

Board of Nursing Approval of Registered Nurse Education Programs

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Board of nursing (BON) approval of registered nurse (RN) education programs is vital for protecting the public. The purpose of BON program approval is to ensure the program comprehensively covers the knowledge and skills that students will need to be licensed as an RN and to practice safely and competently as new graduate nurses. Most states require BONs to approve a nursing program before it is open for enrollment and then monitor all programs on an ongoing basis. This article presents key regulatory components of RN education programs, discusses the BON approval process of RN education programs, and identifies challenges and ideas for future consideration.

Keywords: Nursing education approval, nursing education curriculum, nursing education programs, regulation of nursing education

Objectives

- State the purpose of board of nursing (BON) approval of nursing education programs.
- Explain the key components regulators consider when evaluating nursing programs.
- Describe initial and ongoing approval processes of a nursing education program.
- Distinguish the role of the BON from the role of national accreditors in the approval of nurse education programs.
- Discuss future implications for nursing education program requirements.

The purpose of this article is to present key components of the regulation of registered nurse (RN) education programs, providing an overview of the BON approval process of RN education programs in the United States. Additionally, some of the challenges to the process are identified and potential ideas for future approval are examined.

To obtain BON nursing education program approval, nursing programs must meet state nursing education standards established by BONs. Only students graduating from officially recognized programs are permitted to take the National Council Licensure Examination (NCLEX) (Spector & Woods, 2013). Nursing education program approval is an integral part of BONs' missions of public protection. BONs approve nursing education programs in 47 states, the District of Columbia, Guam, the Northern Mariana Islands, the Virgin Islands, and American Samoa. In New York and Mississippi, nursing education programs are approved by the boards of higher education (National Council of State Boards of Nursing [NCSBN], 2016a). Utah requires national nursing accreditation without oversight by the

state's BON, with the exception that the nursing education program that loses accreditation must immediately notify the BON, concurrently with the program notifying the students of the possible implications and attempting to establish a transfer agreement with another academic institution (Utah Administrative Rules, 2017).

Nursing education program graduates must meet two requirements for nursing licensure: (a.) complete a BON-approved nursing program and (b.) pass the NCLEX. See Figure 1 for the model of nurse licensure in the United States. To determine whether graduates are eligible to take the NCLEX, BONs rely upon verification from the nursing education program that each student has successfully completed all program requirements, including successfully meeting clinical learning objectives.

Regulatory Approval of RN Nursing Education Programs

BONs offer two types of nursing education program approval: (a.) initial approval of new programs based on reviewing the new program proposal and (b.) ongoing program approval based upon monitoring program outcomes and compliance with BON rules. BON approval is vital in protecting the public because the BON education standards are designed to produce safe, competent nursing graduates who are eligible to take the licensing examination. These standards also establish benchmarks for evaluation and improvement in education programs (NCSBN, 2012). Many BONs provide a list of approved programs for the public and potential students, often with a dashboard of qualifying information.

Most BONs hire graduate-prepared education consultants with experience in nursing education to make recommendations to their board on the approval status of the nursing programs in their state. In a few states, the BON's executive officer and board members from the BON's education committee (or educators on the board) may make these recommendations. About half of the BONs make site visits as needed, while the other half make regular visits (NCSBN, 2016a). Sometimes, the BON approval process is done in collaboration with the national nursing accreditors' site visits, where they make joint visits, thus reducing redundancy (NCSBN, 2016a; Spector, 2010). The majority of the BONs charge fees for program approval (NCSBN, 2016a), although for the most part these are nominal to cover the resources used.

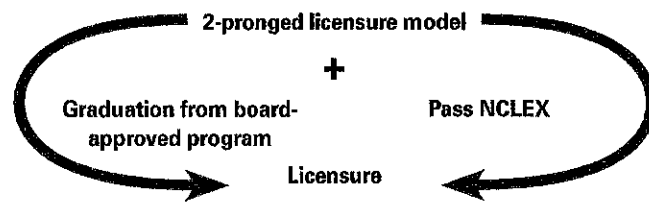
To gain program approval, states have requirements in their nurse practice act (NPA) and administrative rules and regulations. Although specific requirements vary among the states, the BONs have agreed on model education administrative rules, which many BONs have adapted for their state (NCSBN, 2012). Key components regulators evaluate when making either initial or continuing approval decisions include (NCSBN, 2012):

- The governing entity: Nursing speciality accreditation, regional accreditation, the requisite state approvals, and the institution's support of the education program.
- Program leadership: The qualifications and stability of the program directors and their authority to make changes in the program.
- Faculty: Qualifications and responsibilities; policies; organization of faculty, such as bylaws, committee structure, and how they conduct business.
- Curriculum: Teaching strategies and the basic elements of the nursing education program.
- Clinical learning experiences: Sufficient numbers of supervised clinical experiences with actual patients; labs and simulation experiences; faculty evaluation of students' clinical experiences.
- Physical and fiscal resources: Sufficient facilities and budget for size of student body.
- Evaluation plan: An ongoing plan for quality improvement.

Table 1 shows the basic elements of an RN nursing program that BONs use when evaluating a program for state approval (NCSBN, 2012). Most BONs require that a nursing program curriculum include courses in the biological and social sciences, as well as nursing theory courses focusing on specific areas of practice across the lifespan. Additionally, didactic content and associated clinical experiences should focus on the prevention of illness and the promotion, restoration, and maintenance of health in patients of all ages and from diverse cultural, ethnic, social, and economic backgrounds. The quality and consistency of the faculty and program leadership are important to regulators. Anecdotally, regulators have reported that high faculty turnover (more than other programs in the area) and frequent changes in the program's leadership are associated with poorer outcomes. The National Council of State Boards of Nursing (NCSBN) Model

FIGURE 1

Model of Nurse Licensure in the United States



Rules call for RN program faculty to be experientially and academically qualified, with the minimum of a graduate degree. The administrator should have experience in teaching and principles of adult education and hold a doctoral degree (NCSBN, 2012).

Because nurses are broadly licensed to practice in all patient settings across the age continuum, including medical-surgical, obstetrics and newborn, pediatrics, and psychiatric-mental health, most BONs require theoretical content and direct patient care (besides simulation) experiences in all areas of practice as part of their public protection missions (NCSBN, 2012). Providing students the opportunity to apply nursing knowledge and skills requires faculty-supervised, hands-on clinical learning experiences with patients in a variety of settings and is of utmost importance to BONs. In 2005, NCSBN adopted a position paper calling for all programs to have supervised clinical experiences at the level of licensure they are seeking (NCSBN, 2005). Benner, Sutphen, Leonard, and Day (2010) provide evidence that supports the importance of providing quality clinical experiences with actual patients in prelicensure nursing education and further suggest ways of integrating more practical experiences into the theoretical content.

Clinical learning experiences should be designed to meet progressive clinical objectives across the curriculum. They should also be consistent with program outcomes and provide opportunities for students to gain skills in clinical judgment, decision making, and clinical management. To accomplish this, faculty-supervised student practice experiences with patients should include:

- Patient safety measures
- Opportunities for making clinical judgments
- Evidence-based practices
- Patient- and family-centered, culturally appropriate care
- Respect for patient differences, values, preferences, and needs
- Patient and significant others in decision making and managing care
- Patient and family teaching
- Collaboration with health care team
- Quality improvement for all aspects of patient care
- Information technology (NCSBN, 2012).

TABLE 1

Basic Curricular Elements for RN Programs

Teaching Strategies	Topics	Threaded Concepts	Clinical Areas Across the Lifespan in a Variety of Settings
<ul style="list-style-type: none"> • Qualified faculty (NCSBN, 2012) • Sufficient hours of faculty-supervised, clinical experiences with actual patients to meet program outcomes • Up to 50% simulation to replace clinical experience if standards are met (Alexander et al., 2015) • Distance education consistent with curriculum plan • Mentorship/coaching 	<ul style="list-style-type: none"> • Scope of practice • Health care system • History, trends • Research • Management • Interprofessional collaboration • Quality improvement • Information technology • Health promotion and maintenance • Patient teaching • Delegation 	<ul style="list-style-type: none"> • Background in biological, physical, social sciences • Clinical judgment and decision making • Evidence-based practice • Professionalism • Legal, ethical • Cultural, ethnicity • Communication • Safety • Social factors • Patient-, family-, and community-centered care 	<ul style="list-style-type: none"> • Medical-surgical • Rehabilitation • Geriatric • Maternal-infant • Pediatrics • Public health • Community

Although no evidence supports a specified number of hours needed for adequate supervised clinical experiences, according to NCSBN's Model Rules, the number of hours should be comparable to clinical hours in similar programs (e.g., programs with the same level of education, those of comparable sizes, etc.) (NCSBN, 2012). Nationally, for example, the average number of clinical hours for RN programs are: associate-degree programs = 621; diploma programs = 737; baccalaureate programs = 733; and master's entry programs = 780 (Hayden, 2010). Although the NCSBN national simulation study (Hayden, Smiley, Alexander, Kardong-Edgren, & Jeffries, 2014) and the simulation guidelines (Alexander et al., 2015) have focused on quality simulation experiences, no studies have focused on the quality of and minimum hours needed for hands-on clinical experiences.

The increased use of simulation in nursing programs accelerated after the NCSBN national study of simulation demonstrated that up to 50% of traditional clinical hours, in each course, can be substituted with simulation, provided that faculty are trained in simulation and debriefing, and equipment and supplies are adequate to mimic reality (Hayden et al., 2014). To ensure that simulation experiences in nursing programs provide acceptable learning opportunities, NCSBN has published guidelines for programs (Alexander et al., 2015) and incorporated them into the Model Rules (NCSBN, 2012). Many BONs have since established rules for simulation use based on the NCSBN study and guidelines.

Although the same NCLEX is taken by diploma, associate-degree, and baccalaureate-degree graduates, baccalaureate nursing programs commonly include more in-depth content in nursing research, evidence-based practice, leadership, and community health, along with appropriate clinical activities. NCSBN Model Rules (NCSBN, 2012) do not differentiate requirements for diploma, associate-degree, or baccalaureate programs, although

some BONs do, particularly regarding faculty and administrator qualifications (NCSBN, 2016a; Texas Board of Nursing, 2011).

Other state requirements for the licensure application may include criminal background checks and passing a state jurisprudence examination that demonstrates the graduate's knowledge of the NPA and rules governing practice.

Initial Approval of a New Program

Although BONs use the process outlined above when making initial and ongoing approval decisions, there are some differences between initial and continuing approval of nursing programs. Initial approval is awarded to new programs being established. In most states, the program must provide evidence that a new nursing program is needed in that particular area, and this may be done by completing a feasibility study. The institution must also verify to the BON that it is authorized to provide instruction in that state and to grant a degree.

Many BONs ask for assurance that the required resources are available, which include faculty, library material, technology equipment, staff, a learning environment, and an adequate budget. The availability of qualified faculty and program administrators can be difficult because of the faculty shortage, so new programs must provide a plan for recruiting faculty. Similarly, the availability of clinical sites can be a problem for new programs because of clinical site scarcity in some areas of the country. As mentioned above, quality and sufficient clinical experiences with actual patients are important to BONs. Therefore, many BONs will require that clinical site contracts are in place before the program can start. New programs also must assure most BONs that there is an adequate student pool available from which to draw students.

One major difference between national nursing accreditation and BON approval is that full national accreditation is not

awarded until the first graduating class, whereas a new nursing program cannot admit students until the program is initially approved by the BON (Table 2).

Continuing Approval of Programs

It is important that BONs continually monitor programs to ensure they are in compliance with the NPA and the administrative rules and are graduating nurses who can practice safely and competently. Additionally, BONs review programs on a continuing basis to ascertain that they are effective in their educational processes, staying current with best practices in education, and providing nurses with the preparation and competencies needed for clinical practice. Continuing approval also strengthens the relationship between the BONs and programs, helping programs stay in tune with changes in laws and rules, as well as encouraging dialogue between programs and BONs. During continual approval, BONs offer assistance, guidance, and consultation to programs in their states.

BONs grant continuing program approval based on state requirements that may include:

- Accreditation status. Most BONs require, at a minimum, that the program be accredited by a U.S. Department of Education (USDE)-recognized regional accreditor, such as the Southern Association of Colleges and Schools. Of the BONs that require national nursing accreditation (NCSBN, 2016a), many require programs to provide accreditation reports to reduce redundancy for the program, as well as for the BON.
- Site visits. About half of the BONs make site visits on continuing approval, while the other half rely on paper or electronic materials, as well as accreditation reports when available.
- Total program evaluation conducted by the nursing program.
- Annual data related to program outcomes, which may include retention and graduation rates, faculty turnover, adequate resources, NCLB pass rates, employer and graduate satisfaction, quality improvement, and program complaints.
- Compliance with BON rules (NCSBN, 2012).

NCSBN's Model Rules (2012) call for BONs to require national nursing accreditation. According to NCSBN's recommendations, when BONs do require national nursing accreditation, the BONs conduct all initial approvals, while continuing approvals can be done in collaboration with the national nursing accreditors to reduce redundancy and expense. BONs' approval decisions rely on their own and the accreditors' annual reports and site visits. However, BONs might step in if serious complaints are brought to the BON's attention, if indications exist that programs are not compliant with the education rules, or if accreditor reports contain concerning findings.

Program Approval Status

Besides initial approval and ongoing (full) approval, BONs may have several levels of probationary or conditional approval when a program is not in compliance with BON rules and requirements.

Each BON has a process that gives programs a reasonable period to submit improvement plans and to implement corrective measures. If a program has received due process but fails to correct the cited deficiencies, the BON may withdraw approval. The BONs also provide an opportunity for a program to appeal a decision (NCSBN, 2012).

When a program wants to try an innovative educational strategy that is outside the BON's rules, many BONs exercise NCSBN Model Rules on innovative approaches (NCSBN, 2012; Spector & Odom, 2012), which allow a program to pilot and test the strategy. If the program presents data to the BON demonstrating effective outcomes with no unintended consequences, it is likely that the BON will allow the program to continue with the strategy.

Program Accreditation

In addition to BON approval of nursing programs, a program may be accredited by a nursing specialty accreditation organization recognized by the USDE. The USDE's mission, which is to provide assurance of educational quality to the public, is distinct from the missions of BONs, which is to protect the public. Currently, the Accreditation Commission for Education in Nursing (ACEN, 2017) and the Commission on Collegiate Nursing Education (CCNE, 2017) are the only two national nursing accreditors recognized by USDE. A third nursing specialty accreditor, the National League for Nursing Commission for Nursing Education Accreditation (NLN CNEA, 2017), is pursuing USDE recognition with the goal of completing the process by 2018. Typically, nursing programs only seek accreditation from one accreditor, although a few are accredited by both ACEN and CCNE.

The 2012 NCSBN Model Rules call for all programs to achieve national nursing accreditation by January 1, 2020, to improve education quality and to reduce the burden on BONs and redundancy for nursing programs. Of note, although NCSBN can make recommendations to BONs, the states make their own decisions based on their individual needs. Despite some redundancy between national nursing accreditation and BON approval, fundamental differences exist between the two (Hooper & Thomas, 2014; Jones, Foote, & Ridgeway, 2012; Smyer & Colosimo, 2011; Spector & Woods, 2013), and these are listed in Table 2. The substantial differences are that, based on the U.S. model of licensure, BON approval is essential for NCLEX eligibility; BONs are government entities that serve the public, whereas national accreditors are businesses, with the programs being their customers; and BONs have the legal authority to close substandard programs, whereas accreditors do not. A collaborative model where BONs and national nursing accreditors work together is ideal (Spector & Woods, 2013). To this end, NCSBN Model Rules call for BONs to conduct all initial approvals of nursing programs and to collaborate with the accreditors on ongoing program approval. As of 2016, 20 BONs required national nursing accreditation in their

TABLE 2

Differences Between BON Approval and National Nursing Accreditation by ACEN, CCNE, or NLN CNEA

	BONs	National Nursing Accreditors
Authority	Legal authority to close programs not meeting state standards	Authority to remove accreditation
Cost	Less costly – approximately half the states charge nothing	More costly
Federal regulations for funding	BONs do not make programs eligible for federal funding	May be linked to federal funding and related regulations
Fraudulent programs	Positioned to seamlessly work with state agencies for cease-and-desist orders; BONs network through FITS ^a about fraudulent programs that might cross state lines	More difficult to work with state agencies; no national networking system for fraudulent programs
Initial approval/ accreditation	A program must achieve full state approval before enrolling students	Full accreditation is not awarded until the first graduating class
Length of approval/ accreditation	States vary from 1 to 5 or more years, or as needed	8 to 10 years for program visits, unless standards are not met
Mission	Public protection	Ensure quality of nursing programs
Perspective	Statewide – e.g., know availability of faculty, clinical placements, etc.	National – less of a pulse on the regional or state needs
Programmatic	More focus on public protection and state standards: Faculty qualifications less stringent; knowledge of NPA; clinical supervision; standards of practice in some states; faculty/student clinical ratios	More focus on the institution and program excellence; congruence of goals and philosophy; governance; academic policies; continuous quality improvement
Requirement	Integral to licensure - mandated in all states to make students eligible for the NCLEX	Voluntary, although 20 states require it as collaborative oversight
Response to complaints	When complaints are serious (e.g., faculty not showing up to clinical; sudden attrition), BONs can respond immediately	Response takes longer; must go through their procedures
Service	Serves the public	Serves the nursing programs in a business relationship
Structure	State government	Private nonprofit

^a FITS (Fraudulent Identity Tracking System) is a members-only database through which BONs can communicate about fraudulent or questionable programs that cross state lines, as well as those programs that cross state lines and have their approval status lowered.

Note. ACEN = Accreditation Commission for Education in Nursing; BONs = boards of nursing; CCNE = Commission on Collegiate Nursing Education; NLN CNEA = National League for Nursing Commission for Nursing Education Accreditation.

rules or statute (NCSBN, 2016a). Jones, Foote, and Ridgeway (2012) describe their process of requiring national nursing accreditation in Minnesota, during which they concurrently reviewed and updated their approval rules.* The goal of this initiative was to improve Minnesota's nursing education programs, while supporting the BON's mission of public protection. The movement toward BONs requiring national nursing accreditation may involve legislative statutory action, which may delay the process in some states.

* National nursing accreditation had been required of all nursing education licensed practical nurse and RN programs in Minnesota by January 1, 2018 (Minnesota Administration Rules, 2017), although that has been delayed so that all accreditation site visits could be made by May 31, 2019 (M. Krasowski, personal communication, September 14, 2017).

Factors That Impact Program Success

Although fundamental differences exist between BONs' approval processes and national nursing accreditation, each of these processes has the same overall goal of providing society a safe and competent nursing workforce. They are also both interested in using appropriate, evidence-based outcomes for measuring the program success, which mirrors the national movement in higher education to search for the best, evidence-based outcomes. To this end, in 2016, the National Academies of Sciences, Engineering and Medicine convened a national workshop to study outcomes in higher education (Matchett, Dahlberg, & Rudin, 2016). To date, no silver bullet outcome metric for nursing or higher education has been identified.

TABLE 3

First-Time NCLEX Pass Rates in Accredited vs Nonaccredited RN and LPN Programs

	All Programs (BS and ADN)		BS Programs		ADN Programs	
	Not accredited	Accredited	Not accredited	Accredited	Not accredited	Accredited
Number of programs	741	1,531	93	735	626	721
Mean pass rate	72%	87%	76%	87%	72%	86%
Variance of pass rate	0.07	0.01	0.08	0.01	0.07	0.01
<i>p</i> value	< .001		< .001		< .001	

Note. RN= registered nurse; LPN = licensed practical nurse; BS = bachelor of science; ADN = associate's degree in nursing.

The three most common outcome metrics used by BONs, the national nursing accreditors, and other health profession accreditors are employment rates, graduation rates, and licensure pass rates (ACEN; 2017; ACOTE, 2017; ACPE, 2015; CAPTE, 2016; CCNE, 2017; LCME, 2017; NCSBN, 2016; NLN CNEA, 2017). Similarly, the USDE recommends (although they do not require) that USDE-recognized accreditors evaluate these outcomes (USDE, 2012); however, it must be noted that these three metrics are only supported by opinion and not by high-level evidence. Although other outcomes are used by some health profession accreditors, including student satisfaction, employer satisfaction, and employer assessments (Accreditation Council for Occupational Therapy Education [ACOTE], 2017; Accreditation Council for Pharmacy Education [ACPE], 2015; ACEN; 2017; Commission of Accreditation in Physical Therapy Education, 2016; CCNE, 2017; Liaison Committee on Medical Education [LCME], 2017; NCSBN, 2016; NLN CNEA, 2017.), this section will focus on employment rates, graduation rates, and licensure pass rates.

Employment rates are viewed as the least reliable of the three widely used program outcomes (Ferrante, 2017; Matsudaira, 2016; Taylor, Loftin, & Reyes, 2014). Many variables affect employment rates other than program quality, particularly the employment rate in the region of the student residence and the institution. In nursing, for example, Feeg and Mancino (2016) found that the changing job market and U.S. economy had a major effect on employment rates. Additionally, a program might report a particular graduate as employed, but that graduate may quit or be terminated soon after being hired. Because graduates often do not stay in contact with their program, it is difficult for programs to collect employment rates.

Although graduation rates are generally seen as a more reliable outcome of nursing programs than employment rates (Matsudaira, 2016), they have their own challenges and can be complex to reliably measure. When using raw graduation rates (i.e., degrees awarded), schools are incentivized to implement more selective admission criteria, and the focus is only on full-time students. Some institutions use retention, or persistence, rate. With retention rates, the focus is on moving students toward degree completion based on the unique characteristics of the stu-

dents (Higher Education Research Institute [HERI], 2011). This method is more student-centered than measuring graduation rates and accounts for varying demographics. Still other ways of measuring graduation rates include: (a.) measuring the difference between actual graduation rates and a calculated expected graduation rate (HERI, 2011) or (b.) using the "graduation efficiency" metric (Cohen & Ibrahim, 2008), which is a complicated calculation that adjusts for part-time and transfer students.

Licensure pass rates are likely the most-accepted outcome metric for nursing education because graduates must be licensed to practice. The NCLEX has been designed as a legally defensible, psychometrically sound examination to measure student readiness for entry-to-practice. Because the NCLEX determines whether students can work as a nurse, federal law mandates that it be based on an entry-to-practice job analysis. Therefore, NCSBN conducts an official practice analysis every 3 years, which is validated by ongoing surveys of newly licensed nurses to ensure continuing reliability. Based on the practice analysis, a detailed test plan is developed and made available to students and faculty on the NCSBN website. Additionally, a rigorous standard-setting process is undertaken every 3 years (NCSBN, 2017b) to ensure the passing standard is the same for all examinees.

NCLEX first-time pass-rates are used as outcome metrics by some BONs and the national nursing accreditors. CCNE and ACEN have set an 80% standard pass-rate standard, whereas NLN CNEA sets an 80% pass rate standard over 3 years. Although the NCLEX passing standard is the same for all examinees, BONs require different percentages of nursing program pass rates, which range from 75% to 90%. Additionally, some BONs set the rate at the national pass-rate average. Sixty-one percent of BONs set 80% as their pass rate (NCSBN, 2016a). More evidence is needed on whether a specific pass rate should be used or if it should be a range or a trending of pass rates.

Future of Approval

As discussed earlier, more BONs may be collaborating with the national nursing accreditors in the future, leading some to wonder what impact national nursing accreditation will have on the program approval process. To begin that conversation, we analyzed

first-time NCLEX pass rates of all nursing programs where students took the NCLEX in 2016 (NCSBN, 2016b) as compared to whether the nursing program had been accredited in 2016. The accreditation statuses were obtained from the accreditor websites (ACEN, 2017; CCNE, 2017); and then these were verified with the accreditors. There was a statistically significant increase in NCLEX first-time pass rates in practical nurse, associate-degree, and baccalaureate-degree programs (Table 3) that were accredited by a national nursing accreditation body versus those not accredited. Although this evidence is supportive for accreditation, these results should be cautiously interpreted. For example, it can be argued that high-quality programs seek national nursing accreditation, which could account for the difference in passing rates. Regardless, a next step would be to examine the first-time NCLEX pass rates in states that require national nursing accreditation and compare the rates from before and after the requirement was implemented.

Another potential future metric for evaluating nursing education programs could be practice readiness. Wolff, Pesut, and Regan (2010, p. 187) define practice readiness broadly as "...the idea of moving seamlessly into practice." Practice readiness would include passing the NCLEX because it is required for practice. Beyond that, the Nursing Executive Center's Nursing Practice Readiness Tool identifies other areas of practice readiness, including clinical knowledge, technical skills, critical thinking, communication, professionalism, and management of responsibilities (Rhodes et al., 2013). Similarly, the Performance-Based Development System (PBDS) is a well-established tool that assesses readiness to practice in newly licensed nurses. The PBDS evaluates various competencies associated with clinical judgment, as well as the ability to apply that knowledge. In a recent study (Kavanagh & Szweida, 2017) using the PBDS with more than 5,000 new graduates from 140 nursing programs in 21 states, the researchers found that only 23% of new graduates demonstrated an ability to independently practice in a safe manner. Practice readiness in nursing may be a "crisis in competency," according to these authors. Therefore, a focus for future practice readiness may be identifying more sophisticated ways to teach and assess the higher order cognitive construct of clinical judgment (Benner, Sutphen, Leonard, & Day, 2010; Dickison et al., 2016).

Currently, NCSBN has convened a committee that is working on evidence-based outcome metrics on which to base BON approval determinations. It is likely that no one gold standard exists but that, instead, a number of measures can be used to make these important decisions.

As noted, BONs often have different rules and requirements for nursing education program approval, which can be frustrating for nursing education programs, particular those with programs that cross state lines. In the future, we hope BONs will work together and develop universal education requirements, much like the universal BON licensure requirements that currently exist. In this age of telehealth and distance learning, such

universal requirements would allow for a more seamless nursing education across state, and perhaps even country, lines.

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Board of Nursing Approval of Registered Nurse Education Programs

Objectives

- State the purpose of board of nursing (BON) approval of nursing education programs.
- Explain the key components regulators consider when evaluating nursing programs.
- Describe initial and ongoing approval processes of a nursing education program.
- Distinguish the role of the BON from the role of national accreditors in the approval of nurse education programs.
- Discuss future implications for nursing education program requirements.



CE Posttest

If you reside in the United States and wish to obtain 1.0 contact hour of continuing education (CE) credit, please review these instructions.

Instructions

Go online to take the posttest and earn CE credit:

Members – www.ncsbninteractive.org
(no charge)

Nonmembers – www.learningext.com
(\$15 processing fee)

If you cannot take the posttest online, complete the print form and mail it to the address (nonmembers **must** include a check for \$15, payable to NCSBN) included at bottom of form.

Provider accreditation

The NCSBN is accredited as a provider of CE by the Alabama State Board of Nursing.

The information in this CE does not imply endorsement of any product, service, or company referred to in this activity.

Contact hours: 1.0

Posttest passing score is 75%.

Expiration: January 2021

Posttest

Please circle the correct answer.

- 1. Why is BON approval of registered nurse education important?**
 - a. Protect the public.
 - b. Ensure that BON-approved nursing education programs create curricula to ensure that graduates possess the knowledge, skills, and abilities to practice safely and competently.
 - c. Ensure that new graduates will pass the NCLEX exam.
 - d. Both a and b.
- 2. The purpose for BON nurse education program approval is:**
 - a. Standardization of nurse education programs across the United States.
 - b. Determination of eligibility of students for the NCLEX exam.
 - c. Recognition of nursing programs indicating they meet state nursing education standards established by the BONs.
 - d. Promotion of nursing program accreditation.
- 3. How many hours of clinical experience are required for BON-approved nurse education programs?**
 - a. Varies from state to state.
 - b. 733 hours for baccalaureate programs.
 - c. Depends on program outcomes.
 - d. Related to the number of clinical sites available in that region.
- 4. The states must comply with the 2012 NCSBN Model Rules call for all programs to achieve national nursing accreditation by January 1, 2020.**
 - a. True
 - b. False
- 5. Which response(s) is/are fundamental difference(s) between national nursing accreditation and BON approval?**
 - a. There is no difference.
 - b. BONs are government entities while national accreditors are businesses.
 - c. BONs have the legal authority to close substandard programs, whereas accreditors do not.
 - d. Both b and c.
- 6. How do the NCSBN Model Rules anticipate collaboration between the BONs and national nursing accreditors?**
 - a. BONs and accreditors would collaborate on ongoing program approval.
 - b. Accreditors would conduct all initial program approvals.
 - c. BONs and accreditors would collaborate on probationary or conditional approval.
 - d. Roles of the BONs and accreditors would be determined by individual state requirements.
- 7. Which choice is not one of NCSBN's three phases of initial approval of a nursing education program?**
 - a. Governing entity proposal
 - b. The program may be approved to admit students and begin the program.
 - c. The program admits students once approved by national accreditors.
 - d. Survey visit concurrent with the first graduating class and submission of the total program evaluation plan.
- 8. A nursing education program's initial approval is not granted full approval until the first cohort has graduated and met the BON benchmark for the NCLEX pass rate.**
 - a. True
 - b. False
- 9. Which choice(s) is/are common outcome metric(s) used by BONs, national nursing accreditors, and other health profession accreditors?**
 - a. Employment rates
 - b. Graduation rates
 - c. Licensure pass rates
 - d. All of the above
- 10. The NCLEX exam was designed to measure the quality of the nursing program for educating nurses for their careers.**
 - a. True
 - b. False

11. Nursing literature has identified which concept as a potential future metric?

- a. Clinical knowledge
- b. Practice readiness
- c. Technical skills
- d. Critical thinking ability

12. Which of the following is not a key component that regulators use to evaluate nursing programs:

- a. Clinical learning experiences
- b. Evaluation plan
- c. Faculty qualifications and responsibilities
- d. Number of allied profession programs

Evaluation Form (required)

1. Rate your achievement of each objective from 5 (high/excellent) to 1 (low/poor).

- State the purpose of board of nursing (BON) approval of nursing education programs.
1 2 3 4 5
- Explain the key components regulators consider when evaluating nursing programs.
1 2 3 4 5
- Describe initial and ongoing approval processes of a nursing education program.
1 2 3 4 5
- Distinguish the role of the BON from the role of national accreditors in the approval of nurse education programs.
1 2 3 4 5
- Discuss future implications for nursing education program requirements.
1 2 3 4 5

2. Rate each of the following items from 5 (very effective) to 1 (ineffective):

- Were the authors knowledgeable about the subject?
1 2 3 4 5
- Were the methods of presentation (text, tables, figures, etc.) effective?
1 2 3 4 5
- Was the content relevant to the objectives?
1 2 3 4 5
- Was the article useful to you in your work?
1 2 3 4 5
- Was there enough time allotted for this activity?
1 2 3 4 5

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