

# EVALUATION

PRE-LICENSURE NURSING EDUCATION PROGRAM:

DATE:

STATE OF WEST VIRGINIA  
BOARD OF EXAMINERS FOR REGISTERED PROFESSIONAL NURSES  
90 MACCORKLE AVENUE SW  
SOUTH CHARLESTON, WV 25303

# EVALUATION

## 19-1-4 Prelicensure Nursing Education Standards

PROGRAM COMMENTS	NM	M	IP	STANDARDS	NM	M	IP	EVALUATOR COMMENTS
				<p>4.1. All nursing education programs shall meet these standards:</p> <p style="padding-left: 40px;">4.1.a. The purpose and outcomes of the nursing program shall be consistent with requirements of W. Va. Code §30-7-1 et seq, of this rule, any other applicable laws and rules.</p> <p style="padding-left: 40px;">4.1.b. The purpose and outcomes of the nursing program shall be consistent with accepted standards of nursing practice appropriate for graduates of the type of nursing program offered.</p> <p style="padding-left: 40px;">4.1.c. The input of stakeholders shall be considered in developing and evaluating the purpose and outcomes of the program.</p> <p style="padding-left: 40px;">4.1.d. The nursing program shall implement a comprehensive, systematic plan for ongoing evaluation that is based on program outcomes and incorporates continuous improvement.</p> <p style="padding-left: 40px;">4.1.e. The curriculum shall provide diverse didactic and clinical learning experiences consistent with program outcomes.</p> <p style="padding-left: 40px;">4.1.f. Faculty and students shall participate in program planning, implementation, evaluation and continuous improvement.</p> <p style="padding-left: 40px;">4.1.g. The nursing program administrator shall be a professionally and academically qualified RN with institutional authority and administrative responsibility for</p>				

			<p>the program.</p> <p>4.1.h. Professionally, academically and clinically qualified nurse faculty shall be sufficient in number and expertise to accomplish program outcomes and quality improvement.</p> <p>4.1.i. The fiscal, human, physical, clinical and technical learning resources shall be adequate to support program processes, security and outcomes.</p> <p>4.1.j. Program information communicated by the nursing program shall be accurate, complete, consistent and readily available.</p>				
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**EVALUATION**  
**19-1-5 Required Criteria for Prelicensure Nursing Education Programs**

PROGRAM COMMENTS	NM	M	I P	STANDARDS	NM	M	I P	EVALUATOR COMMENTS
				<p>5.1. The organization and administration of the nursing education program shall be consistent with the law governing the practice of nursing. The nursing education program shall be an integrated part of a governing academic institution that is accredited by an accrediting agency that is recognized by the U.S. Department of Education. The nursing education program shall provide evidence of current accreditation by a national nursing accrediting agency recognized by the United States Department of Education by July 1, 2022.</p> <p>5.1.a. Curriculum. The curriculum of the nursing education program shall enable the student to develop the nursing knowledge, skills and abilities necessary for the level, scope and standards of competent nursing practice expected at the level of licensure. Curriculum will be revised as necessary to</p>				

maintain a program that reflects advances in health care and its delivery.

5.1.a.1. The curriculum, as defined by nursing education, professional and practice standards, shall include:

5.1.a.1.A.

Experiences that promote the development and subsequent demonstration of evidence-based clinical judgment, skill in clinical management, and the professional commitment to collaborate in continuously improving the quality and safety of the healthcare system for patients;

5.1.a.1.B. Evidence-based learning experiences and methods of instruction, including distance education methods, consistent with the written curriculum plan.

5.1.a.1.C. Curriculum content including, but not limited to:

5.1.a.1.C.1.

Content in the biological, physical, social and behavioral sciences to provide a foundation for safe and effective nursing practice;

5.1.a.1.C.2.

Content regarding professional responsibilities, legal and ethical issues, history and trends in nursing and health care; and

5.1.a.1.C.3.

Didactic content and supervised clinical experience in the prevention of illness and the promotion, restoration and maintenance of health in patients across the lifespan and from diverse cultural, ethnic, social and economic backgrounds. Patient experiences will occur in a variety of clinical settings and will include:

5.1.a.1.C.3.(a). Integrating patient

safety principles throughout the didactic and clinical coursework.

5.1.a.1.C.3.(b). Implementing 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.

5.1.a.1.C.3.(c). Providing patient-centered, culturally competent care that recognizes that the patient or designee is the source of control and full partner in providing coordinated care by: (a) Respecting patient differences, values, preferences and expressed needs; (b) Involving patients/designees in decision-making and care management; (c) Coordinating and managing patient care across settings; (d) Explaining appropriate and accessible interventions to patients and populations that may positively affect their ability to achieve healthy lifestyles.

5.1.a.1.C.3.(d). Collaborating with interprofessional teams to foster open communication, mutual respect, and shared decision-making in order to achieve quality patient care.

5.1.a.1.C.3.(e). Participating in quality improvement processes to monitor patient care outcomes, identify possibility of hazards and errors, and collaborate in the development and testing of changes that improve the quality and safety of health care systems.

5.1.a.1.C.3.(f). Using information technology to communicate, mitigate error and support decision making.

5.1.a.1.D. Faculty supervised clinical practice shall include development of skills in direct patient care; making clinical judgments; care and management of both individuals and groups of patients across the lifespan; and delegation to and supervision of, as appropriate to level of education, other health care providers.

5.1.a.1.D.1.

The program shall provide clinical hours comparable to those provided by an approved program of equivalent size and program type or, in the case of no equivalent program, clinical hours scaled relative to an approved program.

5.1.a.1.D.2.

Clinical experiences shall be supervised by qualified faculty.

5.1.a.1.D.3.

All student clinical experiences, including those with preceptors, shall be directed by nursing faculty.

5.1.a.1.D.4.

Measurement of students' competencies shall focus on the students' demonstration of care management and decision-making skills when providing patient care in a variety of clinical situations and care settings.

5.1.a.1.E.

Delivery of instruction by distance education methods must be consistent with the program curriculum plan and enable students to meet the goals, competencies and outcomes of the educational program and standards of the Board.

5.1.b. Students.

5.1.b.1. The program shall provide students the opportunity to acquire and demonstrate the knowledge, skills, and abilities required for safe and effective nursing

practice, in theory and clinical experience, through faculty supervision.

5.1.b.2. The program shall hold students accountable for professional behavior, including honesty and integrity, while in their program of study.

5.1.b.3. All policies relevant to applicants and students shall be readily available in writing.

5.1.b.4. Students shall meet health standards and criminal background check requirements for clinical placements.

5.1.c. Administrator qualifications.

5.1.c.1. Administrator qualifications in a program shall include:

5.1.c.1.A. A current, active RN license or privilege to practice that is not encumbered and meets requirements of the Board;

5.1.c.1.B. A graduate degree in nursing for baccalaureate nursing education programs and for associate degree nursing programs;

5.1.c.1.C. Educational preparation or experience in teaching and knowledge of learning principles for adult education, including nursing curriculum development, administration and evaluation; and

5.1.c.1.D. A current knowledge of registered nursing practice

5.1.d. Faculty.

5.1.d.1. There shall be sufficient number of qualified faculty to meet the outcomes and purposes of the nursing education program.

5.1.d.2. The nursing faculty shall hold a current, active RN license or privilege to practice that is not encumbered and meets requirements of the Board.

5.1.d.3. Faculty supervising clinical experiences shall hold a current active RN license or privilege to practice that is not encumbered and meets requirements in the jurisdiction where the clinical practicum is conducted.

5.1.d.4. Faculty who teach in a program shall be academically and experientially qualified and meet the qualifications contained in this rule.

5.1.d.5. Interprofessional faculty teaching non-clinical nursing courses shall have advanced preparation appropriate for the content being taught.

5.1.d.6. Clinical preceptors shall possess competencies related to the area of assigned clinical teaching responsibilities and will serve as role models and educators for students. Clinical preceptors may be used to enhance faculty-directed clinical learning experiences. Clinical preceptors shall have an unencumbered license to practice as a nurse at or above the level for which the student is being prepared, in the jurisdiction where they are precepting students.



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**EVALUATION**  
**19-1-6 Faculty of the Nursing Education Unit**

PROGRAM COMMENTS	NM	M	I P	STANDARDS	NM	M	I P	EVALUATOR COMMENTS
				<p>6.1. Nursing faculty members, both full and part-time shall be academically and professionally qualified and shall:</p> <p style="padding-left: 40px;">6.1.a. Full-time nursing faculty members shall:</p> <p style="padding-left: 80px;">6.1.a.1. Have a graduate degree with a major in nursing; have a bachelor's degree with a major in nursing and be enrolled in a graduate degree program with a major in nursing within one year of employment as a faculty member; or have a bachelor's degree with a major in nursing and at least 10 years of direct patient care experience in nursing</p> <p style="padding-left: 80px;">6.1.a.2. Have evidence of current experience in nursing practice and education sufficient to demonstrate professional competence. For faculty with less than two years experience in education, the nursing program administrator will submit to the Board mentoring and orientation plans as defined by Board guidelines and function under the guidance of a faculty member fully qualified in the specific teaching area and professional competence; and</p> <p style="padding-left: 80px;">6.1.a.3. Have credentials which verify status as a registered professional nurse in West Virginia.</p> <p style="padding-left: 40px;">6.1.b. Part-time nursing faculty</p>				

members shall:

6.1.b.1. Have a graduate degree with a major in nursing; Have a bachelor's degree with a major in nursing and be enrolled in a graduate degree program with a major in nursing within one year of employment as a faculty member; or have a bachelor's degree with a major in nursing and at least two years of direct patient care experience in nursing;

6.1.b.2 Have evidence of current experience in nursing practice and education sufficient to demonstrate professional competence. For faculty with less than two years' experience in education, the nursing program administrator will submit to the Board mentoring and orientation plans as defined by Board guidelines and function under the guidance of a faculty member fully qualified in the specific teaching area and professional competence; and

6.1.b.3 Have credentials which verify status as a registered professional nurse in West Virginia.

6.1.c. The board may grant an exception to the requirements in 30-7-5a(a) and 30-7-5a(b) for faculty members who have qualifications other than those set forth in these subsections which are acceptable to the board.

6.2. Malpractice insurance for nursing faculty. The faculty shall have liability insurance for clinical practice required in nursing education courses.



# EVALUATION

## 19-1-8 Curriculum

PROGRAM COMMENTS	NM	M	IP	STANDARDS	NM	M	IP	EVALUATOR=S COMMENTS
				<p>8.1. The curriculum of each nursing education program within the nursing education unit shall be based on the philosophy or mission and goals or outcomes of the nursing education unit.</p> <p style="padding-left: 40px;">8.1.a. The curriculum shall incorporate the concepts of nursing process and the standards for nursing practice as defined in the Board's rule, Standards for Professional Nursing, 19CSR10. Clinical assignments shall be designed to meet the objectives of each nursing course. Faculty shall provide evidence of ongoing review and updating of instructional materials, lecture notes, handouts and resources provided to students to ensure students receive current information and standards of practice.</p> <p style="padding-left: 40px;">8.1.b. Curricula for programs offering the diploma, the associate degree, baccalaureate degree, generic masters, accelerated programs, cohorts, sites, or distance education in nursing shall include theory and practice in nursing, encompassing the attainment and maintenance of physical and mental health and the prevention of illness for individuals and groups throughout the life process.</p> <p>8.2. The nursing courses shall be supported by content which meet the requirements of the governing organization, including biological, physical, social and behavioral science content to provide a foundation for safe and effective nursing practice.</p> <p>8.3. Simulation. A prelicensure nursing</p>				

education program ("program") may use simulation as a substitute for traditional clinical experiences, not to exceed fifty percent (50%) of its clinical hours. A program that uses simulation shall adhere to the standards set in this section.

8.3.a. Evidence of Compliance. A program shall provide evidence to the Board of Nursing that these standards have been met.

8.3.a.1. The program shall have an organizing framework that provides adequate fiscal, human, and material resources to support the simulation activities.

8.3.a.2. Simulation activities shall be managed by an individual who is academically and experientially qualified. The individual shall demonstrate continued expertise and competence in the use of simulation while managing the program.

8.3.a.3. There shall be a budget that will sustain the simulation activities and training of the faculty.

8.3.b. Facilities and Resources. The program shall have appropriate facilities for conducting simulation. This shall include educational and technological resources and equipment to meet the intended objectives of the simulation.

8.3.c. Faculty Preparation. Faculty involved in simulations, both didactic and clinical, shall have training in the use of simulation. Faculty involved in simulations, both didactic and clinical, shall engage in on-going professional development in the use of simulation.

8.3.d. Curriculum. The program shall demonstrate that the simulation activities are linked to programmatic outcomes.

			<p>8.3.e. Policies and Procedures. The program shall have written policies and procedures on the following:</p> <p>8.3.e.1. short-term and long-term plans for integrating simulation into the curriculum;</p> <p>8.3.e.2. method of debriefing each simulated activity; and</p> <p>8.3.e.3. plan for orienting faculty to simulation.</p> <p>8.3.f. Evaluation. The program shall develop criteria to evaluate the simulation activities and students shall evaluate the simulation experience on an ongoing basis.</p> <p>8.3.g. Annual Report. The program shall include information about its use of simulation in its annual report to the Board of Nursing.</p>			
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**EVALUATION**  
**19-1-9 Establishment of a New Prelicensure Nursing Education Program**

PROGRAM COMMENTS	NM	M	IP	STANDARDS	NM	M	IP	EVALUATOR=S COMMENTS
				<p>9.1. The application fee for establishing a new program of a professional nursing education program is fifty dollars (\$50). A governing institution that plans to establish a new nursing education program for the preparation of practitioners of registered professional nursing shall complete and submit such application for approval to the Board in at least thirty (30) days prior to a regularly scheduled Board meeting and in advance of the expected opening date.</p>				

9.2. Approval for admission of students: The proposed program shall provide the Board with verification that the following program components and processes have been completed:

9.2.a. Employment of a program administrator to develop the program;

9.2.b. Overview of the total curriculum, including the content, sequence of courses, course description, contracts with clinical agencies, program evaluation plan and course syllabi for the first year with identified timeline for the submission of syllabi for the next years;

9.2.c. Establishment of student policies for admission, progression, retention and graduation.

9.3 If all standards for approval are met, the program shall receive provisional approval and shall be authorized to admit students to the program.

9.4. Following receipt of the first calendar year report of performance of graduates on the national licensure examination, the Board shall conduct a visit to determine if all standards for approval of a nursing education program have been met. The Board may:

9.4.a. grant full approval if standards of a nursing education program are met;

9.4.b. continue provisional approval and provide to the nursing program administrator a written notice of deficiencies that establishes a reasonable time, based upon the number and severity of deficiencies, to correct deficiencies.


**EVALUATION**  
**19-1-10 Continuing Approval of Prelicensure Education Program**

PROGRAM COMMENTS	NM	M	IP	STANDARDS	NM	M	IP	EVALUATOR=S COMMENTS
				<p>10.1. Visits and evaluation: The Board, through its executive director and or other qualified persons, shall evaluate all non-national nursing accredited nursing education programs every other year until the program receives national nursing accreditation. The Board shall review and analyze various sources of information regarding program performance, including, but not limited to:</p> <p style="padding-left: 40px;">10.1.a. Evidence of seeking national nursing accreditation by an accrediting agency approved by the U.S. Department of Education. National nursing accreditation shall be obtained within 5 years of the Board's full approval of the new program;</p> <p style="padding-left: 40px;">10.1.b. Results of ongoing program evaluations;</p> <p style="padding-left: 40px;">10.1.c. Other evidence regarding achievement of program outcomes including, but not limited to student retention, attrition and on-time graduation rates; sufficient type and number of faculty, faculty competence and faculty retention and turnover; adequate laboratory, simulation and clinical learning experiences; NCLEX-RN pass rates which are at least 80% for first-time test-takers in the last calendar year; trend data and action planning related to NCLEX-RN performance, employer and graduate satisfaction; performance improvement initiative related to program outcomes and program complaints or grievances review and resolution. Nursing education programs accredited by the Board,</p>				



including all satellite sites of any program.

10.2. Maintenance of Board Approval Status.

A nursing program without national accreditation shall maintain approval as set forth in this rule. A national nursing accredited education unit shall maintain national nursing accreditation and submit to the Board a copy of all national nursing accreditation reports, recommendations, annual reports and final decisions for each national nursing accreditation visit once received or sent by the program within 30 days of the program's receipt or submission of the report.

10.3. Program visits to a new nursing program shall be conducted as outlined by the board. Additional program visits to a non-national nurse accredited program shall be conducted if:

10.3.a. the director of the nursing program changes;

10.3.b. a major curriculum change is proposed; and/or

7.3.c. a complaint has been submitted to the Board.

10.4. Board approval of an existing program when ownership and control are changed. When a governing organization contemplates a change of ownership and control of a program, it shall send notice of the intended change to the Board 90 days prior to the effective date of the intended change. The owner or governing organization expecting to assume responsibility for the program shall immediately make application for Board approval. If the Board determines the owner or governing organization which will be responsible for the new program meets the criteria for approval and will comply with the recommendations of the Board, it may be provisionally approved.

			<p>10.5. A distance-learning program shall establish a means for assessing individual student and program outcomes.</p> <p>10.6. Expansion of a non-national nursing accredited nursing education program requires agreement from the Board if the program seeks greater than a 10% expansion. Only those programs with full approval status may submit requests to the Board to initiate expansion of a program.</p>				

**EVALUATION**  
**19-1-11 Loss of Board Approval or National Nursing Accreditation**

PROGRAM COMMENTS	NM	M	IP	STANDARDS	NM	M	IP	EVALUATOR=S COMMENTS
				<p>11.1 Loss of national nursing accreditation. The Board shall immediately withdraw approval of a program if the program's national nursing accreditation is lost. Board approval shall be granted once the nursing program's national accreditation is fully reinstated. Any program seeking approval by the Board which does not have national accreditation must submit an application as a new program and meet all new program requirements contained in this rule.</p> <p style="padding-left: 40px;">11.1.a. Factors jeopardizing program Board approval of a non-national nurse accredited program shall include but may not be limited to:</p> <p style="padding-left: 80px;">11.1.a.1. deficiencies in compliance with this rule, student retention, attrition and on-time graduation rates;</p> <p style="padding-left: 80px;">11.1.a.2. utilization of students to</p>				

meet staffing needs in health care facilities and/or sufficient/adequate type and number of faculty, faculty competence and faculty retention/turnover;

11.1.a.3. noncompliance with school's stated philosophy/mission, program design, objectives/outcomes, and/or policies;

11.1.a.4. continual failure to submit records and reports to the Board office within designated time frames;

11.1.a.5. failure to provide sufficient variety and number of clinical learning opportunities for students to achieve stated objectives/outcomes and/or inadequate laboratory and simulation learning experiences;

11.1.a.6. failure to comply with Board requirements or to respond to Board recommendations within a specified time;

11.1.a.7. student enrollments without sufficient faculty, facilities and/or patient census;

11.1.a.8. failure to maintain at least 80% passing rate on the licensure examination by first-time candidates;

11.1.a.9. failure of the program dean or director to document annually the currency of faculty licenses;

11.1.a.10. failure to maintain adequate budget to meet the needs of the program; or

11.1.a.11. other activities or situations that demonstrate to the Board that a program is not meeting legal requirements and standards.

11.2. Loss of approval through change of organization. When a program changes

			<p>ownership or control, the Board shall automatically withdraw approval. The new owner or organization shall comply with the provisions of subsection 7.4. of this rule to continue the nursing education program.</p> <p>11.3. Provisional approval for failure to meet standards. At the Board's discretion, it may grant provisional approval to a nursing education program during the time in which it takes corrective action in order to meet the standards set forth in this rule.</p> <p>11.4. Any non-national nursing accredited professional nursing education program having a 20% or higher failure rate on the national licensure examination, shall receive a warning from the Board. If changes, correction and/or adjustments relative to faculty, facilities, student admission, curriculum content, and/or methods of teaching are not initiated within a specified time and such action approved by the Board, the Board may impose additional requirements or restrictions on the program.</p>			

<p><b>EVALUATION</b> <b>19-1-13 Reports</b></p>
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PROGRAM COMMENTS	NM	M	I P	STANDARDS	NM	M	I P	EVALUATOR=S COMMENTS
				<p>13.1. The nursing education unit shall submit an annual report to the Board by September 1 of each year for each nursing program accredited by the Board. Non-national nursing accredited nursing education programs shall submit annual reports on forms provided by the Board. Data included in this annual report shall be determined by the Board. National nursing accredited nursing education programs shall submit a copy of the national nursing accreditor annual report to</p>				

			<p>the Board.</p> <p>13.2. A non-national nursing accredited nursing education unit shall submit a program evaluation report to the Board one month prior to a scheduled on-site visit to the nursing education program. The Board shall determine the format and guidelines for the submission of this report.</p> <p>13.3. At the Board's discretion, it may request additional reports from a nursing education unit to include, but not be limited to, written plans for improving licensure examination pass rates of graduates and progress reports</p>				

<p><b>EVALUATION</b></p> <p><b>19-1-14 Resources, Facilities, and Services</b></p>
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PROGRAM COMMENTS	NM	M	I P	STANDARDS	NM	M	I P	EVALUATOR-S COMMENTS
				<p>14.1. The nursing education unit shall provide adequate teaching facilities to accomplish the goals or outcomes of the nursing education programs. These shall include well-equipped classrooms, conference rooms, libraries, laboratories and offices for faculty members.</p> <p>14.2. Comprehensive and current library resources, computer facilities, laboratory and other learning resources shall be available and accessible. The nursing faculty shall have input into the development and provision of learning resources.</p> <p>14.3. The resources, facilities and services of the governing organization shall be available to and used by the nursing education unit.</p> <p>14.4. The hospitals or other health care facilities and services utilized for clinical learning experiences shall be adequate in number and kind to meet program goals or</p>				



**Nursing Faculty Interviewed:**

**Administration Interviewed:**

**Support Faculty Interviewed:**

**Library Representative Interviewed:**

**Clinical Agency Personnel Interviewed:**

**Students Interviewed:**

Information Technology Representative Interviewed: