

**TEXAS BOARD OF NURSING
3.7.1.a. EDUCATION GUIDELINE
Proposals for Curriculum Changes**

Revised: 06/06/18

Rule 214.9 *Program of Study* sets forth the requirements for vocational nursing education programs planning to implement a major curriculum change. Rule 215.9 *Program of Study* sets forth the requirements for professional pre-licensure nursing education programs (diploma, associate degree, baccalaureate degree, or entry-level master's degree) planning to implement a major curriculum change.

<p>Rule 214.9(i) Curriculum changes shall be developed by the faculty according to Board standards and shall include information outlined in the Board Education Guideline 3.7.1.a. Proposals for Curriculum Changes. The two (2) types of curriculum changes are:</p> <p>(1) Minor curriculum changes not requiring prior Board Staff approval, which may include:</p> <p>(A) Editorial updates of philosophy/mission and objectives/outcomes; or</p> <p>(B) Redistribution of course content or course hours; and</p> <p>(2) Major curriculum changes requiring Board Staff approval prior to implementation, which may include:</p> <p>(A) Changes in program philosophy/mission and objectives/outcomes which result in a reorganization or re-conceptualization of the entire curriculum, including but not limited to, changing from a block to an integrated curriculum or changing the approved delivery method of the curriculum to methods consistent with distance education/learning;</p> <p>(B) the addition of tracks or alternate programs of study including advanced placement or Dual-Credit High School programs that provide educational mobility;</p> <p>(C) Revisions in program hours; and</p> <p>(D) Addition/reduction of course(s) in the program of study.</p>	<p>Rule 215.9(i) Curriculum changes shall be developed by the faculty according to Board standards and shall include information outlined in the Board Education Guideline 3.7.1.a. Proposals for Curriculum Changes. The two (2) types of curriculum changes are:</p> <p>(1) Minor curriculum changes not requiring prior Board Staff approval include:</p> <p>(A) Editorial updates of philosophy/mission and objectives/outcomes; or</p> <p>(B) Redistribution of course content or course hours; and</p> <p>(2) Major curriculum changes requiring Board Staff approval prior to implementation, which may include:</p> <p>(A) Changes in program philosophy/mission and objectives/outcomes which result in a reorganization or re-conceptualization of the entire curriculum, including but not limited to, changing from a block to an integrated curriculum, or from a traditional to concept-based curriculum, or changing the approved delivery method of the curriculum to methods consistent with distance education/learning;</p> <p>(B) The addition of transition course(s), tracks/alternative programs of study, including MEEP and Dual-Credit High School programs that provide educational mobility;</p> <p>(C) Revisions in program hours; and</p> <p>(D) Addition/reduction of course(s) in the program of study.</p>
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Nursing education programs planning major curriculum changes shall submit a curriculum change proposal, as outlined in Board Education Guideline 3.7.1.a., to the Board office for approval at least four months prior to implementation.

All nursing education programs implementing any curriculum change shall submit to Board Staff an evaluation of the outcomes of the implemented curriculum change through the first graduating class under the new curriculum.

Important: Please note that references to Rule 214 and Rule 215 are not all inclusive.

Information to be Included in a Curriculum Change Proposal

1. an introduction giving a brief overview of the proposed changes;
2. new and old philosophy/mission, major concepts, program objectives/outcomes, course objectives/outcomes;
3. tables showing new and old curriculum plans;
4. table indicating hours required in clinical learning experiences (see pages 5-6);
5. rationale for the curriculum changes;
6. time line for implementation of changes with teach-out plan for old curriculum;
7. sample syllabi, if syllabi are being changed;
8. clinical evaluation tools for each clinical course;
9. effects on students and faculty;
10. resources needed to implement the change; and
11. additional information, as requested, in order to provide clarity.

The director and faculty shall determine that the proposed curriculum changes comply with all requirements in Rules 214.9 or 215.9 *Program of Study*.

Please consider whether the curriculum change must be approved by other regulators (national nursing accreditation organizations, the Texas Workforce Commission, or the Texas Higher Education Coordinating Board). If so, approval documents should be included and will be considered in the Board approval process.

Curriculum Changes for Special Circumstances

New Tracks (such as LVN-to-ADN track, military track, or accelerated track):

Please include information related to:

1. Rationale/justification for the new track.
2. How will the track be taught? Face-to-face? Online?
3. Will applicants be evaluated for their knowledge and skills upon admission?
4. Will admission criteria be different for this track?
5. What are the enrollment capacities and plans for admissions?
6. Are candidates for this track exempt from needing A&P, Gerontology, Basic Skills, Essentials of Medication, Advanced Nursing Skills, Clinical Practical Nurse I and III, Leadership? Is this content being folded in or is it assumed they have it?
7. Please provide a calendar of the proposed classes and clinical scheduling.

Dual Credit High School Programs:

See Education Guideline 3.7.5.a. Establishing a Dual Credit High School Track in Nursing

Changing Class/Clinical Hours in Vocational Nursing Programs (related to Rule changes):

Background:

The Board of Nursing approved rule changes to Rule 214.9 in October 2017 aligning class and clinical hour requirements in Rule 214 with Rule 215 for Professional Nursing Education Programs stating: *Hours in clinical experiences shall be sufficient to meet program of study requirements. There shall be a rationale for the ratio of contact hours assigned to classroom and clinical learning experiences. The suggested ratio is one (1) contact hour of didactic to three (3) contact hours of related clinical learning experience.*"

VN programs planning to make revisions in program hours related to these rule changes are required to submit a major curriculum change proposal for Board staff approval at least four months prior to implementation of the change [Rule 214.9(i)(2)(C)]. This supplement focuses specifically on changes in program hours.

Process:

Any program changes should be made by faculty based upon data and program outcomes. Possible reasons for a change in clinical hours may include:

- the growing scarcity of clinical settings for student practice,
- increasing the use of high-fidelity simulation experiences as part of clinical practice,
- basing clinical time on quality experiences rather than quantity of time, or
- reconsidering the use of time in curriculum.

Guidance in Rule 214.9:

- Possible instructional strategies include:
 - organized student/faculty interactive learning activities;
 - formal lecture;
 - audiovisual presentations;
 - nursing skills laboratory instruction and demonstration;
 - simulated laboratory instruction, and
 - faculty-supervised, hands-on patient care clinical learning experiences.
- Classroom instruction hours shall include actual hours of classroom instruction in nursing and non-nursing required courses and content.
- Laboratory activities/instruction hours in the nursing skills or simulation laboratory may be considered as either classroom instruction hours or clinical learning experience hours.
- Clinical practice learning experiences shall include:
 - actual hours of practice in nursing skills and computer laboratories
 - simulated clinical experiences;
 - faculty supervised hands-on clinical care;
 - clinical conferences;
 - debriefing; and
 - observation experiences.
- Observation experiences provide supplemental learning experiences that meet specific learning objectives.
- The program of study shall include the five areas:

- Nursing care of children;
- Maternity nursing;
- Nursing care of the aged;
- Nursing care of adults; and
- Nursing care of individuals with mental health problems

Proposed Curriculum Chart

Name of Program/School:

Type of Program:

(See definitions below the table for classification of hours)

First Level or Semester	Course Number/Title	Semester Credit Hours	Classroom Instruction Hours	Computer Activities – Hours	Nursing Skills Lab Hours	Simulation Lab Hours	Hands-on Clinical Practice with Patients
Total							

Second Level or Semester	Course Number/Title	Semester Credit Hours	Classroom Instruction Hours	Computer Activities – Hours	Nursing Skills Lab Hours	Simulation Lab Hours	Hands-on Clinical Practice with Patients
Total							

Third Level or Semester	Course Number/Title	Semester Credit Hours	Classroom Instruction Hours	Computer Activities – Hours	Nursing Skills Lab Hours	Simulation Lab Hours	Hands-on Clinical Practice with Patients
Total							

Fourth Level or Semester	Course Number/Title	Semester Credit Hours	Classroom Instruction Hours	Computer Activities – Hours	Nursing Skills Lab Hours	Simulation Lab Hours	Hands-on Clinical Practice with Patients
Total							

Fifth Level or Semester	Course Number/Title	Semester Credit Hours	Classroom Instruction Hours	Computer Activities – Hours	Nursing Skills Lab Hours	Simulation Lab Hours	Hands-on Clinical Practice with Patients
Total							

Sixth Level or Semester	Course Number/Title	Semester Credit Hours	Classroom Instruction Hours	Computer Activities – Hours	Nursing Skills Lab Hours	Simulation Lab Hours	Hands-on Clinical Practice with Patients
Total							

Definitions from the NEPIS Survey Form:

Computer Activities: computer activities with planned clinical objectives which may include virtual clinical excursions or VCEs, interactive tutorials, and learning modules that are carried out as student assignments; separate from didactic.

Nursing Skills Lab: includes low- and medium-fidelity situations that include skill sets, task training, and return demonstration, and may mimic the clinical environment.

Simulation Lab: high-fidelity simulated clinical situations that include orientation, learning objectives, and simulation experiences in a realistic patient scenario guided by trained faculty and followed by a debriefing and evaluation of student performance.

Hands-on Clinical Practice with Actual Patients in a Clinical Setting: includes all faculty-supervised activities in the clinical setting, observational experiences, and clinical conferences.