

Division 21

Standards for Approval of Nursing Education Programs

OAR 851-021-0000

Purpose of Standards

To establish standards for nursing education programs that ensure graduates are prepared for safe nursing practice. To include the following:

- (1) Processes for the approval of new nursing education programs;
- (2) Accreditation requirements of nursing education programs;
- (3) Criteria for ongoing evaluation of established nursing education programs; and
- (4) Processes for denial or withdrawal of approval of nursing education programs that do not maintain compliance with OAR Chapter 851 Division 21.

Statutory/Other Authority: ORS 678.150, 678.340 & 678.360

Statutes/Other Implemented: ORS 678.150 & 678.360

History:

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Establishment and Approval of New Nursing Education Programs

Before establishing a new nursing education program, adding an extended campus, or establishing a distance learning option, the following process must be completed:

- (1) Step 1 – Preliminary Development Application.
 - (a) The proposed program must submit the following documentation to the Board at least one year prior to the planned start date:
 - (A) Needs assessment highlighting the statewide need for the proposed nursing education program;
 - (B) Type of program including identification of proposed instructional modality and degree or certificate awarded;
 - (C) Planned student enrollment;
 - (D) Evidence of institutional accreditation by an agency recognized by the United States Department of Education;
 - (E) Evidence of dedicated financial resources for planning, implementation, and continuation of the program;
 - (F) Description of anticipated educational resources, including facilities, clinical and technical learning resources;
 - (G) Number of anticipated faculty and program administrators; and
 - (H) A proposed timeline for developing and initiating the program.

- (b) The Board, after review and consideration of the application, must either approve or deny permission to move forward with preliminary development.
- (2) Step 2 – Initial Approval for Admission of Students.
 - (a) The proposed program must provide the Board with evidence that the following program components and processes have been completed at least six months prior to the planned start date:
 - (A) Employment of a nursing administrator;
 - (B) Employment of nurse educators, other educators, and administrative support;
 - (C) Current institutional catalog, including information provided to students regarding program accreditation and approvals;
 - (D) The proposed curriculum plan;
 - (E) A systematic plan of evaluation of the curriculum and program;
 - (F) Policies related to admission, progression, retention, and graduation;
 - (G) Policies and strategies to address students' needs including accommodations, learning disabilities, English as an international language; and remediation tactics for students performing below standard and for when clinical errors occur;
 - (H) Practical nursing (PN) and associate degree nursing education programs must have a signed articulation agreement for program graduates into the next level of nursing education;
 - (I) Practical nursing and registered nursing (RN) education programs must provide a timeline for attainment of national nursing program accreditation; and
 - (J) Advanced Practice Registered Nursing (APRN) education programs must provide verification of accreditation.
 - (b) If the Board approves the application:
 - (A) The program may begin recruitment and acceptance of students, and may admit one cohort of students per academic year until full approval is granted;
 - (B) Interim progress reports may be requested by the Board or its representative at any time; and
 - (C) If students are not admitted within twelve months of initial approval, the approval is expired.
 - (c) If the Board denies the application the program may submit a revised initial approval application.
- (3) Step 3 – Full Approval of Program.
 - (a) Within six months following the graduation of the first cohort of students the program must submit a self-study report addressing their compliance with OAR 851-021-0040 through 851-021-0070.
 - (b) The Board's decision to grant full approval will be based on:
 - (A) A review of the self-study report submitted by the program addressing compliance with OAR Chapter 851 Division 21; and
 - (B) A survey conducted by a representative of the Board.
 - (c) The initial full approval of a program may be granted for up to four years, with subsequent approvals aligning with the frequency of national nursing accreditation surveys.
 - (d) If full approval is denied the program may request a hearing before the Board in accordance with the Administrative Procedures Act.

Statutory/Other Authority: ORS 678.150, ORS 678.340 & ORS 678.360

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NER 37-1977, f. & cert. ef. 7-18-77
NER 30-1976, f. & cert. ef. 1-27-76

851-021-0012

Accreditation Requirements of Nursing Education Programs

- (1) Nursing education programs must acquire national nursing accreditation from a United States Department of Education approved agency. This accreditation must occur within four years of the full approval of a new nursing education program.
- (2) Nursing education programs that are board approved at the time of adoption of these rules are required to obtain national nursing education accreditation from a United States Department of Education approved agency within four years of this rule adoption.
- (3) For the purpose of licensure, students who graduate from a program which was accredited at the time of their completion must be considered to have graduated from an accredited program regardless of the current program status.
- (4) The Board retains the authority to access and review all accreditation documents and the option to participate simultaneously in the accrediting survey.
- (5) All approved and accredited nursing programs must submit to the Board:
 - (a) The institution's most recent self-evaluation report;
 - (b) Any report of non-compliance with accreditation standards;
 - (c) Current and interim accreditation and survey reports from the national nursing accrediting agency.
 - (d) Any report or letter from the national nursing education accreditation agency to include, but not limited to: continuous improvement progress reports, substantive change notification and accreditation action letters, site visit reports and program response letters, final site visit report and letter.
 - (e) Documents must be submitted to the Board within 30 days of completion or receipt of report from the accrediting agencies and, in the case of non-compliance, the program must report this to the Board within five business days.
- (6) Failure to submit notices surrounding accreditation may result in a survey visit or identification of a program deficiency with the standards in OAR Chapter 851 Division 21.

851-021-0015

Continuing Board Approval of Nursing Education Programs

All nursing education programs must continue to meet the standards outlined in OAR Chapter 851 Division 21 to maintain approval.

- (1) The board will accept accreditation by a national nursing education accreditation body approved by the United States Department of Education as evidence of compliance with the standards of nursing education programs.
- (2) Nursing education programs must submit accreditation documentation as described in OAR 851-021-0012. Accreditation survey reports will be utilized as the basis for considering continuing program approval.
- (3) Nursing programs that are not yet accredited must complete a self-study and survey visit from the Board representative for ongoing approval.
 - (a) The board representative will review evidence and determine whether the standards OAR 851-021-0040 through 851-021-0070 are met, partially met, or not met. The representative will include a narrative evaluation of any standard that is not met.
 - (b) The board representative will submit a final summary of the programs compliance to the Board for review. A copy of this summary will be available to the nursing program for review and corrections to any factual data prior to presentation to the board.
- (4) The Board may grant continuing approval for a nursing education program for up to ten years.
 - (a) If deficiencies are identified the Board must provide notice in writing to the nursing education program, specifying the deficiency, and a timeframe within which the deficiency must be corrected.
 - (b) The Board may withdraw approval for the nursing education program if deficiencies are not corrected within the allotted time.
- (5) The Board may direct a representative to perform a survey at any time, related to potential or identified violations of OAR Chapter 851 Division 021. This includes, but is not limited to:
 - (a) Denial, withdrawal or change of program or educational institution accreditation status.
 - (b) Complaints from students, faculty, and clinical agencies;
 - (c) Frequent nursing program administrator turnover;
 - (d) Frequent nursing faculty turnover; or
 - (e) Annual report data indicating concerns about the stability of the program.

Statutory/Other Authority: ORS 678.340 & ORS 678.360

Statutes/Other Implemented: ORS 678.360

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851-021-0025

Reports and Approvals

- (1) Programs must complete an annual survey as directed by the Board representative.
- (2) Programs must notify the Board representative in writing within 30 days following a:
 - (a) Change in the nurse administrator;
 - (b) Change of administrative control within the educational institution, with the rationale for the change and anticipated impact on the nursing program;
 - (c) Plan to move the entire program to a new location. This notification must include:
 - (A) Address of the new location;

- (B) Rationale for moving the nursing program;
 - (C) Anticipated date of completed move; and,
 - (D) Anticipated impact on curriculum delivery, other nursing programs, clinical partners, students and faculty.
 - (d) Change in availability of adequate clinical experiences that result in alteration of student progression;
 - (e) Change in accreditation status of the nursing program or the educational institution; or,
 - (f) Reduction in the financial support for the program that impact curriculum delivery, student progression or program operations.
- (3) When a nursing education program anticipates a substantive change, such change must be submitted to the Board for approval at a minimum of six months prior to implementation.
- (a) A substantive change includes, but is not limited to, changes in:
 - (A) Overall length of the program;
 - (B) Alteration of 50% of nursing curriculum course credits;
 - (C) Program outcomes; or
 - (D) Enrollment increases greater than 50% in one academic year
 - (b) The following materials must be submitted with the request for approval:
 - (A) Rationale for proposed changes including the anticipated effect on faculty, students, resources and facilities;
 - (B) Presentation of the differences between the current curriculum and the proposed curriculum;
 - (C) A timetable for implementation of change; and,
 - (D) Plan for evaluation of the change; or
 - (E) A copy of the substantive change report provided to the accrediting agency.
- (4) Nursing programs may request approval for the appointment of nurse administrators or faculty who do not meet the qualifications outlined in OAR 851-021-0045 (4). Programs must submit in writing the rationale for the request. Requests must be approved before the individual assumes the program assignment. The Board representative may grant approvals in the following circumstances:
- (a) The education and experience qualifications are deemed equivalent to the requirements;
 - (b) The individual is pursuing the needed qualifications. Reports on progress toward meeting the minimum qualifications must be provided as requested by the Board representative; or,
 - (c) The individual is appointed for one year. The appointment may be extended annually for a maximum of two times.

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NB 2-1996, f. & cert. ef. 3-12-96

NB 6-1993, f. & cert. ef. 6-22-93

NB 1-1993(Temp), f. & cert.e f. 2-8-93

NB 1-1990, f. & cert. ef. 4-2-90, Renumbered from 851-020-0071
NER 4-1985, f. & cert. ef. 7-10-85

851-021-0035

Closing of an Approved Nursing Education Program

- (1) When the educational institution anticipates the voluntary closing of a nursing education program, it must notify the Board in writing stating the reason, plan, and date of the intended closing. The educational institution must choose one of the following closing procedures:
 - (a) The program must continue until the last class enrolled has graduated:
 - (A) The program must continue to meet standards in OAR 851-021-0040 through 851-021-0070; and
 - (B) The date of closure is the date on the degree, diploma, or certificate of the last graduate.
 - (b) The program must close after the educational institution has assisted in the transfer of students to other approved nursing programs:
 - (A) The program must continue to meet the OAR 851-021-0040 through 851-021-0070; and
 - (B) The date on which the last student was transferred must be the closing date of the program.
- (2) When the Board denies or withdraws approval of a program, the educational institution must comply with the following procedures:
 - (a) The program must close after the institution has made a reasonable effort to assist in the transfer of students to other approved nursing education programs. A timeframe for the transfer process must be established by the Board; and
 - (b) The date on which the last student was transferred must be the closing date of the program unless otherwise designated by the Board.
- (3) Provision must be made for custody of records as follows:
 - (a) Safe storage of vital records, including permanent records of all graduates of the program; and
 - (b) Notification to the Board in writing as to where the records are stored.

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Nursing Education Program Organization and Administration

- (1) The educational institution offering nursing education programs must:
 - (a) Maintain all required approvals through the State of Oregon; and
 - (b) Be accredited by a regional association or national agency recognized by the United States Department of Education.
- (2) There must be evidence of adequate human, physical space, technologic, and fiscal resources for the development, implementation, stability, and continuation of the program, including required prerequisite and support courses.

- (3) The Nurse Administrator must have institutional authority, control, and administrative responsibility for the program, including:
 - (a) Ensuring adherence with all regulatory standards;
 - (b) Leadership within the faculty for the development, implementation, and evaluation of the program, including curriculum and instructional delivery;
 - (c) Creation and maintenance of a safe environment conducive to teaching and learning, including coordination and support of faculty assignments;
 - (d) Liaison with executive administrators and administrative and student service units of the institution;
 - (e) Participation in institutional policy and program decisions that affect teaching and learning within the nursing program, prerequisite, or support courses;
 - (f) Participation in preparation of the budget;
 - (g) Administration of the approved budget;
 - (h) Facilitation of faculty member orientation and professional development;
 - (i) Participation in faculty member performance reviews and policies;
 - (j) Recommendation for faculty member appointment, promotion, tenure and retention; and
 - (k) Have sufficient time provided for carrying out administrative responsibilities.
- (4) The policies of the educational institution and the nursing education program must be congruent, fair, equitable, current, and published. The following must be accessible to all applicants and students:
 - (a) Admission and re-admission policies;
 - (b) Grading policies;
 - (c) Policy on advanced placement, articulation agreements, and transfer of credits;
 - (d) Criteria for successful progression in the program, including graduation requirements;
 - (e) The number of credits required for completion of the program;
 - (f) Tuition, fees, and other program costs; and
 - (g) Appeal, grievance and complaint policies.
- (5) Nursing education programs must establish mechanisms for student input into and participation in decisions related to the nursing education program.
- (6) Records must be maintained for review and must include:
 - (a) Student complaints and grievances filed with the program;
 - (b) Other records in accordance with state or federal guidelines, program or institution policy, record retention schedule or statute of limitations; and
 - (c) Reports relating to education, preparation, licensing, and continuing education (CE) of all faculty as established in OAR 851-021-0045.

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NER 3-1983, f. & cert. ef. 12-1-83

NER 37-1977, f. & cert. ef. 7-18-77
NER 30-1976, f. & cert. ef. 1-27-76

851-021-0045

Nursing Faculty

- (1) Nursing education program faculty must include a sufficient number of qualified nurse educators and nurse educator associates to meet the learning outcomes of the program.
 - (a) At least 35% of the total faculty must be employed full-time by the institution. Total faculty includes all full-time, part-time, adjunct, and any other program faculty.
 - (b) Any individual that evaluates student outcomes in the classroom or clinical experience must be a faculty member.
 - (c) A program may have no more than 25% of its full-time faculty comprised of nurse educator associates and faculty appointed according OAR 851-021-0025(4).
- (2) Program appointments and qualifications include:
 - (a) The nursing administrator responsible and accountable for the nursing education program, regardless of the official title assigned by the institution. The nurse administrator must:
 - (A) Hold an active RN license in Oregon;
 - (B) Hold at least a graduate degree in nursing; and
 - (C) Have two years full-time experience as a nurse educator or in an administrative position in an academic nursing education program.
 - (b) The nurse educators responsible for the development and implementation of the nursing program curriculum. This may include a full-time, part-time, or adjunct faculty regardless of institutional rank. The nurse educator must:
 - (A) Hold an active RN license in Oregon;
 - (B) Hold at least a graduate degree in nursing or a baccalaureate degree in nursing and graduate or doctoral degree in a related field; and
 - (C) Document competency in teaching through experience, educational preparation, or CE.
 - (d) The nurse educator associate, who may contribute to classroom and clinical instruction in collaboration with and under the direction of the nurse educator. The nurse educator associate must:
 - (A) Hold an active RN license in Oregon; and
 - (B) Hold at least a baccalaureate degree in nursing.
 - (e) Non-nurse faculty may teach within the nursing curriculum or other required courses with embedded nursing outcomes. These faculty must:
 - (A) Hold at least a graduate degree; and
 - (B) Be academically and experientially qualified for assigned teaching responsibilities.
- (3) Additional administrator and faculty qualifications for APRN programs:
 - (a) A nursing faculty appointed into a program administrator role must have national certification in the same APRN role as the program for which they have direct oversight, with the exception of a CNS for whom there is no national certification.
 - (b) All nursing faculty within the APRN program must meet the qualifications to be a nurse educator and must hold an active APRN license in Oregon.
- (4) The nurse administrator has authority to make faculty appointments within these rules without Board approval or notification.
- (5) Nurse administrators and nursing faculty must be provided orientation and mentorship in their roles.

- (6) Nurse faculty members must have the authority and responsibility to:
 - (a) Design, implement, and evaluate the program outcomes and overall curriculum;
 - (b) Develop and evaluate nursing program policies, including student admission, progression, and graduation policies;
 - (c) Evaluate student learning outcomes in didactic and clinical settings;
 - (c) Provide timely feedback to students on progression within a course and the program;
 - (e) Provide opportunity for students to evaluate teaching effectiveness, courses, and the program;
 - (f) Provide clear guidance to clinical partners on learning outcomes, expected competencies, and learning level of students assigned to the clinical experience;
 - (g) Implement a plan for on-going course-specific and comprehensive program evaluation; and
 - (h) Maintain documentation of professional development activities that demonstrate links between periodic evaluation of competency, professional goals, planned professional development activities, and completion of these activities.
- (7) The nurse administrator and each nurse faculty member must engage in CE related to their professional role or teaching responsibilities. The educational institution and nurse administrator must support faculty in developing and maintaining competence in assigned teaching responsibilities and nursing practice.
- (8) Faculty to student ratios in clinical experience for prelicensure PN/RN education:
 - (a) Nursing education programs must develop policies surrounding the faculty-to-student ratios in each clinical experience setting utilized by the program. In determining faculty-to-student ratios programs must consider:
 - (A) Learning outcomes;
 - (B) Experience of the faculty member;
 - (C) Level of student;
 - (D) Context of care;
 - (E) Number, type, and condition of clients; and
 - (F) Adequacy of ratio to allow nurse faculty to:
 - (i) Assess the students ability to function safely in the experience;
 - (ii) Select and guide the student experience; and
 - (iii) Evaluate student performance and learning.
 - (b) In clinical experiences where the nurse faculty provides direct supervision of the nursing student, a nurse faculty member may be responsible for of up to eight students. Faculty members providing supervision must remain in the same facility as the student group for the duration of their clinical experiences.
 - (c) In clinical experiences where students are directly supervised by an employee of the agency, the faculty may oversee up to 12 students. The faculty remains responsible for the evaluation of student learning and must be available for in-person participation with facility staff.
 - (d) Nursing programs may develop and utilize Dedicated Education Units (DEU), using clinical preceptors and a modified faculty-to-student ratio. Programs and DEU's must adhere to the following guidelines:
 - (A) Faculty must orient and provide on-going guidance for clinical preceptors related to the program goals, teaching strategies, learning outcomes, and expected competencies of the students;
 - (B) Clinical preceptors must be selected according to written criteria developed by faculty and agreed to by a responsible person in the practice site;

- (C) Faculty are not required to remain in the same facility as the student group throughout the clinical experience shift but must be available for the clinical preceptor and students at the practice site, as defined in program policy;
- (D) The faculty member must confer with each clinical preceptor and student (individually or in groups) regularly during the nursing practice experience as defined in program policy; and,
- (E) Each clinical preceptor in the DEU may have oversight of no more than two students at one time.
- (e) Nursing programs may offer students a precepted practicum experience. The faculty-to-student ratio for this experience must allow for appropriate assessment and evaluation of student learning and support the achievement of course outcomes, and may not exceed one faculty for fifteen students.
 - (A) The clinical preceptor may have supervision of one student at a time during the provision of care.
 - (B) The faculty member is not required to be consistently on site, but must provide meaningful presence and be available to the clinical preceptor and student while the student is involved in the learning experience
 - (C) Evaluation of student learning and achievement of course or program outcomes remains with the faculty member.
- (9) Qualifications of the clinical preceptors for APRN programs:
 - (a) The preceptor must be licensed as an allied health professional as appropriate; or
 - (b) For CRNA programs, the student must be precepted by either another CRNA or an Anesthesiologist.

Statutory/Other Authority: ORS 678.150, ORS 678.340 & ORS 678.360

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NER 37-1977, f. & cert. ef. 7-18-77

NER 30-1976, f. & cert. ef. 1-27-76

851-021-0050

Curriculum

- (1) The mission, goals, and expected program outcomes must be consistent with relevant professional nursing standards and guidelines for the preparation of nursing professionals.
- (2) Curriculum must:

- (a) Prepare the student to achieve the nursing competencies necessary at the level of licensure for safe practice based on current standards of care.
 - (b) Reflect the identified mission, goals, and learning outcomes of the nursing education program.
 - (c) Identify learning outcomes at the course and program level that show alignment and progression throughout the program.
 - (d) Include learning activities that support student achievement of identified outcomes;
 - (e) Include a clinical component, sufficient to allow the student to form necessary links of theoretical knowledge, clinical reasoning, and demonstrate safe nursing practice; and
 - (f) Include within PN and RN programs:
 - (A) A minimum of one hour of education related to pain management, as described in ORS 413.572.
 - (B) A minimum of two hours of education related to cultural competency as described in ORS 413.450.
- (3) Clinical experiences can occur in any setting where students may impact a health outcome. Over the course of the program, clinical must:
- (a) Occur in a variety of settings;
 - (b) Be sufficient in experience to allow for students to meet course and program outcomes;
 - (c) Integrate patient safety principles;
 - (d) Include the implementation of evidence-based practices;
 - (e) Focus on the provision of patient-centered, culturally competent care;
 - (f) Include collaboration and communication with professional teams; and
 - (g) Promote clinical judgement.
- (4) Programs may use simulation as a component of the clinical experience. When utilized, the nursing program must:
- (a) Ensure simulation learning has adequate fiscal, human, technologic, and physical space resources to support the learning environment;
 - (b) Follow national simulation standards;
 - (c) Designate a simulation coordinator who is academically and experientially qualified. This individual must demonstrate continued expertise and competence in the use of simulation while managing the program;
 - (d) Have a written plan for orienting faculty to simulation;
 - (e) Ensure faculty involved in simulation have initial training in the use of simulation. Initial simulation training must include:
 - (A) Introduction to simulation based learning experiences;
 - (B) Foundations of scenario design and curriculum integration;
 - (C) Introduction to pre brief and debrief;
 - (D) Debriefing for clinical judgement; and
 - (E) Introduction to assessment and evaluation of simulation based education.
 - (f) Have written procedures for the method of debriefing each simulated activity;
 - (g) Provide a mechanism for students to evaluate the simulation experience in an ongoing basis; and
 - (h) Not exceed 50% of clinical experience hours across the nursing program.
- (5) Practical Nurse Programs:
- (a) PN program curricula must meet all educational institution requirements for and culminate in the award of a certificate or diploma.
 - (b) Deliver curriculum consistent with practice of practical nursing as described in OAR 851-045-0050 in a supervised practice that occurs at the direction and under the supervision of the RN or licensed independent practitioner with the authority to make changes to the plan of care.

- (c) The PN program curricula must include content related to the following concepts:
 - (A) Creating and maintaining a safe environment of care;
 - (B) Demonstrating professional, legal, and ethical behavior in nursing practice;
 - (C) Collecting data and performing focused nursing assessments of the health status of a client;
 - (D) Participating in the planning of the nursing care needs of a client;
 - (E) Participating in the development and modification of the nursing care plan;
 - (F) Providing safe, evidence-based, clinically competent, culturally sensitive, and patient-centered care for the promotion, restoration and maintenance of wellness in a variety of care settings or, for palliation across the lifespan;
 - (G) Functioning as a member of the interdisciplinary healthcare team;
 - (H) Using technology to facilitate communication, manage information, and document care;
 - (I) Providing cost-effective nursing care and participating in quality improvement strategies;
 - (J) Participating in health teaching and counseling to promote, attain, and maintain the optimum health level of an individual;
 - (K) Assisting in the evaluation of a patient's response to nursing interventions and the identification of that client needs; and
 - (L) Assigning and providing oversight to assistive personnel and other PN.
- (6) Registered Nurse Programs:
 - (a) RN program curricula must meet all educational institution requirements for and culminate in the award of an associate, baccalaureate, or masters degree.
 - (b) Deliver curriculum consistent with the practice of registered nursing as described in OAR 851-045-0060.
 - (c) The RN program curricula must include content related to the following concepts:
 - (A) Creating and maintaining safe and effective environment of nursing care;
 - (B) Demonstrating professional, legal, and ethical behavior in nursing practice;
 - (C) Using clinical judgment in nursing practice to assess the health status of clients to identify health care problems;
 - (D) Prescribing nursing interventions and assessing responses to those interventions in order to direct, manage, delegate, and supervise nursing care for clients;
 - (E) Establishing outcomes to meet identified health care needs and providing safe, clinically competent, culturally sensitive, client-centered and evidence-based care to promote, restore and maintain wellness in a variety of care settings or, for palliation across the lifespan;
 - (F) Providing culturally sensitive and evidence-based teaching, counseling, and advocacy for clients;
 - (G) Participating within and providing leadership for an interdisciplinary team;
 - (H) Assigning and supervising other members of the healthcare team;
 - (I) Applying leadership skills to identify the need for and to promote change;
 - (J) Using communication and information technology effectively and appropriately to collaborate with other health professionals in the management of health care;
 - (K) Applying and integrating principles of community health and community-based care into practice;
 - (L) Integrating concepts of resource utilization, quality improvement and systems to enhance care delivery;
 - (M) Delegating nursing interventions that may be performed by others as defined in OAR Chapter 851 Division 6.

- (7) Advanced Practice Nurse Programs:
 - (a) Prepare students for the role of nurse practitioner (NP), certified registered nurse anesthetist (CRNA), or clinical nurse specialist (CNS).
 - (b) Advanced practice nurse curricula must meet all educational institution requirements for and culminate in the award of doctoral degree.
 - (c) Deliver curriculum consistent with advanced practice nursing role and population foci as described in OAR 851-055-0020.
 - (d) The APRN program curricula must include content related to the following:
 - (A) Advanced health assessment which includes assessment of all human systems, advanced assessment techniques, concepts and approaches;
 - (B) Advanced physiology and pathophysiology, including general principles that apply across the lifespan;
 - (C) Advanced pharmacology, which includes pharmacodynamics, pharmacokinetics and pharmacotherapeutics of all broad categories of agents;
 - (D) Health promotion, health maintenance, differential diagnosis and management of diseases across all practice settings appropriate to program focus; and
 - (E) Basic understanding of the principles of independent decision making in the identified role.

Statutory/Other Authority: ORS 678.150, ORS 678.340 & ORS 678.360

Statutes/Other Implemented: ORS 678.150 & ORS 678.360

History:

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NB 1-1990, f. & cert. ef. 4-2-90, Renumbered from 851-020-0056

NB 3-1988, f. & cert. ef. 7-5-88

NER 2-1985, f. & cert. ef. 4-5-85

NER 37-1977, f. & cert. ef. 7-18-77

NER 30-1976, f. & cert. ef. 1-27-76

851-021-0055

Program Responsibilities for Students

- (1) Prior to admission, student applicants must be informed of:
 - (a) Current signed agreements for the articulation of program graduates into the next level of nursing education.
 - (b) Potential and anticipated transportation and distance requirements for clinical experiences.
 - (c) Admission, readmission, transfer, progression, dismissal, and graduation policies, consistent with those of the educational institution.
- (2) While in the program of study, the nursing education program must ensure students:
 - (a) Are held accountable for demonstration of professional behaviors expected of licensed professionals;
 - (b) Meet all clinical experience requirements as defined by the Oregon Health Authority; and

- (c) Have access to support services of the program and the educational institution.
- (4) Nursing education programs must have a documented process in place for student remediation of clinical incidents.
- (5) The use of a single or high stakes exam may not be used as a sole determinant of a student's graduation or progression in a nursing education program.

Statutory/Other Authority: ORS 678.150, ORS 678.340 & ORS 678.360

Statutes/Other Implemented: ORS 678.150 & ORS 678.360

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NB 1-1990, f. & cert. ef. 4-2-90, Renumbered from 851-020-0068

851-021-0065

Facilities and Resources

- (1) Nursing education program facilities must ensure fiscal, technologic, academic support services and physical space to ensure program outcomes are met.
- (2) Resources must be comparable and available to nursing students on all campuses where the program is offered.
- (3) Selection of clinical experience sites must be based on documented criteria established by the program.
- (4) There must be a current documented, formal agreement that is in effect between the authorities responsible for the educational program and the clinical experience site. The agreement must state that faculty members have the authority and responsibility to select appropriate learning experiences in collaboration with the practice site.

Statutory/Other Authority: ORS 678.150 & ORS 678.360

Statutes/Other Implemented: ORS 678.150, ORS 678.340 & ORS 678.360

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NER 4-1985, f. & cert. ef. 7-10-85

851-021-0070

Outcomes and Evaluation

- (1) The nursing education program must have a current, written systematic plan of evaluation and show evidence of ongoing periodic review of the entire program.
- (2) The plan of evaluation must include:
 - (a) Course outcomes and program outcomes;
 - (b) Program effectiveness;
 - (c) NCLEX® pass rate data;
 - (e) Overall curriculum design, including consideration of clinical experiences and simulation;
 - (f) Faculty qualifications and ability to achieve course and program outcomes;
 - (g) Review of resources, including human, fiscal, technologic, and physical space to support the number of enrolled students, instructional delivery, and achievement of program learning outcomes.
- (3) There must be evidence that faculty review data and make decisions regarding ongoing program improvement based on the analysis.
- (4) Nursing education programs without accreditation must maintain the following NCLEX standards:
 - (a) A minimum of 80% first-time pass rate or higher for the most recent 12-month period; or,
 - (b) A 90% total pass rate or higher of all test-takers that includes first-attempt and repeaters for the most recent 12 months.

Statutory/Other Authority: ORS 678.150, ORS 678.340 & ORS 678.360

Statutes/Other Implemented: ORS 678.150 & ORS 678.360

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NB 1-1990, f. & cert. ef. 4-2-90, Renumbered from 851-020-0081

NER 30-1976, f. & cert. ef. 1-27-76

851-021-0080

Standards for Re-Entry Programs

- (1) Re-entry programs must be approved by the Board before the implementation and a minimum of every 5 years thereafter.
 - (a) An application for program approval must include:
 - (A) The intended size and type of re-entry program;
 - (B) A written program plan addressing the standards for approval in subsection (2) of this rule;
 - (C) Projected number and type of faculty; and,
 - (D) Description and availability of educational and nursing practice experience facilities and resources, as appropriate.
 - (b) Program changes requiring Board approval:
 - (A) Change in program director;

- (B) Major change in curriculum or instructional design; and,
 - (C) Intent to close or substantially reduce program enrollment.
- (2) Standards for Approval:
 - (a) Faculty qualifications:
 - (A) The program director, each nurse educator, nurse educator associate, Clinical Nurse, and Clinical Preceptor must hold a current unencumbered license to practice as a registered nurse in Oregon;
 - (B) The re-entry program director and all nurse educators must:
 - (i) Hold a minimum of a bachelor's degree in nursing;
 - (ii) Have no less than three years of registered nursing experience; and
 - (iii) Provide evidence of a minimum of three years of academic teaching experience or demonstrated competency in teaching adult learners;
 - (C) Each nurse educator associate must have no less than three years of registered nursing experience and demonstrated competency in teaching adult learners;
 - (D) Each Clinical Nurse and Clinical Preceptor must:
 - (i) Agree to directly supervise and evaluate the re-entry nurse;
 - (ii) Have no less than two years of registered nursing experience, of which a minimum of six months must be in the setting in which the nursing practice experience is to occur; and,
 - (iii) Be recommended by the nurse executive or immediate supervisor in that setting.
 - (b) Faculty Responsibilities. The faculty must:
 - (A) Plan, implement, evaluate, and revise the educational program;
 - (B) Select and evaluate facilities for supervised nursing practice experience;
 - (C) Develop and use written examinations and nursing practice experience performance measures based on the registered or practical nurse scope of practice to evaluate student achievement of program outcomes and required competencies;
 - (D) Develop, implement, and evaluate policies related to student admission, retention, and progression, and policies related to program operations; and,
 - (E) Provide for student evaluation of the program.
 - (c) Program curriculum:
 - (A) Curriculum must be consistent with the law governing the practice of nursing as defined in division 45 and division 47 of the Nurse Practice Act;
 - (B) Curriculum plan must identify:
 - (i) Course length, methods of instruction, and planned learning experiences;
 - (ii) Course content and practice requirements for completion of the program; and,
 - (iii) Outcomes achieved on completion of the program; and,
 - (C) The curriculum must include a minimum of 120 hours of didactic instruction in current nursing practice which must be completed prior to beginning the clinical component, encompassing:
 - (i) The scope of nursing practice, legal and ethical perspectives, the current health care system, and working within interdisciplinary teams;
 - (ii) The nursing process, critical thinking, prioritizing, decision-making, and cultural competence in nursing practice;
 - (iii) The prescribing, directing, managing, assigning, delegating, and supervising of nursing care;

- (iv) Nursing care of patients with alterations in health;
 - (v) Current nursing procedures and processes including use of technology in patient management, nursing practice and documentation;
 - (vi) Comprehensive nursing assessment;
 - (vii) Documentation including legal aspects of documentation; and,
 - (viii) Application of pharmacologic knowledge and administration of medications.
- (d) Supervised nursing practice experience:
 - (A) The re-entry nurse must hold a limited license at the level for which the re-entry course is being taken prior to engaging in supervised nursing practice experience;
 - (B) Supervised nursing practice experience must be appropriate to the student's level of licensure and plan for competency development;
 - (C) Prior to required supervised nursing practice experience, the student must receive relevant orientation appropriate to the planned experience;
 - (D) Supervised nursing practice experience for nursing re-entry must be a learning role and unpaid;
 - (E) The re-entry program must include a minimum of 160 hours of supervised nursing practice experience that may include up to 72 hours of simulation;
 - (F) Up to 160 additional hours of supervised clinical practice may be required when recommended by the re-entry program director, nurse preceptor or nurse supervisor at the clinical site;
 - (G) Instructor-supervised clinical practice may be provided; and,
 - (H) The faculty-to-student ratio for instructor-supervised clinical practice must be no greater than 1:8. A lower ratio may apply when dictated by student and patient safety and learning effectiveness.
- (e) Documentation of successful completion of the re-entry program must include:
 - (A) Completion of program outcomes;
 - (B) Completion of required supervised clinical practice hours;
 - (C) Achievement of course competencies; and,
 - (D) Recommendation for licensure by the re-entry program director and the clinical preceptor.
- (f) The program must notify the Board representative in writing of each student's successful completion of the program, withdrawal from the program prior to completion, or failure to meet required outcomes.

Statutory/Other Authority: ORS 678.150 & ORS 678.113

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