



Washington State Rules for Nursing Education Programs

A presentation introducing the *NEW* 2016
education rules

Purpose

- To introduce you to the new education rules that took effect on September 17, 2016
- To operationalize the rules
- To address your questions about the rules

HOUSEKEEPING

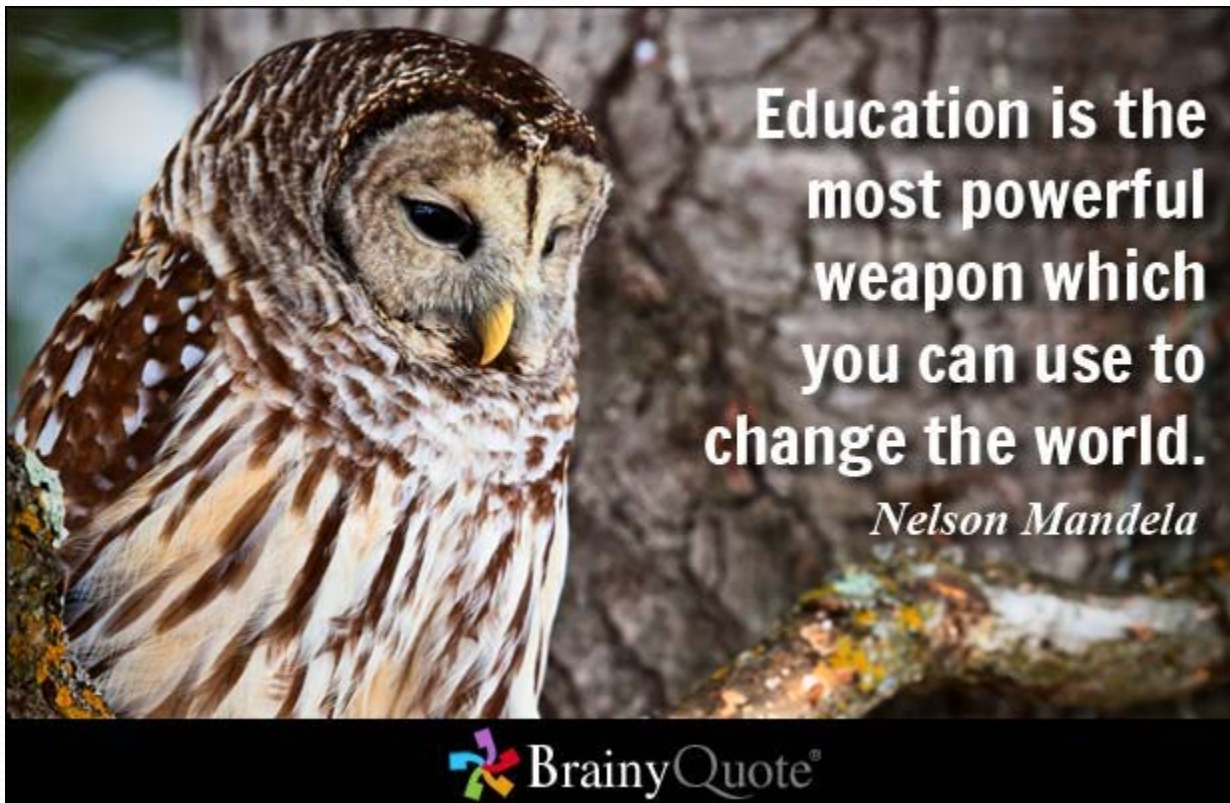


1. Microphones are muted
2. Please type your questions in the chat box and we will address at end of webinar or in Q&A
OR
3. Send questions to ncqac.education@doh.wa.gov

Nursing Commission & Nursing Education



Education is KEY



Nursing Commission

- RCW 18.79.110
 - Approve nursing education programs
 - Establish minimum standards
 - Determine the need for size, type of program and the geographical location
 - Criteria for licensing by endorsement & those educated outside US
 - Ability to write rules

Nursing Students & Licensure

- RCW 18.79.240 Construction – Allows nursing students from approved nursing programs to practice



Nursing Ed. in WA. State

- LPN programs = 9
- ADN programs = 27
- BSN programs = 11
- RN to BSN programs = 10
- Graduate programs = 50



RCW vs. WAC

Revised Code of Washington

- Legislature develops
- Statutes = RCWs
- Sets the direction for state agencies and rules

Washington Administrative Code

- State Agency (NCQAC) develops
- Rules = WACs
- Developed according to prescribed laws for rule-making (RCW 34.05 APA)



Where are the Rules Found?

- WAC 246-840-500 to WAC 246-840-571
- <http://www.doh.wa.gov/LicensesPermitsandCertificates/NursingCommission>
- <http://app.leg.wa.gov/wac/>



Rule Highlights



- Program Administration and chief nurse administrator role
- Faculty Roles and Responsibilities
- Curriculum, Clinical & Practice Experiences, including simulation
- Systematic Program Evaluation
- Innovation
- Opportunities for approved nursing education programs

Organization & Administration

WAC 246-840-516

- Integral part of accredited parent institution
- Parent institution shall provide financial support and resources
- Entity shall employ a qualified nurse administrator with clear institutional authority and administrative responsibilities for the nursing program.

Nurse Administrator

WAC 246-840-517

- Qualifications vary between the type of program that a nurse administrator is responsible
 - **Similarities:** (active, unencumbered license, education, preparation or experience in nursing education, & all have current knowledge of nursing practice at the highest level of educational program type)
 - **Differences:** BSN and graduate program require doctoral degree by either 1. MSN/MN & doctoral in nursing or health/education related field; OR 2. doctoral degree in nursing. Exception for two years of experience in nursing education for BSN and graduate programs

Administrator Responsibilities

WAC 246-840-517(4)



- Creation of environment conducive to teaching and learning
- Facilitation of curriculum development, implementation & evaluation
- Communication and decision making regarding program needs
- Budget preparation and monitoring

Administrator Responsibilities

WAC 246-840-517(4) cont.

- Ongoing involvement with central administration & other units
- Facilitation of faculty development & performance review
- Facilitation of faculty recruitment & appointment
- Recommendation of faculty for appointment, promotion, tenure and retention

Administrator Responsibilities

WAC 246-840-517(4) cont.



- Facilitation of development of long-range goals & objectives
- Facilitation of recruitment, selection, and advisement of students
- Assure rules of Commission implemented
- Notification to commission of reporting requirements (513) & substantive changes (554)(3)

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WAC 246-840-523 to 529

Faculty Requirements



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WAC 246-840-523 Faculty Requirements

- Sufficient number of professionally and academically qualified faculty
- New faculty orientation
- Ongoing faculty development opportunities
- Licensure



WAC 246-840-523 con't

- Faculty Responsibility:

- Develop, implement and evaluate purpose and outcomes
- Design, implement and evaluate curriculum
- Develop, evaluate nursing education policies
- Student Academic advising and guidance
- Evaluate student achievement
- Select, guide and evaluate student learning activities
- Improve own nursing competency in responsible areas
- Develop criteria for selection and evaluation of clinical practice experiences



WAC 246-840-524

- Faculty degree requirement for LPN program
 - BSN from accredited program



WAC 246-840-526

- Faculty degree requirements to teach in prelicensure RN and for RN-BSN
 - Graduate degree in nursing from an accredited university and nursing program accreditation or
 - BSN and a graduate degree in a health or education related field

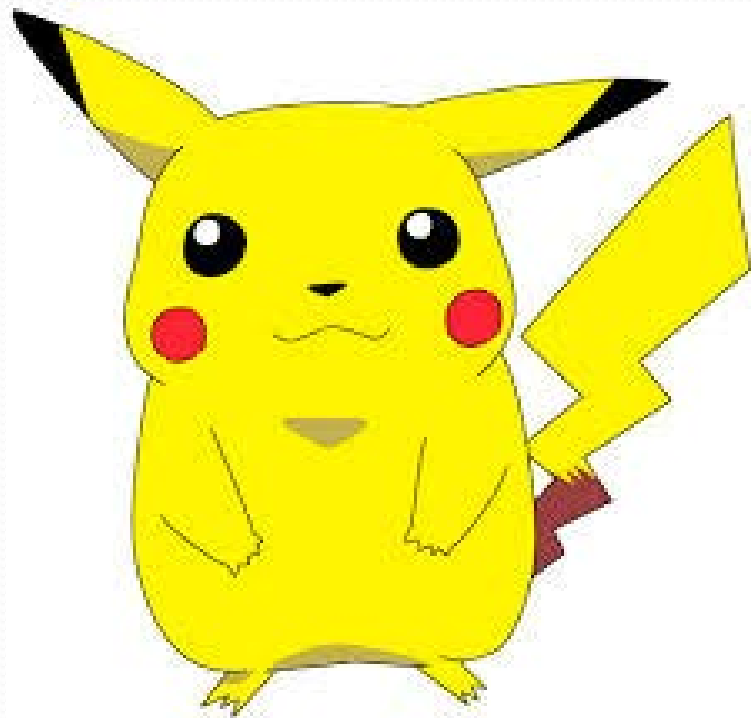


WAC 246-840-527

- Degree and licensure for faculty teaching in ARNP program
 - RN and ARNP license
 - Graduate degree
 - 2 years clinical experience as ARNP, nurse midwife, nurse anesthetist or CNS
 - Current knowledge, competence and certification in area of teaching responsibilities

WAC 246-840-528

- Degree requirements for faculty teaching in graduate programs NOT leading to licensure
 - Graduate degree in nursing or
 - BSN and graduate degree in a health or education related field
 - Demonstrated specialization, expertise or preparation and experience for courses taught



WAC 246-840-529

- Exceptions to nursing faculty degree requirements, **prior to employment**
 - Faculty teaching in the classroom or lab
 - Despite aggressive recruitment efforts, unable to find qualified faculty
 - Teach one year or less or be enrolled in a graduate degree program
 - Clinical faculty
 - BSN and
 - Current clinical experience of at least 3 years in the clinical subject area

Send Questions to
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WAC 246-840-519

Student Requirements in all Approved Nursing
Education Programs



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WAC 246-840-519

- Students are accountable for professional behavior
18.79, 18.130 RCW and entire WAC 246-840-519
 - Academic honesty
 - Integrity
- Written policies and procedures
 - Available
 - Fair
 - Accurate
 - Inclusive and consistent

WAC 246-840-519

Student Policy & Procedures con't

- Student selection
- Admission
- Progression
- Remediation
- Graduation
- Withdrawal
- Dismissal
- **Recordkeeping systems**



WAC 246-840-519

Student Policy & Procedures con't

- ADA accommodations
- Rights and responsibilities
- Grievance and complaint processes
- Incident reports
- Medication administration procedure
- Reporting and logging of events
- Document near miss incidents



WAC 246-840-519

Student Policy & Procedures con't

- Professional dress (infection control)
- Professional behavior
- Background check and immunization
- Clinical practice expectations
- Student performance evaluations
- Application for licensure



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WAC 246-840-513

Reporting and Record Keeping Requirements



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WAC 246-840-513

Reporting within 2 business days **report** to the commission on the website form:

<http://www.doh.wa.gov/LicensesPermitsandCertificates/NursingCommission/NursingEducation/NursingPrograms/InformationforPrograms>

- Unreasonable risk of patient harm
- Reason to believe there is harm
- Diversion of legend drugs or controlled substances (definitions)



WAC 246-840-513 con't

- **Unreasonable risk of harm:** An act or failure to act, which is below the standard of care for what a reasonably prudent nurse would do in similar circumstances, thereby creating a risk of harm to the patient, whether or not actual harm resulted.

WAC 246-840-513 con't

- **Patient Harm:** Anything that impairs or adversely affects the health, safety, or well-being of the patient. Harm includes physical, mental, emotional and sexual, abuse, exploitation, neglect or abandonment.

WAC 246-840-513 con't

- **Alleged diversion of legend or controlled substances:** A claim or assertion that an individual misappropriated any legend drug or controlled substance.
- Examples of each

WAC 246-840-513 con't

- Each program needs to keep a **Log** of events reported by a patient, family member, student, faculty or health care provider:
 - Events resulting in patient harm
 - Unreasonable risk of patient harm
 - Allegations of diversion
 - Medication errors



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WAC 246-840-513 con't

- The **report** and **log** need to include:
 - Date of the event
 - Name of student or faculty involved
 - Name of clinical faculty
 - Assessment of findings
 - Nursing education program corrective action
 - Remediation plan (Ex)



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WAC 246-840-513 con't

- When writing the report use principles of:
 - Just culture
 - Student Practice Event Evaluation Tool (SPEET) from North Carolina Board of Nursing
 - Fairness
 - Accountability



NCBON Just Culture STUDENT PRACTICE EVENT EVALUATION TOOL (SPEET)

Event(s):		Event Number:						
Criteria		At Risk Behavior				Reckless Behavior		Score
		0	1	2	3	4	5	
G	General Nursing Practice	No prior counseling for practice related issues	Prior counseling for single non-related practice issue	Prior counseling for single "related" issue	Prior counseling for "same" issue	Prior counseling for multiple related or non-related practice issues	Prior counseling for same or related issue with no or little evidence of improvement.	
U	Understanding expected based on program level, course objectives/outcomes	Has knowledge, skill and ability - <i>Incident was accidental, inadvertent, or an oversight</i>	Task driven/rote learning. OR Wrong action for this circumstance.	Failed to demonstrate appropriate understanding of options/resources. OR Aware of safety issues but in this instance cut corners.	Understands rationale but failed to recognize situations in terms of overall picture or to prioritize actions. OR In this instance, failed to obtain sufficient info or consult before acting.	Able to recognize potential problems. In this instance "negligent" OR failed to act according to standards. Risk to client outweighed benefits.	Knows or should have known correct action, role and limitations. In this instance action was "gross negligence/unsafe act" and demonstrated no regard for patient safety.	
I	Internal Program or Agency Policies/standards/inter-disciplinary orders	Unintentional breach OR No policy/standard/order available.	Policy not enforced. OR Cultural norm or common deviation of staff. OR Policy/order misinterpreted	Student cut corners or <i>deviated</i> in this instance from policy/standard/order as time saver. - No evidence or suggestion of a pattern of behavior.	Aware of policy/standard/ order but ignored or disregarded to achieve <i>perceived</i> expectations of faculty, staff, patient or others. May indicate pattern or single event.	Disregarded policy/standard/order for own personal gain.	Maliciously disregarded policy/standard/order	
D	Decision/choice	Accidental/ mistake/ Inadvertent error	Advantages to patient outweighed risk	Emergent situation - quick response required.	Non-emergent situation. Chose to act/not to act without weighing options or utilizing resources. Used poor judgement	Clearly a prudent student would not have done. Unacceptable risk to patient/agency/public Disregard for patient safety.	Conscious choice. Put own interest above that of patient/agency/public. Egregious choice, Neglected red flags	
E	Ethics/credibility/accountability	Identified own error and self reported. Identifies opportunities for improvement and develops action plan for ensuring incident will not be repeated.	Admitted to error and accepts responsibility. Identifies opportunities for improvement and develops action plan for ensuring incident will not be repeated.	Acknowledged role in error but attributes to circumstances and/or blames others to justify action/inaction. Cooperative during investigation. Demonstrates desire to improve practice.	Denies responsibility until confronted with evidence. Reluctantly accepts responsibility. Made excuses or made light of occurrence. Marginally cooperative during investigation.	Denied responsibility despite evidence. Indifferent to situation. Uncooperative and/or dishonest during investigation.	Took active steps to conceal error or failed to disclose known error.	

Criteria Score _____

NCBON Just Culture STUDENT PRACTICE EVENT EVALUATION TOOL (SPEET)

Mitigating Factors – check all identified		Aggravating Factors – check all identified	
Communication breakdown (multiple handoffs, change of shift, language barriers)			
Unavailable resources (inadequate supplies/equipment)		Especially heinous, cruel, and / or violent act	
Interruptions / chaotic environment / emergencies – frequent interruptions / distractions		Knowingly created risk for more than one client	
Inadequate supervision by faculty or preceptor		Threatening / bullying behaviors	
Inappropriate assignment by faculty or preceptor		Prior formal student disciplinary record for practice issue(s)	
Policies / procedures unclear			
Client factors (combative/agitated, cognitively impaired, threatening)			
Non-supportive environment – interdepartmental/staff/student conflicts		Other (identify)	
Lack of response by other departments / providers			
Other (identify)			
Total # mitigating factors identified		Total # aggravating factors identified	

Criteria Score (from front page)	
Mitigating factors (subtract 1 point for 1 – 3 factors; 2 points for 4 – 6 Factors; and 3 points for 7 or more factors)	
Aggravating factors (add 1 point for each identified factor)	
Total Overall Score	



Human Error	At-Risk Behavior	Reckless Behavior
# criteria in green= _____ IF 3 or more criteria in Green OR total score <8 – Address event by consoling student and/or developing remedial improvement plan with student	# criteria in yellow= _____ IF 3 or more criteria in yellow OR total score 8 -19 – Address event by coaching student, possibly counseling, and/or developing remedial improvement plan with student	# criteria in red = _____ IF 3 or more criteria in red OR total score 20 or greater - Consider disciplinary action and/or remedial action in addressing event with student

Evaluator: _____
School Name: _____
Date of Event: _____

NCBON Education Consultant _____
Action Taken: _____

NOTE: This SPEET is NOT used if event involves misconduct such as: academic cheating, confidentiality, fraud, theft, drug abuse, diversion, boundary issues, sexual misconduct, mental/physical impairment. Instead, these are managed through established mechanisms outside of this clinical framework.

- Human Error = Inadvertently doing other than what should have been done; a slip lapse, mistake.
- At-Risk Behavior = Behavioral choice that increases risk where risk is not recognized or is mistakenly believed to be justified.
- Reckless Behavior = Behavioral choice to consciously disregard a substantial and unjustifiable risk.
- Consoling = Comforting, calming; supporting student while examining event.
- Coaching = Supportive discussion with the student on the need to engage in safe behavioral choices.
- Remedial Action = Actions taken to aid student including education, training assignment to program level-appropriate tasks.
- Counseling = A first step disciplinary action; putting the student on notice that performance is unacceptable
- Disciplinary Action = Punitive deterrent to cause student to refrain from undesired behavioral choices.

WAC 246-840-730

- Mandatory Reporting
 - Nurse may not be able to practice with reasonable skill and safety as a result of mental or physical condition
 - Information regarding a conviction, determination or finding, including employer-based disciplinary action that a nurse has committed an act that would constitute unprofessional conduct as defined in RCW 18.130.180 and WAC 246-840-730.



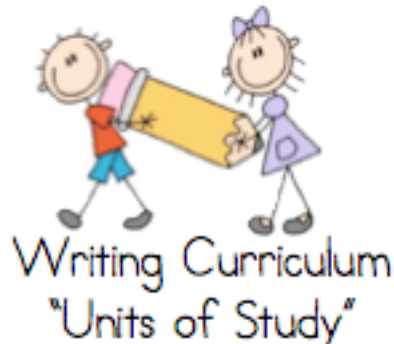
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Curriculum

WAC 246-840-537 to 544

- Covers all levels of nursing education
- Builds on prior learning
- Prerequisites must be transferable to college & universities



Clinical & Practice Experiences

WAC 246-840-531

- **Clinical** = direct patient care experiences, professional observation experiences, orientation to setting and qualified simulation (skills labs do NOT count)
 - All programs preparing student for licensure (LPN, RN, ARNP) must provide clinical experiences
- **Practice** = direct or indirect patient, family, population interventions, patient or population teaching, teaching of nursing students, leadership and change projects, research, accessing client or population data, etc.
 - All post-licensure programs must provide practice experiences (RN-BSN, graduate nursing degrees)

Clinical Hours

WAC 246-840-531 cont.

- LPN = 300 hours
- ADN = 500 hours
- BSN = 600 hours
- Masters ARNP = 500 hours
- DNP ARNP = 1000 hours



Practice Hours

WAC 246-840-531 cont.

- RN to BSN = 100 hours
- Graduate nursing degrees = 100 hours



Practice Makes Perfect!

- Quality clinical and practice experiences rely on faculty organization of student experiences based on the unique learning needs of the student.
- Faculty must understand the educational preparation and skill level of the student.
- Faculty are responsible for planning, overseeing, and evaluation student clinical and practice experiences.



Preceptors Vs. Mentors

Preceptors

- Used only after a student has received instruction and orientation to ensure student is prepared for experience
- Active unencumbered license at or above ed. level of student
- 2 years experience
- Oriented to objectives, role expectations of faculty, preceptor and student
- Not related or personal friend

Mentors

- Interdisciplinary member with experience and educational preparation appropriate to the faculty planned learning experience



Use of Proctor

- Must be qualified with educational and experiential preparation in the area being proctored.
- Must be credentialed as a licensed health care provider listed in chapter 18.130 RCW.
- Used on a rare, short-term occasions when faculty determined safe

Faculty Responsible for:

- Planned clinical and practice experiences;
- Overall supervision and evaluation of student; and
- Conferring with each preceptor or interdisciplinary mentor and student at least 3 times during the student's experience.



Simulation

WAC 246-840-534



- LPN, RN, or RN to BSN programs may:
 - Use to substitute for traditional clinical experiences
 - Up to 50% of clinical hours for a course

Simulation is a strategy, not a technology

- Real life experience
- Guided experiences
- Replicate real world in fully interactive manner (this is not a skills lab!)

Simulation

WAC 246-840-534 cont.

- Shall have an organizing framework providing adequate fiscal, human, technological, and material resources
- Simulation manager
- Qualified simulation faculty who are trained in use of simulation.
- Budget for simulation activities and training of faculty
- Appropriate facilities, educational and technological resources and equipment

Simulation

WAC 246-840-534 cont.

- Simulation must be linked to programmatic outcomes
- Must be reported to Commission in annual report
- Written policies and procedures on:
 - Short-term and long-term plans for integrating simulation into curriculum
 - Method of debriefing each simulated activity
 - Plan for orienting faculty to simulation
 - Criteria to evaluate simulation activities by students and faculty

Benefits of Simulation in Nursing Education

- ↓Training variability & ↑standardization
- Guarantees experience for every student
- Customized for individual learning
- Student-centered learning
- Allows independent critical thinking/reasoning, decision-making, and delegation
- Allows immediate feedback

Benefits of Simulation

- Offers opportunity to practice rare and critical events
- Can be designed & manipulated
- Allows calibration & update
- Can be reproduced
- Occurs on schedule
- Offers opportunity to make and learn from mistakes

Benefits of Simulation

- Is safe and respectful for patients
- Allows deliberative practice
- Also uses concept of experiential learning

“ Tell me, and I will forget. Show me, and I may remember. Involve me, and I will understand.” --- Confucius, 450 BC

Limitations of Simulation

- Not real
- Limited realistic human interaction
- Students may not take it seriously
- No/incomplete physiological symptoms



Small % of Simulation in WA. Programs

- LPN = 37/398 or 9%
- A.D.N.= 42/576 or 7%
- BSN = 26/708 or 4%



Send Questions to
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Standards and Evaluation of Nursing Education Programs

WAC 246-840-512



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Three Major Points

1--Meet minimum standards in WAC 246-840-511 through WAC 246-840-556

2--Implement a written, comprehensive, systematic plan for ongoing evaluation

3--Assure that program information that is communicated by the program is accurate, complete, and consistent



This presentation will focus on the second point

The Systematic Evaluation Plan (SEP)

Implement a written, comprehensive, systematic plan for ongoing evaluation



The Systematic Evaluation Plan (SEP)

- As a rule, a good place to begin is a consideration of purpose

got purpose?

Why create a SEP?

The SEP: Purpose

- A SEP is a requirement, certainly
- Nursing Commission
- Accrediting Bodies
- Is there more to it than that?
- Think about *why* the SEP is a requirement . . .
- And how the SEP is important to *your program* . . .



The SEP: Purpose

- It is the pathway that leads you from where you are now as a program to where you want to go--
- With the added benefit of tracking where you have already been



The SEP: Purpose

- As such, the SEP represents the journey that lies between your vision/mission and its attainment . . .



- Winding through your conceptual framework . . .
- Over the standards and through some snow . . .
- Perhaps hitting some unexpected black ice that causes a detour or delay



The SEP: Purpose

- In laying out the roadmap of your program's execution of its vision/mission—the SEP also reveals your program's *identity*



- It tells the story of who you are as a program now and who--as a program--you aspire to become
- It demonstrates how your actions and values align

The SEP: Purpose

The SEP reveals answers to important questions about you--as a program:



- What matters to you?
- How do you go about achieving or attaining it?
- How do your processes reflect your values?
- How do you respond to barriers and failure?
- How do you extend achievement into continual growth?

The SEP: Purpose

The SEP, then, connects program philosophy and values directly to its operations and results . . .



“It’s where the rubber meets the road”

The SEP: Purpose

Think about how your program identity matters to:

- Your Program Overall
- Your Students
- Your Faculty
- Your Administration
- Your Academic Institution
- The Public

**“First say to yourself what you would be; and then do what you have to do.”
--Epictetus**

The SEP and the New Rules

- What's new in the new rules?



- Is there anything different that I should note?



The SEP: Previous Rules

WAC 246-840-548: The nursing program shall implement a written, comprehensive, systematic plan for ongoing evaluation that is based on program outcomes and the input of faculty, students and consumers, and which incorporates continuing improvement.



The SEP and the New Rules

A Look at What *Hasn't* Changed:

- Written
- Comprehensive
- Systematic
- Ongoing
- Based on outcomes data and input from multiple sources
- Incorporates continuing improvement



The SEP and the New Rules

A Look at What is New or Different:

- Now found in **WAC 246-840-512**
- Now includes **input from health care partners** addition to input from faculty, students, and consumers
- Now articulates a focus on **goals and measures** with regards to continuing improvement efforts



The SEP: New Rules

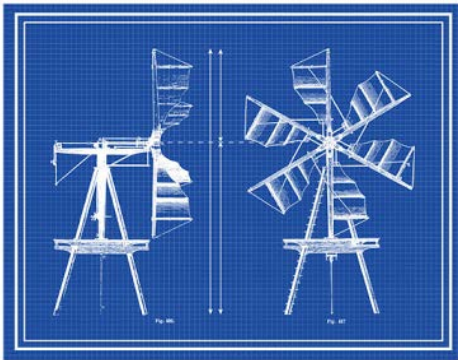
- Beyond that, the basic intent in both sets of rules is the same;
- However, there is more detail in the new rules with the hope that this will provide greater clarity for all



The SEP: New Rules

The greater level of detail in the new rules adds clarity to what is expected and involved in terms of:

Structure



Process

Outcomes



The SEP: Structure

When thinking about the new rules and structure, think about two levels of structure:

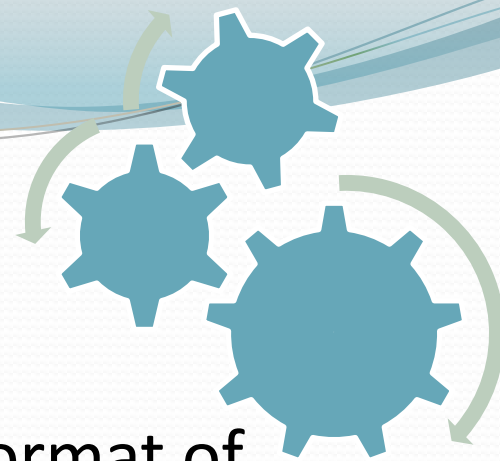
1--The structure of the SEP itself and supporting items it requires (micro level)



2--The structure of the surrounding environment that supports the SEP (macro level)



The SEP: Structure



Examples at the micro level include:

- **Templates** (for the SEP, needed reports, format of meeting minutes, etc.)
- **Calendars and agendas** that incorporate time and format to accomplish activities required for the SEP
- **Policies and Procedures** (admin, faculty, staff, students)
- **Measures** (evaluative criteria, methods used to evaluate, measurable indicators or benchmarks)
- **Documentation Plan** (for analysis of program data and program actions; for planned review and analysis of evaluative methods and instruments)

The SEP: Structure

- These items provide the architecture within which the processes of your program occur and through which your outcomes become visible
- **The micro level task at hand:** Analysis of your current SEP in comparison to the requirements of the new rules
- If anything is missing, work is needed to integrate the missing component(s) into your systematic approach

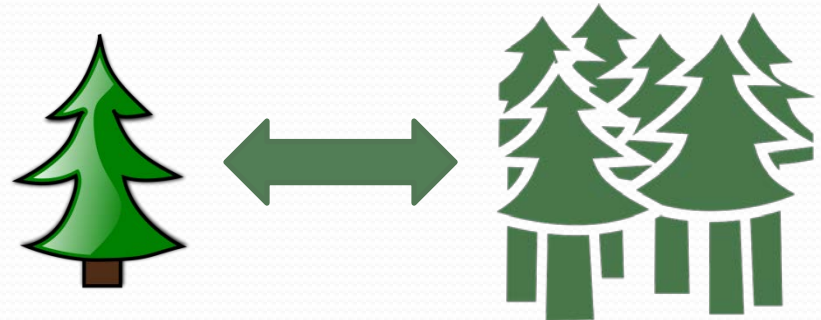


The SEP: Structure

Build the component(s) in so they are as fail-safe as possible—meaning that:

- The built-in flow includes all required components as part of your usual program work processes
- There are multiple checks and balances for support
- The component(s) and/or processes are not dependent on memory, approach, or one individual

This is where the micro and macro levels intersect



The SEP: Structure

- The macro level, again, relates to the structure of the environment that can support the SEP
- **Example:** The new rules require faculty, student, and graduate satisfaction surveys
- Let's say you have developed electronic surveys as your method for evaluating satisfaction



Now what is the supportive environmental or macro structure for implementing the surveys successfully?

The SEP: Structure

- The new rules support macro structure consideration through requirements such as:
- Identifying the **frequency** of evaluative efforts
- **Assigning responsibility** for these efforts



Use the requirements as guiding cues to ask relevant questions and establish responsive mechanisms, if they don't already exist

The SEP: Structure

In the instance of the satisfaction surveys, relevant questions would include:



- When will the surveys occur and how often will they be repeated?
- Who will initiate and complete the process?
- How will this be assured and documented?
- At what point will evaluation of the use of the survey as a methodology and as an instrument occur?

The SEP: Structure

- **The macro level task at hand:** Analysis of your current program structure and mechanisms in relation to the requirements of the new rules (and in relation to what else is logically needed to succeed)
- Build in necessary changes to program infrastructure and mechanisms to support the gaps you identify
- This will align your program structure with your SEP efficiently and set the stage for implementing aligning processes toward the desired outcomes



The SEP: Structure

Tip: Don't overlook These Two Facets of the New Rules

1--Document your analysis of data collected and resulting actions taken



2--Specify and follow a timeline for review and analysis of the evaluative methods and instruments used to measure program outcomes for appropriateness

Build these steps into your work (templates for meetings, minutes, P&Ps, report structures; assign responsibility, etc.)

The SEP: Structure

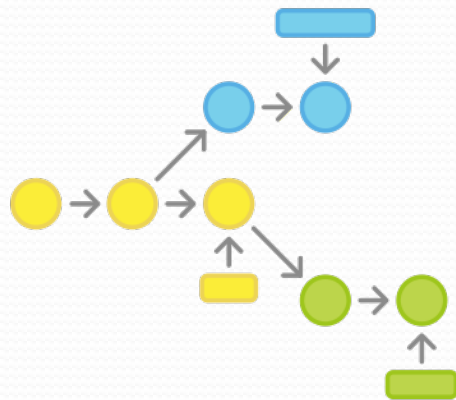
Additional Tips:

- Program evaluation needs to be an ongoing process, so be sure to build in **formative and summative** evaluation points
- Consider how **technology** can bring greater efficiency to work related to the SEP
- Consider the **time** that is needed for work related to the SEP and build it in to **workload and budget**



The SEP: Process

- Now a look at **PROCESS** . . .



- What you are doing here is linking the structure you developed into processes that are operationalized

The SEP: Process

- **Good news!** Your process flows from your structure!
- An effective SEP demonstrates the principle from educational psychology that, “**Freedom derives from structure**”
- Within a planned structure, your goals and strategies are clear, and the processes can be implemented flexibly in accordance



The SEP: Process

This frees you up to focus on “doing” with intention when it is time to do (as opposed to “scrambling” to piece together structure as you are doing)



The SEP: Process

- For example, the new rules state that programs will evaluate didactic and clinical course effectiveness each time a course is taught
- Within a solid program structure, the plan for this would be in place (in the SEP)--accounting for when, how, who is responsible, with what the tool(s), a defined benchmark, a plan for organizing data, etc.



The SEP: Process

- Also, the new rules state that faculty and students will participate in program planning, implementation, evaluation, and continuous quality improvement
- Within a solid program structure, this participation would be built in to committee work, meeting formats, surveys, etc. so that it would occur as faculty and students fulfill their usual or planned roles and schedules



The SEP: Process

- **More good news!**
- With a solid SEP and supporting program structure, changes to process can be made strategically when needed
- Because programs are intricately designed, strategic change helps to avoid unintentional negative consequences
- Again, **“Freedom derives from structure”**



SEP: Processes

Tip:

Be careful not to overlook these two process points:

1--Document the implementation of the plan in faculty or faculty-related minutes (again, build this into your templates, P&Ps, and meeting formats)

2—Major changes to the program must be evidence-based



The SEP: Outcomes

- Now a look at **OUTCOMES**



- What you are doing here is organizing and evaluating the data that are the product of the processes that operationalized the structure . . .
- Which mean your results flow from your processes-- which flow from your structure

The SEP: Outcomes

Structure

Process

Outcomes

- **What? More good news!** Yes—because outcomes flow from your processes . . .
- As laid out in your SEP . . .
- And supported through the micro and macro level structure you built--
- This means that implementation of your SEP--if developed in accordance with the new rules--will yield the required outcomes as a result of your usual work

The SEP: Outcomes



- In addition, the new rules help to focus your structure, process, and outcomes by requiring the following items in the SEP:
- Faculty, student, and graduate satisfaction surveys
- Facility, resource, and services surveys of faculty and students
- Faculty workload surveys and evaluations



The SEP: Outcomes

- Program and student learning outcomes
- Student attrition and completion rates
- NCLEX pass rates
- Post-licensure certification exam pass rates
- Employment rates after graduation
- Employer satisfaction



The SEP: Outcomes

Outcomes Tips and Reminders

- Don't shy away from identifying and documenting areas of weakness in the program evaluation process—
- Identifying and addressing areas of weakness gets at the heart of continuous quality improvement and the purpose of the SEP



The SEP: Outcomes

Outcomes Tips and Reminders

- Remember to document your evaluation processes as well as changes and new goals that result from evaluation
- Again, it is most efficient to build this documentation into your program structure (so that it occurs as part of your “doing” or usual work)
- Finally, evidence for major changes to the program should be reflected in or congruent with your outcomes



Send Questions to
ncqac.education@doh.wa.gov





**Innovation Projects
or Program Approaches
for Approved Nursing Education Programs
Located in Washington State
WAC 246-840-553**



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HEALTHIER COMMUNITY

Program Innovation

- Program innovation has the potential to foster innovative models of nursing education that can help to address the changing needs in health care
- At the same time—as stated earlier—being strategic in our approach to change is important for avoiding unintended negative consequences



Program Innovation

- For example, it is important that program innovations:

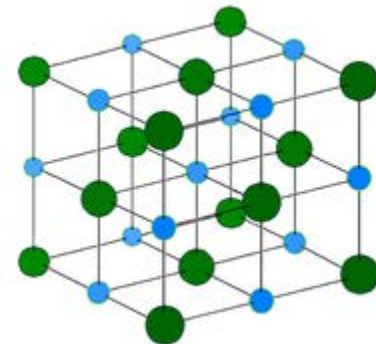
1--Support *safety* for all involved

2--Maintain *quality* outcome standards



Program Innovation

- This model for program innovation again exemplifies the educational psychology principle that, “Freedom derives from structure”
- Through your implementation of the SEP and your program evaluation activities, you may identify areas where you think common current practices can be improved or changed



Program Innovation

- A new potential pathway for a particular area of nursing education may become clear through your analysis of:
- Program outcomes data
- Stakeholder input
- Classroom, clinical, or skills lab experiences
- Other energizing sources (the literature, conferences, interdisciplinary conversations, etc.)



Program Innovation

- If this happens, you will want to consider submitting an application to implement and test an innovative project or approach



How does innovation work in the new rules?

Program Innovation

- Fully approved nursing education programs are eligible to implement an innovative project or approach
- There is an application process, which should be completed at least 3 months prior to intended implementation
- The Commission's Nursing Program Approval Panel (NPAP) reviews applications for approval



Program Innovation

What Does the Application Require?

- The application is based directly on what is contained in the rules divided into three application sections:

1—Program Demographics

2--Overview of the Proposed Innovation

3--Details of the Proposed Innovation



Program Innovation

Highlights of Information Requested in the Application

- Description of the innovation, including objectives
- Explanation of how the innovation is different from the current approach
- Identification of the regulation(s) affected
- Rationale for the innovation with evidentiary support
- Implementation plan with timeline



Program Innovation

Highlights of Information Requested in the Application

- Identification of resources to support
- Expected impact on the program (including: administration, students, faculty, resources)
- Evaluation plan (including measurable outcomes, method(s), and frequency)
- Additional information as requested



Program Innovation

A Few Notes Regarding Approved Innovations

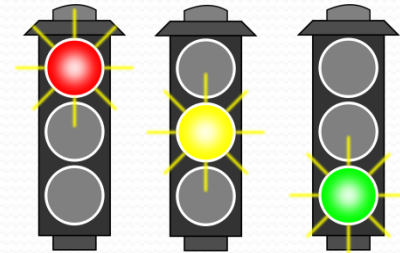
- The innovation needs to be implemented as presented and approved
- Progress reports conforming to the evaluation plan may be requested by the commission



Program Innovation

A Few Notes Regarding Approved Innovations

- Approval may be rescinded or modifications may be required if there is evidence that substantiates that the innovation has had adverse impact



- If the innovation achieves the desired outcomes, has not compromised public protection, and is consistent with core nursing education criteria, then the program may request to continue the innovation

Send Questions to
ncqac.education@doh.wa.gov





WAC 246-840-567

Refresher Course Program for ARNP's



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WAC 246-840-567 ARNP Refresher

- Commission approved ARNP program
 - Qualified nurse administrator
 - Qualified faculty
 - Didactic content
 - 250 hours of clinical instruction



WAC 246-840-567 ARNP Refresher con't

Content to include:

- Advanced physiology/pathophysiology
- Advanced health assessment
- Pharmacotherapeutics
- Diagnosis and management of diseases or conditions consistent with current standard of care

WAC 246-840-567 ARNP Refresher con't

- Ordering and interpreting diagnostic and laboratory test
- Safe and competent performance of procedure
- ARNP scope of practice
- Accepted standards of ARNP practice

Send Questions to
ncqac.education@doh.wa.gov





WAC 246-840-549 to 552

Internationally Educated Nurse Programs



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Program for Internationally educated nurses who do not meet educational requirements

- Already have an approved nursing education program
 - Theory and clinical student learning objectives and program outcomes
 - Evaluation methods to measure achievement
 - Regularly evaluated by faculty and students
 - Written policies and procedures
 - Student records maintained for 5 years
 - Submit certification of successful program completion to the nursing commission



WAC 246-840-551 Internationally educated LPN

- 60 hours of core theory content
 - Nursing process
 - Pharmacology
 - Legal expectations
 - Basic communication and observational practices
 - Basic physical, biological and social sciences
 - Practical nursing knowledge, skills and professional identity



WAC 246-840-551 Internationally educated LPN con't

- 120 hours of **simulated** competency based practice across the lifespan:
 - Fundamentals
 - Medical
 - Surgical
 - Mental health nursing



WAC 246-840-552 Internationally educated RN

- 80 hours of core theory content
 - Nursing process
 - Pharmacology
 - Legal expectations
 - Nurse Practice Act WAC 246-840-705
 - Communication and observational practices
 - Basic physical, biological and social sciences
 - Registered nursing knowledge, skills and professional identity

WAC 246-840-552 Internationally educated RN con't

- 160 hours of competency-based **simulated** practice experience
 - Fundamentals
 - Medical
 - Surgical
 - Parent
 - Child
 - Geriatric
 - Family
 - Community
 - Mental health nursing

PLEASE APPLY

Send Questions to
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