Distance Education Change: Clinical Component

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 Cause  Follow-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:

## Rationale for the Change

### Provide a brief description of why the program faculty decided to implement the new delivery method for the clinical component of the program.

Narrative:

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

### Describe the delivery method to be implemented. Include the number of clinical courses and the percentage of change.

Narrative:

### How does distance education fit within the mission and philosophy of the program and the parent institution? (244 CMR 6.04(1)(a)

Narrative:

### Describe the faculty’s preparation and/or expertise in distance education pedagogy. (244 CMR 6.04(2)(b)5)

Narrative:

### What methods are used for verifying student identification for those students enrolled in distance modalities?

Narrative:

### Describe the faculty involvement in developing the distance education curriculum. (244 CMR 6.04(4)(a)

Narrative:

### Describe how faculty-to-student and student-to-student interactions are facilitated in each course.

Narrative:

### Identify any changes from the currently approved curriculum in length of time, credit hours, or clock hours for the total program of study, the nursing courses, and/or the general education courses (244 CMR 6.04(4).

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 the 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) (244 CMR 6.04(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.

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. (244 CMR 6.04(4)(b)4)

Narrative:

### Describe the teach-out plan for the previous curriculum, if applicable.

Narrative:

### Describe any changes, if any, to the learning resources and technology accessible to faculty and students. (244 CMR 6.04(5)(c)

Narrative:

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

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 of  Achievement | Year | Licensure Examination Pass Rate |
|  | 20\_\_ | % |
|  | 20\_\_ | % |
| Same as above |
|  | 20\_\_ | % |
| Same as above |

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

|  |  |  |
| --- | --- | --- |
| **Performance on Job Placement – Aggregated for Entire Program** | | |
| Expected Level of  Achievement | 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 of  Achievement | Year | Number of Admissions |
|  | 20\_\_ | % |
|  | 20\_\_ | % |
| Same as above |
|  | 20\_\_ | % |
| Same as above |

**Section D. Required Documentation**

(to be included as an Appendix)

Distance Education Worksheet (included on next page)

Faculty Profile Table (included)

☐ Documentation of final approval from the parent institution

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

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

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

\*Add additional rows as necessary

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| --- | --- | --- | --- | --- | --- |
| **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 | Delivery Method  (Face-to-Face, Hybrid, or Distance Education) | Course Prefix, Number, and Title | Number of Credits |
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| **Full-time Faculty Profile Table** | | | | | | |
| **Last Name** | **First Name** | **MA RN License** | **Dates of Employment** | **Academic Degrees, Years**  **(List all degrees)** | **Assigned Nursing Courses (didactic, lab, or clinical)** | **Waivered faculty? If yes, which option?** |
| Click here to enter text. | Click here to enter text. | RN  Date of Expiration | Date of Hire  End Date if applicable | Click here to enter text. | Click here to enter text. | Yes  Waiver option  No |
| Click here to enter text. | Click here to enter text. | RN  Date of Expiration | Date of Hire  End Date if applicable | Click here to enter text. | Click here to enter text. | Yes  Waiver option  No |
| Click here to enter text. | Click here to enter text. | RN  Date of Expiration | Date of Hire  End Date if applicable | Click here to enter text. | Click here to enter text. | Yes  Waiver option  No |
| Click here to enter text. | Click here to enter text. | RN  Date of Expiration | Date of Hire  End Date if applicable | Click here to enter text. | Click here to enter text. | Yes  Waiver option  No |
| Click here to enter text. | Click here to enter text. | RN  Date of Expiration | Date of Hire  End Date if applicable | Click here to enter text. | Click here to enter text. | Yes  Waiver option  No |
| Click here to enter text. | Click here to enter text. | RN  Date of Expiration | Date of Hire  End Date if applicable | Click here to enter text. | Click here to enter text. | Yes  Waiver option  No |

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| --- | --- | --- | --- | --- | --- | --- |
| **Part-time Faculty Profile Table** | | | | | | |
| **Last Name** | **First Name** | **MA RN License** | **Dates of Employment** | **Academic Degrees, Years**  **(List all degrees)** | **Assigned Nursing Courses (didactic, lab, or clinical)** | **Waivered faculty? If yes, which option?** |
| Click here to enter text. | Click here to enter text. | RN  Date of Expiration | Date of Hire  End Date if applicable | Click here to enter text. | Click here to enter text. | Yes  Waiver option  No |
| Click here to enter text. | Click here to enter text. | RN  Date of Expiration | Date of Hire  End Date if applicable | Click here to enter text. | Click here to enter text. | Yes  Waiver option  No |
| Click here to enter text. | Click here to enter text. | RN  Date of Expiration | Date of Hire  End Date if applicable | Click here to enter text. | Click here to enter text. | Yes  Waiver option  No |
| Click here to enter text. | Click here to enter text. | RN  Date of Expiration | Date of Hire  End Date if applicable | Click here to enter text. | Click here to enter text. | Yes  Waiver option  No |
| Click here to enter text. | Click here to enter text. | RN  Date of Expiration | Date of Hire  End Date if applicable | Click here to enter text. | Click here to enter text. | Yes  Waiver option  No |
| Click here to enter text. | Click here to enter text. | RN  Date of Expiration | Date of Hire  End Date if applicable | Click here to enter text. | Click here to enter text. | Yes  Waiver option  No |