

**Title 20—DEPARTMENT OF  
COMMERCE AND INSURANCE  
Division 2200—State Board of Nursing  
Chapter 2—Minimum Standards for Approved  
Programs of Professional Nursing**

**PROPOSED AMENDMENT**

**20 CSR 2200-2.100 Educational Program.** The board is amending sections (1), (2), (3), and (5).

*PURPOSE: This amendment aligns clinical simulation and distance education with the nursing curriculum.*

(1) General Purpose.

(E) A nursing program that uses clinical simulation shall adhere to model standards of best practice. **Mapping of clinical simulation experiences to course and clinical objectives as well as graduate competencies should be documented.**

(2) Curriculum Organization and Development.

(A) The nursing faculty shall have the authority and the responsibility to develop, implement, and evaluate the curriculum. **Student learning experiences shall be directed and evaluated by the faculty and be consistent with the curriculum plan.**

*[(G) Student learning experiences shall be directed and evaluated by the faculty and be consistent with the curriculum plan.]*

(3) Curriculum Requirements. Content may be developed as a separate course or integrated. Integrated concepts shall be evident in the course objectives. Coursework shall include, but is not limited to:

(A) Content in the biological, physical, social, and behavioral sciences **and quantitative reasoning** to provide a foundation for competent, safe, and effective professional nursing practice;

(B) Didactic content and supervised clinical experience in the prevention of illness and the promotion, restoration, and maintenance of health in patients across the life span and in a variety of clinical settings or simulation, to include:

1. Using information technology to communicate, manage knowledge, mitigate error, and support decision-making;
2. Employing evidence-based practice to integrate best research with clinical expertise and patient values for optimal care, including skills to identify and apply best practices to nursing care;
3. Considering moral, legal, and ethical standards in decision-making processes;
4. Understanding quality improvement processes to measure patient outcomes, identify hazards and errors, and develop changes in processes **[of] to provide**

- safe patient care;
5. Considering the impact of policy and finance of the healthcare system;
  6. Involving patients in decision-making and care management;
  7. Coordinating and managing continuous patient care;
  8. Promoting healthy lifestyles for patient(s) and populations;
  9. Working in interdisciplinary teams to cooperate, collaborate, communicate, and integrate patient care and health promotion; *[and]*
  10. Providing patient-centered culturally sensitive care with focus on respect for patient differences, values, preferences, and expressed needs *[.]*; **and**
  11. **Equipping students to face unique psychosocial, spiritual, and physical stressors that healthcare professionals may encounter while carrying out their duties.**

(5) Distance [*Learning*] Education Measures and Opportunities.

(A) Nursing programs **and courses** delivered solely or in part through distance [*learning*] **education** technologies shall meet the same academic program and learning standards as programs provided in face-to-face format, to include the following:

1. Budgetary support specific to distant learning resources;
2. Course management/delivery platform(s) that are reliable and navigable for students and faculty **including measures to ensure exam security shall be in place**;
3. Sufficient technical support to assist students and faculty to consistently meet program outcomes **including communication of available technical support should be provided to students**;
4. Learning and technology resources, to include library resources, that are selected with input of the nursing faculty and are comprehensive, current, and accessible to students and faculty;
5. Student outcomes consistent with stated mission, goals, and objectives of the program;
6. Collaborative and interactive learning activities that assist students in achieving course objectives;
7. Planned, faculty-guided clinical learning experiences that involve direct contact with patients;
8. Learning opportunities that facilitate development of students' clinical competence and judgment, professional role socialization, and transition to a more advanced scope of professional nursing practice;
9. Evaluation of student outcomes at set intervals;
10. Tracking of student retention and completion rates on an ongoing basis;
11. Faculty and student input into the evaluation process; and
12. Evidence that outcome data are consistently utilized to plan and improve distance learning.

*AUTHORITY: section[s] 335.036, RSMo Supp. 2021 and section 335.071, RSMo 2016.\**

*This rule originally filed as 4 CSR 200-2.100. This version of rule filed April 20, 1973, effective May 1, 1973. For intervening history, please consult the **Code of State Regulations**. Amended: filed Feb. 14, 2022.*

*PUBLIC COST: This proposed amendment will not cost state agencies or political subdivisions more than five hundred dollars (\$500) in the aggregate.*

*PRIVATE COST: This proposed amendment will not cost private entities more than five hundred dollars (\$500) in the aggregate.*

*NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment with the State Board of Nursing, Lori Scheidt, Executive Director, PO Box 656, Jefferson City, MO 65102, by fax at (573) 751-0075, or via email at [nursing@pr.mo.gov](mailto:nursing@pr.mo.gov). To be considered, comments must be received within thirty (30) days after publication of this notice in the **Missouri Register**. No public hearing is scheduled.*