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## Ann O'Brien, MSN

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### Professional Profile

**Results-driven leader with a diverse 25-year history of performance-based progression to positions of increasing responsibility and complexity with a \$53Bn healthcare leader, academic medical centers and a leading Children's Hospital.** Well-qualified for senior-level informatics position with a dynamic, future-facing health care system. Led Clinical Transformation team in the design, implementation, and optimization of EHR capabilities, device integration and predictive analytics models- all resulting in transforming data to actionable information for clinicians. Results demonstrate enterprise improvements in highly reliable processes, clinician productivity and patient engagement. Quick learner with proven ability to simplify complex issues and solve difficult problems. Team player with executive-level interpersonal, communication, and decision-making skills. Visionary, collaborative and consistent management style. Talent for developing, motivating, and leading successful teams; managing multiple projects and working across organizational boundaries.

### Core Competencies and Skills

#### Nursing, Clinical Informatics & Organizational Effectiveness

- Nursing Professional Practice
- Clinical Workflow Redesign
- Performance Improvement
- Information Models and Terminologies
- Implementation Science
- Strategic Leadership of Complex Enterprise Initiatives
- System-wide EPIC Implementations
- Enterprise Change Management and Design
- Executive Vendor Management

### Professional Accomplishments

#### Leadership, Certifications and Awards

- One of 20 Nurse Leaders selected for the prestigious national Robert Wood Johnson Executive Nurse Fellows Program 2011-14 Cohort
- Designated by Modern Healthcare as Top 25 Clinical Informaticists 2012
- Nominated by ANA and appointed to National Quality Forum Patient Safety Steering Committee (2014-2016)
- Certified Professional in Health Information Management (CPHIMS)
- Institute for Healthcare Improvement Performance Improvement Advisor

## Work History

### **2009 – Present**

**National Senior Director Clinical Informatics, Transformation Leader,**  
Kaiser Permanente, Oakland, CA

Accountable for clinical transformation strategy and execution. Strategic leader of Clinical Informatics and Medical Device Integration teams. Leverages inter-professional teams, EHR data, emerging technologies and advanced analytics to transform care to meet quality, safety and regulatory enterprise goals.

- Developed a Clinical Transformation Model for Kaiser Permanente (KP) that delivers strong and sustainable quality, safety, usability and affordability improvements across all 38 hospitals in the KP integrated delivery system.
- Crafted and executed Clinical Transformation Strategic Plan for Kaiser Permanente to align with new enterprise initiatives.
- Leads the Clinical Strategy Council that sets the strategic priorities to make information accessible and actionable to support evidence based practice.
- Leads cross functional teams on development and implementation of a strategic roadmap for clinical mobility and unified communications.

### **2006 – 2009**

**Director of Nursing Informatics,** Kaiser Permanente, Northern California Region,  
Oakland, CA

Regional Patient Care Services Leadership position supporting 10 consecutive Epic EHR implementation and stabilization initiatives across all NCAL region hospitals. Led IHI Performance Improvement project resulting in the achievement of barcoding for medication administration metrics < 5% patient armband and medication overrides

- Led multi-disciplinary teams to enhance nursing documentation to improve care
- Engaged Chief Nursing Officers and Senior Executives to support operational integration of EHR into patient care workflows
- Participated in key leadership team that developed the EHR Governance Model and Regional Clinical Domain Teams resulting in effective and efficient change control processes
- Integrated regional nursing initiatives into EHR build and workflow redesign resulting in highly reliable care processes and ability to share and compare data across regions and with outside organizations.

### **2004 – 2006**

**Sr. Consultant, Stanford Hospital and Clinics,** Palo Alto, CA

EHR Training Lead: Designed & implemented training for IDX implementation of nursing documentation system

- Developed and executed training and project plans
- Collaborated with IT leaders and to meet customer outcomes; delivered on time within budget

**2002 – 2004**

**Independent Consultant**, Washington Hospital & Healthcare Systems, Fremont, CA

Project Team Lead for EHR Training & Acuity System Selection Process

- Provided team leadership for the design, development and implementation of the nurse training for the McKesson Order Management system implementation
- Led the selection and implementation new patient classification (acuity) system for nursing

**Education**

**Post Master's Nursing Informatics**

Duke University  
Durham, NC 1999

**Master of Science, Nursing**

University of Texas  
Austin, TX 1985

**Bachelor of Science, Nursing**

Ohio State University  
Columbus, OH 1980  
Phi Kappa Phi Honor Society, Sigma Theta Tau Honor Society,  
President's Award for Outstanding Achievement

**Select Publications  
&  
Invited  
Presentations**

Chow, M., Beene, M., OBrien, A., Greim, P., Cromwell, T., DuLong, D., Bedecarre, D.  
**A Nursing Information Model for Interoperability.** *Journal of the American  
Medical Informatics Association.* Feb 2015; 0:1-7.

OBrien, A., Dykes, P., Vawdrey, D., Greysen S., Suermondt, J.  
**Enhancing Patient Engagement in the Inpatient Setting**  
AMIA Fall Symposium. Nov, 2014 Washington, D.C.

O'Brien, A., **Nurses at the Forefront: Care Transformation through HIT.**  
ONC Nursing Informatics Symposium 3/10/2014.

Chow.M. Cipriano, P, Cromwell, T, Murphy, J. OBrien, A, Sensmeier, J, Westra, B.  
**A Blueprint for Action: Demonstrating Quality Measures Across all  
Settings with Health Information Technology.** *Journal of Health  
Information Management.* Summer 2013 Vol. 27, No 3. pg. 70-75.

OBrien, A. **Stage 7 to Step 1: Leveraging Technology to Drive  
Transformational Change.** HIMSS Annual Conference, New Orleans, 2013.

OBrien, A, Fahey, L. Farugia, And C. **Beyond Documentation: Harnessing the  
EHR to Transform Nursing Care and Improve Outcomes.** AONE Annual  
Meeting, Denver, March 20, 2013.

**BOARD OF REGISTERED NURSING**  
**Nursing Practice Committee**  
**Agenda Item Summary**

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**AGENDA ITEM: 10.2**  
**DATE: September 3, 2015**

**ACTION REQUESTED:** Discussion & possible action on recommendations on composition of the Nurse-Midwifery Committee

**REQUESTED BY:** Trande Phillips, RN Chair Practice Committee

**BACKGROUND:** The Practice Committee requests the board appoint a Nurse-Midwifery Committee in accordance with Business and Professions Code 2746.2 Nurse-Midwifery Committee and California Code of Regulations 1461 Nurse-Midwifery Committee. The Nurse-Midwifery Committee is an advisory to the Board through the Nursing Practice Committee.

The California Nurse-Midwives Association supports the Practice Committee's request to have the board appoint a Nurse-Midwifery Committee.

With approval by the board, the Practice Committee, board staff, and California Nurse-Midwifery Association can begin suggesting a preliminary organizational structure for the planned committee to the Practice Committee and Board.

Board staff and California Nurse-Midwives Association, CNMA, have had discussions based on CCR 1461 membership on the board's Nurse-Midwifery Committee: suggested (6) nurse-midwives from a variety of settings/practices, (1) obstetrical practicing physician with experience working with nurse-midwives, (1) RN practicing in healthcare organization familiar with CNMs, and (1) public member who is a consumer of nurse-midwifery services. Application process identifying interest in serving, availability for term of appointment 2 to 3 years, applicable license/certificate, submission of resume.

Business and Professions Code Section (BPC) 2746.2 is the authority to appoint a committee of qualified physicians and nurses, including but not limited to, obstetricians and nurse-midwives, to develop the necessary standards for educational requirements, ratio of nurse-midwives to supervising physician, and associate matters.

California Code of Regulation (CCR) Section 1461 Nurse Midwifery Committee. The board shall appoint a committee comprised of as at least one nurse-midwife and one physician, who have demonstrated familiarity with consumer needs, collegial practice and accompanied liability, and related educational standards in the delivery of maternal-child health care. This committee shall also include at least one public member and may include such other members as the board deems appropriate. The purpose of this committee is to advise the board on all matters pertaining to nurse-midwifery as established by the board and, if necessary, to assist the board or its designated representative in the evaluation of applications for nurse-midwifery certification.

**History:** Board between 1978 and 1995 utilized a nurse-midwifery committee which purpose was to advise the BRN on matters relating to nurse-midwifery, develop necessary standards related to education requirements and provide assistance in evaluation of application for nurse-midwifery

certification.

**RESOURCES:**

**NEXT STEPS:**

Board

**FISCAL IMPACT, IF ANY:**

None

**PERSON TO CONTACT:**

Janette Wackerly, MBA, BSN, RN  
Supervising Nursing Education Consultant  
Phone: 916-574-7686  
Email: [janette.wackerly@dca.ca.gov](mailto:janette.wackerly@dca.ca.gov)

**BOARD OF REGISTERED NURSING**  
**Nursing Practice Committee**  
**Agenda Item Summary**

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**AGENDA ITEM:** 10.3  
**DATE:** September 3, 2015

**ACTION REQUESTED:** Vote on whether to recommend regulatory proposal to update Nurse Practitioner Standards, Title 16 of California Code of Regulations, Article 8, Section 1480-1484

**REQUESTED BY:** Trade Phillips, RN Chair

**BACKGROUND:** The Nursing Education Consultants have developed a comprehensive review of nurse practitioner practice, education, and regulation to Business and Profession Code, BCP, 2836-2838.4 with revised regulations that provide clarity in definitions, categories, NP use of title, and Standards of Education. Attached is the regulation proposal.

Article 8 Standards for Nurse Practitioner regulations were primarily adopted through 1979-1985. The 1979-1985 context and content in Article 8 Standards of Nurse Practitioner are no longer relevant in the areas of Definitions, Categories, Holding Out as NP, Evaluation of Credentials and Standards of Education.

The Practice Committee extends to all interested parties who wish to respond to the proposed regulations to send their information/responses to Janette Wackerly RN, BSN, MBA

**Resources:** Pre-notice involvement, an agency may involve the public in workshops or other preliminary activities well before the start of the formal rulemaking process. Government Code section 11346.46 requires agency propose to adopt complex proposal or a large proposal to involve the public.

**NEXT STEPS:** Board

**FISCAL IMPACT, IF ANY:** None

**PERSON TO CONTACT:** Janette Wackerly, MBA, BSN, RN  
Supervising Nursing Education Consultant  
Phone: (916) 574-7686  
Email: janette.wackerly@dca.ca.gov

## BOARD OF REGISTERED NURSING

### Adoption and Revision 1480-1486 in Article 8 of

### Title 16 of the California Code of Regulations

Proposed changes are designated by single underline and ~~strikeout~~.

#### 1480. Definitions

- (a) "Nurse practitioner" means a an advanced practice registered nurse who meets board certification requirements and ~~who~~ possesses additional advanced practice educational preparation and skills in physical diagnosis, psycho-social assessment, and management of health-illness needs in primary health care, and/or acute care that meet board standards and who has been prepared in a program that conforms to ~~meets the~~ board standards, ~~as specified in Section 1484."~~
- (b) "~~Primary health care~~" is that which occurs when a consumer makes contact with a health care provider who assumes responsibility and accountability for the continuity of health care ~~regardless of the presence or absence of disease.~~ "Primary care" means the comprehensive continuous care provided to patients, families and the community. Primary care focuses on basic preventative care, health promotion, disease prevention, health maintenance, patient education and the diagnoses and treatment of acute and chronic illnesses in a variety of practice settings.
- (c) "Clinically competent" means ~~that one~~ the individual possesses and exercises the degree of learning, skill, care and experience ordinarily possessed and exercised by a member of the appropriate discipline in clinical practice: of the appropriate discipline.
- (d) "~~Holding oneself out~~" means ~~to use the title of nurse practitioner.~~
- (e) "Acute care" means the restorative care provided by the certified nurse practitioner to patients with rapidly changing, unstable, chronic, complex acute and critical conditions in a variety of clinical practice settings.
- (f) "Advanced health assessment course" means the knowledge of advanced processes of collecting and interpreting information regarding a patient's health care status. Advanced health assessment provides the basis for differential diagnoses and treatment plans.
- (g) "Advanced pathophysiology course" means the foundational knowledge of physiological disruptions that accompany a wide range of alterations in health.
- (h) "Advanced pharmacology course" means the integration of the advanced knowledge of pharmacology, pharmacokinetics, and pharmacodynamics content across the lifespan and prepares the certified nurse practitioner to initiate appropriate pharmacotherapeutics safely and effectively in the management of acute and chronic health conditions.
- (i) "Nurse practitioner curriculum" means a curriculum that consists of the graduate core; advanced practice registered nursing core, and nurse practitioner role and population-focused courses.
- (j) "Advanced practice registered nursing core" means the essential broad-based curriculum required for all nurse practitioner students in the areas of advanced health assessment, advanced pathophysiology, and advanced pharmacology.
- (k) "California based nurse practitioner program" means a board approved academic program meeting nurse practitioner state certification criteria that's physically located in California. The program is accredited by a nursing organization recognized by the United States Department of

Education or the Council of Higher Education Accreditation that offers a graduate degree or graduate level certificate to qualified students.

- (l) “Clinical practice experience” means the supervised provision of direct patient care in the clinical setting that provide for the acquisition and application of advanced practice nursing knowledge, skills and competencies.
- (m) “Direct supervision” means the clinical preceptor or the faculty member physically present at the practice site where the patient/client is located. The clinical preceptor and/or faculty member retains the responsibility for patient care while overseeing the student.
- (n) “Lead nurse practitioner educator faculty” refers to a licensed Nurse Practitioner faculty member who is responsible for developing, and implementing the curriculum, policies and practices for a nurse practitioner program.
- (o) “Major curriculum change” means a substantive change that results in a refocus of purpose and objectives ; or a substantive change in program structure or method of clinical or institutional delivery, or clinical hours and content.
- (p) “National Board Certification” means current certification as an advanced nurse practitioner in a role and population focus through testing accredited by the national commission on certifying agencies or the American Board of Nursing Specialties, as approved by the board.
- (q) “Nurse practitioner program director” means the individual responsible for administration, implementation, and evaluation of the nurse practitioner program and the achievement of the program objectives in collaboration with program faculty.
- (r) “Non-California based ~~graduate~~ nurse practitioner programs” means an academic program accredited by a nursing organization recognized by the Unites States Department of Education or the Council of Higher Education Accreditation that offers a graduate degree or graduate level certificate to qualified students and does not have a physical location in California.

Authority cited: Sections 2715, 2725(c), 2725.5, 2835.5, 2836, 2836.1, Business and Professions Code.  
References: Section 2834 and 2836.1, Business and Professions Code.

### **1481. Categories of Nurse Practitioners**

~~A registered nurse who has met the requirements of Section 1482 for holding out as a nurse practitioner, may be known as a nurse practitioner and may place the letters "R.N., N.P." after his/her name alone or in combination with other letters or words identifying categories of specialization, including but not limited to the following: adult nurse practitioner, pediatric nurse practitioner, obstetrical-gynecological nurse practitioner, and family nurse practitioner.~~

- (a) Categories of nurse practitioners shall include, but are not limited to:
  - (1) Family/individual across the lifespan
  - (2) Adult-gerontology; primary care or acute care
  - (3) Neonatal
  - (4) Pediatrics; primary care or acute care
  - (5) Women’s health/gender-related
  - (6) Psychiatric/mental health
- (b) A registered nurse who has been certified by the board as a nurse practitioner may be known as an advanced practice nurse and may place the letters APRN-CNP after his/her name or in combination with other letters or words that identify the population focus.

Authority cited: Sections 2715, 2835.5, 2836, Business and Professions Code. Reference: Sections 2834 and 2836, 2836.1 and 2837, Business and Professions Code.

Note: Authority cited: Section 2715, Business and Professions Code. Reference: Sections 2834 and 2836, Business and Professions Code.

### **1482. Requirements for ~~Holding Out As a~~ Certification as a Certified Nurse Practitioner.**

~~The requirements for holding oneself out as a nurse practitioner are:~~

~~(a) Active, valid, licensure license as a registered nurse in California; and~~

~~(b) One of the following:~~

~~(1) Successful completion of a program of study and national certification as recognized by the board and which conforms that meets to board standards as set forth in this article; or~~

~~(2) Certification by a national or state organization whose standards are equivalent to those set forth in Section 1484; in the role and population focus through testing accredited by the national commission on certifying agencies or the American Board of Nursing Specialties, as approved by the board and as set forth in this article; or~~

~~(3) A nurse who has not completed a an academically affiliated nurse practitioner program of study which meets board standards as specified in Section 1484, shall be able to provide evidence of having completed equivalent education and supervised clinical practice as set forth in this article.~~

~~(A) Documentation of remediation of areas of deficiency in course content and/or clinical experience, and~~

~~(B) Verification by a nurse practitioner and by a physician who meet the requirements for faculty members specified in Section 1484(e), of clinical competence in the delivery of primary health care.~~

~~(4) Graduates from a nurse practitioner program in a foreign country shall meet the requirements as set forth in this article. The applicant shall submit a credentials evaluation through a board approved or directed service demonstrating education equivalency to a Master's or Doctoral degree in Nursing.~~

Note: Authority cited: Section 2715, Business and Professions Code. Reference: Sections 2835 and 2836, Business and Professions Code.

### **1483. Evaluation of Credentials**

~~An application for evaluation of a registered nurse's qualifications to hold out to be certified as a Certified Nurse Practitioner shall be filed with the board on a form prescribed by the board and shall be accompanied by the fee prescribed in Section 1417 and such evidence, statements or documents as therein required by the board, to conform with Sections 1482 and 1484.~~

~~Certified Nurse Practitioner application shall include submission of the following information:~~

~~(a) Name of the graduate nurse practitioner program or post-graduate nurse practitioner program.~~

~~(b) Official transcript documentation with the date of graduation or post-graduate program completion, nurse practitioner population foci, credential conferred, and the specific courses taken to provide sufficient evidence the applicant has completed the required course work including the required number of supervised direct patient care clinical practice hours.~~

~~(c) Students who graduate from a board approved nurse practitioner program shall be considered graduates of a nationally accredited program if the program held national nursing accreditation at the time the graduates completed the program. These program graduates are eligible to apply for nurse practitioner certification with the board regardless of the program's current national nursing accreditation status.~~

The board shall notify the applicant in writing that the application is complete and accepted for filing; or that the application is deficient and specify what additional information is required within 30 days from the receipt of an application. A decision on the evaluation of credentials shall be reached within 60 days from the filing of a complete application. The median, minimum, and maximum times for processing an application, from the receipt of the initial application to the final decision, shall be 42 days, 14 days, and one year, respectively, and take into account Section 1410.4 (e) which provides for abandonment of incomplete applications after one year.

Authority cited: Sections 2715 and 2718, Business and Professions Code. Reference: Sections 2815 and 2835.5, Business and Professions Code.

### **1483.1 Requirements for Nurse Practitioner Education Programs based in California.**

(a) The nurse practitioner programs shall:

- (1) Be an academic program approved by the board and is accredited by a nursing organization recognized by the United States Department of Education or the Council of Higher Education Accreditation that offers a graduate degree or graduate level certificate to qualified students.
- (2) Provide the board evidence of initial accreditation within 30 days of the program receiving this information from the institutional accreditation body.
- (3) Provide the board evidence of ongoing continuing nurse practitioner program accreditation within 30 days of the program receiving this information from the national nursing accreditation body.
- (4) Notify the board of changes in the program's institutional and national nursing accreditation status within 30 days.

(b) The board may grant the nurse practitioner program initial and continuing approval when the board receives the required accreditation evidence from the program.

(c) The board shall retain its authority to monitor, regulate and change the approval status for board approved nurse practitioner programs at any time. If the Board determines the program has not provided necessary compliance evidence to meet board regulations irrespective of institutional and national nursing accreditation status and review schedules.

Authority cited: Section 2715, Business and Professions Code. Reference: Sections 2785, 2786, 2786.5, 2786.6, 2788, 2798, 2815 and 2835.5, Business and Professions Code.

### **1483.2 Requirements for Reporting Nurse Practitioner Program Changes.**

(a) A board approved nurse practitioner program shall notify the board within thirty (30) days of the following changes:

- (1) A change of legal name or mailing address prior to making such changes. The program shall file its legal name and current mailing address with the board at its principal office and the notice shall provide both the old and the new name and address as applicable.
- (2) A fiscal condition that adversely affects students enrolled in the nursing program.
- (3) Substantive changes in the organizational structure affecting the nursing program.

(b) An approved nursing program shall not make a substantive change without prior board notification.

These changes include, but not limited to:

- (1) Change in location;
- (2) Change in ownership;
- (3) Addition of a new campus or location.

Authority cited: Section 2715, Business and Professions Code. Reference: Sections 2785, 2786, 2786.5, 2786.6, 2788, 2798, 2815 and 2835.5, Business and Professions Code.

**§ 1484. Standards of Nurse Practitioner Education.**

The program of study preparing a certified nurse practitioner shall meet the following criteria:

(1) Be approved by the board.

(2) Be consistent with the curriculum content to support nurse practitioner core competencies as specified by National Organization of Nurse Practitioner Faculties and the Curricular Leadership Committee for the population foci as recognized by the board. shall meet the following eriteria:

(a) Purpose, Philosophy and Objectives, and Learning Outcomes

(1) have as its primary purpose the preparation of registered nurses who can provide primary health care;

(2) have a clearly defined philosophy available in written form;

(3) have objectives which reflect the philosophy, stated in behavioral terms, describing the theoretical knowledge and elinical competencies of the graduate.

(1) The purpose for preparation of the graduate nurse practitioner providing primary care and/or acute care services to one or more of the population foci.

(2) Written program materials shall reflect the mission, philosophy, purposes, and objectives of the program and be available to all students.

(3) Learning outcomes for the nurse practitioner Program are measurable and reflect assessment and evaluation of the theoretical knowledge and clinical competencies required of the graduate.

(b) Administration and organization of the nurse practitioner program:

(1) Be conducted in conjunction with one of the following:

(A) An institution of higher education that offers a baccalaureate or higher degree in nursing, medicine, or public health A college or university that prepares nurse practitioners at the master's degree or higher is accredited by a nursing organization that is recognized by the United States Department of Education or the Council of Higher Education Accreditation that offers a graduate degree or graduate level certificate to qualified students

(B) A general acute care hospital licensed pursuant to Chapter 2 (Section 1250) of Division 2 of the Health and Safety Code, which has an organized outpatient department. Prepare graduates to be eligible for national certification as an advanced nurse practitioner in a population focus through testing accredited by the National Commission on Certifying Agencies or the American Board of Nursing Specialties, as approved by the board.

(2) (1) Have admission requirements and policies for withdrawal, dismissal and readmission clearly stated and available to the student in written form.

(3) (2) Have written policies for clearly informing applicants of the academic status of the program.

(4) (3) Provide the graduate with official evidence indicating that he/she has demonstrated clinical competence in delivering primary health care and has achieved all other objectives of the program. meet the curriculum requirements in effect at the time of enrollment.

(5) (4) Maintain systematic, retrievable records of the program including philosophy, objectives, administration, faculty, curriculum, students and graduates. In case of program discontinuance, the board shall be notified of the method provided for record retrieval. The nurse practitioner program shall maintain a method for retrieval of records in the event of program closure.

(5) (5) Provide for program evaluation by faculty and students during and following the program and make results available for public review. The nurse practitioner program shall have and implement a written total program evaluation plan for improvement.

- (6) The nurse practitioner program shall have sufficient resources to achieve the program objectives.
- ~~(c) There shall be an adequate number of qualified faculty to develop and implement the program and to achieve the stated objectives.~~
- (1) There shall be an adequate number of qualified faculty to develop and implement the program and to achieve the stated objectives.
- ~~(2) Each faculty person shall demonstrate current competence in the area in which he/she teaches.~~
- (3) There shall be a lead nurse practitioner faculty educator who meets the faculty qualifications for the population focus/foci tracks and nationally certified for the population focus program track he/she serves as the lead faculty.
- (4) Faculty who teach in the nurse practitioner program shall be educationally qualified and clinically competent in the same population foci as the theory and clinical areas taught. Faculty shall meet the following requirements:
- (a) Hold an active, valid California registered nurse license;
- ~~(b) (c) (3) Faculty in the theoretical portion of the program must include instructors who hold a Master's or higher degree in the area in which he or she teaches.~~ Have a Master's degree or higher degree in nursing;
- (c) Have at least two years of clinical experience as an nurse practitioner within the last five (5) years and consistent with the teaching responsibilities;
- (5) Faculty teaching in clinical courses shall maintain currency in clinical practice.
- (6) Each faculty member shall assume responsibility and accountability for instruction, planning and implementing the curriculum, and evaluation of students and the program.
- (7) Interdisciplinary faculty who teach non-clinical nurse practitioner nursing courses, such as pharmacology, shall have an active, valid California license issued by appropriate licensing agency and an advanced graduate degree in the appropriate content areas taught.
- (d) Director
- ~~(1) (e)(2) The director or co-director of the program shall:~~ The nurse practitioner program director is responsible and accountable for the nurse practitioner program within an accredited academic institution including those functions aligned with program and curricular design and resource acquisition and allocation and shall meet the following requirements:
- (A) Be a Hold an active, valid California registered nurse license
- (B) Have earned hold a master's or a doctoral higher degree in nursing or a related health field from an accredited college or university;
- (C) Have had one academic year's experience, within the last five (5) years, as an instructor in a school of professional nursing, or in a program preparing nurse practitioners
- (D) Be certified by the board as an advanced nurse practitioner and nationally certified as advanced nurse practitioner in one or more population foci;
- (E) The director shall have sufficient time dedicated for the administration of the program.
- (F) The director, if he/she meets the requirements for the certified nurse practitioner role, may fulfill the lead nurse practitioner faculty educator role and responsibilities.
- (e) Clinical Preceptors in the nurse practitioner program shall
- ~~(1) (e)-(4) A clinical instructor preceptor shall hold active licensure valid, California license to practice his/her respective profession and demonstrate current clinical competence.~~
- ~~(2) (e)-(5) A clinical preceptor instructor shall participate in teaching, supervising and evaluating students, and shall be appropriately matched with the content and skills being taught to the students.~~

(3) Clinical preceptor means a health care provider qualified by education, licensure and clinical competence in assigned population focus/foci to provide direct supervision of the clinical practice experiences for a nurse practitioner student.

(4) Clinical preceptor functions and responsibilities shall be clearly documented in a written agreement between the agency, the preceptor, and the nurse practitioner program including the clinical preceptor's role to teach, supervise and evaluate students in the nurse practitioner program.

(A) Clinical preceptor is oriented to program and curriculum requirements, including responsibilities related to supervision and evaluation;

(B) Clinical preceptors shall be evaluated by the program faculty at least every two (2) years.

(f) ~~Curriculum~~ Students shall hold an active, valid registered nurse California license to participate in nurse practitioner program clinical experiences.

(g) ~~(d)~~ Nurse Practitioner Curriculum:

The nurse practitioner program curriculum shall meet the standards set forth in this Section, be congruent and consistent with national standards for graduate and nurse practitioner education, including nationally recognized core role and population focused competencies and be approved by the board.

(1) The program shall include all theoretical and clinical instruction necessary for to enable the graduate to provide primary health care for persons for whom he/she will provide care. the graduate in one or more population foci.

(2) The program shall ~~provide evaluation~~ evaluate of previous education and/or experience in primary health care for the purpose of granting credit for meeting program requirements, when applicable.

(3) ~~Training for practice in an area of specialization shall be broad enough, not only to detect and control presenting symptoms, but to minimize the potential for disease progression.~~ The curriculum shall provide broad educational preparation including a graduate core; nurse practitioner core, the nurse practitioner core role competencies, and the competencies specific to the population focus/foci.

(4) ~~Curriculum, course content, and plans for clinical experience shall be developed through collaboration of the total faculty.~~ The program shall prepare the graduate to be eligible to sit for a specific national nurse practitioner population foci certification examination consistent with educational preparation.

(5) ~~Curriculum, course content, methods of instruction and clinical experience shall be consistent with the philosophy and objectives of the program.~~ The curriculum plan evidences appropriate course sequencing and progression, this includes, but is not limited to:

(A) The nurse practitioner core courses (advanced health assessment, advanced pharmacology, and advanced pathophysiology) are completed prior to or concurrent with commencing clinical course work.

(B) Instruction and skills practice for diagnostic and treatment procedures shall occur prior to application in the clinical setting.

(C) Concurrent theory and clinical practice courses in the population focus/foci emphasize the management of health-illness needs in primary and/or acute care.

(D) The majority of the supervised direct patient care precepted clinical experiences shall be under the supervision of the certified nurse practitioner.

(6) ~~Outlines and descriptions of all learning experiences shall be available, in writing, prior to enrollment of students in the program.~~ The program shall meet the minimum clinical hours of supervised direct patient care experiences as specified in current nurse practitioner national education standards. Additional clinical hours required for preparation in more than one population foci shall be identified and documented in the curriculum plan for each population focus/foci.

(7) The curriculum shall include content related to California Nursing Practice Act, Business & Professions Code, Division 2, Chapter 6, Article 8, Nurse Practitioners and California Code of

Regulations Title 16, Division 14, Article 7 Standardized Procedure Guidelines and Article 8 Standards for Nurse Practitioners, including, but not limited to:

(A) Section 2835.7 of Business & Professions Code Authorized standardized procedures;

(B) Section 2836.1 of Business & Professions Code Furnishing or ordering of drugs or devices by nurse practitioners.

~~(7)~~ (8) The program may be full-time or part-time and shall be comprised of not less than thirty (30) semester units, (forty-five (45) quarter units), which shall include theory and supervised clinical practice.

~~(8)~~ The course of instruction shall be calculated according to the following formula:

~~(A) One (1) hour of instruction in theory each week throughout a semester or quarter equals one (1) unit.~~

~~(B) Three (3) hours of clinical practice each week throughout a semester or quarter equals one (1) unit.~~

~~(C) One (1) semester equals 16-18 weeks and one (1) quarter equals 10-12 weeks.~~

(9) The course of instruction program units and contact hours shall be calculated using the following formulas:

(A) One (1) hour of instruction in theory each week throughout a semester or quarter equals one (1) unit.

(B) Three (3) hours of clinical practice each week throughout a semester or quarter equals one (1) unit. Academic year means two semesters, each semester is 15-18 weeks; or three quarters, each quarter is 10-12 weeks.

~~(10)~~ ~~(9)~~ Supervised clinical practice shall consist of two phases:

(A) Concurrent with theory, there shall be provided for the student, demonstration of and supervised practice of correlated skills in the clinical setting with patients.

(B) Following acquisition of basic theoretical knowledge prescribed by the curriculum the student shall receive supervised experience and instruction in an appropriate clinical setting.

(C) At least 12 semester units or 18 quarter units of the program shall be in clinical practice.

~~(11)~~ ~~(10)~~ The duration of clinical experience and the setting shall be such that the student will receive intensive experience in performing the diagnostic and treatment procedures essential to the practice for which the student is being prepared.

~~(12)~~ ~~(11)~~ The program shall have the responsibility for arranging for clinical instruction and supervision for the student.

~~(12)~~ The curriculum shall include, but is not limited to:

~~(A) Normal growth and development~~

~~(B) Pathophysiology~~

~~(C) Interviewing and communication skills~~

~~(D) Eliciting, recording and maintaining a developmental health history~~

~~(E) Comprehensive physical examination~~

~~(F) Psycho-social assessment~~

~~(G) Interpretation of laboratory findings~~

~~(H) Evaluation of assessment data to define health and developmental problems~~

~~(I) Pharmacology~~

~~(J) Nutrition~~

~~(K) Disease management~~

~~(L) Principles of health maintenance~~

~~(M) Assessment of community resources~~

~~(N) Initiating and providing emergency treatments~~

~~(O) Nurse practitioner role development~~

~~(P) Legal implications of advanced practice~~

~~(Q) Health care delivery systems~~

~~(13) The course of instruction of a program conducted in a non-academic setting shall be equivalent to that conducted in an academic setting.~~

Authority cited: Sections 2715, 2835.5, 2835.7, 2836, 2826.1, Business and Professions Code.

Reference: Sections 2835, 2835.5, 2835.7, 2836, 2836.1, 2836.2, 2836.3, 2837, Business and Professions Code.

### **1485. Scope of Practice**

Nothing in this article shall be construed to limit the current scope of practice of the registered nurse authorized pursuant to the Business and Professions Code, Division 2, Chapter 6. The nurse practitioner shall function within the scope of practice as specified in the Nursing Practice Act and as it applies to all registered nurses.

Authority cited: Section 2715, Business and Professions Code. Reference: Sections 2834 and 2837, Business and Professions Code.

### **1486. Requirements for Clinical Practice Experience for Nurse Practitioner Students Enrolled in Out of State Nurse Practitioner Programs.**

- (a) The out-of-state nurse practitioner Program requesting clinical placements for program students in clinical practice settings in California shall:
  - (1) Obtain prior board authorization;
  - (2) Ensure students have successfully completed prerequisite courses and are enrolled in the nurse practitioner Program;
  - (3) Secure clinical preceptors who meet board requirements;
  - (4) Ensure the clinical preceptorship experiences in the program meet all board requirements and national education standards/competencies for the nurse practitioner role and population focus/foci;
  - (5) Demonstrate evidence the curriculum includes content related to legal aspects of California certified nurse practitioner laws and regulations.
  - (6) Notify the board of pertinent clinical placement changes within 30 days.
- (b) The board may withdraw authorization for program clinical placements in California, at any time.

Authority cited: Section 2715, Business and Professions Code. Reference: Sections 2729, 2835, 2835.5 and 2836, Business and Professions Code.