

**TENNESSEE BOARD OF NURSING
227 French Landing, Suite 100, Iris Room
Heritage Place MetroCenter
Nashville, TN 37243**

February 22, 2007

MINUTES

Call to Order	Cheryl Stegbauer, Chairman, called the meeting to order at 8:30 a.m. on Thursday, February 22, 2007.
Roll Call/Declaration of a Quorum	The Chairman declared a quorum present.
Members Present	Cheryl Stegbauer, R.N., Chairman Donna Roddy, R.N., Vice Chairman Barbara Brennan, R.N. Terri Bowman, L.P.N. Kathleen Harkey, Public Member Debbie Holliday, L.P.N. Wanda Hooper, R.N. Marian Stewart, R.N. Carol Thompson, A.P.N.
Members Absent	Judy Messick, L.P.N. John Preston, A.P.N.
Staff Present	Elizabeth Lund, Executive Director Martha Barr, Assoc. Exec. Director Madeline Coleman, Nurse Consultant Joan Harper, Board Administrator Ernie Sykes, Assistant General Counsel Robbie Bell, Director, Health Related Boards
Introduction of Staff	Lund introduced the staff present.
Recognition and Welcome to Visitors	Stegbauer recognized and welcomed guests. Representatives from the National Nurses Organizing Committee introduced themselves.
Approval of Minutes	Hooper moved and Stewart seconded the motion to approve the October 17, 2007 minutes as distributed. The motion carried.
Consent Agenda	Roddy moved and seconded by Brennan to adopt the consent agenda.

8-yes
carried

Northeast State Technical
Community College

Speaking to the Program:
Dr. Pam Holder--Consultant
Dr. William Locke—President
Dr. Paula Short, Vice Chancellor, Academic
Affairs, Tennessee Board of Regents

The program presented a plan for immediate
hiring of a director and faculty in
accordance with TBR policy.

Roddy moved and seconded by Hooper to
grant the request of Northeast State
Technical Community College for initial
approval to begin an associate of applied
science in nursing program.

8-yes
carried

King College
Master of Science in Nursing Program

Speaking to the Program:
Dr. Johanne Quinn—Dean

Roddy moved and seconded by Stewart to
accept King College's progress report.

8-yes
carried

Cleveland State Community College

Speaking to the Program:
Nancy Labine-- Director

Roddy moved and seconded by Stewart to
accept the progress report, lift conditional
approval and grant full approval of the
associate degree nursing program at
Cleveland State Community College.

8-yes
carried

Columbia State Community College

Speaking to the Program:
Dr. Susan Seager—Director

Brennan moved and seconded by Stewart to
accept the progress report relative to the

Cumberland University	LPN to RN program. 8-yes carried Speaking to the Program: Ms. Cristy Glover, MSN, RN--Interim Dean Dr. Pete Peterson—Vice President Academic Affairs
Dr. Leanne Busby Announcement of Resignation	Brennan moved and seconded by Roddy to accept the progress report, grant the request of Cumberland University to lift conditional approval and grant full approval. 8- yes carried Dr. Peterson announced the resignation of Cumberland University's dean of nursing, Dr. Leanne Busby.
Tennessee State University Baccalaureate Nursing Program	Speaking to the Program: Dr. Bernardine Fleming—Interim Dean Dr. Verla Vaughn—Co-Interim Director Dr. Barbara Buchanan Covington—Co- Interim Director
King College Baccalaureate Program	Roddy moved and seconded by Hooper to place the baccalaureate nursing program at Tennessee State University on conditional approval. 8-yes carried Speaking to the Program: Dr. Johanne Quinn—Dean Dr. Tracy Parkinson—Dean of Faculty
RN Removal of Epidural Catheters	Hooper moved and seconded by Stewart to place the baccalaureate nursing program at King College on conditional approval. 8-yes carried
Biomeridan Probe	Roddy moved and seconded by Stewart to table the discussion and forward it to the practice committee. 8-yes carried Ernie Sykes will contact the requestor by

OGC Report	mail. Sykes volunteered to develop a form for use by those having advisory ruling requests. Lund will see that the form is placed on the Internet.
<i>Nursing Perspectives Magazine</i>	Sykes spoke to the written OGC report. Of note the Mississippi Board of Nursing voted in December 2006 to withdraw their request for compact mediation with Tennessee. Sykes reviewed his recommendation to amend the department's contract with the Tennessee Center for Nursing to alleviate any appearance of a conflict of interest related to advertising.
12:00-1:00 p.m.	Lunch Break
Commissioner of Health Susan Cooper, MSN, RN	Stegbauer introduced Susan Cooper, Commissioner of Health. Cooper addressed the board emphasizing her role to provide the support the board needs to make data driven decisions. The board took a short break to welcome the new commissioner.
Rules Report—Education, Petitions for Reconsideration, Refundable Regulatory Fees, Unprofessional Conduct re to Continued Competence	Jerry Kosten presented a report from the December 19, 2006 rulemaking hearing. Seven individuals requested to address the board: <ol style="list-style-type: none"><li data-bbox="870 1144 1443 1251">1. Dr. Ruth Elliott, Chairman, Tennessee Deans and Directors-spoke to support of rule revisions<li data-bbox="870 1255 1443 1362">2. Dr. Pam Holder and Dr. Paula Short, Tennessee Board of Regents—responded to board questions<li data-bbox="870 1367 1443 1688">3. Dr. Claude Presnell, President, Independent Colleges and Universities, representing Charles Manning, Chancellor, Tennessee Board of Regents, Rich Rhoda, Tennessee Higher Education Commission and Dr. John Peterson, President, University of Tennessee-commended the board for its processes and consideration of their comments<li data-bbox="870 1692 1443 1833">4. Nancy Steele—Director, Tennessee Technology Center Practical Nursing Program, Nashville-spoke to faculty qualification comments<li data-bbox="870 1837 1443 1871">5. John Scannapieco, Counsel for Southside

Regional Medical Center School of Nursing (Virginia)-spoke in favor of online nursing education, retaining programs in nonacademic settings and requested rules to be tabled

6. Marcia Edwards, Campus Chair, Nashville, University of Phoenix-questioned board on impact of rules on RN to BSN programs

(See attached rules and vote)

Tennessee Center for Nursing (TCN)
Tennessee Professional Assistance Program (TNPAP)

Deferred report until March meeting. Mike Harkreader, Executive Director, presented an oral and written report. Hooper moved and seconded by Stewart to accept the report.

8-yes
carried

Legislation

Kosten presented a report on the following bills:

- SB 1163—Medication Technicians-Roddy moved and seconded by Thompson to oppose the medication technician bill. The motion passed with one abstention (Bowman). Roddy moved and seconded by Thompson to write a letter to the Commissioner of Health expressing opposition to the bill. The following concerns were outlined:
 - Patient safety concerns with vulnerable patients in nursing homes (e.g. patient with swallowing difficulties may aspirate on oral meds—med tech not prepared with nursing skills to assess and treat aspiration)
 - Access to controlled substances with concomitant risks
 - Fragmented care with nurse performing assessment and med tech administering meds
 - Expense of creating a new profession

- Burden on board member's time to handle the expected increase in disciplinary cases
- Liability of nurse who must delegate medication administration
- Burden on licensed nurse to delegate/supervise another licensee

The board expressed that it is possible that there may be certain venues where unlicensed personnel may safely assist less vulnerable and competent individual with medication administration. The board offered to assist the sponsors of the bill upon request.

- SB 435—Sunset-The board unanimously supports continuation of the board for the public's protection.
- SB 1411-Exemption of Online Diploma Program from Board's Purview-Roddy moved and seconded by Brennan to oppose this bill. The motion passed unanimously.
- Administration Bill-This bill opens the choice of vendors for criminal background checks
- There is a bill that would require CPR training for all health related board professionals.
- HB 777-Dispensing-The board expressed concern relative to unintended consequences of this bill.
- SB 1564-Reporting Child Abuse-The board expressed concern that an unintended consequence of the concern for an unborn child may serve as a deterrent to the woman seeking treatment and further harm to the unborn child.
- HB 1992-Reporting Bill-The board expressed concern relative to the cost as well as concern that the data is likely available in another form.

Stegbauer announced an open forum.

Open Forum

Candice Partee, Board of Respiratory Care and Gene Grant, Respiratory Care Association spoke in opposition to the medication technician bill specifically relating to medication technicians being delegated the task of aerosol/nebulizer treatments and pulse oximetry assessments.
5:20 p.m.

The minutes were ratified by the Tennessee Board of Nursing in session September 27, 2007.

Department of Health
Rulemaking Hearing Rules
Board of Nursing
Division of Health Related Boards

Chapter 1000-1
Rules and Regulations of Registered Nurses

Chapter 1000-2
Rules and Regulations of Licensed Practical Nurses

Chapter 1000-4
Advanced Practice Nurses & Certificates of Fitness to Prescribe

Chapter 1000-5
General Rules Governing Schools of Nursing

Amendments

Rule 1000-1-.04, Discipline of Licensees, Unauthorized Practice of Professional Nursing, Civil Penalties, Screening Panels, Subpoenas, Advisory Rulings, Declaratory Orders, and Assessment of Costs, is amended by deleting subparagraph (4) (c) in its entirety and substituting instead the following language, and is further amended by deleting subparagraph (4) (d) in its entirety, so that as amended, the new subparagraph (4) (c) shall read:

(4) (c) The Board authorizes the member who chaired the Board for a contested case to be the agency member to make the decisions authorized pursuant to rule 1360-4-1-.18 regarding petitions for reconsiderations and stays in that case.

Authority: T.C.A. §§ 4-5-202, 4-5-204, 63-7-115, 63-7-116, and 63-7-207.

Rule 1000-1-.11, Definitions, is amended by adding introductory language to the rule, and is further amended by deleting subparagraph (8) (c) in its entirety and substituting instead the following language, and is further amended by deleting subparagraph (8) (d) in its entirety, and is further amended by deleting paragraph (15) in its entirety and substituting instead the following language, and is further amended by deleting paragraph (22) in its entirety, so that as amended, the new introductory language to the rule, the new subparagraph (8) (c) and the new paragraph (15) shall read:

1000-1-.11 Definitions. As used in Chapters 1 through 5 of Rule 1000, the following terms and acronyms shall have the following meanings ascribed to them:

- (8) (c) Practical: A program leading to a certificate/diploma in practical nursing conducted in a regionally accredited academic institution, except for the existing practical nursing program at Blount County Memorial Hospital which is acceptable to the Board.
- (15) Examination: The National Council Licensure Examination (NCLEX®) or its predecessor examination.

Authority: T.C.A. §§ 4-5-202, 4-5-204, and 63-7-207.

Rule 1000-1-.12, Fees, is amended by deleting paragraph (2) in its entirety and substituting instead the following language, so that as amended, the new paragraph (2) shall read:

- (2) Except for the Biennial State Regulatory Fee, all fees paid to the Tennessee Board of Nursing are non-refundable.

Authority: T.C.A. §§ 4-3-1011, 4-5-202, 4-5-204, 63-7-106, and 63-7-207.

Rule 1000-1-.13, Unprofessional Conduct and Negligence, Habits or Other Cause, is amended by inserting the following language as new subparagraphs (1) (w) and (1) (x), and renumbering the current subparagraph (1) (w) as subparagraph (1) (y):

- (1) (w) Failure to respond to a request from the Board to submit documentation of continued competence requirements, as provided in Rule 1000-1-.14;
- (1) (x) Failure to successfully complete continued competence requirements, as provided in Rule 1000-1-.14; and

Authority: T.C.A. §§ 4-5-202, 4-5-204, 63-7-115, and 63-7-207.

Rule 1000-2-.04, Discipline of Licensees, Unauthorized Practice of Practical Nursing, Civil Penalties, Screening Panels, Subpoenas, Advisory Rulings, Declaratory Orders, and Assessment of Costs, is amended by deleting subparagraph (4) (c) in its entirety and substituting instead the following language, and is further amended by deleting

subparagraph (4) (d) in its entirety, so that as amended, the new subparagraph (4) (c) shall read:

- (4) (c) The Board authorizes the member who chaired the Board for a contested case to be the agency member to make the decisions authorized pursuant to rule 1360-4-1-18 regarding petitions for reconsiderations and stays in that case.

Authority: T.C.A. §§ 4-5-202, 4-5-204, 63-7-115, 63-7-116, and 63-7-207.

Rule 1000-2-.11, Definitions, is amended by adding introductory language to the rule, and is further amended by deleting subparagraph (8) (c) in its entirety and substituting instead the following language, and is further amended by deleting subparagraph (8) (c) in its entirety and substituting instead the following language, and is further amended by deleting subparagraph (8) (d) in its entirety, and is further amended by deleting paragraph (14) in its entirety and substituting instead the following language, and is further amended by deleting paragraph (21) in its entirety, so that as amended, the new introductory language to the rule, the new subparagraph (8) (c) and the new paragraph (14) shall read:

1000-2-.11 Definitions. As used in Chapters 1 through 5 of Rule 1000, the following terms and acronyms shall have the following meanings ascribed to them:

- (8) (c) Practical: A program leading to a certificate/diploma in practical nursing conducted in a regionally accredited academic institution, except for the existing practical nursing program at Blount County Memorial Hospital, which is acceptable to the Board.
- (14) Examination: The National Council Licensure Examination (NCLEX®) or its predecessor examination.

Authority: T.C.A. §§ 4-5-202, 4-5-204, and 63-7-207.

Rule 1000-2-.12, Fees, is amended by deleting paragraph (2) in its entirety and substituting instead the following language, so that as amended, the new paragraph (2) shall read:

- (2) Except for the Biennial State Regulatory Fee, all fees paid to the Tennessee Board of Nursing are non-refundable.

Authority: T.C.A. §§ 4-3-1011, 4-5-202, 4-5-204, 63-7-111, and 63-7-207.

Rule 1000-2-.13, Unprofessional Conduct and Negligence, Habits or Other Cause, is amended by inserting the following language as new subparagraphs (1) (v) and (1) (w), and renumbering the current subparagraph (1) (v) as subparagraph (1) (x):

(1) (v) Failure to respond to a request from the Board to submit documentation of continued competence requirements, as provided in Rule 1000-2-.14;

(1) (w) Failure to successfully complete continued competence requirements, as provided in Rule 1000-2-.14; and

Authority: T.C.A. §§ 4-5-202, 4-5-204, 63-7-115, and 63-7-207.

Rule 1000-4-.06, Fees, is amended by adding the following language as new paragraph (3):

(3) Except for the State Regulatory Fee (biennial), all fees paid to the Tennessee Board of Nursing are non-refundable.

Authority: T.C.A. §§ 4-3-1011, 4-5-202, 4-5-204, 63-7-106, 63-7-123, 63-7-126, and 63-7-207.

New Rules

Chapter 1000-5 General Rules Governing Schools of Nursing

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1000-5-.06	Continuing Approval of a Nursing Education Program
1000-5-.07	Denial, Withdrawal and Reinstatement of Approval, or Closing of a Nursing Education Program

1000-5-.01 Purpose of Nursing Education Standards. The purpose of nursing education standards is to:

- (1) Ensure that graduates of nursing education programs are prepared for safe and effective nursing practice; and
- (2) Provide criteria for the development, evaluation and improvement of new and established nursing education programs; and
- (3) Ensure that candidates are educationally prepared for practice, licensure, certification and recognition at the appropriate level.

Authority: T.C.A. §§ 4-5-202, 4-5-204, 63-7-117, and 63-7-207.

1000-5-.02 Nursing Education Standards. Institutions desiring to conduct a school of professional nursing, or a school of practical nursing, on ground, distance, online or via other electronic means shall meet the standards of this rule. These standards apply to nursing programs for initial licensure and to nursing programs that do not lead to initial licensure.

- (1) The purpose and outcomes of the nursing program shall be consistent with T.C.A. §§ 63-7-101, et seq., other relevant state and federal statutes, and all rules and regulations of the Board.
- (2) The purpose and outcomes of the nursing program shall be consistent with generally accepted standards of nursing practice appropriate for graduates of the type of nursing program offered.
- (3) The input of consumers and the public shall be considered in developing and evaluating the purpose and outcomes of the program.
- (4) The nursing program shall implement a comprehensive, systematic plan for ongoing evaluation that is based on program outcomes and incorporates continuous improvement.
- (5) The curriculum shall provide diverse didactic and clinical learning experiences consistent with program outcomes.
- (6) Faculty and students shall participate in program planning, implementation, evaluation, and continuous improvement.
- (7) The nursing program administrator shall be a professionally and academically qualified Registered Nurse with institutional authority and administrative responsibility for the program.
- (8) Professionally, academically and clinically qualified nurse faculty shall be sufficient in number and expertise to accomplish program outcomes and quality improvement.
- (9) The fiscal, human, physical, clinical and technical learning resources shall be adequate to support program processes, security and outcomes.
- (10) Program information communicated by the nursing program shall be accurate, complete, consistent and readily available.

Authority: T.C.A. §§ 4-5-202, 4-5-204, 63-7-117, and 63-7-207.

1000-5-.03 Nursing Education Program Requirements. The organization and administration of a nursing education program shall be consistent with T.C.A. §§ 63-7-101, et seq., other relevant state and federal statutes, and all rules and regulations of the Board. The nursing education program shall be an integral part of a governing academic institution that is in good standing with and is accredited by a body that is recognized by the U.S. Secretary of Education. The following minimum criteria and reporting requirements are set forth to implement and ensure compliance with the nursing education standards:

- (1) Evaluation Reports – Every nursing education program is required to submit to the board an Annual Report upon request, and, at least once every eight years, a Survey Visit Evaluation. The respective requirements of those reports are set forth below.
 - (a) Annual Report – A comprehensive nursing education program report shall be submitted annually upon request of the board.
 - (b) Survey Visit Evaluation – The Executive Director and/or authorized Board staff shall conduct an on-site survey of each nursing school upon request of the Board, and in any event no less frequently than once every eight (8) years. Prior to the survey visit, the program shall conduct a comprehensive nursing education self-evaluation and make its findings available to the Board staff that will be conducting the survey visit evaluation. The program self-evaluation shall include at a minimum the following:
 1. Students’ achievement of program outcomes; and
 2. Evidence of adequate program resources including fiscal, physical, human, clinical and technical learning resources; and the availability of clinical sites and the viability of those sites to meet the objectives of the program; and
 3. Multiple measures of program outcomes for graduates, i.e., National Council Licensure Examination (NCLEX) pass rates, student and/or employer surveys, and successful completion of national certification programs; and
 4. Evidence that accurate program information (i.e., fees and admission criteria) is readily available for consumers via oral, written, or electronic means or a combination of same; and
 5. Descriptions of how the head of the academic institution and the administration support program outcomes; and

6. Assurances that the program administrator and program faculty meet Board qualifications and are sufficient in numbers to achieve program outcomes; and
7. Evidence that the academic institution assures security of student information.

(2) Curriculum

- (a) The curriculum of a nursing education program shall enable the student to develop the nursing knowledge, skills and competencies necessary for the level, scope and standards of nursing practice consistent with the level of licensure/certification. The curriculum shall include at a minimum the following:
 1. Content regarding legal and ethical issues, history and trends in nursing and health care, and professional responsibilities; and
 2. Experiences that promote the development of clinical judgment, leadership and management skills, and professional socialization consistent with the level of licensure. This includes demonstration of the ability to supervise others and provide leadership of the profession; and
 3. Learning experiences and methods of instruction, including distance education methods, consistent with the written curriculum plan; and
 4. Coursework including but not limited to:
 - (i) Content in the biological, physical, social and behavioral sciences to provide a foundation for safe and effective nursing practice; and
 - (ii) Didactic content and supervised clinical experience in the prevention of illness and the promotion, restoration, and maintenance of health in clients across the lifespan and in a variety of clinical settings, to include:
 - (I) Using informatics to communicate, manage knowledge, mitigate error and support decision-making; and

- (II) Employing evidence-based practice to integrate best research with clinical expertise and client values for optimal care, including skills to identify and apply best practices to nursing care; and
 - (III) Providing client-centered, culturally competent care.
 - I. Respecting client differences, values, preferences and expressed needs.
 - II. Involving clients in decision-making and care management.
 - III. Coordinating and managing continuous client care.
 - IV. Promoting healthy lifestyles for clients and populations; and
 - (IV) Working in interdisciplinary teams to cooperate, collaborate, communicate and integrate client care and health promotion; and
 - (V) Participating in quality improvement processes to measure client outcomes, identify hazards and errors, and develop changes in processes of client care.
5. LPN programs shall, in addition to meeting all other curriculum requirements, require a minimum of five hundred fifty (550) instruction hours, to include classroom instruction and planned clinical conferences.
- (b) Supervised clinical practice shall include development of skill in making clinical judgments, management and care of groups of clients, and delegation to and supervision of other health care providers.
- 1. Clinical experience shall be comprised of sufficient hours to meet these standards, be supervised by qualified faculty, and ensure students' ability to practice at an entry level.

2. All student clinical experiences, including those with preceptors, shall be directed by nursing faculty.
 3. LPN programs shall, in addition to meeting all other curriculum requirements, require at a minimum all of the following clinical experience:
 - (i) Medical-Surgical Nursing – 300 contact hours
 - (ii) Mother and Infant care – 60 contact hours
 - (iii) Nursing of Children – 35 contact hours
 - (iv) Mental Health Nursing – 35 contact hours
- (c) Online education
1. Delivery of instruction by online education methods must be consistent with the program curriculum plan, including supervised clinical practice pursuant to subpart (2)(a)4.(ii) of this rule, and must enable students to meet the goals, competencies and objectives of the educational program and standards of the Board.
 2. Delivery of more than fifty percent (50%) of the total didactic nursing instruction by online education methods is not acceptable for programs leading to initial licensure; except that an on-ground program for initial licensure that is located in Tennessee and which already has been fully approved by and is currently in good standing with the Tennessee Board of Nursing is eligible to apply to offer an additional program leading to initial licensure that provides delivery of more than fifty percent (50%) of the total didactic nursing instruction by online education methods, provided:
 - (i) The application for an online program must contain a Board-approved provision to transfer students to the institution's existing on-ground program in the event that the online program later falls below board standards; and
 - (ii) For an online program to receive Board approval, the school must submit with its application an acceptable plan for continuous outside independent

evaluation of the program with benchmarks that are acceptable to the Board.

- (d) Major curriculum change – Any major change to a program’s curriculum must be presented to the Board and may require a survey visit.

(3) Students

- (a) Students shall have at least a high school diploma or its equivalent.
- (b) Students shall, with faculty oversight, be provided the opportunity to acquire and demonstrate the knowledge, skills and abilities for safe and effective nursing practice, including nursing theory and clinical experience.
- (c) All policies relevant to applicants and students shall be reasonably available in writing.
- (d) Students shall be required to meet the health standards and criminal background checks as required by the State.
- (e) Students shall receive faculty instruction, advisement and oversight.
- (f) Students shall be held accountable for the integrity of their work.

(4) Administrators

- (a) Administrator responsibilities – Each nursing program shall have an administrator who is employed full-time for school administrative purposes. For the purpose of this rule, “full-time” means that at least eighty percent (80%) of the administrator’s employment time is devoted to school administrative duties.
- (b) Administrator qualifications for a Licensed Practical Nurse program include at a minimum:
 - 1. A current, active and unencumbered Tennessee registered nurse license or the multistate licensure privilege to practice as a registered nurse in Tennessee; and
 - 2. Either
 - (i) a master’s degree or higher in nursing; or

- (ii) a baccalaureate degree in nursing and a master's degree or higher in a related field;
 - 3. Except that a program administrator who does not meet the qualifications required by part (4) (b) 2. above, but who is already employed as a program administrator on the effective date of this rule, is exempt from the requirements of part (4) (b) 2. with respect to his or her continued employment as an administrator; and
 - 4. At least three (3) years practice in nursing including teaching and/or clinical; and
 - 5. Current knowledge of nursing practice at the practical/vocational level.
- (c) Administrator qualifications for a Registered Nurse program include at a minimum:
- 1. A current, active and unencumbered Tennessee registered nurse license or the multistate licensure privilege to practice as a registered nurse in Tennessee; and
 - 2. Either
 - (i) a doctoral degree in nursing; or
 - (ii) a doctoral degree in a related field combined with either: a master's degree in a nursing specialty or a post-graduate certificate in a clinical nursing specialty;
 - 3. Except that a program administrator who does not meet the qualifications required by part (4) (c) 2. above, but who is already employed as a program administrator on the effective date of this rule, is exempt from the requirements of part (4) (c) 2. with respect to his or her continued employment as an administrator; and
 - 4. Educational preparation or experience in teaching and learning principles including curriculum development and administration; and
 - 5. At least three (3) years teaching experience in an approved school of nursing; and

6. Current knowledge of registered nursing practice.
- (d) Administrator qualifications for an Advanced Practice Nurse program include at a minimum:
1. A current, active and unencumbered Tennessee registered nurse license or the multistate licensure privilege to practice as a registered nurse in Tennessee, and an APN certificate; and
 2. Either
 - (i) a doctoral degree in nursing; or
 - (ii) a doctoral degree in a related field combined with either: a master's degree in a nursing specialty or a post-graduate certificate in a clinical nursing specialty;
 3. Except that a program administrator who does not meet the qualifications required by part (4) (d) 2. above, but who is already employed as a program administrator on the effective date of this rule, is exempt from the requirements of part (4) (d) 2. with respect to his or her continued employment as an administrator; and
 4. Educational preparation or experience in teaching and learning principles including curriculum development and administration; and
 5. At least three years teaching experience in an approved school of nursing; and
 6. Current knowledge of Advanced Practice Nurse practice.
- (5) Faculty
- (a) General requirements
 1. Each school shall have a number of qualified full time faculty members that is sufficient to meet the objectives and purposes of the nursing education program. For a program leading to initial licensure, there shall be at least one instructor in each clinical specialty and major teaching area.

2. Each nurse member of the faculty shall hold a current, active and unencumbered Tennessee registered nurse license or the multistate licensure privilege to practice as a registered nurse in Tennessee.
 3. The clinical faculty to student ratio must support the standards for quality teaching and patient safety. In the case of practical nursing programs, the faculty to student ratio shall not exceed 1:12, provided that two (2) of the twelve (12) students are in an observational capacity only.
 4. The instructional staff shall include expertise in all clinical specialties of the curriculum.
 5. Courses in which the content is primarily nursing must be taught by professional nurses.
 6. Interdisciplinary (non-nurse) faculty members shall have advanced preparation appropriate to the subject matter which they teach.
- (b) Preceptors – Preceptors may be used to enhance faculty-directed clinical learning experiences, provided that preceptors are used only as an adjunct to faculty-directed clinical learning experiences and not as a substitute for regular clinical faculty members. Clinical preceptors must possess and be able to demonstrate competencies related to the clinical areas for which they have teaching responsibilities, and they are also expected to serve as role models to the student.
- (c) LPN Program Faculty – Qualifications for nurse faculty who teach in a program leading to licensure as a licensed practical nurse include at a minimum:
1. Three (3) years of clinical experience as a registered nurse; and
 2. Current knowledge of licensed practical nurse practice; and
 3. Within three (3) years of being hired and/or within three (3) years of the effective date of this rule, all faculty members must have formal or informal preparation in teaching and learning principles for adult education, including curriculum implementation; and

4. As of January 1, 2017, a minimum of a baccalaureate degree with a major in nursing.
 5. Clinical faculty may work in collaboration with nursing administrators, as described in paragraph (4) of this rule, in implementation of the clinical component of the curriculum. Qualifications for nurse faculty whose only responsibility is the supervision of students in clinical practice in a program leading to licensure as a practical nurse include at a minimum:
 - (i) As of January 1, 2017, a minimum of a baccalaureate degree with a major in nursing; and
 - (ii) Within three (3) years of being hired and/or within three (3) years of the effective date of this rule, all adjunct faculty members must have formal or informal preparation in clinical supervision and evaluation; and
 - (iii) Current knowledge of licensed practical nurse practice.
- (d) RN Program Faculty – Qualifications for nurse faculty who teach didactic content and who develop and evaluate the curriculum in a program leading to licensure as a registered nurse include at a minimum:
1. A master’s degree or higher in nursing; and
 2. Within one (1) year of being hired and/or within one (1) year of the effective date of this rule, all faculty members must have formal or informal preparation in teaching and learning principles for adult education, including curriculum development and implementation; and
 3. Current knowledge of registered nurse practice.
 4. In addition to master’s-prepared nurse faculty who teach didactic content, a program leading to licensure as a registered nurse may utilize adjunct clinical faculty. Such adjunct clinical faculty shall be responsible only for supervising students in clinical practice, and they shall not be responsible for developing or evaluating the program’s curriculum. Qualifications for adjunct clinical faculty in a

program leading to licensure as a registered nurse include at a minimum:

- (i) A bachelor's degree or higher in nursing; and
 - (ii) Within one (1) year of being hired and/or within one (1) year of the effective date of this rule, all faculty members must have formal or informal preparation in teaching and learning principles for adult education, including clinical supervision and evaluation; and
 - (iii) Current knowledge of registered nurse practice.
- (e) APN Program Faculty – Qualifications for nurse faculty who teach in a specialty specific course leading to certification as an advanced practice nurse include at a minimum:
- 1. A master's degree or higher in nursing with a focus on a related clinical specialty, or in the specified advanced practice nurse category; and
 - 2. A certificate to practice as an advanced practice nurse if teaching an advanced practice specialty course; and
 - 3. Within one (1) year of being hired and/or within one (1) year after the effective date of this rule, all faculty members must have formal or informal preparation in teaching and learning principles for adult education, including curriculum development and implementation; and
 - 4. Current knowledge of advanced practice nurse practice.

Authority: T.C.A. §§ 4-5-202, 4-5-204, 63-7-117, 63-7-118, and 63-7-207.

1000-5-.04 Additional Required Components of Graduate Education Programs Preparing Advanced Practice Nurses.

- (1) Licensure Requirement for Advanced Practice Nurse Students – Each student enrolled in an Advanced Practice Nurse program shall, prior to involvement in clinical practice as a student Advanced Practice Nurse, hold a current, active and unencumbered Tennessee Registered Nurse license or the multistate licensure privilege to practice as a Registered Nurse in Tennessee.

- (2) Clinical supervision must be congruent with current national specialty organizations and nursing accrediting body standards applicable to the Advanced Practice Nurse role and specialty.
- (3) The curriculum must be congruent with national standards for graduate level and advanced practice nursing education, and consistent with nationally recognized Advanced Practice Nurse roles and specialties. This includes but is not limited to:
 - (a) Graduate nursing program core courses; and
 - (b) An advanced practice nursing core, including legal, ethical and professional responsibilities of the Advanced Practice Nurse; and
 - (c) Coursework focusing on the Advanced Practice Nurse role and specialty.
- (4) The curriculum shall meet the following criteria:
 - (a) It must be consistent with competencies of the specific areas of practice.
 - (b) Dual track Advanced Practice Nurse programs (those preparing students for two specialties) or combined nurse practitioner/clinical nurse specialist shall include content and clinical experience in both functional roles and specialties.
 - (c) Instructional track/major must have a minimum of five hundred (500) supervised clinical hours for each specialty track or five hundred fifty (550) anesthesia cases. The supervised experience must be directly related to the knowledge and role of the specialty and category.
 - (d) There shall be provisions for the recognition of prior learning and advanced placement in the curriculum for individuals who hold a master's in nursing who are seeking preparation in a different role and specialty. Post-master's nursing students shall complete the requirements of the Master's Advanced Practice Nurse program through a formal graduate level certificate or master level track in the desired role and specialty. Post-master's students must master the same Advanced Practice Nurse outcome criteria as the master-level students and are required to complete a minimum of five hundred (500) supervised clinical hours or five hundred fifty (550) anesthesia cases.

- (5) A lead faculty member who is educated and nationally certified in the same specialty area and holds a certificate as an Advanced Practice Nurse shall coordinate the educational component for the role and specialty in the Advanced Practice Nurse program.

Authority: T.C.A. §§ 4-5-202, 4-5-204, 63-7-117, 63-7-118, and 63-7-207.

1000-5-.05 Approval of a Nursing Education Program. Before establishing or operating a new nursing education program, the program shall complete the process described in paragraphs (2) and (3). It is the Board's intent that paragraph (2) be the first step in the approval process and that paragraph (3) be the second step in the approval process

- (1) Types of Approval

- (a) Initial approval is granted a new school which has not been in operation long enough to graduate its first class but which demonstrates its eligibility for full approval. Any agency or institution wishing to establish a school of nursing shall comply with this rule. This type of approval is essentially a tentative approval that is granted to a new school. The program is reviewed each year; and after the first students are graduated, the program is then considered for full approval.
- (b) Full approval is granted a school which has met the requirements that are set forth by the Board and has demonstrated its ability to provide an educational program which meets the Board's standards. Full approval may be granted to any school of nursing which has initial or conditional approval if, in the opinion of the Board, it meets the minimum requirements of the Board and has demonstrated that it is providing an adequate educational program.
- (c) Any school which has been granted either initial or full approval but has failed to maintain minimum standards of the Board may be placed on conditional approval status and notified that it must meet the Board's requirements within one (1) year from the date of notice. A school may be placed on conditional approval status, if, in the opinion of the Board, it fails to meet the major educational criteria and/or curriculum standards. If within a period of one (1) year after being placed on conditional approval the school has not demonstrated evidence of meeting the major criteria and/or standards, then the school must appear before the Board, and Board approval for the school may be withdrawn.

- (2) Application to Board—The proposed program shall provide the following information to the Board:

- (a) Reasons for establishing the program and a proposed timeline for initiating and expanding the program.
 - (b) Results of a needs assessment, including identification of potential students and employment opportunities for program graduates.
 - (c) Identification of sufficient financial and other resources, including anticipated revenues and expenses projected for a five (5) year period.
 - (d) Governing institution approval and support.
 - (e) Community support.
 - (f) Type of educational program proposed.
 - (g) Clinical opportunities and availability of resources.
 - (h) Availability of qualified faculty.
 - (i) A pool of available students.
- (3) Approval for admission of students—The proposed program shall provide verification to the Board that the following program components and processes have been completed prior to the Board authorizing the program to admit students:
- (a) Employ director and sufficient faculty to develop program
 - 1. Qualifications of faculty – Demonstrate to the Board’s satisfaction that the program will have in place qualified faculty.
 - 2. Conditions of the program may require additional personnel.
 - (b) Overview of total curriculum including:
 - 1. Content
 - 2. Schedule (course sequence)
 - 3. Course descriptions
 - 4. Contracts for clinical sites

5. Program evaluation plan
 6. Board consultation with a site review
 7. Course syllabi for first (1st) year with identified timeline for submission of syllabi for subsequent years.
- (c) Student policies for admission, progression, retention and graduation.
- (d) Site visit conducted by Board's executive director and/or his/her designee.
- (4) Program review
- (a) The Board will consider the findings of the site visit, as reported by the Board's executive director and/or his/her designee.
 - (b) The Board will consider any reports and/or research provided by the Tennessee Center for Nursing in making its decision on the approval of an application for a nursing education program.
 - (c) All aspects of the application shall be reviewed at a regularly scheduled meeting of the Board, and the institution will be advised of the Board's action.
- (5) Full approval—The Board shall approve the program upon:
- (a) Graduation of the first (1st) class; and
 - (b) Completion of a Board program survey visit concurrent with graduation of the first (1st) class or eligibility for the National Council Licensure Examination, or with established eligibility for a national certification in an Advanced Practice Nurse role and specialty; and
 - (c) Submission of the program's ongoing evaluation plan and data; and if requested by the Board, periodic reports from the new program regarding initial program operations; and
 - (d) A satisfactory report which verifies that the program is in compliance with the Board's nursing education standards in Rule .02.
 - (e) NCLEX pass rate for initial attempts of at least eighty-five percent (85%) calculated on a calendar year basis.

Authority: T.C.A. §§ 4-5-202, 4-5-204, 63-7-117, 63-7-118, and 63-7-207.

1000-5-.06 Continuing Approval of a Nursing Education Program.

- (1) At least once every eight (8) years via an onsite survey visit by the Board's executive director or designee, previously approved nursing education programs will be evaluated for continuing approval. The Board shall monitor and analyze various sources of information regarding program performance on an annual basis, including but not limited to:
 - (a) Periodic survey visits and/or reports.
 - (b) Accreditation visits and reports.
 - (c) Results of ongoing program evaluations.
 - (d) Other sources of information regarding achievement of program outcomes, including:
 1. Student retention and attrition.
 2. Faculty turnover.
 3. Complaints regarding program.
 4. Trend data regarding National Council Licensure Examination performance.
 5. Trend data regarding success in obtaining national certification for Advanced Practice Nurse roles and specialties.
- (2) Continuing approval will be granted upon the Board's verification that the program is in compliance with the Board's nursing education standards in Rule .02.
 - (a) If the Board determines that an approved nursing education program is not meeting the criteria set forth in these regulations, the governing academic institution shall be given a reasonable period of time to submit an action plan and to correct the identified program deficiencies.
 - (b) Continuing approval is based on survey visits, conferences, and correspondence during the period, and on the annual report that is required each year. Any professional nursing school having a 15%

or higher failure rate on NCLEX shall receive a warning from the Board. If changes, correction and/or adjustment relative to faculty, facilities, student admission, curriculum content, and/or methods of teaching are not initiated within a specified time and such action approved by the Board, the school shall not admit a subsequent class.

- (c) The Board may place a school on conditional approval when it determines that a program is not fully meeting approval standards.

Authority: T.C.A. §§ 4-5-202, 4-5-204, 63-7-117, 63-7-118, 63-7-119, and 63-7-207.

1000-5-.07 Denial, Withdrawal and Reinstatement of Approval, or Closing of a Nursing Education Program.

- (1) The Board may deny an application for initial approval if it determines that a new nursing education program will be unable to meet the standards for nursing education.
- (2) The Board may withdraw approval if it determines that:
 - (a) A nursing education program fails substantially to meet the standards for nursing education; or
 - (b) A nursing education program fails to correct the identified deficiencies within the time specified.
- (3) The Board may reinstate approval if the program submits evidence of compliance with nursing education standards within the specified time frame.
- (4) Closing of a School of Nursing — When the controlling board of an institution contemplates the closing of an approved school of nursing, it shall notify the Board to this effect.

Authority: T.C.A. §§ 4-5-202, 4-5-204, 63-7-117, 63-7-118, 63-7-119, and 63-7-207.

Repeals

Rule 1000-1-.05, Schools - Approval, is repealed.

Rule 1000-1-.06, Schools - Philosophy, Purpose, Administration, Organization, and Finance, is repealed.

Rule 1000-1-.07, Schools - Faculty, is repealed.

Rule 1000-1-.08, Schools - Students, is repealed.

Rule 1000-1-.09, Schools - Curriculum, Instruction, Evaluation, is repealed.

Rule 1000-1-.10, Schools - Educational Facilities, is repealed.

Rule 1000-2-.05, Schools - Approval, is repealed.

Rule 1000-2-.06, Schools - Philosophy, Purpose, Administration, Organization, and Finance, is repealed.

Rule 1000-2-.07, Schools - Faculty, is repealed.

Rule 1000-2-.08, Schools - Students, is repealed.

Rule 1000-2-.09, Schools - Curriculum, Instruction, Evaluation, is repealed.

Rule 1000-2-.10, Schools - Educational Facilities, is repealed.

Authority: T.C.A. §§ 4-5-202, 4-5-204, and 63-7-207.

Legal Contact: Ernest Sykes, Jr., Assistant General Counsel, Office of General Counsel, 220 Athens Way, Suite 210, Plaza I, MetroCenter, Nashville, TN 37243, (615) 741-1611.

Contact for disk acquisition and/or party who will approve final copy for publication: Jerry Kosten, Regulations Manager, Division of Health Related Boards, 227 French Landing, Suite 300, Heritage Place, MetroCenter, Nashville, TN 37243, (615) 532-4397.

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Signature of the agency officer or officers directly responsible for proposing and/or drafting these rules:

Elizabeth Lund, Executive Director
Board of Nursing

The roll call vote by the Board of Nursing on these rulemaking hearing rules was as follows:

Board Members	Aye	No	Abstain	Absent
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John Preston, A.P.N.	_____	_____	_____	<u> X </u>
Carol L. Thompson, A.P.N.	<u> X </u>	_____	_____	_____
Barbara T. Brennan, R.N.	<u> X </u>	_____	_____	_____
Wanda Hooper, R.N.	<u> X </u>	_____	_____	_____
Donna Roddy, R.N.	<u> X </u>	_____	_____	_____
Cheryl Stegbauer, R.N.	<u> X </u>	_____	_____	_____
Marian Stewart R.N.	<u> X </u>	_____	_____	_____
Terri A. Bowman, L.P.N.	<u> X </u>	_____	_____	_____
Deborah Holliday, L.P.N.	<u> X </u>	_____	_____	_____
Judy Messick, L.P.N.	_____	_____	_____	<u> X </u>
Kathleen Harkey	<u> X </u>	_____	_____	_____

I certify that this is an accurate and complete copy of rulemaking hearing rules, lawfully promulgated and adopted by the Board of Nursing on the 22nd day of February, 2007.

Further, I certify that the provisions of T.C.A. § 4-5-222 have been fully complied with, that these rules are properly presented for filing, a notice of rulemaking hearing has been filed in the Department of State on the 18th day of October, 2006 and such notice of rulemaking hearing having been published in the November 15th, 2006 issue of the Tennessee Administrative Register, and such rulemaking hearing having been conducted pursuant thereto on the 19th day of December, 2006.

Robbie H. Bell, Director

Health Related Boards

Subscribed and sworn to before me this the 22nd day of February, 2007.

Notary Public

My commission expires on the 20th day of March, 2010.

All rulemaking hearing rules provided for herein have been examined by the Attorney General and Reporter of the State of Tennessee and are approved as to legality pursuant to the provisions of the Administrative Procedures Act, Tennessee Code Annotated, Title 4, Chapter 5.

Robert E. Cooper, Jr.
Attorney General and Reporter

The rulemaking hearing rules set out herein were properly filed in the Department of State on the ____ day of _____, 200____, and will become effective on the ____ day of _____, 200____.

Riley C. Darnell
Secretary of State

By: _____