

Przybylo, Kerry (LARA)

From: BPL-BoardSupport
Sent: Wednesday, September 27, 2023 10:57 AM
To: Przybylo, Kerry (LARA)
Subject: FW: Open Comment Period for Nursing Administrative Rules Draft
Attachments: image001.png

From: Jennifer Avery <javery10@emich.edu>
Sent: Wednesday, September 27, 2023 10:09 AM
To: BPL-BoardSupport <BPL-BoardSupport@michigan.gov>
Subject: Re: Open Comment Period for Nursing Administrative Rules Draft

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Hello Board Support-

I have no objections or proposed changes to the proposed language updates, thank you for providing the opportunity for comment.

Jen

Jennifer Sjostedt Avery PhD, RN, GNP-BC

Interim Director, School of Nursing
Eastern Michigan University

javery10@emich.edu

On Tue, Sep 26, 2023 at 8:25 AM Przybylo, Kerry (LARA) <PrzybyloK@michigan.gov> wrote:

Dear Directors of Nursing:

The public hearing to receive comment on the nursing administrative rules is set for October 16, 2023.

Please review the revised changes. If you wish to make a comment you may do so in one of two ways: In person or in writing by sending your comment to BPL-BoardSupport@michigan.gov by 5:00 p.m. on October 16, 2023.

The rules committee has worked hard to provide better clarity. However, if you have suggested changes, please provide the proposed language for adoption.

Warm regards,

Kerry

Kerry Ryan Przybylo, JD

Manager, Boards and Committees

Bureau of Professional Licensing

Department of Licensing and Regulatory Affairs

611 W. Ottawa Street

Lansing, Michigan 48909

(517) 342-4971 (cell)



Przybylo, Kerry (LARA)

From: BPL-BoardSupport
Sent: Monday, October 2, 2023 8:41 AM
To: Przybylo, Kerry (LARA)
Subject: FW: Comments/questions

Is this something you can answer regarding nursing schools or is it a rules thing for Jennifer?

Thank you,
Stephanie Wysack
Departmental Technician
Boards and Committees Section
Bureau of Professional Licensing
Michigan Department of Licensing and Regulatory Affairs
Phone: 517-241-7500
Email: BPL-BoardSupport@michigan.gov

From: Lauren Foltz <laurenfoltz3@gmail.com>
Sent: Sunday, October 1, 2023 5:36 PM
To: BPL-BoardSupport <BPL-BoardSupport@michigan.gov>
Subject: Comments/questions

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Dear BPL,

R 338.10303 pertains to initial program approval. Clarification about the impact on all existing nursing education programs within a 50-mile radius is needed. Based on the documentation submitted by programs seeking initial approval and the meeting minutes, it seems as though a survey is how this rule is satisfied. The rule should specifically state that a survey is required with some suggested questions specifically related to the impact on sharing clinical sites. Particularly, a question included in the survey should be:

1. What is your plan to collaborate with nearby schools of nursing to ensure adequacy of clinical placements?

Sincerely,

Przybylo, Kerry (LARA)

From: BPL-BoardSupport
Sent: Friday, September 29, 2023 10:52 AM
To: Shaltry, Jennifer (LARA)
Cc: Przybylo, Kerry (LARA)
Subject: FW: Comment on rules update

From: Leefers, John P. <John.Leefers@corewellhealth.org>
Sent: Friday, September 29, 2023 10:51 AM
To: BPL-BoardSupport <BPL-BoardSupport@michigan.gov>
Subject: Comment on rules update

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Hello,

A fellow Nurse Educator shared with me the following information:

“Quick MIBON Rules update: the nursing rules are open for comment on revisions currently...there are proposed changes, which include allowing the implicit bias training to count toward the 25 CE hours requirement, newly licensed nurses need to do CE for the first licensing cycle, and 120 hours of precepting only counts for 1 contact hour (instead of 5)”

I have a comment one of these proposed changes:

I am opposed to newly licensed RNs being required to complete continuing education in their first cycle. New grad orientees who hire into the ICUs I serve will often have 100-130 hours of class time to prepare them for their role. I recognize that ICU settings are outliers for the amount of in class non-CE learning a new nurse must complete... but I also believe that all new nurses are going to go through some kind of training program that transforms them from a nursing student to a productive professional. The purpose of contact hours is to promote professional growth and expand the knowledge set of our colleagues. Brand new nurses get plenty of that already. The additional burden of completing sanctioned contact hours seems unnecessary considering the great amount of learning and professional growth that new RNs are obligated to by the nature of employment. Perhaps an compromise would be an exemption for RNs who become employed in direct care.

Thank you,

John Leefers, BSN, RN, CCRN-K
He/Him/His
Adult Critical Care Nurse Educator
Nursing Practice and Development

517.648.7161 Cell
corewellhealth.org



1840 Wealthy St SE
Grand Rapids, MI 49506

Office # 1H-65
MC: 465

As a nursing professional development practitioner, I facilitate the development of nurses and allied health personnel from novice to expert. I achieve this by being a learning facilitator, change agent, leader, mentor, champion of scientific inquiry and partner for practice transitions.

Przybylo, Kerry (LARA)

From: BPL-BoardSupport
Sent: Monday, October 16, 2023 7:05 AM
To: Shaltry, Jennifer (LARA); Przybylo, Kerry (LARA)
Subject: FW: Comments on Nursing Administrative Rules Draft Revisions

From: Meringa, Joshua M.(Josh) <josh.meringa@corewellhealth.org>
Sent: Friday, October 13, 2023 4:22 PM
To: BPL-BoardSupport <BPL-BoardSupport@michigan.gov>
Subject: Comments on Nursing Administrative Rules Draft Revisions

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Hello Board of Nursing Rules Committee,

Please accept my comments below on the Draft Nursing Administrative Rules that have been proposed and are scheduled for a public hearing on Monday, October 16.

1. R 338.10601 (5)

Please keep this rule intact. Eliminating this rule would begin requiring newly licensed Michigan nurses to complete all continuing education requirements during their initial licensing cycle, which for most would be their first 2 years in practice as new grad nurses. Most newly licensed nurses will have recently completed not only their formal nursing education programs, but also have studied for and successfully taken the NCLEX. During this time most newly licensed nurses will complete rigorous orientation and onboarding programs, which include hands on training and education as well as competency validation for independent practice. Many newly licensed nurses will also participate and complete nurse residency programs, which have educational and professional development components spanning the first year (or two) in practice. Due to this extensive education experience that most newly licenses nurses will have recently participated in, I would suggest that the Board of Nursing continue to excuse newly licensed nurses from the general continuing education requirements during their initial licensing period. My understanding is that way back when, the rationale for newly licensed nurses (new grads) not being required to complete continuing education hours was based on the fact that they have recently completed a rigorous nursing education program within the past few years and should be up to date on current nursing practice standards as then enter the workforce. The purpose of continuing education is for nurses to maintain continued competence in a rapidly changing healthcare environment. I would argue that our newly licensed nurses are already doing this during their first two years in practice for the reasons stated above.

2. R 338.7004 / R 338.10602 (b)

Thank you for proposing allowing the recently required 2 hours of implicit bias training per licensing cycle to count toward 25 contact hour relicensure requirements, similar to pain. This is appreciated and makes a lot of sense. This will result in less confusion as well. Many organizations have been offering contact hours for implicit bias training that nurses technically can't use toward continuing education requirements, because it was required to be above and beyond the 25 hours.

3. R 338.10602 (i)

Please consider maintaining the 120 hours of precepting for 5 contact hours provision as acceptable continuing education rather than changing it to 120 hours of precepting for 1 contact hour. This provision has been helpful in recruiting and rewarding much-needed preceptors for new nurses as well as students. There is great demand for willing, qualified nursing preceptors in our healthcare organizations to mentor and train new nurses. Many organizations are not able to pay preceptors a premium to serve in this role, which is demanding and necessary to ensure a supply of highly qualified nurses successfully enter the workforce and transition into practice. Allowing nurses to precept in a 1:1 relationship to claim 5 hours of continuing education credit for 120 hours of precepting provides some recognition of the value of this role. Changing this from 5 hours to 1 hour per 120 hours of precepting is a take-away and hardly makes it worth using this toward continuing education, essentially devaluing the contributions of preceptors. 120 hours of a preceptor relationship is pretty typical of working with 1-2 students per semester.

When this rule was added a few years ago during my tenure as the MIBON Chair and Rules Committee Chair, it was based loosely on the Kentucky Board of Nursing's continuing education requirements (even used some of the KY language verbatim in writing the rule). In Kentucky, nurses must complete 14 continuing education hours annually, and are allowed to use 120 hours of precepting to satisfy this requirement for the full 14 hours each year.

I would urge you to either maintain the status quo and clarify that 120 hours of precepting is worth 5 contact hours per cycle if there is confusion on this point, or even consider increasing this for a total of 10 or even 15 hours per licensing cycle (which is still significantly less than KY=28 hrs/2 yrs). Many of our preceptors are precepting constantly throughout the year, and would benefit from this, as well as encourage more nurses to precept. Preceptors working with students or new employees are much needed, work hard, and must stay up to date on best practices for their department or specialty area to be able to mentor and teach others. Maintaining this level of expertise requires ongoing education and familiarity with best practices to be able to effectively serve in this role and properly train and mentor other nurses and students. Preceptors are often our highest performing and most professionally developed nurses. They are essential to maintaining and expanding the pipeline of qualified nurses needed to combat the nursing shortage.

Kentucky Board of Nursing references:

<https://kbn.ky.gov/education/Pages/Continuing-Education-Competency.aspx>

<https://kbn.ky.gov/KBN%20Documents/ce-preceptor-verification-form.pdf>

4. Similar to preceptors, there is a significant nursing faculty shortage. I would encourage you to consider allowing nursing clinical instructors that are directly supervising and training nursing students in clinical settings to claim some of their time spent teaching toward their 25 contact hour relicensure requirement in a future rule set revision. Similar arguments could be made regarding the level of clinical expertise needed by instructors to maintain competency in teaching nursing students in the clinical setting.

Thank you for your consideration of my comments and suggestions, and for your service in protection of the public.

Joshua Meringa, MPA, MHA, MBA, BSN, RN, NPD-BC
Nurse Educator & Academic Liaison
Nursing Practice & Development
Corewell Health West

616.391.1528 Direct

616.301.4663 Cell

josh.meringa@corewellhealth.org

corewellhealth.org



100 Michigan St NE | MC 018
Grand Rapids, MI 49503

As a nursing professional development practitioner, I facilitate the development of nurses and allied health personnel from novice to expert. I achieve this by being a learning facilitator, change agent, leader, mentor, champion of scientific inquiry and partner for practice transitions.

Przybylo, Kerry (LARA)

From: BPL-BoardSupport
Sent: Monday, October 16, 2023 7:02 AM
To: Shaltry, Jennifer (LARA); Przybylo, Kerry (LARA)
Subject: FW: A Few comments on CEU Changes

From: Savalle, Jacqueline <jacqueline.savalle@corewellhealth.org>
Sent: Friday, October 13, 2023 9:57 AM
To: BPL-BoardSupport <BPL-BoardSupport@michigan.gov>
Subject: A Few comments on CEU Changes

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Hello Michigan Board of Nursing,

It has come to my attention of discourse surrounding some changes to the CEU requirements for Michigan RN licensees. I would like to offer a few comments as you deliberate these decisions.

I greatly support the 2 contact hours of implicit bias training to be included in the 25 continuing education requirements for each licensing cycle. This specific training is very important but it feels untruthful saying "you need 25 hours for continuing education PLUS two more of implicit bias training" While the pain management requirement falls under the 25 hours.

I would also like to express NOT supporting cutting 120 hours of precepting from 5 CEUs to 1 CEU. Precepting a new employee requires a wealth of knowledge and experience, as well as interprofessional collaboration skills. While I think 5 is reasonable for that amount of time precepting, 1 CEU feels almost insulting. Can you imagine doing something like this for 120 hours and at the end being given a participation sticker? 5 CEUs is an appropriate amount of "compensation" for the intense amount of work it requires to be a preceptor. It is not a secret the nursing profession is drastically understaffed, and we are losing many senior RNs who are able to help us train, this is one of the ways we can show our support to our fellow colleagues.

I appreciate your work and time in keeping our profession strong in the state of Michigan! And appreciate you listening to comments on this matter

Best,

Jacqueline Savalle MS, RN, CMSRN
She/Her/Hers
Adult Medical Surgical Nurse Educator
Nursing Practice and Development

248.756.6970-Cell
corewellhealth.org



1840 Wealthy St SE
Grand Rapids, MI 49506

As a nursing professional development practitioner, I facilitate the development of nurses and allied health personnel from novice to expert. I achieve this by being a learning facilitator, change agent, leader, mentor, champion of scientific inquiry and partner for practice transitions.

Przybylo, Kerry (LARA)

From: BPL-BoardSupport
Sent: Tuesday, September 26, 2023 11:25 AM
To: Przybylo, Kerry (LARA); Shaltry, Jennifer (LARA)
Subject: FW: [MSONfaculty] Fw: Open Comment Period for Nursing Administrative Rules Draft
Attachments: 2022-36 LR - Strike-Bold (5-9-23) - Returned to BPL for corrections - Nursing - 9-6-23.doc; Notice of Public Hearing for Nursing and Pharm CS 10.16.2023.pdf

From: Jaime Sinutko <sinutkjm@udmercy.edu>
Sent: Tuesday, September 26, 2023 9:52 AM
To: BPL-BoardSupport <BPL-BoardSupport@michigan.gov>
Subject: Fw: [MSONfaculty] Fw: Open Comment Period for Nursing Administrative Rules Draft

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Dear MI BON,

Page 24 on the strike/bold Admin Rules attached is R 338.10303 Initial Program Approval Procedure.

D) Impact of programs within 50 miles- this needs clarity if the Education Committee is requiring proof of email surveys to specific people (i.e. Nursing Director).

(ix) Plans to recruit faculty needs clarification if the Educational Committee is requiring something more detailed or specific- what are they looking for?

(xi) Student Policies and Student Support: needs clarification if the Educational Committee is requiring nursing student handbooks than that needs to be stated.

Thank you for the opportunity to give feedback,

Jaime

Jaime Sinutko, PhD, MSN, RHIA, RN
Assistant Professor
College of Health Professions
Offices: Macomb Community College
University Center & West Wing A248
McAuley School of Nursing
University of Detroit Mercy
4001 W. McNichols Road
Detroit, MI 48221-3038
cell: 248-561-7596
office: 313-993-1573
sinutkjm@udmercy.edu
www.udmercy.edu

From: MSONfaculty <msonfaculty-bounces@listserver.udmercy.edu> on behalf of Janet Baiardi
<baiardjm@udmercy.edu>
Sent: Tuesday, September 26, 2023 8:37 AM

To: msonfaculty@listserver.udmercy.edu <msonfaculty@listserver.udmercy.edu>

Subject: [MSONfaculty] Fw: Open Comment Period for Nursing Administrative Rules Draft

Sharing this information regarding the notice of the public hearing and comments for rule changes.

Sincerely,

Janet M. Baiardi

Janet M. Baiardi, PhD, FNP-BC

Interim Dean & Professor

College of Health Professions and McAuley School of Nursing

University of Detroit Mercy

313-993-2443

baiardjm@udmercy.edu

From: Przybylo, Kerry (LARA) <PrzybyloK@michigan.gov>

Sent: Tuesday, September 26, 2023 8:25 AM

To: Adejoke Ayoola <adejoke.ayoola@calvin.edu>; Alisha Williams <awilliams@dbidownriver.edu>; Amy Polzin <amy.polzin@kirtland.edu>; Andrea Shaw <shawa511@macomb.edu>; Anne Loehnis <Aloehnis@abcott.edu>; Ayana Redding <ayanaredding@yahoo.com>; Barbara Harrison <harrisonb@andrews.edu>; Barbara Wieszcieski <bwieszcieski@midmich.edu>; Bethany Corner <bcorner@midmich.edu>; Brent LaFaive <blafaive@ncmich.edu>; Chris PAtterson <chris.patterson@muskegoncc.edu>; Christopher Coleman <ccoleman@oakland.edu>; Cynthia McCurren <mccurrec@umich.edu>; Daisy McQuiston <daisymcquiston@delta.edu>; Dana Tschannen <djvs@med.umich.edu>; Debbie Bosworth <dbosworth3@davenport.edu>; Debi Vendittelli <dvenditt@schoolcraft.edu>; Deborah Dunn <ddunn@madonna.edu>; Denise Gardner <gardner@lakemichigancollege.edu>; Diane Ames <Diane.Ames@cuw.edu>; Elizabeth Roe <eroe@svsu.edu>; Emily Ellis <eellis@dorsey.edu>; Esther Anyanwu <admissions@serenityhealthtraininginstitute.com>; Evelyn Norkoli <norkolie@baycollege.edu>; Gloria Drake <gloria.d@advancedcaretrain.com>; Janet Baiardi <baiardjm@udmercy.edu>; Janice Cecil <jcecil@madonna.edu>; Jeannette Pollatz <jpolla08@baker.edu>; Jennifer Avery <javery10@emich.edu>; Jennifer Otmanowski <jotman01@baker.edu>; Joanne Yastik <jyastik@sienaheights.edu>; John Collins <jcollins2@rochesteru.edu>; Joyce Russell <jrusse1@wcccd.edu>; Julie Bullinger-Ballow <bullingJuliem@jccmi.edu>; Katherine Menard <kmenard@nmu.edu>; Kathleen Poindexter <poindex9@msu.edu>; Kathy Berchem <kberchem@issu.edu>; Kelli Leask <leaskk@alpenacc.edu>; Kelly Martin <kmarti05@baker.edu>; Kim Garza <kgarza6@davenport.edu>; Kim Lindquist <klindquist@monroeccc.edu>; Laurie Clabo <laurie.lauzon.clabo@wayne.edu>; Leigh Small <lsmall@msu.edu>; Lisa Singleterry <lisa.singleterry@wmich.edu>; Lori Dewey <lori.dewey@baker.edu>; Lori Glenn <glennla@udmercy.edu>; Lori Orr <lorry@kvcc.edu>; Lori Sullivan <lori.sullivan@finlandia.edu>; Lukesha Ledbetter-Lee <Ledbetter-Lee@Dorsey.Edu>; Marilyn Lawrence <lawrencem@kellogg.edu>; mayodj@alpenacc.edu <mayodj@alpenacc.edu>; Melissa Bouws <bouws@hope.edu>; Melissa Kennedy <mkenedy03@swmich.edu>; Melodee Babcock <babcockmm@alma.edu>; Michelle Hagstrom

<mhagstrom@davenport.edu>; Michelle Richter, MSN, RN <mrichter@grcc.edu>; Mindy Rice <Mindy.Rice@arbor.edu>; Misty Emmons <misty.emmons@cornerstone.edu>; Nancy Garland <nancy.garland@might.org>; Nicole Rowe, MSN, RN <NicoleR@gogebic.edu>; Patricia Thomas <thomasp1@gvsu.edu>; Phyllis Eaton <peaton@chamberlain.edu>; Renee Gilbert <renee.gilbert@baker.edu>; Robbyn Smith <rsmith@dorsey.edu>; Rochelle Boes <rboes@westshore.edu>; Roxanne Roth <rlroth@madonna.edu>; Sandra Croasdell <croasdes@baycollege.edu>; Sarah Birch <sbirch226@glenoaks.edu>; Selena Neal <sneal@dorsey.edu>; Shannon French <sfrench02@baker.edu>; Sheila Douglas-Collins <scollin1@wcccd.edu>; Sonya Sevilla <ssevilla@dorsey.edu>; Stephanie Soulia <stephanie.soulia@mcc.edu>; Suzanne Keep <keeps@udmercy.edu>; Tamella Livengood <Tlivengood@nmc.edu>; Teri Logghe <logghe@lcc.edu>; Terrie Franks <tfranks@hondros.edu>; Theresa Bucy <tbucy@wccnet.edu>; Therese Jamison <mjamison@ltu.edu>; Tracy Alberta <talberta2@davenport.edu>; Tracy Dunsmore <tldunsmore@sc4.edu>; Tracy Zamarron <Tracy.Zamarron@montcalm.edu>; Trina Moore <tmmoore13@hfcc.edu>; Twanda Gillespie <TwGillespie@arizonacollege.edu>; Wendy Lenon <wendylenon@ferris.edu>; Zenet Patten <zlpatten@oaklandcc.edu>
Subject: Open Comment Period for Nursing Administrative Rules Draft

Warning: This email originated from outside of the University. Do not click links or open attachments unless you recognize the sender and know the content is safe.

Dear Directors of Nursing:

The public hearing to receive comment on the nursing administrative rules is set for October 16, 2023.

Please review the revised changes. If you wish to make a comment you may do so in one of two ways: In person or in writing by sending your comment to BPL-BoardSupport@michigan.gov by 5:00 p.m. on October 16, 2023.

The rules committee has worked hard to provide better clarity. However, if you have suggested changes, please provide the proposed language for adoption.

Warm regards,
Kerry

Kerry Ryan Przybylo, JD
Manager, Boards and Committees
Bureau of Professional Licensing
Department of Licensing and Regulatory Affairs
611 W. Ottawa Street
Lansing, Michigan 48909
(517) 342-4971 (cell)



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Przybylo, Kerry (LARA)

From: BPL-BoardSupport
Sent: Monday, October 2, 2023 12:08 PM
To: Shaltry, Jennifer (LARA); Przybylo, Kerry (LARA)
Subject: FW: Comments for October Nursing Public Hearing
Attachments: Comment for Public Hearing.docx

From: Deborah S. Vendittelli <dvenditt@schoolcraft.edu>
Sent: Monday, October 2, 2023 11:51 AM
To: BPL-BoardSupport <BPL-BoardSupport@michigan.gov>
Cc: Deborah S. Vendittelli <dvenditt@schoolcraft.edu>; Przybylo, Kerry (LARA) <PrzybyloK@michigan.gov>
Subject: Comments for October Nursing Public Hearing

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Hello, please see the attached for some comments related to the nursing rules.
Thanks!

Dr. Debi Vendittelli, DNP, RN, APRN-BC

Associate Dean-Nursing

Direct | 734-462-4456

Nursing Department | 734-462-4401

Nursing Fax | 734-462-4473



**Schoolcraft
College**

18600 Haggerty Rd., Livonia, MI 48152-2696

Schoolcraft.edu

Dear BPL

I have a comment about a few rules in this set.

- 1) R 338.10105, R 338.10601, and R 338.10602 are inconsistent with regards to the required training to identify victims of human trafficking.

R 338.10105 states that the training for identifying victims of human trafficking must be done by all those who are licensed or seeking licensure. This is a **one-time** training requirement.

R 338.10601 pertains to license renewals. It states that an applicant for license renewal shall complete a 1-time training identifying victims of human trafficking as required in R 338.10105.

R 338.10602 states that the training for identifying victims of human trafficking does not count toward the continuing education requirements.

My question is why is the one-time licensure training in R 338.10105 being required for each renewal thereafter without any continuing education credit? My suggestion is to remove proposed subrule (3) from R 338.10601 to avoid confusion.

- 2) **R 338.10303 pertains to initial program approval.** Some clarification is needed regarding the impact on all existing nursing education programs in a 50 mile-radius of the proposed program. It is my understanding that the board requires a survey to be sent to each program. However, the rule does not specifically state this nor outline the required questions.

Suggested language:

(D) Impact on all existing nursing education programs in a 50-mile radius of the proposed program. **A survey should be sent directly to the director of nursing for each program within the radius including, at least, all of the following questions:**

- (1) **What extent would this proposed program have on your nursing program?**
- (2) **What extent would this new program have on student clinical learning experiences in your nursing program?**
- (3) **To what extent would this new program have on faculty hiring in your nursing program.**
- (4) **Approximately how many qualified student applicants do you turn away from admission annually?**
- (5) **Do you plan to increase enrollment in your nursing program in the next 2 years?**
- (6) **Do you have any additional comments?**

Additionally, I suggest that the phrase "or letters of commitment" be removed from subrule (b)(vii).

- 3) **R 338.10303b pertains to continued program approval; self-study and nursing education program report requirements.**

Subrule 1(d): Should any of these outcomes be leveled?

Subrule 3 pertains to the content of the nursing education program reports. This should be amended to include more useful information regarding the program. Suggested edits are below:
(3) After a program has been granted full approval under R 338.10303a, the sponsoring agency shall submit a nurse education program report to the board every 4 years for a non-accredited program or at the midpoint of the accreditation cycle for nationally accredited programs. The nursing education program report must include all the following information for all of the years since the last self-study report was approved by the board:

(a) ~~Admission, progression, and retention of students.~~ **Program information pertaining to total program length, required credits, and all required courses in the program's plan of study.**

(b) ~~Student achievement on the required licensure NCLEX exam.~~ **Analysis and action plans for program outcomes including program completion rates, first-time NCLEX pass rates, and job placement rates.**

(c) ~~Systematic program evaluation results and action plan, including but not limited to, student evaluations, faculty reviews, NCLEX evaluation results, and attrition rates.~~ **National nursing accreditation status (if accredited).**

(d) ~~Program changes.~~ **Faculty qualifications, assignments, and any faculty exceptions.**

(e) ~~Faculty qualifications, assignments, and any faculty exceptions.~~ **End of program student learning outcomes for each program option.**

(f) **Leveled student learning outcomes or objectives used to organize the curriculum.**

(4) R 338.10310a pertains to board action following an evaluation.

Subdivision (1)(a)(iv) needs clarification of what is to be included in the NCLEX Improvement Plan.

Suggested language: A method for the evaluation of the changes and further action to be taken if program performance continues to be out of compliance. **The evaluation method should include, but is not limited to, an evaluation of student achievement of course learning outcomes and end of program student learning outcomes considering the changes.**

Sincerely,

Debi Vendittelli, DNP, RN, APRN-BC