Change in the Sequence of Curriculum

**Board Regulation, 244 CMR 6.07(1)(e)**

A Program must obtain Board approval prior to the implementation of a revisions to the curriculum, resulting in a major change in the sequence of the majority of courses offered or an increase, decrease or substitution in the number of credit hours or the number of clock hours either in content or methods of delivery to meet nursing program outcomes.

Approval requests must be submitted by nursing education programs (programs) in accordance with current Board guidelines a minimum of three months before the planned implementation date for such changes. Board approval is not required for editorial changes, redistribution of content within a course or changes in electives.

# Section A.

### Please complete ALL of the following sections.

## Parent Institution Information

|  |  |
| --- | --- |
| Date: |  |
| Parent Institution: |  |
| Address: |  |
| City, State, Zip: |  |
| Chief Executive Officer Name and Credentials: |  |
| Email:  |  |

**Parent Institution Accreditation Status**

|  |  |
| --- | --- |
| Agency: |  |
| Last Review: |  |
| Outcome: |  |
| Next Review: |  |

## Nursing Education Program Information

|  |  |
| --- | --- |
| Nursing Education Program: |  |
| Address: |  |
| City, State, Zip: |  |
| Nurse Administrator Name and Credentials: |  |
| Email:  |  |
| Nursing Program Type: | [ ]  Practical[ ]  Associate Degree [ ]  Diploma [ ]  Baccalaureate [ ]  Direct Entry Masters  |

**Nursing Program Accreditation Status**

|  |  |
| --- | --- |
| Nursing Accreditation Agency: |  |
| Last Review (Accreditation Cycle and Year): |  |
| Outcome: | [ ]  Initial Accreditation [ ]  Not Accredited[ ]  Continuing Accreditation  |
| [ ]  Continuing Accreditation with Conditions Follow-Up Report due: \_\_\_\_\_\_\_\_\_\_\_ |
| [ ]  Continuing Accreditation with Warning Follow-Up Report/Follow-Up Visit due: \_\_\_\_\_\_\_\_\_\_\_ |
| [ ]  Continuing Accreditation for Good CauseFollow-Up Report/Follow-Up Visit due: \_\_\_\_\_\_\_\_\_\_\_ |
| Next Review (Accreditation Cycle and Year): |  |

## Nursing Program Options

|  |  |
| --- | --- |
| Program Option Name: |  |
| Location Name: |  |
| Delivery Method: | [ ]  Face-to-Face [ ]  Hybrid [ ]  Distance Education |
| Percentage of Nursing Credits Delivered by Distance Education:  | [ ]  0% [ ]  1–24% [ ]  25–49% [ ]  50–100% |
| Current Student Enrollment  |  |

|  |  |
| --- | --- |
| Program Option Name: |  |
| Location Name: |  |
| Delivery Method: | [ ]  Face-to-Face [ ]  Hybrid [ ]  Distance Education |
| Percentage of Nursing Credits Delivered by Distance Education:  | [ ]  0% [ ]  1–24% [ ]  25–49% [ ]  50–100% |
| Current Student Enrollment  |  |

|  |  |
| --- | --- |
| Program Option Name: |  |
| Location Name: |  |
| Delivery Method: | [ ]  Face-to-Face [ ]  Hybrid [ ]  Distance Education |
| Percentage of Nursing Credits Delivered by Distance Education:  | [ ]  0% [ ]  1–24% [ ]  25–49% [ ]  50–100% |
| Current Student Enrollment  |  |

## Current Total Nursing Program Student Enrollment (all program options/cohorts/locations combined)

|  |  |
| --- | --- |
| Current Student Enrollment: |  |

## Current Total Number of Faculty

|  |  |
| --- | --- |
| Full-time: |  |
| Part-time: |  |

# Section B. Curriculum Change Information

### Provide a brief narrative for each question/prompt. **This section should not exceed 50 pages.**

## Implementation Date

Month/Date/Year:

### Provide a brief description of why the program faculty decided to change the curriculum.

Narrative:

Describe the desired outcomes of the curriculum change

Narrative:

Describe how potential and enrolled students will be informed of the anticipated change and the plan for transition.

Narrative:

### Describe the faculty involvement in developing the new/revised curriculum. [244 CMR 6.04(4)(a)]

Narrative:

### Describe how the sciences, arts, humanities and foundations of the profession are incorporated into the new curriculum. [244 CMR 6.04(4)(a)]

Narrative:

Are there any changes to the amount of time required to complete the program requirements? [244 CMR 6.04(4)(b)(1)]

Narrative:

Describe how the new/revised curriculum includes experiences that promote nursing judgement, leadership and management skills and promote role socialization consistent with the level of licensure. [244 CMR 6.04(4)(a)]

Narrative:

### How does the new/revised curriculum and instructional processes reflect principles of learning and educational practice? [244 CMR 6.04(4)(b)(2)]

Narrative:

### Which professional nursing standards, guidelines, and competencies were used to develop/revise the curriculum? How does this differ from the previous curriculum? [244 CMR 6.04(4)(b)]

Narrative:

### How does the new/revised curriculum include didactic and clinical content relevant to national and local health care needs across the lifespan? [244 CMR 6.04(4)(b)]

Narrative:

### How does the new/revised curriculum and instructional processes reflect current standards of practice? [244 CMR 6.04(4)(b)]

Narrative:

**For Registered Nursing Programs:** Total number of credit hours [244 CMR 6.04(4)(b)(4)]

Narrative:

**For Practical Nursing Programs:** Total number of hours of theory, laboratory and clinical practice. Number of hours allocated to nursing courses and clinical experiences. hours [244 CMR 6.04(4)(b)(4)]

Narrative:

### Describe any changes to the end-of-program or course student learning outcomes [244 CMR 6.04(4)(b)(2)]

Narrative:

### How are the end-of-program SLOs used to organize the new/revised curriculum and guide the evaluation of student achievement expected at defined points in the program? [244 CMR 6.04(4)(b)(3)]

Narrative:

### Describe how the evaluation methodologies reflect established professional and practice competencies and measure the achievement of the end-of-program SLOs. [244 CMR 6.04(4)(b)(4)]

Narrative:

## Description of New/Revised Curriculum

|  |  |
| --- | --- |
| Delivery Method: | [ ]  Face-to-Face [ ]  Hybrid [ ]  Distance Education |
| Percentage of Nursing Credits Delivered by Distance Education:  | [ ]  0% [ ]  1–24% [ ]  25–49% [ ]  50–100% |
| Length of Academic Term (in weeks; *e.g., 15 weeks*): |  |
| Total Credits/Hours: |  |
| Nursing Credits: |  |
| General Education/Prerequisites: |  |

### Has the length of the program changed? If so, describe the changes. [244 CMR 6.04(4)(b)(1)]

Narrative:

### Will the total number of credits or clock hours changed? If so, describe the changes. ]244 CMR 6.04(4)(b)(4)]

Narrative:

### Describe how the program length will be consistent with generally accepted academic standards and credit hours. Please cite specific policies, as applicable. [244 CMR 6.04(4)(b)(4)]

Narrative:

Describe the credit-to-contact hour ratios for didactic/lectures, laboratory, simulation and clinical experiences (e.g., 1:1 for didactic, 1:2 for laboratory/simulation, and 1:3 for clinical components). [244 CMR 6.04(4)(b)(4)}

Narrative:

### Has there been a significant change in the total number of didactic or clinical/practice hours? If so, describe and include a rationale. Please complete the Curriculum table below.

Narrative:

**Curriculum table:**

|  |  |
| --- | --- |
| Program Option Name: | Click here to enter text.  |
|  |
| Type of Course (Science, Art, Humanity, Nursing) | Course Number and Title | Credit Hours  | Clock hours for each component (if applicable)# Weeks/semester | credit-to-contact hour ratios for didactic/lectures, laboratory, and clinical experiences (e.g., 1:1 for didactic, 1:2 for laboratory/simulation, and 1:3 for clinical components) | **For clinical hours only**: please delineate the **total time** and **percentage** of the total time spent in:1.Direct Patient Care 2. High Fidelity Simulated Experiences 3. Virtual Experience 4. Other learning opportunities such as case studies  |
| Click here to enter text. |      Click here to enter text. |       |      Didactic     Laboratory     Simulation     Clinical  |      Didactic     Laboratory     Simulation     Clinical | 1.Direct Patient Care            2. High Fidelity Simulated Experiences            3. Virtual Experiences            4. Other learning opportunities such as case studies; care plans and/or care mapping             |
| Click here to enter text. |      Click here to enter text. |       |      Didactic     Laboratory     Simulation     Clinical |      Didactic     Laboratory     Simulation     Clinical | 1.Direct Patient Care            2. High Fidelity Simulated Experiences            3. Virtual Experiences            4. Other learning opportunities such as case studies; care plans and/or care mapping             |

### Will clinical learning experiences be impacted by the change? If so, describe.

Narrative:

### Describe any substitution of credited clinical clock hours with high fidelity simulation.

### Narrative:

### Will the delivery method be changed from the previous curriculum? If so, describe and include the rationale.

Narrative:

How many, if any, nursing courses will be delivered via distance education?

Narrative:

Has any substantive nursing content been added to or eliminated from the program of study? If so, describe and include a rationale.

Narrative:

Describe how the proposed change is consistent with trends in health care delivery, nursing education and the National Council Licensure Examination (NCLEX™).

Narrative:

### Describe how learning activities, instructional materials, and evaluation methods are consistent with the end-of-program SLOs.

Narrative:

### Describe how the curriculum revisions will be implemented, including a description of the teach-out plan for the previous curriculum.

Narrative:

### Describe any changes, if any, to the learning resources accessible to faculty and students.

Narrative:

### Provide, *if applicable*, any additional commentary of how the change in the nursing program affects the program’s compliance with 244 CMR 6.04.

Narrative:

# Section C. Outcomes

### Please complete ALL of the following sections for the three (3) most recent years. For expected levels of achievement (ELAs), include a timeline (e.g., 70% of students will complete the program in 150% of the program length).

|  |
| --- |
| **First-time Performance on Licensure/Certification Examination** **Aggregated for Entire Program** |
| Expected Level ofAchievement | Year | Licensure Examination Pass Rate |
|  | 20\_\_ | % |
|  | 20\_\_ | % |
| [ ]  Same as above |
|  | 20\_\_ | % |
| [ ]  Same as above |

|  |
| --- |
| **Performance on Program Completion – Aggregated for Entire Program** |
| Expected Level ofAchievement | Year | Program Completion Rate |
|  | 20\_\_ | % |
|  | 20\_\_ | % |
| [ ]  Same as above |
|  | 20\_\_ | % |
| [ ]  Same as above |

|  |
| --- |
| **Performance on Job Placement – Aggregated for Entire Program** |
| Expected Level ofAchievement | Year | Program Completion Rate |
|  | 20\_\_ | % |
|  | 20\_\_ | % |
| [ ]  Same as above |
|  | 20\_\_ | % |
| [ ]  Same as above |

|  |
| --- |
| **Admission Rates Reported on Annual Reports – Aggregated for Entire Program** |
| Expected Level ofAchievement | Year | Number of Admissions |
|  | 20\_\_ | % |
|  | 20\_\_ | % |
| [ ]  Same as above |
|  | 20\_\_ | % |
| [ ]  Same as above |

**Section D. Required Documentation**

(to be included as an Appendix)

[ ]  Curriculum Revision Worksheet (included on next page)

☐ Previous and current course and program SLOs

☐ Table demonstrating leveled course SLOs leading to the achievement of the end of program SLOs

☐ Comparative analysis of curriculum content with the applicable *test Plan for the NCLEX*

 *Examination* to show the linkage of the curriculum to the NCLEX examination.

☐ Current and new (if applicable) course descriptions

☐ Documentation of final approval from the parent institution (if applicable)

☐ Documentation of final approval, acceptance, or notification of the substantive change from the institutional accrediting agency (if applicable)

☐ Documentation of final approval, acceptance, or notification of the substantive change from the nursing program accrediting agency (if applicable)

☐ Documentation of institutional accreditor and or state regulatory agency approval for distance education (if applicable)

|  |  |
| --- | --- |
| Signature: |  |
| Date |  |

|  |
| --- |
| **Previous Curriculum Content** |
| Total number of credits/hours required for program completion: |  |
| Total number of nursing credits/hours: |  |
| Total number of general education/prerequisites credits/hours: |  |
| **Nursing Credits** |
| Indicate “X” if this course was deleted, significantly modified, or substituted in the new curriculum | Course Prefix, Number, and Title | Number of Credits/Hours | Course Topics/Content (provide a brief description) |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| **Total Number of Nursing Credits/Hours Deleted or Substituted:** |  |

\*Add additional rows as necessary

|  |
| --- |
| **New/Revised Curriculum Content** |
| Total number of credits/hours required for program completion: |  |
| Total number of nursing credits/hours: |  |
| Total number of general education/prerequisites credits/hours: |  |
| **Nursing Credits** |
| Indicate “X” if this course is a new addition, a significantly modified course from the previous curriculum, or a substitution of a course from the previous curriculum | Course Prefix, Number, and Title | Number of Credits/Hours | Course Topics/Content (provide a brief description) |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| **Total Number of Credits/ Hours Added, Revised, or Substituted:** |  |

\*Add additional rows as necessary

|  |
| --- |
| **Nursing Course Delivery Method** |
| **Previous Curriculum**  | **New/Revised Curriculum** |
| Delivery Method (Face-to-Face, Hybrid, or Distance Education) | Course Prefix, Number, and Title | Number of Credits/Hours | Delivery Method (Face-to-Face, Hybrid, or Distance Education) | Course Prefix, Number, and Title | Number of Credits/Hours |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

\*Add additional rows as necessary