16.12.3 NMAC

DEFINITIONS:

A. “Application”, form provided by the board of nursing (BON) to any potential nursing program to be used as the first process in opening a new program.

B. “Approval”, official or formal consent, confirmation or sanction.

C. “Associate degree program”, a formalized program of study, usually organized for completion within a two-year academic period, which prepares graduates for an associate degree in nursing and eligibility to take the national licensing examination for registered nurses. The program is conducted as an integral department or division within a college or university.

D. “Baccalaureate degree program”, a formalized program of study, usually organized for completion within a four-year academic period, which prepares graduates for a degree in nursing and eligibility to take the national licensing examination for registered nursing. The program is conducted as an integral department or division within a university or college.

E. “Board”, New Mexico board of nursing.

F. “Clinical facilities”, institutions which are established for the delivery of nursing care services (hospital, extended care facilities, nursing homes, medical clinics, public health facilities, physician’s offices, outpatient clinics, etc.).

G. “Clinical preceptors”, nurses who have been a nurse for at least two years and have demonstrated competencies related to the area of assigned clinical teaching responsibilities and will serve as a role model and educator to the student.

H. “Clock/contact hour”, unit of measurement used by educational institutions to determine workload.

I. “Curriculum”, a course of study which is offered within a particular program.

J. “Director”, the nurse educator (regardless of the official title assigned by any specific institution who is delegated the administrative responsibility and authority for the direction of the basic educational program in nursing). An “administrator” shall be considered synonymous with “director” unless the institution has divided up authority between a program “director” and an administrator.

K. “Educational institution”, an institution within the educational system which is organized and accredited for teaching and study (university, college, high school, post-secondary, approved area vocational institution).

L. “High-fidelity”, provides the highest levels of realism. Scenarios may incorporate the above low- and medium-fidelity plus the use of computer-based equipment with automatic cues and responses.

M. “Involuntary closure”, mandatory closure by the board for failure of a program to meet the minimum requirements as established by the board.

N. “Low-fidelity”, the least realistic of available options. Scenarios may include but not limited to the use of static manikins, written case studies, simulated medication administration and other nursing tasks.

O. “Medium-fidelity”, scenarios may include use of low-fidelity resources noted above plus standardized (live) patients incorporation with increased realism. Automatic cues and responses (aside from simulation faculty & staff) remain absent.

P. “Must”, a requirement.

Q. “National licensing examination”, examination for licensure as provided by the national council of state boards of nursing.

R. “National nursing accreditation”, recognition of an institution of learning by a board-recognized national nursing organization as maintaining prescribed standards requisite for its graduates to gain admission to other reputable institutions of higher learning or achieve credentials for professional practice.

S. “Parent institution”, an institution within the educational system which is organized and accredited for teaching and study (university, college, high school).

T. “Practical nurse program”, a formalized program, which prepares a graduate for a diploma or certificate and eligibility to take the national licensing examination for practical nursing. The program is conducted as an integral part of an educational institution.

U. “Pre-licensure program”, nursing education program that prepares an individual for the national licensing examination for registered nursing or practical nursing.

V. “Program”, the curriculum and all of the activities/functions that take place which are necessary to fulfill the purpose of nursing education.

W. “Recommendations”, statements which should guide programs of nursing in the development and direction of the program but which are not mandatory.
X. “Regulation and policies”, statements governing practice of the board of nursing in the approval of a program of nursing.
Y. “Requirements”, conditions which any program of nursing shall meet to obtain approval.
Z. “Shall”, mandatory; a requirement.
AA. “Should”, a suggestion or recommendation; not a requirement.
BB. “Simulation”, an experience that imitates the real environment, requiring individuals to demonstrate the procedural techniques, decision-making, and critical thinking needed to provide safe and competent patient care.
CC. “Supervision of part-time faculty without msn”, initial verification of instructor’s knowledge and skills in supervision of students in clinical settings, followed by periodic observation, direction and evaluation of instructor’s knowledge and skills related to supervision of students in clinical settings.

A. Definitions beginning with “A”:
   (1) “application”, form provided by the board of nursing (BON) to any potential nursing program to be used as the first process in opening a new program;
   (2) “approval”, official or formal consent, confirmation or sanction:
   (3) “associate degree program”, a formalized program of study, usually organized for completion within a two-year academic period, which prepares graduates for an associate degree in nursing and eligibility to take the national examination for registered nurses. The program is conducted as an integral department or division within a college or university.
B. Definitions beginning with “B”:
   (1) “baccalaureate degree program”, a formalized program of study, usually organized for completion within a four-year academic period, which prepares graduates for a degree in nursing and eligibility to take the national licensing examination for registered nursing. The program is conducted as an integral department or division within a university or college;
   (2) “board”, New Mexico board of nursing.
C. Definitions beginning with “C”:
   (1) “clinical facilities”, institutions which are established for the delivery of nursing care services (hospital, extended care facilities, nursing homes, medical clinics, public health facilities, physician’s offices, out-patient clinics, etc.);
   (2) “clinical preceptors”, nurses who have been a nurse for at least two years and have demonstrated competencies related to the area of assigned clinical teaching responsibilities and will serve as a role model and educator to the student;
   (3) “clock/contact hour”, unit of measurement used by educational institutions to determine work load;
   (4) “curriculum”, a course of study which is offered within a particular program.
D. Definitions beginning with “D”: “director”, the nurse educator (regardless of the official title assigned by any specific institution who is delegated the administrative responsibility and authority for the direction of the basic educational program in nursing. An “administrator” shall be considered synonymous with “director” unless the institution has divided up authority between a program “director” and an administrator.
E. Definitions beginning with “E”: “educational institution”, an institution within the educational system which is organized and accredited for teaching and study (university, high school, post-secondary, approved area vocational institution).
F. Definitions beginning with “F”: [RESERVED]
G. Definitions beginning with “G”: [RESERVED]
H. Definitions beginning with “H”: “High-fidelity”, provides the highest levels of realism. Scenarios may incorporate the above low- and medium-fidelity plus the use of computer-based equipment with automatic cues and responses.
I. Definitions beginning with “I”: “Involuntary closure”, mandatory closure by the board for failure of a program to meet the minimum requirements as established by the board.
J. Definitions beginning with “J”: [RESERVED]
K. Definitions beginning with “K”: [RESERVED]
L. Definitions beginning with “L”: “Low-fidelity”, the least realistic of available options. Scenarios may include but not limited to the use of static manikins, written case studies, simulated medication administration and other nursing tasks.
M. Definitions beginning with “M”:
“medium-fidelity”, scenarios may include use of low-fidelity resources noted above plus standardized (live) patients incorporation with increased realism. Automatic cues and responses (aside from simulation faculty & staff) remain absent;

“must”, a requirement.

N. Definitions beginning with “N”:
(1) “National licensing examination”, examination for licensure as provided by the national council of state boards of nursing;
(2) “National nursing accreditation”, recognition of an institution of learning by a board recognized national nursing organization as maintaining prescribed standards requisite for its graduates to gain admission to other reputable institutions of higher learning or achieve credentials for professional practice.

O. Definitions beginning with “O”: [RESERVED]

P. Definitions beginning with “P”:
(1) “parent institution”, an institution within the educational system which is organized and accredited for teaching and study (university, college, high school);
(2) “practical nurse program”, a formalized program, which prepares a graduate for a diploma or certificate and eligibility to take the national licensing examination for practical nursing. The program is conducted as an integral part of an educational institution;
(3) “pre-licensure program”, nursing education program that prepares an individual for the national licensing examination for registered nursing or practical nursing;
(4) “program”, the curriculum and all of the activities/functions that take place which are necessary to fulfill the purpose of nursing education;
(5) “public health emergency”, an executive order pursuant to the Public Health Emergency Response Act or an executive order invoked by gubernatorial powers under the All Hazards Emergency Management Act.

Q. Definitions beginning with “Q”: [RESERVED]

R. Definitions beginning with “R”: [RESERVED]
(1) “recommendations”, statements which should guide programs of nursing in the development and direction of the program but which are not mandatory;
(2) “regulation and policies”, statements governing practice of the board of nursing in the approval of a program of nursing;
(3) “requirements”, conditions which any program of nursing shall meet to obtain approval.

S. Definitions beginning with “S”:
(1) “shall”, mandatory; a requirement;
(2) “should”, a suggestion or recommendation; not a requirement;
(3) “simulation”, an experience that imitates the real environment, requiring individuals to demonstrate the procedural techniques, decision-making, and critical thinking needed to provide safe and competent patient care;
(4) “supervision of part-time faculty without msn”, initial verification of instructor’s knowledge and skills in supervision of students in clinical settings, followed by periodic observation, direction and evaluation of instructor’s knowledge and skills related to supervision of students in clinical settings.

T. Definitions beginning with “T”: [RESERVED]

U. Definitions beginning with “U”: [RESERVED]

V. Definitions beginning with “V”: [RESERVED]

W. Definitions beginning with “W”: [RESERVED]

X. Definitions beginning with “X”: [RESERVED]

Y. Definitions beginning with “Y”: [RESERVED]

Z. Definitions beginning with “Z”: [RESERVED]

16.12.3.8 TYPES OF APPROVAL:

A. Initial approval:
(1) Initial approval shall be granted as outlined in numbers 16.12.3.11 NMAC “requirements for the establishment of new programs and 16.12.3.12 NMAC “minimum standards for nursing programs” of these rules. Initial approval is valid from the time granted through the graduation of the first nursing class.
(2) The program shall have initial approval prior to recruiting and enrolling students into the nursing program.

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Immediately preceding graduation of the first nursing class, an approval site visit shall be made by representatives of the board to determine compliance with “minimum standards for nursing programs” and for consideration of continued approval.

When a program fails to meet the minimum standard requirements with the initial graduating class then initial approval with warning will be granted.

The program must correct all the identified deficiencies of the minimum standards not met.

The board of nursing will evaluate the program for deficiencies of minimum standards.

Initial approval with warning shall not exceed two years.

Initial approval with warning:

(1) When a program fails to meet the minimum standard requirements with the initial graduating class then initial approval with warning will be granted.

(2) The program must correct all the identified deficiencies of the minimum standards not met.

(3) Initial approval with warning shall not exceed two years.

(4) When a program fails to meet the minimum standards for nursing programs within two years, the program will be placed in conditional approval.

B. Full approval:

(1) Full approval status shall be granted after the board verifies [through a site visit] that the “minimum standards for nursing programs” have been met.

(2) Full approval for a continuing period not to exceed ten years, shall be granted to nursing education programs if, in the opinion of the board, the program continues to demonstrate compliance with minimum standards for nursing programs.

(3) National nursing accreditation.

(a) All currently board approved nursing programs shall achieve national nursing accreditation by January 1, 2018.

(b) New programs shall be required to achieve national nursing accreditation by two years after the graduation of the first cohort.

(c) Programs which have received accreditation from a board-recognized national nursing accreditation agency shall file evidence of initial accreditation with the board, and thereafter shall file notice of any change in program accreditation status and report from accrediting agency’s board of review; the board shall grant approval based upon evidence of such accreditation.

(d) Programs holding approval based upon national accreditation are also responsible for complying with “minimum standards for nursing programs”.

(e) Full approval for a continuing period not to exceed [ten] 10 years, shall be granted to nursing programs with full national nursing accreditation.

(f) Programs that do not meet or maintain this requirement will be placed on full approval with warning.

(g) Full approval with warning.  

(i) the program must correct all the identified deficiencies of the minimum standards not met;

(ii) nursing programs shall provide a corrective action plan (CAP);

(iii) full approval with warning shall not exceed two years;

(iv) any other discretion or conditions deemed necessary by the board may be imposed.

(4) Ongoing approval status is assessed annually by the board and is based on information reported or provided in the program’s annual report, NCLEX exam pass rates, and information related to the minimum standards.

(a) An annual report which includes information regarding compliance with 16.12.3.12 NMAC minimum standards for nursing programs shall be submitted to the board by the nursing education program.

(b) The annual NCLEX pass rate for each nursing education program is determined by the percentage of first time test takes who pass the examination during the exam year, from January 1st through December 31st of the calendar year.
Eighty percent of the first-time NCLEX candidates are required to achieve a passing score on the NCLEX examination during the exam year.

When a program fails to maintain a passing rate of eight percent of first time candidates for one year, the program will receive notification from the board of nursing.

The program is required to submit a self-study report with corrective action to the board of nursing by June 1st of the calendar year.

When a program fails to maintain a passing rate of eighty percent of first time candidates for two consecutive calendar years the nursing education program will be granted full approval with warning.

C. Full approval with warning:
   (1) the program must correct all the identified deficiencies of the minimum standards not met;
   (2) nursing programs shall provide a corrective action plan (CAP);
   (3) full approval with warning shall not exceed two years;
   (4) any other discretion or conditions deemed necessary by the board may be imposed.

D. Conditional approval:
   (1) The nursing education program shall be placed on conditional approval not to exceed two years when there is evidence of substantial non-compliance with the “minimum standards for nursing programs” as specified in these rules.
   (2) When on conditional approval status, the nursing program shall cease admissions.
   (3) The following situations are cause for review or a site visit by the board to determine if the minimum standards for nursing programs are being met:
      (a) complaints relating to violations of the “minimum standards for nursing programs”;
      (b) denial, withdrawal or change of program accreditation status by a board-recognized national nursing accreditation agency or general academic accreditation agency;
      (c) failure to obtain board approval of changes that require approval of the board under “program changes”;
      (d) providing false or misleading information to students or the public concerning the nursing program;
      (e) violation of the rules 16.12.3 NMAC;
      (f) continuous disruptions in retaining a qualified director or faculty, resulting in disorganization and breakdown of supervision and teaching of students;
      (g) non-compliance with the program’s stated philosophy, objectives, policies, and curriculum resulting in unsatisfactory faculty/student achievement;
      (h) failure to provide clinical experiences necessary to meet the objectives of the nursing program;
      (i) less than a passing rate of eighty percent of first time writers of the national licensing examination for more than three consecutive calendar years or is on full approval with warning for two years and has not met the “minimum standards of a nursing programs” including maintaining an adequate pass rate;
      (ii) when a program fails to maintain a passing rate of eighty percent of first time writers for one calendar year from January 1st through December 31st of the same year, a letter will be sent to the program notifying them that they are not in compliance with the rules and to provide the board with an assessment of possible problem areas within six months;
      (iii) when a program fails to maintain a passing rate of eighty percent of first time writers for two consecutive calendar years, a report addressing areas of concern with a plan for corrective action will be submitted to the board within six months and an evaluation visit may be required.
   (4) Conditional approval is not renewable. Failure to correct deficiencies within the designated time period will result in withdrawal of approval and involuntary closure of the program by the board. Full approval status shall be granted after the board verifies through a site visit that correction of deficiencies have occurred within the designated time period.
   (5) The board may deny approval or withdraw approval of a nursing education program that does not meet the “minimum standards for nursing programs.”

16.12.3.9 TYPES OF BOARD VISITS TO NURSING PROGRAMS:
A. Approval visit - visits made to programs of nursing by board representative(s) for the sole purpose of granting board approval. A pre-licensure nursing program must have an approval visit by the board of nursing at least once in a 10 year period.

B. Evaluation visit - visits made to programs of nursing by board representative(s), at the request of the board, for the purpose of evaluating a program’s progress and approval status.

C. Consultation visit - visits made to programs of nursing by the board representative(s), at the request of the program of nursing or educational institution. Requests to the board for consultation must be made, in writing, to the executive director of the board of nursing. Consultation visits are made at the expense of the program of nursing or educational institution.

D. Survey visit - may be done at the discretion of the board during any national accreditation visit.

16.12.3.12 MINIMUM STANDARDS FOR NURSING PROGRAMS:

A. Administration and organization:
   (1) The nursing education program shall be an integral part of an institution of higher education that is authorized by this state to confer credentials in nursing and that is also accredited by an accreditation agency recognized by the US department of education.
   (2) The nursing program shall obtain national nursing accreditation within two years of the first graduating class.
   (3) The nursing programs shall have status comparable with other academic units. There shall be an organizational chart which identifies the relationships, within and between the program and other administrative areas of the parent institution.
   (4) The administration of the parent institution shall provide adequate financial support for the nursing program.
   (5) The parent institution shall designate a qualified, nursing director who is licensed to practice as a registered nurse in New Mexico or in a compact state. The nursing program director shall have responsibility and authority comparable with the administrative position including but not limited to development, implementation, evaluation, administration and organization of the nursing program.
   (6) The nursing program shall have specific written policies available to students and the public regarding, but not limited to, admission, readmission, transfer, advanced placement, progression, graduation, withdrawal, dismissal, student rights and responsibilities, grievances, health and safety.
   (7) The nursing program shall provide accurate, complete and appropriate information to all students and prospective students about the program including, but not limited to:
      (a) nature of the program, including course sequence, prerequisites, co-requisites and academic standards;
      (b) length of the program;
      (c) current cost of the program;
      (d) transferability of credits to other public and private educational institutions in New Mexico;
      (e) program teaching methods and supporting technology;
      (f) current standing and any change in regional or national institutional accreditation status and national nursing accreditation status and board approval status.
   (8) Faculty and students shall participate in program planning, implementation, evaluation and continuous improvement.

B. Curriculum:
   (1) The mission of the nursing unit shall be consistent with that of the parent institution.
   (2) A nursing program shall develop and implement a curriculum that includes level objectives, course objectives; measurable learning outcomes for each course that:
      (a) reflect its mission and goals;
      (b) are logically consistent between and within courses;
      (c) are designed so that the students who complete the program will have the knowledge and skills necessary to function in accordance with the definition and scope of practice specified in New Mexico Nurse Practice Act.
   (3) The curriculum shall extend over a period of time sufficient to provide essential, sequenced learning experiences which enable a student to develop nursing competence and shall evidence an organized pattern of instruction consistent with principles of learning and educational practice.

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Clinical experience shall provide opportunities for application of theory and for achievement of the stated objectives in a client care setting or simulation learning settings, and shall include clinical learning experience to develop nursing skills required for safe practice. In the client care clinical setting, the student/faculty ratio shall be based upon the level of students, the acuity level of the clients, the characteristics of the practice setting and shall not exceed 8:1. In the simulation setting there shall be nursing faculty who has received focused training in simulation pedagogy and techniques. Clinical evaluation tools for evaluation of students’ progress, performance and learning experiences shall be stated in measurable terms directly related to course objectives. Simulation learning experiences may concurrently include the use of low, medium, and high fidelity experiences. Nursing programs shall:

1. Establish clearly-defined simulation learning outcomes incorporating objective measures for success;
2. Incorporate written, planned design of individual training experiences and shall include consideration of the educational and experiential levels of the learners;
3. Make use of checklists for pre- and post-experience analysis and review;
4. May substitute up to a maximum of fifty percent of a clinical education experiences using simulation programs and practices;

   - In the event of a public health emergency that negatively impacts access to clinical placement, nursing programs submit a major change notification increasing the simulation substitution to a maximum of seventy percent;
   - The major change would be in effect for the period of the public health event ending when the health order is terminated;
5. Have written simulation policies and procedures specific to the nursing education available to all faculty and pertinent staff. Simulation learning policies and procedures shall include evaluative feedback mechanisms for ongoing program improvement;
6. Incorporate facilitated student-centered debriefing sessions upon the conclusion of simulation-based activities.

The curriculum shall provide instruction in the discipline of nursing across the lifespan and include content relevant to national and local health care needs. Support courses shall be an integral part of the nursing curriculum.

The nursing program shall implement a comprehensive, systematic plan for ongoing evaluation that is based on program outcomes and incorporates continuous improvement.

C. Program director requirements:

1. Prior to appointment, the program director shall:
   - Hold a graduate degree in nursing;
   - Hold a current registered nurse license to practice in New Mexico;
   - Have work experience in clinical nursing practice;
   - Have work experience as a nurse educator.

2. The program director shall:
   - Maintain a current registered nurse license to practice in New Mexico;
   - Be afforded appropriate resources to accomplish the program mission, goals and expected program outcomes;
   - Have the authority and responsibility for administration of the program to include but not limited to budget management, workload assignments, management and supervision of faculty and staff, development and enforcement of policies, meeting regulatory and accreditation requirements, and development and implementation of curriculum;
   - Have at least eighty percent of obligated work time to administer the program.

D. Faculty requirements:

1. The [administrator] faculty of the nursing program shall hold a current license to practice as a registered nurse in New Mexico.
   - A formal plan will be in place which will include an orientation to nursing program.
   - Nursing faculty who teach full-time shall hold a graduate degree in nursing; faculty without a graduate degree may be employed for one year and then are required to complete a graduate degree within the next five years, an educational contract with evidence of progression will be submitted with program annual report.
Nursing faculty who teach part time shall hold a minimum of a bachelor’s degree in nursing; faculty without a Bachelor of Science in Nursing (BSN) may be employed for one year and then are required to complete a BSN completion program or Master of Science in Nursing (MSN) program within five years, an educational contract with evidence of progression will be submitted with program annual report.

(i) Part time faculty without a graduate degree in nursing shall report to a master’s prepared faculty and evidence of routine supervision shall be documented.

(ii) Part-time faculty shall be oriented to the curriculum, and provided with instruction in didactic and clinical teaching strategies.

(2) Clinical preceptors are licensed as a nurse at or above the educational level for which the student is preparing.

(3) Personnel policies for nursing faculty shall be the same as those in effect for other faculty with the exception of:

(a) Nursing faculty workload shall be calculated by teaching clock/contact hour;

(b) Evidence of full time and part time faculty evaluation shall be in place;

(4) A nursing program shall maintain current and accurate faculty and student records.

(5) The nursing program shall maintain a passing rate of eighty percent or above of first time writers of the national licensing exam.

E. Resources: The parent institution shall provide sufficient resources, services and facilities to operate the nursing program.

F. The nursing education program will maintain a passing rate of eighty percent or above of first time writers of the national licensing exam.