

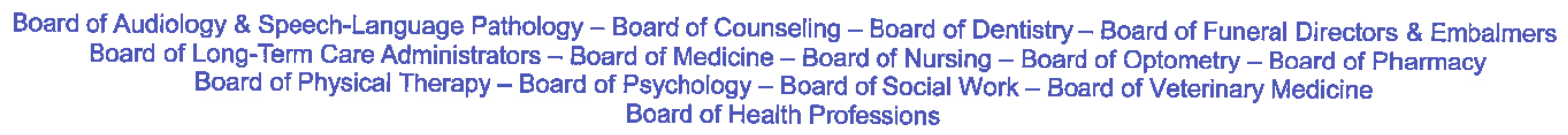
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| Virginia Board of Nursing | Board of Nursing (804) 367-4515 |
| Jay P. Douglas, MSM, RN, CSAC, FRE | FAX (804) 527-4455 |
| Executive Director |  |

Thank you for your interest in establishing a nursing education program in Virginia. The Board of Nursing requires those interested in establishing a nursing education program to attend an information session prior to submitting an application or payment of intent. For more information and session dates refer to the Board website at <https://www.dhp.virginia.gov/Boards/Nursing/AbouttheBoard/EstablishingMaintainingEducationPrograms/>.

Attached is the application packet. Submit the completed application packet with the required fee as delineated. Once the application packet and required fee have been received, you will receive written notification. The program application will be active for 12 months from the date received by the Board of Nursing.

Please refer to the Virginia Board of Nursing *Regulations for Nursing Education Programs* and to the *Guidance Documents* for information when developing the nursing program. The *Regulations* and *Guidance Documents* are located on the Department of Health Professions/Board of Nursing’s web site at <https://www.dhp.virginia.gov/Boards/Nursing/>. The Board will not be able to consider your application until all required materials have been submitted.

You may contact Dr. Randall Mangrum, Nursing Education Program Manager at (804) 367-4438 or [Randall.Mangrum@dhp.virginia.gov](mailto:Randall.Mangrum@dhp.virginia.gov),or Jacquelyn Wilmoth, Deputy Executive Director at (804) 367-4527 if you have any questions or need assistance.





*Application Packet*

*Submit completed application and fee to:*

Commonwealth of Virginia

Department of Health Professions

Virginia Board of Nursing

Perimeter Center

9960 Mayland Drive, Suite 300

Henrico, Virginia 23233-1463

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## INTENT TO ESTABLISH A NURSING EDUCATION PROGRAM

Submit a Check or Money Order in the amount of $1,650.00 made payable to the *Treasurer of Virginia*.

Enclose payment with the completed application and mail to the address above.

\*This page MUST be submitted via hardcopy to the Board.\*

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| --- | --- | --- | --- |
| Program Name |  | | |
| Type of Program | Bachelors  Associates  PN  Pre-licensure Masters  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| Program Address | Street, City, State, Zip Code | | |
| Controlling Institution | Name of Institution | | |
| Street, City, State, Zip Code | | |
| Phone Number | Click or tap here to enter text. | | |
| Fax Number | Click or tap here to enter text. | | |
|  | | | |
| Program Director Information | Name | | Phone Number |
| Title | | Email Address | |

*\*The application shall be effective for 12 months from the date the application* *was received by the board\**

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| --- |
| **Board of Nursing Use Only** |
| Application Received Date:  Application Expiration Date:  Fee Received Date:  Program Notified of receipt of application and fee Yes Date: \_\_\_\_\_\_\_\_\_\_  Other information: |

## Application Checklist

**Please make sure you have included the following before final submission of documents**:

Intent to Establish a Nursing Education Program (hard copy)

Application Fee

Completed Application Packet

Table of Contents for Appendices

All referenced Appendices

Narrative for each regulatory requirement

**Included in this application packet**:

Suggested Equipment Supply List

Clinical Agency Roster Template

Faculty Roster Template

Detailed Course Hours Template

Curriculum Map Template

## Part II. Initial Approval of a Nursing Education Program

**Please include a narrative section for each regulatory requirement.**

| **18VAC90-27-30. Application for initial approval** | |
| --- | --- |
| Regulation | Evidence/Items to Consider |
| An institution wishing to establish a nursing education program shall:  1. Provide documentation of attendance by the program director at a board orientation on establishment of a nursing education program prior to submission of an application and fee. | Appendix \_\_\_\_\_ Copy of certificate of attendance  Date Attended \_\_\_Click or tap to enter a date.\_ |
| 2. Submit to the board an application to establish a nursing education program along with a nonrefundable application fee as prescribed in 18VAC90-27-20.  a. The application shall be effective for 12 months from the date the application was received by the board.  b. If the program does not meet the board's requirements for approval within 12 months, the institution shall file a new application and fee. | Initial confirming understanding of 18VAC90-27-30(2)(a) and (b) ­­­­­­­­­­­­\_\_\_Click or tap here to enter text.\_\_\_\_ |
| 3. Submit the following information on the organization and operation of a nursing education program:  a. A copy of a business license and zoning permit to operate a school in a Virginia location, a certificate of operation from the State Corporation Commission, evidence of approval from the Virginia Department of Education or SCHEV, and documentation of accreditation, if applicable;  b. The organizational structure of the institution and its relationship to the nursing education program therein;  c. The type of nursing program, as defined in 18VAC90-27-10; | Appendix \_\_\_\_\_ Business License  Appendix \_\_\_\_\_ Zoning Permit  Appendix \_\_\_\_\_ SCHEV approval/DOE Approval  Appendix \_\_\_\_\_ Accreditation documentation  Appendix \_\_\_\_\_ State Corporation Commission  Appendix \_\_\_\_\_ Organizational chart  Appendix \_\_\_\_\_ Written statements to articulate the relationship of the nursing program to the parent institution  Practical Nursing  Registered Nursing  Bachelors  Pre-licensure masters  Appendix \_\_\_\_\_ Program Description |
| d. An enrollment plan specifying the beginning dates and number of students for each class for a two-year period from the date of initial approval including (i) the planned number of students in the first class and in all subsequent classes and (ii) the planned frequency of admissions. Any increase in admissions that is not stated in the enrollment plan must be approved by the board. Also, transfer students are not authorized until full approval has been granted to the nursing education program; and | *If the program to be established is a BSN program, you will need to provide information for 3 or 4 years depending on the length of the program. Provide the number of students to be enrolled in day, evening, and weekend cohorts.*  *Examples of supporting evidence may include: Defined admissions process, Time schedule from implementation of the program through the first graduating class, first NCLEX results.*  Initial confirming understanding of 18VAC90-27-30(3)(d). \_ Initial\_\_\_\_\_ \_\_\_\_\_\_\_ |
| e. A tentative time schedule for planning and initiating the program through graduation of the first class and the program's receipt of results of the NCLEX examination. | Appendix \_\_\_\_\_ Proposed Program: Tentative Schedule |
| 4. Submit to the board evidence documenting adequate resources for the projected number of students and the ability to provide a program that can meet the requirements of this part to include the following information:  a. The results of a community assessment or market analysis that demonstrates the need for the nursing education program in the geographic area for the proposed school. The assessment or analysis shall include employment opportunities of nurses in the community, the number of clinical facilities or employers available for the size of the community to support the number of graduates, and the number and types of other nursing education programs in the area;  b. A projection of the availability of qualified faculty sufficient to provide classroom instruction and clinical supervision for the number of students specified by the program;  c. Budgeted faculty positions sufficient in number to provide classroom instruction and clinical supervision;  d. Availability of clinical training facilities for the program as evidenced by copies of contracts or letters of agreement specifying the responsibilities of the respective parties and indicating sufficient availability of clinical experiences for the number of students in the program, the number of students, and clinical hours permitted at each clinical site and on each nursing unit;  e. Documentation that at least 80% of all clinical experiences are to be conducted in Virginia, unless an exception is granted by the board. There shall be documentation of written approval for any clinical experience conducted outside of Virginia by the agency that has authority to approve clinical placement of students in that state. The use of any clinical site in Virginia located 50 miles or more from the school shall require board approval; | Appendix \_\_\_\_\_ Supporting Evidence  Appendix \_\_\_\_\_ Nursing Faculty Budget    *Refer to Guidance Document 90-21 and 90-24 to assist in planning of clinical learning sites. Each listed clinical agency will be contacted by a Board representative.*  Appendix \_\_\_\_\_ Clinical Contracts for all clinical sites  Appendix \_\_\_\_\_ Clinical Agency Roster (see template)  Appendix \_\_\_\_\_ Clinical Agency Roster (see template)  Appendix \_\_\_\_\_ Clinical Exception request if applicable |
| f. A diagram or blueprint showing the availability of academic facilities for the program, including classrooms, skills laboratory, and learning resource center. This information shall include the number of restrooms for the student and faculty population, classroom and skills laboratory space large enough to accommodate the number of the student body, and sufficient faculty office space; and | Appendix \_\_\_\_\_ Diagram/Blueprint |
| g. Evidence of financial resources for the planning, implementation, and continuation of the program with line-item budget projections for the first three years of operations beginning with the admission of students. | Appendix \_\_\_\_\_ Proposed 3 year nursing operational budget |
| 5. Respond to the board's request for additional information within a timeframe established by the board. | Initial confirming understanding of 18VAC90-27-30(5) \_\_ Initial \_\_\_\_\_ \_\_\_\_\_\_\_\_ |

| 18VAC90-27-40. Organization and administration | |
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| Regulation | Evidence/Items to Consider |
| 1. The governing or parent institution offering Virginia nursing education programs shall be approved by the Virginia Department of Education or SCHEV or accredited by an accrediting agency recognized by the U.S. Department of Education. | Appendix \_\_\_\_\_ Approval/Accreditation information |
| 1. Any Agency or institution used for clinical experience by a nursing program shall be in good standing with its licensing body. | Appendix \_\_\_\_\_ Clinical Agency Roster (see template) |
| 1. The program director of the nursing education program shall: 2. Hold a current license or multistate licensure privilege to practice as a registered nurse in the Commonwealth without any disciplinary action that currently restricts practice; 3. Have additional education and experience necessary to administer, plan, implement, and evaluate the nursing education program; 4. Ensure that faculty are qualified by education and experience to teach in the program or to supervise the clinical practice of students in the program; 5. Maintain a current faculty roster, a current clinical agency form, and current clinical contracts available for board review and subject to an audit; and 6. Only serve as program director at one location or campus for the program | *Examples of supporting evidence may include: position descriptions for program director, licensure verification for the program director, resume and curriculum vitae of program director, certificates, CUE’s, current faculty roster, current clinical agency roster, current clinical contracts.*  Appendix \_\_\_\_\_ Copy of Program Director Nursing License  Appendix \_\_\_\_\_ Supporting Evidence  Appendix \_\_\_\_\_ Supporting Evidence  Appendix \_\_\_\_\_ Current Faculty Roster (see template)  Initial confirming understanding of 18VAC90-27-40(C)(5)\_\_ Initial \_\_\_\_\_ \_\_\_\_\_\_\_ |
| 1. The program shall provide evidence that the director has authority to:   1. Implement the program and curriculum;  2. Oversee the admission, academic progression and graduation of students;  3. Hire and evaluate faculty; and  4. Recommend and administer the program budget, consistent with established policies of the controlling agency. | *Examples of supporting evidence may include: Organizational chart of nursing program and controlling agency, Position descriptions for program director outlining roles and responsibilities, Organization’s defined budget process, and faculty/Administration interviews.*  Appendix \_\_\_\_\_ Supporting Evidence |
| 1. An organizational plan shall indicate the lines of authority and communication of the nursing education program to the controlling body; to other departments within the controlling institution; to the cooperating agencies; and to the advisory committee for the nursing education program. | Appendix \_\_\_\_\_ Organizational chart of nursing program  Appendix \_\_\_\_\_ Organizational chart of controlling agency |
| 1. There shall be evidence of financial support and resources sufficient to meet the goals of the nursing education program as evidenced by a copy of the current annual budget or a signed statement from administration specifically detailing its financial support and resources. | Appendix \_\_\_\_\_ Nursing operational budget |

| **18VAC90-27-50. Philosophy and Objectives** | |
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| Regulation | Evidence/Items to Consider |
| Written statements of philosophy and objectives shall be the foundation of the curriculum and shall be:  1. Formulated and accepted by the faculty and the program director;  2. Descriptive of the practitioner to be prepared; and  3. The basis for planning, implementing, and evaluating the total program through the implementation of a systematic plan of evaluation that is documented in faculty or committee meeting minutes. | *Examples of supporting evidence may include: Systematic Evaluation plan, current philosophy, mission statement, meeting minutes, and faculty and director interviews.*  Appendix \_\_\_\_\_ Supporting Evidence |

| **18VAC90-27-60. Faculty.** | |
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| Regulation | Evidence/Items to Consider |
| 1. Qualifications for all faculty. 2. Every member of the nursing faculty, including the program director, shall (i) hold a current license or a multistate licensure privilege to practice nursing in Virginia as a registered nurse without any disciplinary action that currently restricts practice and (ii) have had at least two years of direct client care experience as a registered nurse prior to employment by the program. Persons providing instruction in topics other than nursing shall not be required to hold a license as a registered nurse. | *Examples of supporting evidence may include: Position descriptions for faculty and program directors, licensure verification for the program director and all faculty members, faculty summary form, faculty vitae forms*  Appendix \_\_\_\_\_ Supporting Evidence |
| 1. Every member of a nursing faculty supervising the clinical practice of students shall meet the licensure requirements of the jurisdiction in which that practice occurs. Faculty shall provide evidence of education or experience in the specialty area in which they supervise students' clinical experience for quality and safety. Prior to supervision of students, the faculty providing supervision shall have completed a clinical orientation to the unit in which supervision is being provided. | *Examples of supporting evidence may include: Licensure verification for program director and all faculty members, documentation of orientation to clinical floor, completion of nursing program and cooperating agencies required training*  Appendix \_\_\_\_\_ Supporting Evidence  Appendix \_\_\_\_\_ Faculty Roster (see template) |
| 1. The program director and each member of the nursing faculty shall maintain documentation of professional competence through such activities as nursing practice, continuing education programs, conferences, workshops, seminars, academic courses, research projects and professional writing. Documentation of annual professional development shall be maintained in employee files for the director and each faculty member until the next survey visit and shall be available for board review. | *Examples of supporting evidence may include: Certificates of completion of continuing education such as: teaching, conferences, workshops, seminars, and nursing practice focus, Academic transcripts (faculty that are current students or recent graduates of graduate or doctoral school), Publication/Poster Presentations (faculty who published articles or submitted poster presentation of their research/dissertation, and certification).*  Appendix \_\_\_\_\_ Supporting Evidence |
| 1. For baccalaureate degree and pre-licensure graduate degree programs:   a. The program director shall hold a doctoral degree with a graduate degree in nursing.  b. Every member of the nursing faculty shall hold a graduate degree; the majority of the faculty shall have a graduate degree in nursing. Faculty members with a graduate degree with a major other than in nursing shall have a baccalaureate degree with a major in nursing | *Examples of supporting evidence may include: Faculty academic transcripts, and resume and CV*  Appendix \_\_\_\_\_ Supporting Evidence  Not Applicable |
| 1. For associate degree and diploma programs: 2. The program director shall hold a graduate degree with a major in nursing. 3. The majority of the members of the nursing faculty shall hold a graduate degree, preferably with a major in nursing. 4. All members of the nursing faculty shall hold a baccalaureate or graduate degree with a major in nursing. | *Examples of supporting evidence may include: Faculty academic transcripts, and resume and CV*  Appendix \_\_\_\_\_ Supporting Evidence  Not Applicable |
| 6. For practical nursing programs:  a. The program director shall hold a baccalaureate degree with a major in nursing.  b. The majority of the members of the nursing faculty shall hold a baccalaureate degree, preferably with a major in nursing. | *Examples of supporting evidence may include: Faculty academic transcripts, and resume and CV*  Appendix \_\_\_\_\_ Supporting Evidence  Not Applicable |
| 1. Number of Faculty 2. The number of faculty shall be sufficient to prepare the students to achieve the objectives of the educational program and to ensure safety for clients to whom students provide care. | *Examples of support may include: faculty summary form, clinical availability (# of students per unit), number of students (each cohort and total for program), defined faculty: student ratio calculation*  Appendix \_\_\_\_\_ Supporting Evidence |
| 1. When students are giving direct care to clients, the ratio of students to faculty shall not exceed 10 students to one faculty member, and the faculty shall be on site solely to supervise students. 2. When preceptors are utilized for specified learning experiences in clinical settings, the faculty member may supervise up to 15 students. | *Examples of evidence may include: Clinical experience tracking to verify the number of clinical hours obtained by each student, Student (course-clinical-site-Number of assigned students-Actual hours obtained-Experience summary), Written agreements with clinical agencies, clinical agency form, and master clinical schedule*  Appendix \_\_\_\_\_ Supporting Evidence |
| 1. Functions. The principal functions of the faculty shall be to: 2. Develop, implement and evaluate the philosophy and objectives of the nursing education program; 3. Design, implement, teach, evaluate and revise the curriculum. Faculty shall provide evidence of education and experience necessary to indicate that they are competent to teach a given course; 4. Develop and evaluate student admission, progression, retention and graduation policies within the framework of the controlling institution; 5. Participate in academic advisement and counseling of students in accordance with requirements of the Financial Educational Rights and Privacy Act (20 USC § 1232g); | *Examples of supporting evidence for items C.1-4 and 6 may include faculty job descriptions, minutes of faculty and standing committee meetings, CV, Certifications, CEU’s, total program systematic evaluation plan and documentation that the plan has been followed.*  Appendix \_\_\_\_\_ Supporting Evidence |
| 1. Provide opportunities for and evidence of student and graduate evaluation of curriculum and teaching and program effectiveness; and | *Examples of supporting evidence may include exit surveys; end of course student evaluation of faculty.*  Appendix \_\_\_\_\_ Plan for proposed Systematic Plan of Evaluation  Appendix \_\_\_\_\_ Survey Forms |
| 1. Document actions taken in faculty and committee meetings using a systematic plan of evaluation for total program review. | Appendix \_\_\_\_\_ Plan of the proposed Systematic Plan of Evaluation |

| **18VAC90-27-70. Admission of Students** | |
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| Regulation | Evidence/Items to Consider |
| |  | | --- | | 1. Requirements for admission to a registered nursing education program shall not be less than the requirements of § 54.1-3017 A 1 of the Code of Virginia that will permit the graduate to be admitted to the appropriate licensing examination. The equivalent of a four-year high school course of study as required pursuant to § 54.1-3017 shall be considered to be: 2. A General Educational Development (GED) certificate for high school equivalence; or 3. Satisfactory completion of the college courses required by the nursing education program. 4. Requirements for admission to a practical nursing education program shall not be less than the requirements of subdivision 1 of § 54.1-3020 of the Code of Virginia that will permit the graduate to be admitted to the appropriate licensing examination. 5. Requirements for admission, readmission, advanced standing, progression, retention, dismissal and graduation shall be available to the students in written form. 6. Except for high school students, all applicants to a nursing education program shall be required to submit to a criminal background check prior to admission. 7. Transfer students may not be admitted until a nursing education program has received full approval from the board. | | *Examples of supporting evidence may include: Current school catalog, current student handbook, files of each class of enrolled students and graduates, storage of files, program admission criteria outlining (educational requirements for admission, need for a background check, reasons for dismissal, and requirements for graduation).*  Appendix \_\_\_\_\_ Supporting Evidence |

| **18VAC90-27-80. Resources, facilities, publications, and services.** | |
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| Regulation | Evidence/Items to Consider |
| 1. Classrooms, conference rooms, laboratories, clinical facilities, and offices shall be sufficient to meet the objectives of the nursing education program and the needs of the students, faculty, administration, and staff and shall include private areas for faculty-student conferences. The nursing education program shall provide facilities that meet federal and state requirements including: 2. Comfortable temperatures; 3. Clean and safe conditions; 4. Adequate lighting; 5. Adequate space to accommodate all students; and 6. Instructional technology and equipment needed for simulating client care. | *Examples of support evidence may include: Certificates of approval from entities such as: Department of Education, SCHEV, SACs, etc.*  *Attached is a list of suggested equipment for the laboratories. Please note that the list is not all inclusive and the program is responsible for ensuring the necessary supplies are available to students to meet the curricular requirements.*  Appendix \_\_\_\_\_ Diagram/Blueprint  Appendix \_\_\_\_\_ Certificates of approval |
| 1. The program shall have learning resources and technology that are current, pertinent, and accessible to students and faculty, and sufficient to meet the needs of the students and faculty. | *Examples of supporting evidence may include, library, eBooks, EHR, Online learning platform.*  Appendix \_\_\_\_\_ Supporting Evidence |
| 1. Current information about the nursing education program shall be published and distributed to applicants for admission and shall be made available to the board. Such information shall include: 2. Description of the program to include whether the program is accredited by a nursing education accrediting body; 3. Philosophy and objectives of the controlling institution and of the nursing program; 4. Admission and graduation requirements, including the policy on the use of a final comprehensive exam; 5. Fees and expenses; 6. Availability of financial aid; 7. Tuition refund policy; 8. Education facilities; 9. Availability of student activities and services; 10. Curriculum plan to include course progression from admission to graduation, the name of each course, theory hours, skills lab hours, simulation hours (if used in lieu of direct client care hours), and clinical hours; 11. Course descriptions to include a complete overview of what is taught in each course; 12. Faculty-staff roster; 13. School calendar; 14. Student grievance policy; and 15. Information about implication of criminal convictions. | Appendix \_\_\_\_\_ Student Handbook  Appendix \_\_\_\_\_ Faculty Handbook  Appendix \_\_\_\_\_ College/Program Catalog/Website |
| 1. Administrative support services shall be available | Appendix \_\_\_\_\_ Supporting Evidence |
| 1. There shall be written agreements with cooperating agencies that: 2. Ensure full control of student education by the faculty of the nursing education program, including the selection and supervision of learning experiences to include the dismissal of students from the clinical site if client safety is or may be compromised by the acts of the student; 3. Provide that faculty members or preceptors are present in the clinical setting when students are providing direct client care; 4. Provide for cooperative planning with designated agency personnel to ensure safe client care; and 5. Provide that faculty be readily available to students and preceptors while students are involved in preceptorship experiences; 6. Cooperating agencies shall be approved by the appropriate accreditation, evaluation, or licensing bodies, if such exist. | *Refer to Guidance Document 90-21 and 90-24 to assist in planning of clinical learning sites. Each listed clinical agency will be contacted by a Board representative.*  Appendix \_\_\_\_\_ Clinical Contracts for all clinical sites  Appendix \_\_\_\_\_ Clinical Agency Roster (see template) |

| **18VAC90-27-90. Curriculum.** | |
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| Regulation | Evidence/Items to Consider |
| 1. Both classroom and online curricula shall reflect the philosophy and objectives of the nursing education program and shall be consistent with the law governing the practice of nursing. | *Examples of supporting evidence may include: Philosophy, Objectives, and Conceptual Framework, and Course descriptions, outcomes, evidence of professional standards aligned with curricula*  Appendix \_\_\_\_\_ Supporting Evidence |
| 1. Nursing education programs preparing for licensure as a registered or practical nurse shall include: 2. Evidence-based didactic content and supervised clinical experience in nursing, encompassing the attainment and maintenance of physical and mental health and the prevention of illness for individuals and groups throughout the life cycle and in a variety of acute, nonacute, community-based and long-term care clinical settings and experiences to include adult medical/surgical nursing, geriatric nursing, maternal/infant (obstetrics, gynecology, neonatal) nursing, mental health/psychiatric nursing, nursing fundamentals, and pediatric nursing; 3. Concepts of the nursing process that include conducting a focused nursing assessment of the client status that includes decision making about who and when to inform, identifying client needs, planning for episodic nursing care, implementing appropriate aspects of client care, contributing to data collection and the evaluation of client outcomes, and the appropriate reporting and documentation of collected data and care rendered; 4. Concepts of anatomy, physiology, chemistry, microbiology, and the behavioral sciences; 5. Concepts of communication, growth and development, nurse-client interpersonal relations, and client education, including: 6. Development of professional socialization that includes working in interdisciplinary teams; and 7. Conflict resolution; 8. Concepts of ethics and the vocational and legal aspects of nursing, including: 9. Regulations and sections of the Code of Virginia related to nursing; 10. Client rights, privacy, and confidentiality; 11. Prevention of client abuse, neglect, and abandonment throughout the life cycle, including instruction in the recognition, intervention, and reporting by the nurse of evidence of child or elder abuse; 12. Professional responsibility to include the role of the practical and professional nurse; 13. Professional boundaries to include appropriate use of social media and electronic technology; and 14. History and trends in nursing and health care; 15. Concepts of pharmacology, dosage calculation, medication administration, nutrition, and diet therapy; 16. Concepts of client-centered care, including: 17. Respect for cultural differences, values, and preferences; 18. Promotion of healthy life styles for clients and populations; 19. Promotion of a safe client environment; 20. Prevention and appropriate response to situations of bioterrorism, natural and man-made disasters, and intimate partner and family violence; 21. Use of critical thinking and clinical judgment in the implementation of safe client care; and 22. Care of clients with multiple, chronic conditions; and 23. Development of management and supervisory skills, including: 24. The use of technology in medication administration and documentation of client care; 25. Participation in quality improvement processes and systems to measure client outcomes and identify hazards and errors; and 26. Supervision of certified nurse aides, registered medication aides and unlicensed assistive personnel. | Appendix \_\_\_\_\_ Course Syllabi/Topical Outlines  Appendix \_\_\_\_\_ Detailed Course Hours (see template)  Appendix \_\_\_\_\_ Curriculum Map (see template) |
| 1. In addition to meeting curriculum requirements set forth in subsection B of this section, registered nursing education programs preparing for registered nurse licensure shall also include: 2. Evidence-based didactic content and supervised clinical experiences in conducting a comprehensive nursing assessment that includes: 3. Extensive data collection, both initial and ongoing, for individuals, families, groups, and communities addressing anticipated changes in client conditions as well as emerging changes in a client's health status; 4. Recognition of alterations to previous client conditions; 5. Synthesizing the biological, psychological and social aspects of the client's condition; 6. Evaluation of the effectiveness and impact of nursing care; 7. Planning for nursing interventions and evaluating the need for different interventions for individuals, groups and communities; 8. Evaluation and implementation of the need to communicate and consult with other health team members; and 9. Use of a broad and complete analysis to make independent decisions and nursing diagnoses; 10. Evidence-based didactic content and supervised experiences in: 11. Development of clinical judgment; 12. Development of leadership skills and unit management; 13. Knowledge of the rules and principles for delegation of nursing tasks to unlicensed persons; 14. Supervision of licensed practical nurses; 15. Involvement of clients in decision making and a plan of care; and 16. Concepts of pathophysiology | Not Applicable  Appendix \_\_\_\_\_ Course Syllabi/Topical Outlines  Appendix \_\_\_\_\_ Detailed Course Hours (see template)  Appendix \_\_\_\_\_ Curriculum Map (see template) |

| **18VAC90-27-100. Curriculum for direct client care.** | |
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| Regulation | Evidence/Items to Consider |
| 1. A nursing education program preparing a student for licensure as a registered nurse shall provide a minimum of 500 hours of direct client care supervised by qualified faculty. A nursing education program preparing a student for licensure as a practical nurse shall provide a minimum of 400 hours of direct client care supervised by qualified faculty. Direct client care hours shall include experiences and settings as set forth in 18VAC90-27-90(B)(1). | *Refer to Guidance Document 90-21 and 90-24 to assist in planning of clinical learning sites. Each listed clinical agency will be contacted.*  Appendix \_\_\_\_\_ Detailed Course Hours (see template) |
| 1. Licensed practical nurses transitioning into pre-licensure registered nursing programs may be awarded no more than 150 clinical hours of the 400 clinical hours received in a practical nursing program. In a practical nursing to registered nursing transitional program, the remainder of the clinical hours shall include registered nursing clinical experience across the life cycle in adult medical/surgical nursing, maternal/infant (obstetrics, gynecology, neonatal) nursing, mental health/psychiatric nursing, and pediatric nursing. | Appendix \_\_\_\_\_ Detailed Course Hours (see template)  Appendix \_\_\_\_\_ Policy regarding acceptance of clinical hours from practical nursing program if applicable |
| 1. Any observational experiences shall be planned in cooperation with the agency involved to meet stated course objectives. Observational experiences shall not be accepted toward the 400 or 500 minimum clinical hours required. Observational objectives shall be available to students, the clinical unit, and the board. | *Examples of supporting evidence may include: Objectives for observational experiences, and number of observational hours in the curriculum*  Appendix \_\_\_\_\_ Detailed Course Hours (see template)  Appendix \_\_\_\_\_ Objectives for observational experiences |
| 1. Simulation for direct client clinical hours. 2. No more than 25% of direct client contact hours may be simulation. For prelicensure registered nursing programs, the total of simulated client care hours cannot exceed 125 hours (25% of the required 500 hours). For prelicensure practical nursing programs, the total of simulated client care hours cannot exceed 100 hours (25% of the required 400 hours). 3. No more than 50% of the total clinical hours for any course may be used as simulation. 4. Skills acquisition and task training alone, as in the traditional use of a skills laboratory, do not qualify as simulated client care and therefore do not meet the requirements for direct client care hours. 5. Clinical simulation must be led by faculty who meet the qualifications specified in 18VAC90-27-60. 6. Documentation of the following shall be available for all simulated experiences: 7. Course description and objectives; 8. Type of simulation and location of simulated experience; 9. Number of simulated hours; 10. Faculty qualifications; and 11. Methods of debriefing. | *Examples of supporting may include: Simulation policy, Plan for each simulation developed, Alignment document detailing course objectives that simulation meets*  Appendix \_\_\_\_\_ Detailed Course Hours (see template)  Appendix \_\_\_\_\_ Supporting Evidence |

| **18VAC90-27-110. Clinical practice of students.** | |
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| Regulation | Evidence/Items to Consider |
| 1. In accordance with § 54.1-3001 of the Code of Virginia, a nursing student, while enrolled in an approved nursing program, may perform tasks that would constitute the practice of nursing. The student shall be responsible and accountable for the safe performance of those direct client care tasks to which he has been assigned. | *Examples of supporting evidence may include: agency contracts with a statement regarding student’s role, course syllabi with a statement regarding student role, Student Handbook, and Preceptorship packet*  Appendix \_\_\_\_\_ Supporting Evidence |
| 1. Faculty shall be responsible for ensuring that students perform only skills or services in direct client care for which they have received instruction and have been found proficient by the instructor. Skills checklists shall be maintained for each student. | *Examples of supporting evidence may include: student skills checklist used by the institution*  Appendix \_\_\_\_\_ Supporting Evidence |
| 1. Faculty members or preceptors providing on-site supervision in the clinical care of clients shall be responsible and accountable for the assignment of clients and tasks based on their assessment and evaluation of the student's clinical knowledge and skills. Supervisors shall also monitor clinical performance and intervene if necessary for the safety and protection of the clients. | *Examples of supporting evidence may include: Faculty Handbook, Student Handbook, faculty job description, and preceptorship packet*  Appendix \_\_\_\_\_ Supporting Evidence |
| 1. Clinical preceptors may be used to augment the faculty and enhance the clinical learning experience. Faculty shall be responsible for the designation of a preceptor for each student and shall communicate such assignment with the preceptor. A preceptor may not further delegate the duties of the preceptorship. | *Examples of supporting evidence may include: preceptorship packet with defined student, faculty, and preceptor roles, Faculty Handbook, and Course syllabi*  Appendix \_\_\_\_\_ Supporting Evidence |
| 1. Preceptors shall provide to the nursing education program evidence of competence to supervise students' clinical experience for quality and safety in each specialty area where they supervise students. The clinical preceptor shall be licensed as a nurse at or above the level for which the student is preparing. | *Examples of supporting evidence may include: Preceptorship packet, preceptor agreement, verification of preceptor’s current licensure at or above the level the student is preparing, preceptor CV*  Appendix \_\_\_\_\_ Supporting Evidence |
| 1. Supervision of students.    * + 1. When faculty are supervising direct client care by students, the ratio of students to faculty shall not exceed 10 students to one faculty member. The faculty member shall be on site in the clinical setting solely to supervise students.        2. When preceptors are utilized for specified learning experiences in clinical settings, the faculty member may supervise up to 15 students. In utilizing preceptors to supervise students in the clinical setting, the ratio shall not exceed two students to one preceptor at any given time. During the period in which students are in the clinical setting with a preceptor, the faculty member shall be available for communication and consultation with the preceptor*.* | *Examples of supporting evidence may include: Course enrollment numbers for all clinical courses and sections, Master Clinical Schedule, Preceptorship packet with roles, Agency contracts*  Appendix \_\_\_\_\_ Supporting Evidence |
| 1. Prior to beginning any preceptorship, the following shall be required:    * + 1. Written objectives, methodology, and evaluation procedures for a specified period of time to include the dates of each experience;        2. An orientation program for faculty, preceptors, and students;        3. A skills checklist detailing the performance of skills for which the student has had faculty-supervised clinical and didactic preparation; and        4. The overall coordination by faculty who assume ultimate responsibility for implementation, periodic monitoring, and evaluation. | *Examples of supporting evidence may include: Student objectives for precepted experience, Course syllabus with course objectives outlined, Preceptor Packet, and Student Skills Checklist*  Appendix \_\_\_\_\_ Supporting Evidence |

| **18VAC90-27-120. Granting of initial approval.** | |
| --- | --- |
| Regulation | Evidence/Items to Consider |
| 1. Initial approval may be granted when all documentation required in 18VAC90-27-30 has been submitted and is deemed satisfactory to the board and when the following conditions are met: 2. There is evidence that the requirements for organization and administration and the philosophy and objectives of the program, as set forth in 18VAC90-27-40 and 18VAC90-27-50, have been met; 3. A program director who meets board requirements has been appointed, and there are sufficient faculty to initiate the program as required in 18VAC90-27-60; 4. A written curriculum plan developed in accordance with 18VAC90-27-90 has been submitted and approved by the board; 5. A written systematic plan of evaluation has been developed and approved by the board; and 6. The program is in compliance with requirements of 18VAC90-27-80 for resources, facilities, publications, and services as verified by a satisfactory site visit conducted by a representative of the board. | *Examples of supporting evidence may include: Systematic Evaluation Plan, Student Evaluation Forms (Course, Clinical, and Program Evaluation), Graduate and Employer Evaluation Forms, Minutes of Faculty and Standing Committee(s) Meetings, Faculty and Student Interviews, Curriculum alignment, Faculty and Director CV, Faculty Handbooks, Student Handbooks.*  Appendix \_\_\_\_\_ Supporting Evidence |
| 1. If initial approval is granted: 2. The advertisement of the nursing program is authorized. 3. The admission of students is authorized, except that transfer students are not authorized to be admitted until the program has received full program approval. 4. The program director shall submit quarterly progress reports to the board that shall include evidence of progress toward full program approval and other information as required by the board. | Initial confirming understanding of 18VAC90-27-120(B)(1-3) \_\_ Initial \_\_\_\_\_ |

| Regulation Review | |
| --- | --- |
| Review of the following is required as part of application completion | |
| 18VAC90-27-130. Denying or withdrawing initial program approval | Initial confirming understanding of 18VAC90-27-130(A)(1-5) \_\_ Initial \_\_\_\_\_  Initial confirming understanding of 18VAC90-27-130(B)(1)(a-c) \_\_ Initial \_\_\_\_\_ |
| 18VAC90-27-140. Causes for denial or withdrawal of nursing education program approval. | Initial confirming understanding of 18VAC90-27-140(A)(1-13) \_\_\_ Initial \_\_\_\_\_  Initial confirming understanding of 18VAC90-27-140(B) \_\_ Initial \_\_\_\_\_  Initial confirming understanding of 18VAC90-27-140(C) \_\_ Initial \_\_\_\_\_ |
| 18VAC90-27-180. Records and provision of information | Initial confirming understanding of 18VAC90-27-180(A) \_\_ Initial \_\_\_\_\_  Initial confirming understanding of 18VAC90-27-180(B)(1-4) \_\_\_ Initial \_\_\_\_\_  Initial confirming understanding of 18VAC90-27-180(C)(1-4) \_\_ Initial \_\_\_\_\_  Initial confirming understanding of 18VAC90-27-180(D)(1-2) \_\_\_\_ Initial \_\_\_\_\_ |
| 18VAC90-27-200. Program Changes | Initial confirming understanding of 18VAC90-27-200(A)(1-9) \_\_ Initial \_\_\_\_\_  Initial confirming understanding of 18VAC90-27-200(B) \_\_\_\_ Initial \_\_\_\_\_ |
| 18VAC90-27-220. Maintaining an approved nursing education program. | Initial confirming understanding of 18VAC90-27-220(B)  Appendix \_\_\_\_\_ Accreditation Plan |

## Suggested Equipment supply list

A visit will be conducted by a Board of Nursing representative prior to receiving initial approval and the admission of students. The facility will be toured including the classrooms, library, computer lab, skills lab and simulation labs. At the time of the visit, all areas should be ready to receive students, complete with equipment and supplies. This list is a sample of minimally needed supplies. The specific supplies needed for each program may differ.

Equipment and supplies should be available to meet Board of Nursing regulations and the program’s established student outcomes. The number of students in a program will determine the amount of equipment and supplies needed.

| Fundamentals of Nursing /Medical Surgical Nursing | | | Pediatrics | Maternity/ Obstetrics |
| --- | --- | --- | --- | --- |
| Manikins   * Low fidelity * Mid fidelity * High fidelity (based on curriculum and objectives) * Task trainers | Urinary elimination  Bedside commode  Bedpans, urinals, measuring graduates  Urinary catheters insertion sets   * Indwelling * Straight   Male and female task trainer capability  Urinary specimen equipment | Bowel elimination  Enema equipment  Ostomy equipment  Ostomy model or trainer capability  Stool specimen equipment | Manikins   * High fidelity (based on curriculum and objectives) * Baby * Child | Manikins   * High fidelity (based on curriculum and objectives) * Pelvis model with baby * Birthing manikin * Post-partum assessment * Infant |
| Hospital beds, stretchers, examination tables with privacy curtains and call system | Intravenous insertion  IV fluids, IV infusion sets  IV infusion pump  IV insertion models | Emergency cart  Resuscitation equipment  Defibrillation equipment  Practice medications | IV equipment  Volume control regulators i.e.: buretrol | Hospital beds  Isolette  Bassinette |
| Over bed wall mounts with simulated Oxygen/ medical air/ suction/ otoscopes/ophthalmoscopes | Post mortem care | Acute care   * Central IV access care kits * Chest tubes * Chest tubes drainage | Emergency equipment   * Oxygen equipment * Resuscitation equipment * Defibrillation equipment * Practice medications * Barlow tape and equipment | Doppler |
| Thermometers (electronic) Sphygmomanometer Teaching stethoscopes | Sharps container | wheelchairs | Medication administration  Supplies to teach | Baby care supplies  Cord care supplies |
| Oral and personal hygiene equipment  Bath basins, emesis basins, towels, wash clothes, soap, tooth paste, hair care, skin care | Ambulation equipment   * Gait belts * Canes * Crutches * walkers | Wound care supplies  Various skin treatments  i.e.:Duoderm | Infant scales  Measuring tapes |  |
| Scales  chair, standing | Anti-embolic stockings | Linens, linen hampers | Hospital cribs |  |
| Pressure wound prevention   * Elbow protectors * Heel protectors * Pillows | Medication dispensing unit  Medication administration supplies for all routes  Practice medications for all routes | Surgical care supplies  Sterile gloves  Wound drains – i.e.: hemovac, Jackson Pratt, penrose |  |  |
| Infection Control equipment   * Gowns * Head cover * Mask * Gloves * Shoe covers | Nutritional Supplies   * Foods * Cups * Utensils * Diet trays | Snellen’s chart |  |  |
| Oxygen equipment   * Nasal prong * Simple mask * Non-rebreather * Pulse oximetry * Incentive spirometer | Naso-gastric tubes and insertion supplies |  |  |  |

## Clinical Agency Roster

**\*An editable template is located on our website\***

| Clinical agency name and address  Unit name  Miles from Campus | Accrediting body; date and results of most recent accreditation visit | Agency representative name, title,  phone number and email | Date of contract/Expiration Date | Date last used for student experiences | Nursing course name and course number | Type of clinical experiences obtained | Number of students/hours per clinical unit per day | Total Students/Hours in direct client care per term  \*Indicate preceptor experiences with \* |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Example:  The Best Hospital,  1010 Wonder Way, Richmond, VA  4 South  4 miles | TJC 2014/good standing met all standards | Mary Lou Who, HR Manager,  (331) 111-1111  mlw@Bestplace.com | 3/10/2010- 3/10/2015 | 3/9/2015 | Medical Surgical I, NURS 122 | Medical surgical nursing care | 6 students per day/8 hrs each | 12 students per term/80 clinical hours direct care per student |
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## Faculty Roster

**\*An editable template is located on our website\***

| **Faculty Rank/Title**  **Name** | **Status** | **Date of Hire** | **Program Attended** | **Nursing Credential** | **Highest Degree Obtained** | **Major Teaching Responsibility** | **Years’ Experience** | | **State of Licensure/License Number/Expiration Date** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **in NURSING PRACTICE** | **TEACHING in ACADEMIC SETTING** |
| Example: Mary Who,  Associate Professor | Full time  Part time |  | Best University | RN, MS, DNP, CCRN | DNP | Med Surg | 25 | 14 | VA 11111  12/31/2020 |
|  | Full time  Part time |  |  |  |  |  |  |  |  |
|  | Full time  Part time |  |  |  |  |  |  |  |  |
|  | Full time  Part time |  |  |  |  |  |  |  |  |
|  | Full time  Part time |  |  |  |  |  |  |  |  |
|  | Full time  Part time |  |  |  |  |  |  |  |  |
|  | Full time  Part time |  |  |  |  |  |  |  |  |

## Detailed Course Hours

**\*An editable template is located on our website\***

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Course Number** | **Course Name** | **Didactic instruction hours** | **Skills acquisition**  **hours** | | **Observation Experience hours** | **Simulation in lieu of direct clinical hours** | **Direct client care hours** |
| Skills Lab | Simulation |
| EXAMPLE.  NURS 110 | Fundamentals in Nursing | 75 | 13 | 16 | 0 | 0 | 90 |
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| **TOTAL** | | | | | |  |  |

## Curriculum Map

**\*An editable template is located on our website\***

|  | Course Number | Corresponding Objective | Location of Content within the course |
| --- | --- | --- | --- |
| EXAMPLE | NURS101 | Course Objective 2 | Lecture on Diabetes slide 15; pages 220-223 in Fundamentals book. |
| A. Both classroom and online curricula shall reflect the philosophy and objectives of the nursing education program and shall be consistent with the law governing the practice of nursing. |  |  |  |
| B. Nursing education programs preparing for licensure as a registered or practical nurse shall include: |  |  |  |
| 1. Evidence-based didactic content and supervised clinical experience in nursing encompassing the attainment and maintenance of physical and mental health and the prevention of illness for individuals and groups throughout the life cycle and in a variety of acute, nonacute, community-based, and long-term care clinical settings and experiences to include adult medical/surgical nursing, geriatric nursing, maternal/infant (obstetrics, gynecology, neonatal) nursing, mental health/psychiatric nursing, nursing fundamentals, and pediatric nursing; |  |  |  |
| 2. Concepts of the nursing process that include conducting a focused nursing assessment of the client status that includes decision making about who and when to inform, identifying client needs, planning for episodic nursing care, implementing appropriate aspects of client care, contributing to data collection and the evaluation of client outcomes, and the appropriate reporting and documentation of collected data and care rendered; |  |  |  |
| 3. Concepts of anatomy, physiology, chemistry, microbiology, and the behavioral sciences; |  |  |  |
| 4. Concepts of communication, growth and development,  nurse-client interpersonal relations, and client education, including: |  |  |  |
| a. Development of professional socialization that includes working in interdisciplinary teams; and |  |  |  |
| b. Conflict resolution; |  |  |  |
| 5. Concepts of ethics and the vocational and legal aspects of nursing, including: |  |  |  |
| a. Regulations and sections of the Code of Virginia related to nursing; |  |  |  |
| b. Client rights, privacy, and confidentiality; |  |  |  |
| c. Prevention of client abuse, neglect, and abandonment throughout the life cycle, including instruction in the recognition, intervention, and reporting by the nurse of evidence of child or elder abuse; |  |  |  |
| d. Professional responsibility to include the role of the practical and professional nurse; |  |  |  |
| e. Professional boundaries to include appropriate use of social media and electronic technology; and |  |  |  |
| f. History and trends in nursing and health care; |  |  |  |
| 6. Concepts of pharmacology, dosage calculation, medication administration, nutrition, and diet therapy; |  |  |  |
| 7. Concepts of client-centered care, including: |  |  |  |
| a. Respect for cultural differences, values, and preferences; |  |  |  |
| b. Promotion of healthy life styles for clients and populations; |  |  |  |
| c. Promotion of a safe client environment; |  |  |  |
| d. Prevention and appropriate response to situations of bioterrorism, natural and man-made disasters, and intimate partner and family violence; |  |  |  |
| e. Use of critical thinking and clinical judgment in the implementation of safe client care; and |  |  |  |
| f. Care of clients with multiple, chronic conditions; and |  |  |  |
| 8. Development of management and supervisory skills, including: |  |  |  |
| a. The use of technology in medication administration and documentation of client care; |  |  |  |
| b. Participation in quality improvement processes and systems to measure client outcomes and identify hazards and errors; and |  |  |  |
| c. Supervision of certified nurse aides, registered medication aides and unlicensed assistive personnel. |  |  |  |
| C. In addition to meeting curriculum requirements set forth in subsection B of this section, registered nursing education programs preparing for registered nurse licensure shall also include: |  |  |  |
| 1. Evidence-based didactic content and supervised clinical experiences in conducting a comprehensive nursing assessment that includes: |  |  |  |
| a. Extensive data collection, both initial and ongoing, for individuals, families, groups, and communities addressing anticipated changes in client conditions as well as emerging changes in a client's health status; |  |  |  |
| b. Recognition of alterations to previous client conditions; |  |  |  |
| c. Synthesizing the biological, psychological and social aspects of the client's condition; |  |  |  |
| d. Evaluation of the effectiveness and impact of nursing care; |  |  |  |
| e. Planning for nursing interventions and evaluating the need for different interventions for individuals, groups and communities; |  |  |  |
| f. Evaluation and implementation of the need to communicate and consult with other health team members; and |  |  |  |
| g. Use of a broad and complete analysis to make independent decisions and nursing diagnoses; |  |  |  |
| 2. Evidence-based didactic content and supervised experiences in: |  |  |  |
| a. Development of clinical judgment; |  |  |  |
| b. Development of leadership skills and unit management; |  |  |  |
| c. Knowledge of the rules and principles for delegation of nursing tasks to unlicensed persons; |  |  |  |
| d. Supervision of licensed practical nurses; |  |  |  |
| e. Involvement of clients in decision making and a plan of care; and |  |  |  |
| f. Concepts of pathophysiology. |  |  |  |