

1 21 NCAC 36 .0321 is adopted as published in NCR 31:01, pages 31-32, as follows:

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3 **21 NCAC 36 .0321 CURRICULUM**

4 (a) Nursing program curriculum shall:

- 5 (1) be planned by nursing program faculty;
- 6 (2) reflect the stated program philosophy, purposes, and objectives pursuant to 21 NCAC 36
7 .0302(a)(2);
- 8 (3) be consistent with the Statutes and Rules governing the practice of nursing;
- 9 (4) define the level of performance required to pass each course in the curriculum;
- 10 (5) enable the student to develop the nursing knowledge, skills and ~~competencies~~ abilities
11 necessary for the level, scope and competent practice consistent with the level of licensure
12 and scope in all applicable Rules as defined in 21 NCAC 36 .0221, .0224, .0225, and .0231
13 consistent with the level of licensure; and .0231;
- 14 (6) include content in the biological, physical, social and behavioral sciences to provide a
15 foundation for safe and effective nursing ~~practice.~~ practice;
- 16 (7) provide students the opportunity to acquire and demonstrate, through [theory] didactic
17 content and clinical experience under faculty supervision, the knowledge, skills, and abilities
18 required for safe, effective, competent nursing practice across the lifespan; and
- 19 (8) be revised as necessary to maintain a program that reflects changes and advances in health
20 care and its delivery.

21 (b) Didactic content and supervised clinical experience across the lifespan appropriate to program type shall
22 include:

- 23 (1) Implementing safety principles and practices, minimizing risk of harm to clients and providers
24 through both system effectiveness and individual performance;
- 25 ~~(1)(2)~~ (2) Using informatics to communicate, manage knowledge, mitigate error and support decision
26 making; making;
- 27 ~~(2)(3)~~ (3) Employing evidence-based practice to integrate best research with clinical expertise and
28 client values for optimal care, including skills to identify and apply best practices to nursing
29 ~~care by care;~~
- 30 ~~(A)(4)~~ ~~providing~~ Providing client-centered, culturally competent ~~care;~~ care by:
- 31 ~~(B)(A)~~ respecting client differences, values, preferences and expressed needs;
- 32 ~~(C)(B)~~ involving clients in decision-making and care management;
- 33 ~~(D)(C)~~ coordinating and managing continuous client care consistent with the level of
34 licensure. This includes demonstration of the ability to supervise others and provide
35 leadership of the profession appropriate for program type; and
- 36 ~~(E)(D)~~ promoting healthy lifestyles for clients and populations.
- 37 ~~(3)(5)~~ (5) Working in interdisciplinary teams to cooperate, collaborate, communicate and integrate
38 client care and health promotion.

1 (1) demonstrate that simulation faculty have been formally educated, and maintain competencies
2 in simulation and ~~debriefing theory;~~ debriefing; and

3 (2) provide a simulation environment with adequate faculty, space, equipment, and supplies to
4 simulate realistic clinical experiences to meet the curriculum and course objectives.

5 (n) Programs not holding national nursing accreditation shall limit simulation experiences to no more than
6 25% in any course, including the focused client care experience.

7 (o) Programs holding national nursing accreditation shall limit simulation experiences to:

8 (1) no more than 25% in the focused client care experience, and

9 (2) no more than 50% of clinical experience time in any other course.

10 (p) External standardized examinations shall not be used as a determinant of a student's progression or
11 graduation in a prelicensure nursing education program.

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13 *History Note: Authority G.S. 90-171.23(b)(8); 90-171.38;*

14 *Eff. February 1, 1976;*

15 *Amended Eff. December 1, 2016; June 1, 1992; January 1, 1989; January 1, 1984;*

16 *Temporary Amendment Eff. October 11, 2001;*

17 *Amended Eff. December 1, 2005; August 1, 2002.*