

Agenda Item: 6.2.  
Prepared by: R. Wilson/J. Sparks  
Board Meeting: April 2007

**Update on Adopted Amendments to 22 Tex. Admin. Code §§ 214.10 and 215.10, Management of Clinical Learning Experiences and Resources**

These amendments to the rules were approved by the Board in its February 2007 meeting for submission to the *Texas Register* for public comment. They were published in the *Texas Register* on March 9, 2007 (See attachment). The comment period ended on April 9, 2007. No negative comments were received in response to the proposed amendments and only one positive comment was received.

The amendments will be adopted. The adopted amendments will be published in the April 27, 2007, edition of the *Texas Register* and will become effective on May 2, 2007.

## **Part 11. BOARD OF NURSE EXAMINERS**

### **Chapter 214. VOCATIONAL NURSING EDUCATION**

#### **22 TAC §214.10**

The Board of Nurse Examiners proposes amendments to §214.10 pertaining to Vocational Nursing Education. Section 214.10 specifically addresses Management of Clinical Learning Experiences and Resources. The proposed amendment is pertinent to Faculty-to-Student Ratio in Clinical Settings in Education Programs. Concurrent with this proposal, the Board is proposing an amendment to §215.10 which addresses faculty-to-student ratios in clinical settings in professional nursing education programs.

The Board is currently under Sunset review. In a recent Sunset Committee hearing, a committee member expressed concern that the clinical ratio of faculty-to-student of 1:10 was too burdensome to teaching programs as required by Board rule. It became evident to Staff and members of the Board that misunderstanding exists in the options available to nursing education programs in the utilization of preceptors in the clinical setting. By using preceptors, nursing education programs can increase the faculty-to-student ratio to a maximum of 1:24. In professional nursing programs, a teaching assistant with a faculty member in the clinical setting can increase the ratio to 1:15.

To allay any confusion, the Board proposes amendments to the professional and vocational nursing education rules by reorganizing the rules applicable to this issue in a more easily comprehensible format. The Advisory Committee on Education met on February 2, 2007, and made additional recommendations, as follows: §214.10(k) and §215.10(e) be revised to clarify that the existing ratios only apply to clinical learning experiences involving direct patient care; §215.10(d)(2)(A) - (B) in the current rule be deleted to clarify that ratios in the non-direct care patient settings are at a program's discretion; and §215.10(h)(8), as proposed, be modified to allow non-BSN prepared nurses to be paired with a Master's Degree (MSN) prepared faculty member as a clinical teaching assistant. These changes should allow greater latitude for nursing programs to implement innovative clinical supervision strategies.

Katherine Thomas, Executive Director, has determined that for the first five-year period the proposed amendments are adopted there will be no additional fiscal implications for state or local government as a result of implementing the proposed amendments

Ms. Thomas has also determined that for each year of the first five years the proposed amendments are adopted, the public benefit will be that the amendments will allow nursing programs to implement innovative clinical supervision strategies. There will not be any foreseeable effect on small businesses. There are no anticipated costs to affected individuals as a result of the implementation of this proposed amendment.

Written comments on the proposal may be submitted to Katherine A. Thomas, MN, RN, Executive Director, Board of Nurse Examiners, 333 Guadalupe, Suite 3-460, Austin, Texas 78701, or by facsimile to (512) 305-8101, or by email to [joy.sparks@bne.state.tx.us](mailto:joy.sparks@bne.state.tx.us).

The proposed amendments are pursuant to the authority of Texas Occupations Code §301.157 and §301.151 which authorizes the Board of Nurse Examiners to adopt, enforce, and repeal rules consistent with its legislative authority under the Nursing Practice Act.

No statutes, articles, or codes are affected by this proposed amendment.

*§214.10.Management of Clinical Learning Experiences and Resource.*

(a) - (i) (No changes.)

(j) The faculty member shall be responsible for the supervision of students in clinical learning experiences.

(k) The following ratios only apply to clinical learning experiences involving direct patient care:

(1) When a faculty member is the only person officially responsible for a clinical group, then the group shall total no more than ten (10) students. Patient safety shall be a priority and may mandate lower ratios, as appropriate. The faculty member shall supervise that group in only one facility at a time, unless some portion or all of the clinical group are assigned to observational experiences in additional settings.

(2) Direct faculty supervision is not required for an observational experience. Observational experiences may be used to supplement, but not replace patient care experiences, and must serve the purpose of student attainment of clinical objectives.

(1) Clinical preceptors may be used to enhance clinical learning experiences after a student has received clinical and didactic instruction in all basic areas of nursing or within a course after a student has received clinical and didactic instruction in the basic areas of nursing for that course or specific learning experience.

(1) In courses which use clinical preceptors for a portion of clinical learning experiences, faculty shall have no more than twelve (12) students in a clinical group.

(2) In a course which uses clinical preceptors as the sole method of student instruction and supervision in clinical settings, faculty shall coordinate the preceptorship for no more than twenty-four (24) students.

(3) The preceptor may supervise student clinical learning experiences without the physical presence of the faculty member in the affiliating agency or clinical practice setting.

(4) The preceptor shall be responsible for the clinical learning experiences of no more than two students (2) at a time per clinical group.

~~(m)~~ ~~(k)~~ When faculty ~~[ Faculty may ]~~ use clinical preceptors to enhance clinical learning experiences and to assist faculty in the clinical supervision of students the following applies: ~~[ - ]~~

(1) Faculty shall develop written criteria for the selection of clinical preceptors.

(2) When clinical preceptors are used, written agreements between the vocational nursing education program, clinical preceptor, and the affiliating agency, when applicable, shall delineate the functions and responsibilities of the parties involved.

(3) Faculty shall be readily available to students and clinical preceptors during clinical learning experiences.

(4) The designated faculty member shall meet periodically with the clinical preceptors and student(s) for the purpose of monitoring and evaluating learning experiences.

(5) Written clinical objectives, evaluation criteria, and written description of expectations shall be shared with the clinical preceptors prior to or concurrent with the experience.

~~[ (1) Clinical preceptors may be used to enhance clinical learning experiences after a student has received clinical and didactic instruction in all basic areas of nursing or within a course after a student has received clinical and didactic instruction in the basic areas of nursing for that course or~~

~~specific learning experience.]~~

~~[(1) In courses which use clinical preceptors for a portion of clinical learning experiences, faculty shall have no more than 12 students in a clinical group.]~~

~~[(2) In a course which uses clinical preceptors as the sole method of student instruction and supervision in clinical settings, faculty shall coordinate the preceptorship for no more than 24 students.]~~

~~[(3) The preceptor may supervise student clinical learning experiences without the physical presence of the faculty member in the affiliating agency or clinical practice setting.]~~

~~[(4) The preceptor shall be responsible for the clinical learning experiences of no more than two students per clinical day.]~~

~~(6)~~ [(5)] The preceptor shall be accountable for evaluating the student using clinical objectives developed by vocational nursing faculty.

~~(7)~~ [(6)] Clinical preceptors shall have the following qualifications:

(A) competence in designated areas of practice;

(B) philosophy of health care congruent with that of the nursing program; and

(C) current licensure or privilege to practice nursing in the State of Texas.

~~(n)~~ [(m)] The total weekly schedule throughout the length of the program shall not exceed 40 hours per week including both class and clinical practice hours. Class and clinical practice hours shall be continuous. Students shall be assigned two consecutive non-class days off each week.

~~(o)~~ [(n)] Programs shall not permit utilization of students for health care facility staffing.

This agency hereby certifies that the proposal has been reviewed by legal counsel and found to be within the agency's legal authority to adopt.

Filed with the Office of the Secretary of State on February 22, 2007.

TRD-200700696

Katherine A. Thomas, MN, RN

Executive Director

Board of Nurse Examiners

Earliest possible date of adoption: April 8, 2007

For further information, please call: (512) 305-6823

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## **Chapter 215. PROFESSIONAL NURSING EDUCATION**

### **22 TAC §215.10**

The Board of Nurse Examiners proposes amendments to §215.10 pertaining to Professional Nursing Education. Section 215.10 specifically addresses Management of Clinical Learning Experiences and Resources. The proposed amendment is pertinent to faculty-to-student ratios in clinical settings in professional nursing education programs. Concurrent with this proposal, the Board is proposing an amendment to §214.10 which addresses faculty-to-student ratios in clinical settings in vocational nursing education programs.

The Board is currently under Sunset review. In a recent Sunset Committee hearing, a committee member expressed concern that the clinical ratio of faculty-to-student of 1:10 was too burdensome to teaching programs as required by Board rule. It became evident to Staff and members of the Board that misunderstanding exists in the options available to nursing education programs in the utilization of preceptors in the clinical setting. By using preceptors, nursing education programs can increase the faculty-to-student ratio to a maximum of 1:24. In professional nursing programs, a teaching assistant with a faculty member in the clinical setting can increase the ratio to 1:15.

To allay any confusion, the Board proposes amendments to the professional and vocational nursing education rules by reorganizing the rules applicable to this issue in a more easily comprehensible format. The Advisory Committee on Education met on February 2, 2007, and made additional recommendations, as follows: §214.10(k) and §215.10(e) be revised to clarify that the existing ratios only apply to clinical learning experiences involving direct patient care; §215.10(d)(2)(A) - (B) be deleted to clarify that ratios in the non-direct care patient settings are at a program's discretion; and §215.10(h)(8), as proposed, be modified to allow non-BSN prepared nurses to be paired with a Master's Degree (MSN) prepared faculty member as a clinical teaching assistant. These changes should allow greater latitude for nursing programs to implement innovative clinical supervision strategies.

Katherine A. Thomas, MN, RN, Executive Director, has determined that for the first five-year period the proposed amendments are in effect there will be no additional fiscal implications for state or local government as a result of implementing the proposed amendments.

Ms. Thomas has also determined that for each year of the first five years the proposed amendments are in effect, the public benefit will be that the amendments will allow nursing programs to implement innovative clinical supervision strategies. There will not be any foreseeable effect on small businesses. There are no anticipated costs to affected individuals as a result of the implementation of the proposed amendments.

Written comments on the proposal may be submitted to Katherine A. Thomas, MN, RN, Executive Director, Board of Nurse Examiners, 333 Guadalupe, Suite 3-460, Austin, Texas 78701, or by facsimile to (512) 305-8101, or by e-mail to joy.sparks@bne.state.tx.us.

The amendments are proposed pursuant to the authority of Texas Occupations Code §301.151 and §301.157 which authorizes the Board of Nurse Examiners to adopt, enforce, and repeal rules consistent with its legislative authority under the Nursing Practice Act.

No statutes, articles, or codes are affected by the proposed amendments.

*§215.10. Management of Clinical Learning Experiences and Resources.*

(a) - (c) (No change.)

(d) The faculty member shall be responsible for the supervision of students in clinical learning experiences.

(e) The following ratios only apply to clinical learning experiences involving direct patient care:

(1) When a faculty member is the only person officially responsible for a clinical group, the group shall total no more than ten (10) students. Patient safety shall be a priority and may mandate lower ratios, as appropriate. The faculty member shall supervise that group in only one facility at a time, unless some portion or all of the clinical group are assigned to observational experiences in additional settings.

(2) Direct faculty supervision is not required for an observational experience.

~~[(A) Observational experiences may be used to supplement, but not replace patient care experiences, and must serve the purpose of student attainment of clinical objectives.]~~

~~[(B) Observational experiences shall comprise no more than 20% of the clinical contact hours for a course and no more than 10% of the clinical contact hours for the program of study.]~~

(f) Clinical preceptors may be used to enhance clinical learning experiences after a student has received clinical and didactic instruction in all basic areas of nursing or within a course after a student has received clinical and didactic instruction in the basic areas of nursing for that course or specific learning experience.

(1) In courses which use clinical preceptors for a portion of clinical learning experiences, faculty shall have no more than twelve (12) students in a clinical group.

(2) In a course which uses clinical preceptors as the sole method of student instruction and supervision in clinical settings, faculty shall coordinate the preceptorship for no more than twenty-four (24) students.

(3) The preceptor may supervise student clinical learning experiences without the physical presence of the faculty member in the affiliating agency or clinical practice setting.

(4) The preceptor shall be responsible for the clinical learning experiences of no more than two (2) students at a time per clinical group.

(g) Clinical teaching assistants may assist qualified, experienced faculty with clinical learning experiences.

(1) In clinical learning experiences where a faculty member is supported by a clinical teaching assistant, the ratio of faculty to students shall not exceed two (2) to fifteen (15) (one faculty plus one clinical teaching assistant to fifteen students).

(2) Clinical teaching assistants shall supervise student clinical learning experiences only when the qualified and experienced faculty member is physically present in the affiliating agency or alternative practice setting.

(h) [ (e)-] ~~When faculty~~ [ ~~Faculty may~~] use clinical preceptors or clinical teaching assistants to enhance clinical learning experiences and to assist faculty in the clinical supervision of students the following applies: [ -]

(1) Faculty shall develop written criteria for the selection of clinical preceptors and clinical teaching assistants.

(2) When clinical preceptors or clinical teaching assistants are used, written agreements between the professional nursing education program, clinical preceptor or clinical teaching assistant, and the affiliating agency, when applicable, shall delineate the functions and responsibilities of the parties involved.

(3) Faculty shall be readily available to students and clinical preceptors or clinical teaching assistants during clinical learning experiences.

(4) The designated faculty member shall meet periodically with the clinical preceptors or clinical teaching assistants and student(s) for the purpose of monitoring and evaluating learning experiences.

(5) Written clinical objectives shall be shared with the clinical preceptors or clinical teaching

assistants prior to or concurrent with the experience.

~~[ (f) Clinical preceptors may be used to enhance clinical learning experiences after a student has received clinical and didactic instruction in all basic areas of nursing or within a course after a student has received clinical and didactic instruction in the basic areas of nursing for that course or specific learning experience.]~~

~~[(1) In courses which use clinical preceptors for a portion of clinical learning experiences, faculty shall have no more than 12 students in a clinical group.]~~

~~[(2) In a course which uses clinical preceptors as the sole method of student instruction and supervision in clinical settings, faculty shall coordinate the preceptorship for no more than 24 students.]~~

~~[(3) The preceptor may supervise student clinical learning experiences without the physical presence of the faculty member in the affiliating agency or clinical practice setting.]~~

~~[(4) The preceptor shall be responsible for the clinical learning experiences of no more than two students per clinical day.]~~

~~(6)~~ ~~[(5)]~~ Clinical preceptors shall have the following qualifications:

(A) competence in designated areas of practice;

(B) philosophy of health care congruent with that of the nursing program; and

(C) current licensure or privilege as a registered nurse in the State of Texas; or

(D) if not a registered nurse, a current license in Texas as a health care professional with a minimum of a bachelor's degree in that field.

~~[ (g) Clinical teaching assistants may assist qualified, experienced faculty with clinical learning experiences.]~~

~~[(1) In clinical learning experiences where a faculty member is supported by a clinical teaching assistant, the ratio of faculty to students shall not exceed 2:15 (faculty plus clinical teaching assistant:student).]~~

~~[(2) Clinical teaching assistants shall supervise student clinical learning experiences only when the qualified and experienced faculty member is physically present in the affiliating agency or alternative practice setting.]~~

~~(7)~~ ~~[(3)]~~ When acting as a clinical teaching assistant, the RN shall not be responsible for other staff duties, such as supervising other personnel and/or patient care.

~~(8)~~ ~~[(4)]~~ Clinical teaching assistants shall meet the following criteria:

(A) hold a current license or privilege to practice as a registered nurse in the State of Texas; and

~~[(B) hold a bachelor's degree in nursing from an accredited baccalaureate program in nursing; and]~~

~~(B)~~ ~~[(C)]~~ have the clinical expertise to function effectively and safely in the designated area of teaching.

This agency hereby certifies that the proposal has been reviewed by legal counsel and found to be within the agency's legal authority to adopt.

Filed with the Office of the Secretary of State on February 22, 2007.

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