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Report from Work Group on Non-traditional Nursing Education Programs

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After further requests from Excelsior College to license their graduates, the Maryland Board of Nursing established a work group to study if it can license graduates from non-traditional nursing education programs. The work group was also to consider the recommended regulatory changes proposed by Excelsior College to the Board of Nursing in its letter dated, July 22, 2010.

A non-traditional nursing education program is defined as a nursing education program where no formal theoretical and clinical instruction or supervision is provided; there is no on-line program of study; students are evaluated on their self directed study of materials through a series of competency and skill examinations; and are given a final two and a half day Clinical Performance Examination in Nursing (CPNE). All comprehensive challenge exams are given via internet. The CPNE is given in a hospital setting with one or more patients and is a minimum of seven and a half hours. There is no supervised clinical instruction included in the non-traditional nursing education program.

The eleven members of the work group represented community college nursing programs, university nursing programs, Consumers, Board members, the Excelsior College nursing program, and Board staff. Excelsior College represented the only accredited non-traditional nursing education program in the country. There was a total of four work sessions held on: January 4, 14, and 21, 2011, and February 4, 2011. This report includes the final recommendations of the work group for the study of licensure and endorsement of this unique nursing education program.

The work group considered:

- The Board's authority to define "substantially equivalent";

- The recommendations proposed by Excelsior College in its letter of July 22, 2010;
- If the definition of substantially should be changed;
- Licensure of pre-graduation applicants from a non-traditional nursing education program; and
- Licensure of graduates of a non-traditional nursing education program by endorsement.

Following is a summary of the recommendations of the work group as it relates to each of these topics with a brief discussion of the rationale for the recommendations along with a summary of any dissenting opinion.

Substantially Equivalent

Question: Is it within the purview of the Board of Nursing to define “substantially equivalent” as it refers to the educational requirements for professional nursing in COMAR 10.27.01.01C.?

- The group unanimously decided that it was within the purview of the Board to define “substantially equivalent”.

Regulatory Change proposed by Excelsior College letter of July 22, 2010

Excelsior College proposed adding new language to the definition of “substantially equivalent” in COMAR 10.27. 01.01 C.

The proposed regulatory change to the definition of “substantially equivalent” required:

1. An institution of higher education not located in Maryland be approved by the regulatory authority in its home state;
2. Regional and specialty accreditation recognized by the United States Secretary of Education or Council for Higher Education Accreditation;
3. Program applicants to be a licensed practical/vocational nurse, military corpsman, paramedic, or hold a degree in a clinically oriented health care field;
4. Students to pass faculty determined outcomes including competency based assessments of nursing knowledge, a summative performance assessment of

clinical competency, developed by faculty subject matter experts that meets nationally recognized standards for educational testing ; and

5. Students to pass the NCLEX at a rate equivalent to the rate for students of programs approved by the Board.

Question: Should the Board of Nursing accept the proposal submitted by Excelsior College to change the definition of “substantially equivalent” in COMAR 10.27.01.01 (C)?

Vote: The group voted 10 -1 (Excelsior College opposed) that the regulatory change proposed by Excelsior not be recommended to the Board.

Rationale:

A majority of the group agreed that the current definition of “substantially equivalent” is appropriate and sufficient, allowing the Board to use its authority and discretion to make decisions within set guidelines. The language of the definition should not be changed to meet the criteria of any individual program. The language recommended by Excelsior college would create a definition unique to its current program and this type of adaptation would set a dangerous precedent.

Dissent:

The proposed changes were not for Excelsior College in particular and instead the proposed regulatory change was designed to establish durable standards that will be applied to all who come before the Board and theoretically the new proposed language could be applied to any institution that had a non-traditional model of nursing education. The group could recommend a part of the proposed regulatory change and did not have to adopt it in its entirety. An overly restrictive definition of “substantially equivalent” serves as an unwarranted barrier to licensure. Substantially equivalent should not be interpreted to mean exactly the same in all respects.

Changing the definition of “substantially equivalent”

Question: Should the definition of “substantially equivalent” in COMAR 10.27.01.01 (C) be changed?

Vote: The group voted 10-1 (Excelsior College opposed) that the definition should not be changed.

Rationale:

The Board of Nursing’s definition of “substantially equivalent” is inclusive, appropriate, and sufficient. It includes a wide range of requirements for a nursing education programs that should not be changed. The definition includes a requirement for both didactic and clinical instruction in multiple patient care areas, in addition to caring for patients and families across the life span. Another critical component of registered nursing education is supervised clinical experience in the role of the registered nurse. The current definition of “substantially equivalent” does not specify the delivery method of education or negate the possibility of granting some credit for prior experience. The definition does require direct patient care at the level of the graduate’s intended scope of practice.

Dissent:

The dissent suggested that the board’s current regulation focuses solely on the process of education rather than on the outcomes of education. The group has fundamentally different assumptions and philosophies about the nature of learning and how various individuals can learn. The dissenting opinion thought that other members of the group were negating experiential learning.

Licensure of Excelsior pre-graduation students

Question: Should there be any change to existing regulatory requirements for RN licensure by examination?

Vote: The group recommended by a 10-1 vote (Excelsior College opposed) that there be no change to regulations for licensure by examination.

Rationale:

The education of the registered nurse requires knowledge and application of theory and practice. Experience in another health care occupation cannot substitute for faculty guided learning in the art and science of registered nursing. Many nursing programs in the State recognize the need to assist qualified students with health care backgrounds who are studying to become registered nurses. Programs for LPN to RN transition and Paramedic to RN transition currently exist in the State and across the country. These programs meet the requirement required by COMAR 10.27.03 – Nursing Education.

Clinical learning experiences are a pre requisite for licensure by examination. Students from nursing programs that do not meet the current standards for theory and clinical as required by the Board's regulations must complete a clinical experience approved by the Board prior to graduation and before admission to the examination for licensure. Any person requesting licensure by exam or endorsement must meet Maryland requirements.

The role of the registered nurse is an important piece of the clinical environment and learning that role is imbedded in the clinical experience. COMAR 10.27.01.01 C. offers adequate opportunity for an applicant to complete a supervised clinical experience prior to graduation if their nursing program did not offer that experience. It is the responsibility of the school and the student to arrange for the required clinical learning experience.

Dissent:

Excelsior earlier offered a preceptorship proposal to the Board that was not responded to. No clear criteria was provided to Excelsior for obtaining a precepted experience. There is no proof that a non-traditional program, and Excelsior's in particular, is deficient in preparing students for their RN. The program is a competency based model. There is no data to compare the non-traditional competency based model to a traditional model. Excelsior looks to the boards of nursing to fill in gaps as to what is needed in the program. No gaps have been identified in terms of achievement of learning outcomes.

Licensure by Endorsement:

Question: Should there be any change to existing requirements for RN licensure by endorsement?

Vote: The group recommended by a vote of 9-2 (Excelsior College and Mr. Gast opposed) that no change be made to the statute for licensure by Endorsement.

Rationale:

A primary responsibility of the Board is to protect the public safety. Consistency in the application of regulations and the enforcement of and adherence to standards is one way to maintain quality. Maryland does not endorse licensees from other states who do not meet its requirements. Changing the standards will give an unfair advantage to graduates of programs that are not substantially equivalent. Experience should not be substituted for education as was proposed during the discussion nor can it be done under the existing statute.

Maryland is not alone in its refusal to license Excelsior graduates unconditionally. Other boards of nursing reconsidered the licensure of Excelsior graduates since 2003 and have either denied them licensure or added additional requirements because they lack clinical experience as a part of their program.

Dissent:

It would be against public policy to not license Excelsior graduates by endorsement. They are Registered Nurses who have practiced safely for a period of time in other jurisdictions. All boards of nursing have the same mission to protect the public. It is common practice in other states to endorse graduates from non-traditional education programs who are licensed in another jurisdiction. Other states have done that for years. To some extent, employers have a substantial responsibility for knowing the background of the person they are hiring. People learn in different ways and it should be recognized that there is not only one way to learn.

Excelsior is willing to support the endorsement licensure of graduates of non-traditional nursing education programs who provide evidence of 1000 hours of RN practice in another state within the last 60 months and recommends amending COMAR 10.21.09 A(3)(b) to permit that. Excelsior would also be agreeable to requiring graduates of non-traditional nursing education programs with less than 24 months of practice to take a refresher course to qualify for licensure by endorsement.

Thirty-seven states license Excelsior graduates by endorsement or examination or both. The college is willing to support legislation to facilitate the adoption of regulations that will permit licensure by endorsement of graduates of non-traditional nursing education programs.

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