ALABAMA BOARD OF NURSING
ADMINISTRATIVE CODE

CHAPTER 610-X-3
NURSING EDUCATION PROGRAMS

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

(1) All Alabama prelicensure nursing education programs and advanced practice nursing education programs, including Alabama distance nursing education programs, must be approved by the Alabama Board of Nursing and accredited by a national nursing accrediting agency recognized by the U.S. Department of Education within five (5) years of approval by the Board, in the case of a new program. If a program is unable to satisfy this requirement as the result of ineligibility for accreditation due to the existence of a deficiency or order issued by the Alabama Board of Nursing pursuant to this Chapter, the program shall establish candidacy for accreditation within six (6) months of successful resolution of the deficiency or satisfaction of the terms of the Order. Alabama advanced practice nursing education programs in operation prior to December 31, 2020, are considered in approved status. Advanced practice nursing education programs established in Alabama on or after January 1, 2021, shall obtain Board approval prior to implementation.

(a) Practical nursing programs may satisfy the programmatic accreditation requirements by obtaining accreditation through the Council on Occupational Education (COE).

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

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

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

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

(4) The governing institution shall provide support and resources sufficient to ensure achievement of student learning and program outcomes. Resources include, but are not limited to:

(a) Financial.

(b) Education program physical facilities, if appropriate.

(c) Instructional and learning equipment.

(d) Technology, to include simulation tools.

(e) Administrative, instructional, and support personnel.

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

(a) Nursing program administrator.

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

(c) Governance structure of the institution.

(d) Accreditation status and accreditation status reports related to the governing institution or nursing education program.

(e) Ownership or merger of governing institution.

(f) Name of the governing institution or nursing education program.

(g) Relocation of the governing institution or nursing education program.

(h) Significant curriculum changes.

(i) Intent to close a program.

(j) Expanding or collapsing, combining, or separating programs, including, but not limited to, prelicensure programmatic changes, and clinical/role populations preparing advanced practice registered nurses in an approved graduate nursing education degree program, specialty, or sub-specialty track.

(k) Reduction in nursing program faculty size exceeding thirty percent.

(l) Annual turnover in faculty greater than thirty percent.

(m) The percentage of total nursing faculty (full-time, clinical, adjunct, part-time, and other) employed at the institution as full-time faculty falls below thirty percent.

(n) Utilization of virtual or simulation lab in lieu of a "hands-on" lab for anatomy and physiology lab.

(o) Utilization of virtual or simulation lab in lieu of any required direct clinical hours for national certification examination.

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

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

(a) Minimum qualifications of a nursing program administrator shall include:

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

2. An earned graduate degree in nursing. Nursing program administrators for advanced practice nursing education programs should be doctoral prepared.

3. Academic and experiential qualifications to administer a nursing education program.

(8) The governing institution and nursing program administrator shall provide sufficient numbers of qualified faculty to ensure that curriculum implementation and expected program outcomes are achieved and aligned with national nursing accrediting standards. Thirty-five percent of the total faculty, excluding adjunct faculty, are employed at the Institution as full-time faculty. Minimum qualifications of nurse faculty shall include:

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

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

(c) Academic and experiential qualifications to teach in the area assigned.

(9) Institutional and program policies, procedures, and other publications, whether written or electronic, shall:

(a) Be written, accurate, and consistent as published, and publicly available.

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

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

(d) Provide for processes to manage and learn from student near misses and errors.

(e) Provide for student remediation strategies at the beginning of each course and ensure students are aware of how to seek help.

(f) Programs shall hold students accountable for professional behavior, including honesty and integrity while in their program of study.

(g) Provide for availability of assistance for students with disabilities.

(10) All faculty are provided formal orientation and educated in basic instruction or teaching, adult learning principles, curriculum development, test item writing, and simulation standards, as appropriate to the faculty position.

(a) The program shall provide substantive and periodic workshops and presentations devoted to faculty development.

(11) Faculty participate in and are accountable for curriculum development, implementation, and evaluation.

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

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

(b) Provide evidence-based, outcome-focused, and culturally-sensitive theoretical and clinical experiences specific to the expected scope of practice of graduates from each type of nursing education program.

(c) Ensure distance education methods are consistent with the curriculum plan.

(d) The curriculum course work of a prelicensure nursing education program shall have didactic and clinical learning experiences which include but are not limited to:

1. Liberal arts and a sound foundation in biological, physical, social, and behavioral sciences supportive of the nursing education program.

2. Anatomy and physiology with a corresponding lab. Utilizing a "virtual lab" in lieu of a 'hands-on' lab is considered a substantive change and requires Board notification.

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

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

5. Theoretical and clinical learning experiences across the lifespan in the areas of adult, medical/surgical, maternal/infant, child/pediatric, and psychiatric/mental health and community health nursing that includes simulation, laboratory time, and direct patient care in a licensed health care setting. With the exception of individuals holding valid student nurse apprentice permits issued by the board and engaged in registered apprenticeships, pursuant to the Alabama Industry Recognized and Registered Apprenticeship Program Act, under no circumstances may clinical learning experiences related to health assessment, fundamentals, or adult health medical/surgical courses be conducted using a preceptor model of clinical training. Community health clinical experiences may be conducted in a non-licensed setting. This does not prohibit additional experience in licensed non-health care setting. At least 50% of clinical experiences shall include direct patient care and include a variety of clinical settings sufficient to meet program outcomes.

6. Simulation learning experiences conducted according to acceptable faculty training standards and guidelines which incorporate clinical objectives, student debriefing, and evaluation are acceptable components of the clinical experience. Unless otherwise authorized by the Board, Simulation shall not comprise more than 50% of the clinical learning experience for any course or patient population. Programs utilizing simulation shall ensure:

(i) There shall be a budget that will sustain the simulation activities and training of the faculty.

(ii) Appropriate facilities for conducting simulation. This shall include educational and

technological resources and equipment to meet the intended objectives of the simulation.

(iii) Faculty involved in simulations, both didactic and clinical, are oriented and have training in the use of simulation.

(iv) Simulation activities and evaluation criteria are linked to programmatic outcomes.

(v) The simulation activities are managed by or management duties are assigned to an individual who demonstrates continued expertise and competence in the use of simulation through:

a. Certification as Certified Healthcare Simulation Educator; or

b. Completion of two years of experience in healthcare simulation or completion of one or more credit-bearing or continuing education courses regarding healthcare simulation which includes content specific to all of the four domains in the current version of the Certified Healthcare Simulation Educator Examination Blueprint.

(vi) Students shall evaluate the simulation experience on an ongoing basis.

7. Safe and Effective Care Environment, Health Promotion, prevention of illness, and health maintenance, Psychosocial Integrity, and Physiological Integrity across the lifespan.

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

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

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

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

(b) The clinical supervisor or assigned clinical faculty shall hold an active, unencumbered license to practice professional

nursing in Alabama, or a multistate registered nurse license issued by a party state, as defined in Chapter 4 of these rules.

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

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

1. Complexity of the educational experience.

2. Acuity of the patient(s).

3. Physical layout of the clinical setting.

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

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

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

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

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

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

(17) For licensed practical nursing students, a Clinical Resource LPN may be used to enhance, but not replace, faculty-directed clinical learning experiences. The supervising faculty member

remains responsible for all students in the clinical setting, including those supervised by CRLPNs.

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