that includes information about the pedagogical aspects of the student-preceptor relationship and course information.
- (3) Each nursing program shall have a written plan that includes the method of selection of preceptors, the roles of the faculty members and preceptors, and the methods of contact between faculty members and preceptors during the preceptorship.
- (4) Each nurse faculty member shall have academic preparation and experience as follows:
 - (A) Each nurse faculty member who is assigned the responsibility of a course shall hold a graduate degree. Each person who is hired as a nurse faculty member shall have a graduate degree in nursing, preferably in the clinical area being taught, except for any person whose graduate degree was conferred before July 1, 2001.
 - (B) Each nurse faculty member responsible for clinical instruction shall possess a graduate degree or provide to the board a faculty degree plan that projects completion of a graduate degree. Each person who is hired as a nurse faculty member responsible for clinical instruction shall meet one of the following requirements:
 - (i) Have a graduate degree in nursing, preferably in the clinical area being taught, except for any person whose graduate degree was conferred on or before July 1, 2001; or
 - (ii) provide to the board a faculty degree plan that projects completion of a graduate degree in nursing.

(1) Each nurse faculty member shall be licensed as a registered professional nurse in Kansas.

(2) Each nurse faculty member shall have academic preparation and experience as follows:

(A) Each nurse faculty member who is assigned the responsibility of a course shall hold a baccalaureate degree. Each person who is hired as a nurse faculty member shall have a baccalaureate or higher degree in nursing, except for any person whose degree was conferred on or before July 1, 2001.

(B) Each nurse faculty member responsible for clinical instruction shall possess a baccalaureate degree or provide to the board a faculty degree plan that projects completion of a baccalaureate degree. Each person who is hired as a nurse faculty member responsible for clinical instruction shall meet one of the following requirements:

(i) Have a baccalaureate or higher degree in nursing, except for any person whose degree was conferred on or before July 1, 2001; or

(ii) provide to the board a faculty degree plan that projects completion of a baccalaureate or higher degree in nursing.

(c)(1) For each nursing program, each nursing program administrator shall submit to the board the following:

(A) A faculty qualification report for each faculty member newly employed. Faculty with a continuing appointment shall have an appropriate degree;

(B) a faculty degree plan reflecting completion of the degree within six years for each instructor without the appropriate degree. Upon completion of the degree, a transcript showing completion of the nursing program shall be submitted to the board; and

(C) notification and a rationale for each faculty member who is not following the degree plan as submitted.

(2) The nursing program administrator may request a faculty hire exception to be approved by the board's professional staff, if faculty meeting the criteria specified in this regulation are not available, by providing documentation of the following:

(A) A lack of qualified applicants;

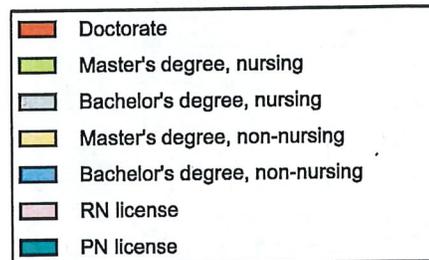
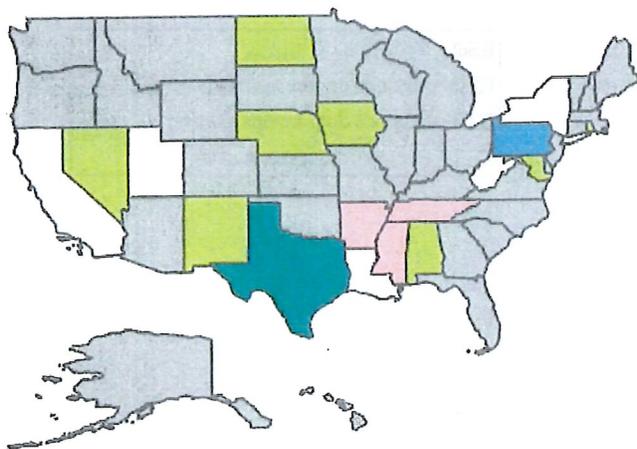
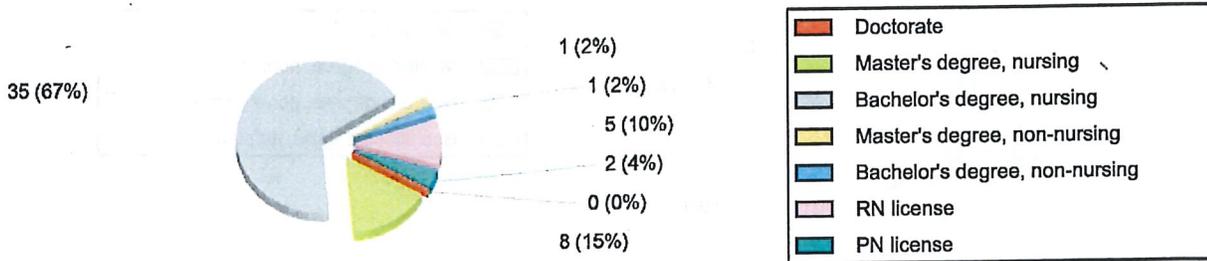
(B) a rationale for the need to hire the applicant;

(C) the applicant's qualifications; and

(D) a plan for faculty recruitment.

This regulation shall be effective on and after January 1, 2022. (Authorized by K.S.A. 65-1129; implementing K.S.A. 65-1119; effective April 4, 1997; amended Jan. 24, 2003; amended Jan. 1, 2022.)

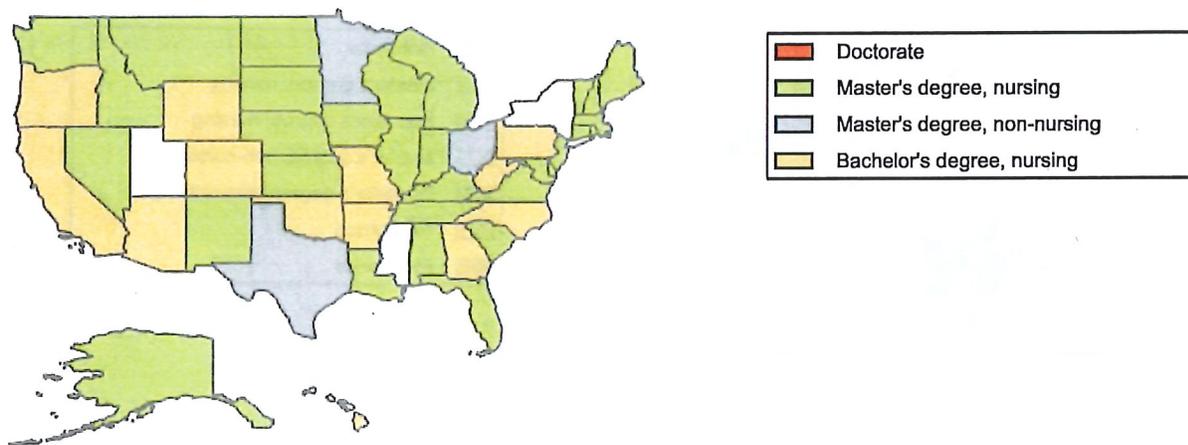
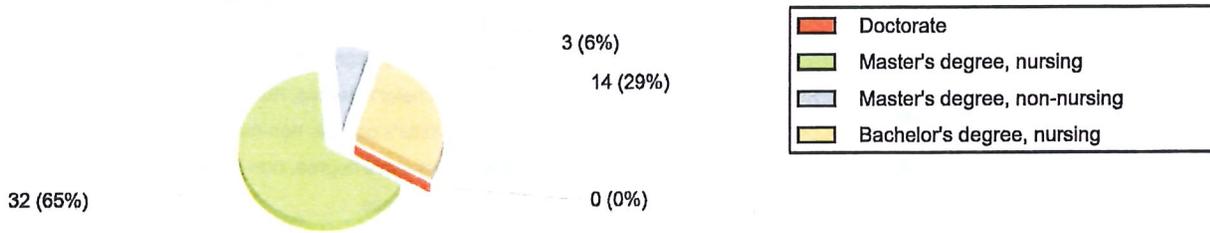
Q22. What are the minimum educational qualifications for PN program faculty?



*PN BONs and US Territories are not displayed on the map. For detailed information, please see the text responses below.

Responses	Jurisdictions	Number of Boards	Percentage of Boards Responding
Doctorate		0	0%
Master's degree, nursing	AL, IA, MD, ND, NE, NM, NV, RI	8	15%
Bachelor's degree, nursing	AK, AZ, CO, CT, DE, FL, GA, GU, HI, ID, IL, IN, KS, KY, MA, ME, MI, MN, MO, MT, NC, NH, NJ, OH, OK, OR, SC, SD, VA, VI, VT, WA, WI, WV-PN, WY	35	67%
Master's degree, non-nursing	DC	1	2%
Bachelor's degree, non-nursing	PA	1	2%
RN license	AR, CNMI, LA-PN, MS, TN	5	10%
PN license	CA-VN, TX	2	4%

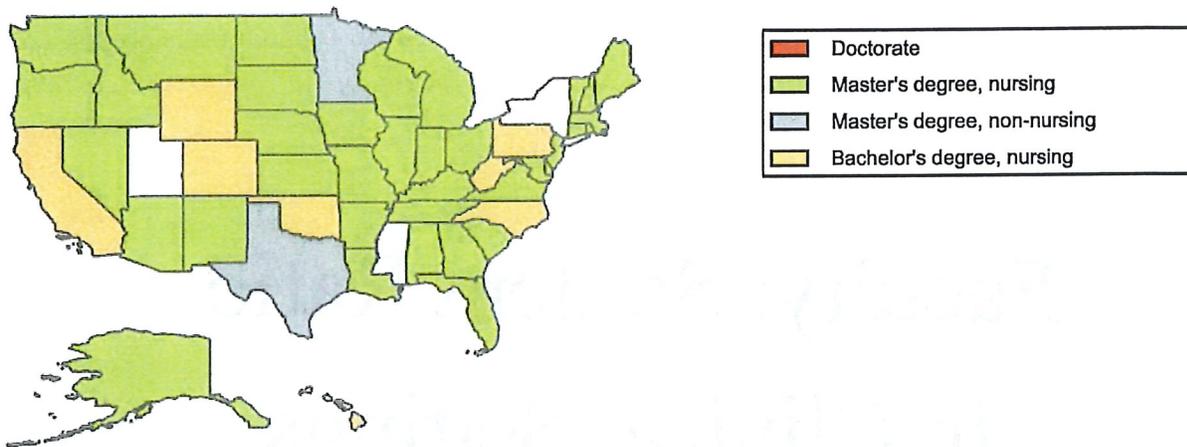
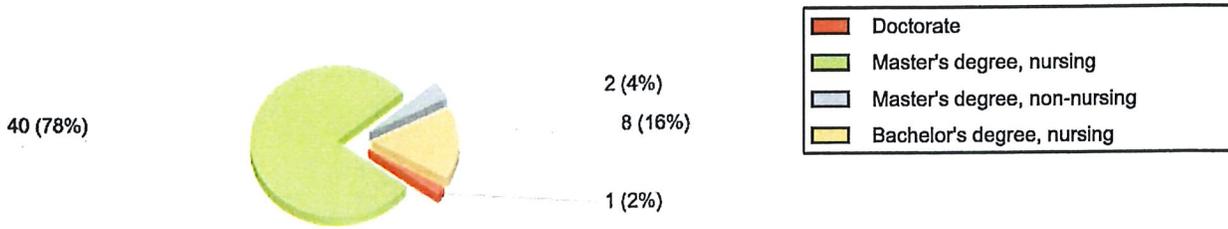
Q32. What are the minimum educational qualifications for ADN program faculty?



*PN BONs and US Territories are not displayed on the map. For detailed information, please see the text responses below.

Responses	Jurisdictions	Number of Boards	Percentage of Boards Responding
Doctorate		0	0%
Master's degree, nursing	AK, AL, CT, DC, DE, FL, IA, ID, IL, IN, KS, KY, LA-RN, MA, MD, ME, MI, MT, ND, NE, NH, NJ, NM, NV, RI, SC, SD, TN, VA, VT, WA, WI	32	65%
Master's degree, non-nursing	MN, OH, TX	3	6%
Bachelor's degree, nursing	AR, AZ, CA-RN, CNMI, CO, GA, HI, MO, NC, OK, OR, PA, WV-RN, WY	14	29%

Q34. What are the minimum educational qualifications for BSN program faculty?



*PN BONs and US Territories are not displayed on the map. For detailed information, please see the text responses below.

Responses	Jurisdictions	Number of Boards	Percentage of Boards Responding
Doctorate	CNMI	1	2%
Master's degree, nursing	AK, AL, AR, AZ, CT, DC, DE, FL, GA, GU, IA, ID, IL, IN, KS, KY, LA-RN, MA, MD, ME, MI, MO, MT, ND, NE, NH, NJ, NM, NV, OH, OR, RI, SC, SD, TN, VA, VI, VT, WA, WI	40	78%
Master's degree, non-nursing	MN, TX	2	4%
Bachelor's degree, nursing	CA-RN, CO, HI, NC, OK, PA, WV-RN, WY	8	16%

Faculty: Student Ratio In Clinical Settings

An official State of Kansas government website. [Here's how you know.](#)

Agency 60 State Board of Nursing

Article 2.—Requirements for Approved Nursing Programs

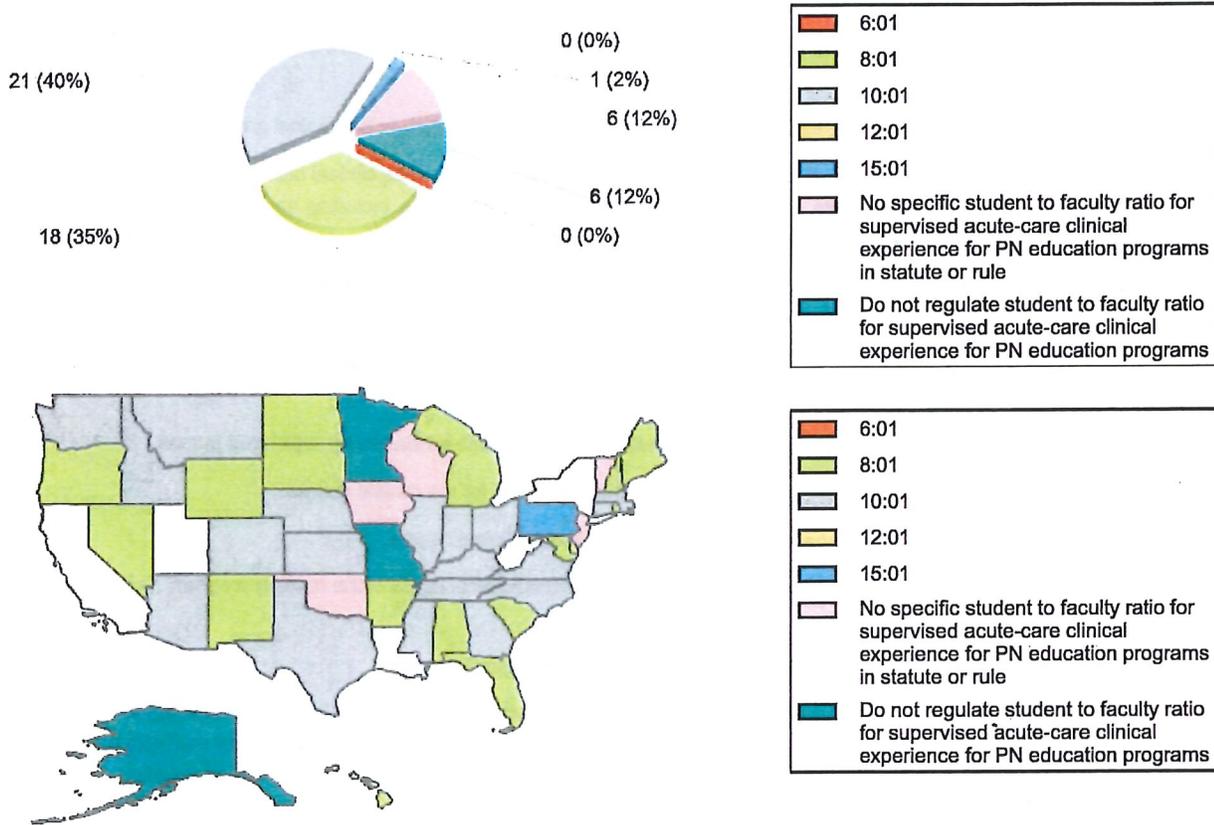
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- 60-2-105. Clinical resources.** (a) Each contractual agreement shall be kept on file in the nursing program office.
- (b) Clinical learning experiences and sites shall be selected to provide learning opportunities necessary to achieve student learning outcomes.
- (c) The faculty of each nursing program shall be responsible for student learning outcomes and evaluation in the clinical area.
- (d) The nursing program shall provide verification that each affiliating agency used for clinical instruction has clinical facilities that are adequate for the number of students served in terms of space, equipment, and other necessary resources, including an adequate number of patients or clients necessary to meet the nursing program objectives or outcomes.
- (e) A maximum of a 1:10 faculty-to-student ratio shall be maintained during the clinical learning experience and the clinical observational experience.
- (f)(1) The objectives or student learning outcomes for each clinical observational experience shall reflect observation rather than participation in nursing interventions.
- (2) Affiliating agencies in which clinical observational experiences take place shall not be required to be staffed by registered nurses.
- (3) Clinical observational experiences shall constitute no more than 15 percent of the total hours for the clinical course.
- (4) Simulation experiences shall constitute no more than 50 percent of the total hours for the clinical course.
- (g) Clinical learning experiences with preceptors shall be no more than 20 percent of the total clinical hours of the nursing program. This prohibition shall not apply to the capstone course.
- (h) Each affiliating agency used for clinical instruction shall be staffed independently of student assignments.
- (i) The number of affiliating agencies used for clinical learning experiences and clinical observational experiences shall be adequate for meeting curriculum objectives and student learning outcomes. The nursing program faculty shall provide the affiliating agency staff with the organizing curriculum framework and objectives and student learning outcomes for clinical learning experiences and clinical observational experiences used.
- (j) A sufficient number and variety of patients representing all age groups shall be utilized to provide clinical learning experiences that meet curriculum objectives or outcomes. If more than one nursing program uses the same affiliating agency, the nursing programs shall document the availability of appropriate clinical learning experiences for all students.

This regulation shall be effective on and after January 1, 2022. (Authorized by K.S.A. 65-1129; implementing K.S.A. 65-1119; effective April 4, 1997; amended Jan. 24, 2003; amended March 6, 2009; amended Jan. 1, 2022.)

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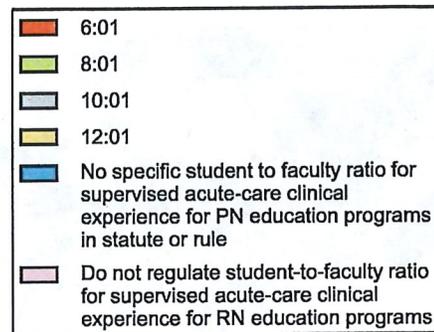
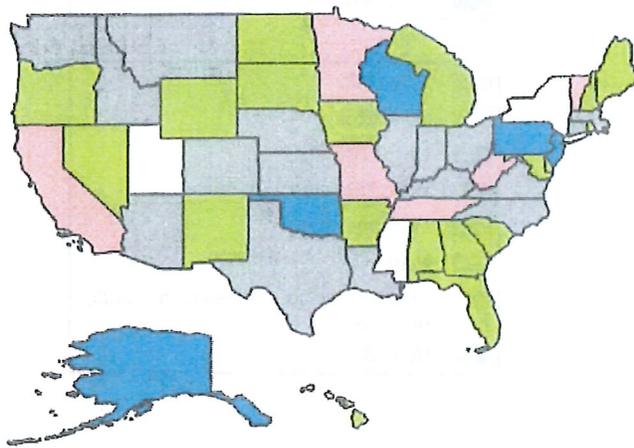
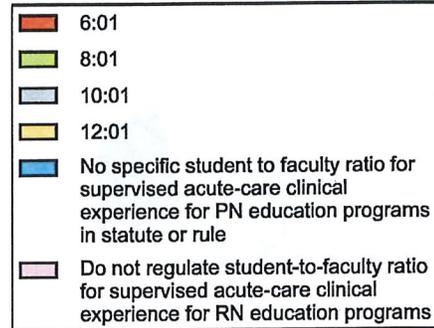
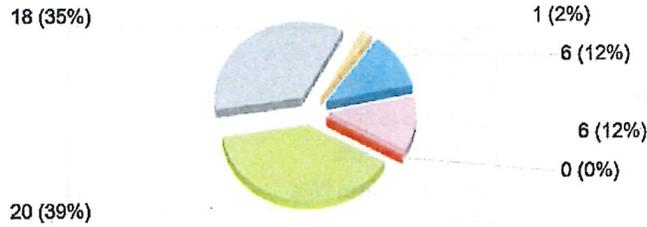
Q28. What is the student to faculty ratio for supervised acute-care clinical experience for PN education programs?



*PN BONs and US Territories are not displayed on the map. For detailed information, please see the text responses below.

Responses	Jurisdictions	Number of Boards	Percentage of Boards Responding
6:01		0	0%
8:01	AL, AR, DE, FL, GU, HI, MD, ME, MI, ND, NH, NM, NV, OR, RI, SC, SD, WY	18	35%
10:01	AZ, CO, CT, GA, ID, IL, IN, KS, KY, LA-PN, MA, MS, MT, NC, NE, OH, TN, TX, VA, WA, WV-PN	21	40%
12:01		0	0%
15:01	PA	1	2%
No specific student to faculty ratio for supervised acute-care clinical experience for PN education programs in statute or rule	DC, IA, NJ, OK, VT, WI	6	12%
Do not regulate student to faculty ratio for supervised acute-care clinical experience for PN education programs	AK, CA-VN, CNMI, MN, MO, VI	6	12%

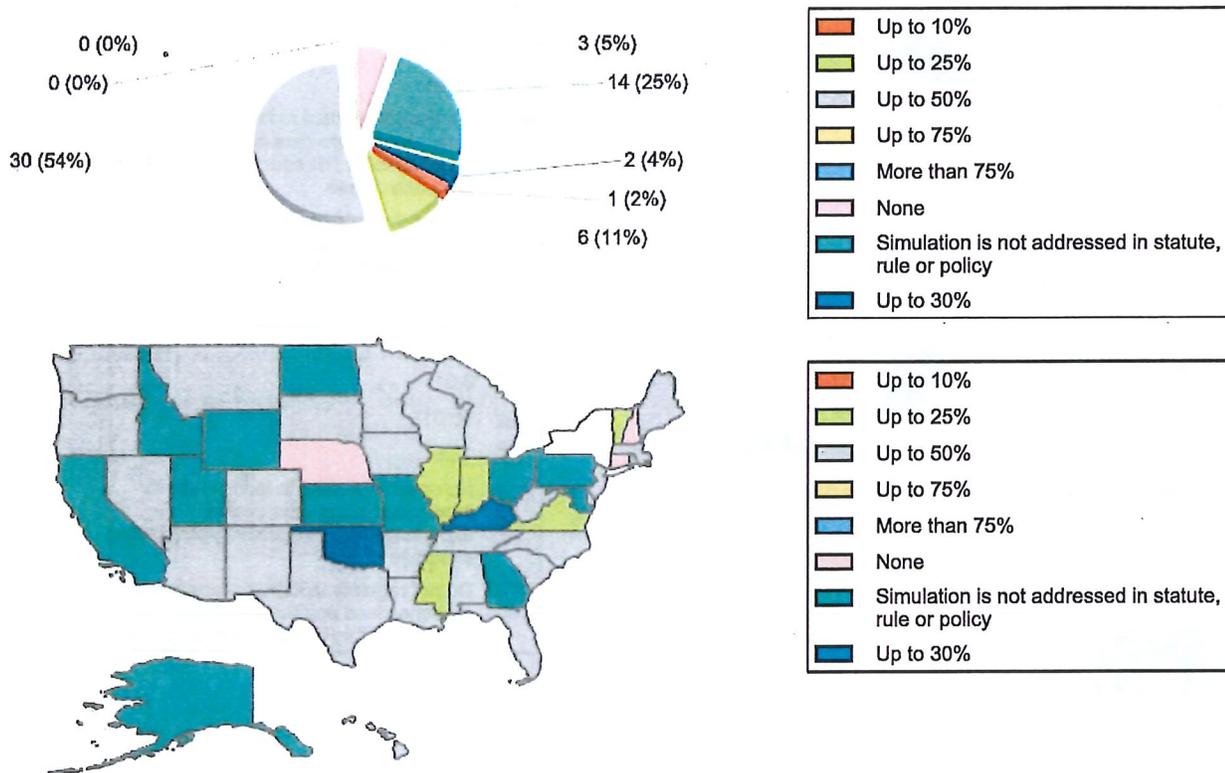
Q40. What is the student to faculty ratio for supervised clinical acute-care experience for RN education programs?



*PN BONs and US Territories are not displayed on the map. For detailed information, please see the text responses below.

Responses	Jurisdictions	Number of Boards	Percentage of Boards Responding
6:01		0	0%
8:01	AL, AR, DE, FL, GA, GU, HI, IA, MD, ME, MI, ND, NH, NM, NV, OR, RI, SC, SD, WY	20	39%
10:01	AZ, CO, CT, ID, IL, IN, KS, KY, LA-RN, MA, MT, NC, NE, OH, TX, VA, VI, WA	18	35%
12:01	CNMI	1	2%
No specific student to faculty ratio for supervised acute-care clinical experience for PN education programs in statute or rule	AK, DC, NJ, OK, PA, WI	6	12%
Do not regulate student-to-faculty ratio for supervised acute-care clinical experience for RN education programs	CA-RN, MN, MO, TN, VT, WV-RN	6	12%

Q44. What is the maximum amount of clinical hours that may be replaced by simulation hours?



*PN BONs and US Territories are not displayed on the map. For detailed information, please see the text responses below.

Responses	Jurisdictions	Number of Boards	Percentage of Boards Responding
Up to 10%	LA-PN	1	2%
Up to 25%	GU, IL, IN, MS, VA, VT	6	11%
Up to 50%	AL, AR, AZ, CO, DC, DE, FL, HI, IA, LA-RN, MA, ME, MI, MN, MT, NC, NJ, NM, NV, OR, RI, SC, SD, TN, TX, VI, WA, WI, WV-PN, WV-RN	30	54%
Up to 75%		0	0%
More than 75%		0	0%
None	CT, NE, NH	3	5%
Simulation is not addressed in statute, rule or policy	AK, CA-RN, CA-VN, CNMI, GA, ID, KS, MD, MO, ND, OH, PA, UT, WY	14	25%
Up to 30%	KY, OK	2	4%