

**Consideration of Request from the Texas Association of Vocational Nurse Educators
for a Charge to the Advisory Committee for Education**

SUMMARY OF REQUEST:

Consider staff recommendation concerning request from the Texas Association of Vocational Nurse Educators for a Charge to the Advisory Committee for Education (ACE).

HISTORICAL PERSPECTIVE:

Board staff received a request from the Texas Association of Vocational Nurse Educators' Legislative Chair, Nancy Maebius, for the ACE committee to review the following three issues (See Attachment).

- Review the number of clinical and theory hour requirements for LVN programs.
- Address the requirement of Rule 214.9(b)(3)(A) which requires clinical experiences for care of children in both acute and non-acute settings.
- Review the definitions of the terms "board-recognized accrediting body" and clarify the Board's stated requirement for regional accreditation as identified in Rule 215.
- Rule 214 requires a total of 1358 program hours, a minimum of 558 theory hours and a minimum of 840 clinical hours.
- Review of 88 available 2006 vocational nursing education program Annual Reports revealed that all but two of 88 programs exceeded the minimum hours.
- Review of the historical records:
 - **1979** - rules required a clinical week of 32 hours with a minimum of 1000 clinical hours and 600 theory hours
 - **1982** - rules required a 24 hour (3 day) clinical week. The 1000/600 minimum hour requirement continued
 - **1985** - hours were at current minimum of 840 clinical and 558 theory.
- Review of national statistics from the National Council of State Boards of Nursing.
 - RN programs have approximately 758 hours of clinical learning
 - LVN programs have approximately 640 hours of clinical learning
- Vocational nursing education rules were designed to meet the scope of vocational nursing practice in Texas which may differ from other states

PROS AND CONS:

Pros:

The charge would continue the current practice of an evidenced based approach to rule making for nursing education.

Cons:

- The Board of Nurse Examiners is currently under Sunset Review with pending legislation that may impact nursing education.
- Pending legislation exists which directs the Board of Nurse Examiners and the Texas Higher Education Coordinating Board to study the current nursing curriculum and recommend improvements (SB 139).
- The ACE committee has considered the issue of regional accreditation and provided recommendations to guide the process. A guideline for board approval has been developed by board staff (Agenda Items 3.2.7.e. and 5.2.3).

STAFF RECOMMENDATION:

- Move to hold a charge to ACE regarding vocational nursing education rule revision and review of the terms "board recognized accrediting body and regional accreditation" until effects from the 80th Legislative Session can be determined.

or

- Move to issue a charge to ACE regarding vocational nursing education rule revision and review of the terms "board recognized accrediting body and regional accreditation."

To: Betty Sims

From: TAVNE Executive Board

Date: March 28, 2007

The TAVNE Executive Board would like to request that the BNE consider the following vocational nursing education issues to be referred to the ACE Committee for discussion:

1. The first issue we would like to have reviewed by the BNE is the number of clinical and theory hour requirements for LVN programs. Rule 214.9 (a) (1) refers to **the requirement of a minimum of 1398 clock hours: 558 hours for classroom instruction and 840 hours for clinical practice.** We do not know of evidence to support this number of hours. LVN programs are clinically intensive programs, which is one of their strengths. However, we would like to know the rationale for these particular numbers of minimum hours required. Rule 215 for professional nursing programs does not include a minimum hour requirement. We would like to suggest the inclusion of the 3:1 clinical/ theory ratio in Rule 214.

2. The second issue we would like to see addressed is Rule 214.9 (b) (3) (A) which states: **"Experiences shall include care of children and meeting their needs in...both the acute and non-acute setting."** This requirement for the acute care setting in pediatrics for LVN students may not be reasonable, as this is a clinical area which does not hire many LVNs.

3. The third issue we would like to have discussed relates to the development of new professional nursing programs by career schools and hospital-based programs. The term "Board-recognized accrediting body" is not clearly defined in the BNE rules. If the BNE only accepts SACS, or regional accreditation, should this be stated as a requirement for development of new professional nursing programs? The process is not clear for LVN career schools wishing to develop an RN program and the process is not clear for LVN hospital-based programs wishing to develop an RN diploma program, since the THECB is authorized to approve programs of study leading to degrees offered by career institutions under Chapter 12. If a career school is granted a certificate of authorization to grant AAS degrees, (which can be done without regional accreditation), would these programs be able to submit a proposal to develop and ADN programs with the BNE?

Thank-you for your consideration of our concerns. Please let me know if you would like any additional information.

Nancy Maebius, PhD, RN

TAVNE Legislative Chair

210-822-3651 (Phone)

210-822-5290 (Fax)

nanmaebius@aol.com