

**Title 20—DEPARTMENT OF
COMMERCE AND INSURANCE
Division 2200—State Board of Nursing
Chapter 3—Minimum Standards for Approved
Programs of Practical Nursing**

PROPOSED AMENDMENT

20 CSR 2200-3.100 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. Instruction shall be provided in the following areas:

(D) Nursing Science. Theory and clinical instruction in nursing shall be based on the nursing process and encompass the promotion, maintenance, and restoration of physical and mental health and the prevention of illness for individuals and groups throughout the life cycle. Content shall enable the student to develop competency in each of the following areas while preparing for safe and effective practice as a practical nurse:

1. Fundamentals of nursing;
2. Nursing of adults;
3. Nursing of children;
4. Nursing of the elderly;
5. Maternal and newborn nursing;
6. Mental health concepts;
7. Administration of medications; **dosage calculation should be included;**
8. IV therapy;
9. Leadership/management concepts, to include coordinating and managing

- continuous patient care;
- 10. Evidence-based practice;
- 11. *[Patient-centered care]* **Culturally sensitive care that is patient-centered**, to include respect for patient differences, values, preferences, and expressed needs;
- 12. Patient safety;
- 13. Quality of care; and
- 14. Use of information technology to communicate, manage knowledge, mitigate error, and support decision making;
- 15. Measures to equip 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 distance 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, role socialization, and transition to nursing practice;
 - 9. Evaluation of student outcomes at set intervals;
 - 10. Tracking of student retention and completion rates on 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 200-3.100. Original rule filed Jan. 29, 1974, effective Feb. 8, 1974. 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. 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.*