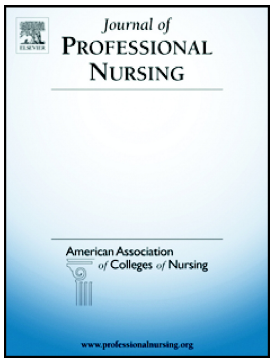

Building coalitions: A statewide nursing organization's role in changing nursing education regulation during the COVID-19 pandemic

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Building coalitions: A statewide nursing organization's role in changing nursing education regulation during the COVID-19 pandemic

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Abstract

The California Association of Colleges of Nursing (CACN), representing California's baccalaureate and higher degree nursing education programs, has raised concerns for over two-years about the number, relevance, and legitimacy of nursing education regulations. Formal CACN letters to state regulators did not affect change. While California nursing education regulations require 75% direct patient contact for all clinical courses, meeting this requirement became impossible as clinical agencies closed to nursing students during the beginning of the COVID-19 pandemic. Nursing regulatory change was urgently needed to provide greater flexibility in meeting clinical course objectives using simulation and other online learning modalities. At stake was the graduation of over 14,971 RN students from public and private nursing programs. While state regulators opposed a legislative approach, CACN collaborated with stakeholders to support legislation that led to a reduction in direct patient care hours, allowing nursing students to progress and graduate. This longstanding advocacy work was accelerated by the pandemic and required leadership and knowledge about the legislative process for nurse educators to succeed. The ultimate goal for CACN is to forge a more respectful relationship and greater collaboration between educators and regulators to enhance quality, reduce costs, and redundancies in nursing education in this state.

Background

The California Association of Colleges of Nursing (CACN) is the recognized state-level unincorporated association representing 54 private and public California universities/colleges that offer baccalaureate and graduate nursing degrees. The members are the colleges/universities; the deans/directors of the nursing programs represent these institutions. Beginning in 2017, CACN (a 501 (c)(3) organization) has held annual face-to-face meetings with

legislators in Sacramento to educate them on issues of concern to the organization. This process is modeled after the American Association of Colleges of Nursing (AACN) “Hill visits” in Washington, DC. CACN worked initially with member deans/directors to build a solid coalition with set discussion points and materials to share with legislative representatives and staff. CACN also expanded relationships with other nursing organizations by attending meetings, sharing goals and information, motivating participation in joint action, and encouraging action planning together. These activities took place at face-to-face and Zoom meetings of the coalition partners. CACN primarily used e-mail for communications within the various organizations.

Coalition building is about timing, common interests, and shared values. The California nursing organizations that collaborated for change had not historically always shared common perspectives, especially on matters related to California Board of Registered Nursing (BRN) oversight of nursing education regulations. With the onset of the COVID-19 pandemic, California BRN regulations impeded nursing student progression in prelicensure nursing programs at community colleges and universities. Despite historical differences, this crisis created opportunities for these statewide nursing organizations representing the community colleges and universities to come together as a unified voice in support of legislative change.

Updating Nursing Education Regulation: Beyond Time for Change

In California, BRN regulations pertaining to nursing education are a consistent topic of concern. One goal of these coalition meetings and legislative visits is to present a unified-voice on legislative issues with a clear “ask”. CACN has been strategic about developing the process and preparing for these Sacramento visits with legislators and their staff (Ziehm, et al., 2019). Over the past three years, CACN identified several key issues, including insufficient clinical placement sites, increased competition for placements, and regulations lacking evidence.

Insufficient clinical placements: The COVID-19 pandemic intensified the problems California was experiencing with a well-documented insufficient number of clinical placements for California prelicensure nursing programs (HealthImpact, 2018; HealthImpact, 2019). As the

COVID-19 pandemic unfolded, clinical agencies refocused on patient care needs and the safety of hospital personnel. Entire health care systems closed to nursing students, effectively ending planned clinical learning experiences in mid-March 2020. These changes forced schools of nursing to find alternative clinical learning experiences while protecting the health and safety of students, faculty, and the community. Early in March 2020, the federal Department of Education temporarily allowed programs to use online teaching modalities without going through the regular approval process (Department of Education, 2020). The Commission on Collegiate Nursing Education (CCNE) offered flexibility in the number of hours and methods of delivery to meet program outcomes (CCNE, 2020). Despite these modifications, the California BRN held firm to requiring that clinical experiences had to include 75% direct patient care (Required Curriculum, CCR 16, 1426(g)(2), 2020) while other states for programs in good standing (e.g., Arizona, Florida, Maryland) moved to temporarily permit 100% virtual clinical experiences (NCSBN, 2020). The closure of clinical agencies meant that schools of nursing were unable to comply with the California BRN requirements pertaining to pre-approval of a clinical agencies as defined in 16 CCR § 1427. Clinical Facilities (2020). The closure of clinical placements in mid-semester, placed the graduation of over 14,971 nursing students from public and private nursing programs at risk (California Board of Registered Nursing, 2020) at a time when these new nurses were most needed.

It was important to learn the reporting structure of California's regulatory agencies and the scope of the Governor's authority to ensure that all key decision-makers were included in CACN's documented requests. The California BRN is a State agency within the California Department of Consumer Affairs that licenses and regulates the education and practice of registered nurses (RNs). CACN wrote formal letters to educate the Governor, Department of Consumer Affairs, and the California BRN about California BRN's lack of collaboration and the need to update nursing regulations. While CACN received no responses, the organization's requests were documented. CACN had previously expressed concerns about existing

regulations that require excessive reporting, work redundancies, and requirements that are not current. Many of the existing nursing education regulations are unsubstantiated by evidence-base data or Board of Nursing (BON) best practices in other states. During a 2018 audit, documents surfaced indicating that the California BRN falsified data to misrepresent California BRN compliance (California Board of Registered Nursing, 2020 a). Additionally, in 2019, the California BRN was audited by the Joint Legislative Audit Committee which found the BRN was basing enrollment decisions on insufficient data (California Board of Registered Nursing, 2020b). The CACN Board of Directors became more informed about how other state boards operated and the details of these audits to then inform CACN members. Documents were disseminated through email and during regular fall and spring meetings. The CACN Board of Directors provided data, explained the rationale and findings of these audits, and held open discussions with CACN members. During the 2019 audit hearing, the CACN President was invited to provide testimony to explain the problems nurse educators had with existing nursing regulations and actions taken by the CA BRN. Being present during this hearing provided helpful information about the full-range of issues discussed and the political forces that were operating.

Increased competition for clinical placements: There is also evidence that the California BRN preferentially protects community college (CC) nursing programs over the expansion of university-based programs. The California BRN's expressed concern has been that clinical agencies were not providing sufficient nursing clinical placements to the CCs. In 2016, without approval from the Office of Administrative Law, the California BRN began requiring any nursing program planning to increase enrollment to seek permission from the BRN and to ask local schools of nursing to submit a letter to the California BRN indicating support or opposition to a proposed increase in enrollment. For many years, CCs have been struggling to secure clinical placements, primarily because clinical agencies were opting to accommodate baccalaureate and master's entry nursing programs for clinical placements and as subsequent hires. These

employer actions were and remain congruent with quality patient care outcomes (Aiken, et al., 2003; Kutney-Lee, Sloane, & Aiken, 2013) and the recommendations made in the Institute of Medicine (2011) report titled *The Future of Nursing: Leading Change, Advancing Health*. Based on an AACN national survey of 653 schools of nursing, 43.2% of hospitals and other healthcare settings require new hires have a BSN and 82.1% express a strong preference for BSN graduates (AACN, 2019).

In 2018, the California nursing workforce reported only 68.2% held a BSN or higher degree in nursing (Spetz & Chu, 2020) and nearly 50% of all California nursing students are enrolled in ADN programs (California Board of Registered Nursing, 2020c). Under the guise of "clinical displacement", the California BRN gave nursing programs an avenue to block enrollment increases in another nursing program. However, the California BRN does not have jurisdiction, in law or statute, over clinical agencies or their decisions about clinical placements. Letters opposing the expansion of another nursing program were used, in part, to make decisions about approving or denying an enrollment increase. Presented at public hearings, it was evident that private universities were more frequently the focus of California BRN concerns about enrollment increases. Despite documentation submitted from clinical agencies confirming they could accommodate the proposed expansion, the California BRN questioned the legitimacy of these agency letters. In an internal California BRN memo written by two Board members in 2018, there was concern that CCs could not compete with private universities and these Board members proposed "leveling the playing field" to protect CCs. This action raised an ethical question about the legitimacy of a government agency acting as an advocate for one educational system over another. At public hearings, CCs testified that existing ADN students were being displaced by a proposed expansion. While it is common for any school of nursing to feel threatened by the expansion of a program in the same geographic area, such conflicts of interest should not be factored into approving or denying enrollment decisions. In other states, 80% of BONs do not get involved in student placement decisions (NCSBN Member Profile,

2019). In response, CACN submitted formal letters in opposition to this new California BRN requirement but received no response and the requirement continued. According to the California Auditor, "If a state agency issues, uses, enforces, or attempts to enforce a guideline or other rule without following the Administrative Procedure Act when it is required to do so, the rule is called an "underground regulation" (California Board of Registered Nursing, 2020b, p. 12). State law prohibits state agencies from enforcing guidelines or rules that constitute underground regulations. In response to the 2019 audit, the California Auditor recommended this practice requiring other schools to provide letters of support or opposition be discontinued; this requirement has recently ended (California Board of Registered Nursing, 2020b).

Regulations lacking evidence: The National Council of State Boards of Nursing (NCSBN) publishes Member Profile results from an annual survey on a wide-range of topics, including nursing education. In the 2019 Member Profile for Education, survey results for 58 jurisdictions were presented, including California. The survey tracks what is in statute or rule for all jurisdictions. Color-coded maps representing differences among reporting jurisdictions make it easy to compare and contrast the data (NCSBN Member Profile, 2019) and demonstrates the misalignment of California with the majority of state boards of nursing. Examples of California regulations that lack or ignore evidence include clinical agency approval, pre-employment prelicensure faculty approval, and stringent restrictions on the use of simulation in prelicensure nursing education.

Clinical Agency Approvals

According to 16 CCR § 1427. Clinical Facilities (2020), a nursing program cannot use a clinical facility for prelicensure nursing student clinical experiences without California BRN approval. By contrast, 80% of BONs do not approve clinical facilities for RN programs (NCSBN Member Profile, 2019). This is a charged topic for CACN members given the documented reduction in clinical placement capacity for all nursing programs because clinical agencies are overwhelmed

with internal demands (HealthImpact, 2018; HealthImpact, 2019). The California BRN methods for tracking placements are cumbersome and time consuming. Since the California BRN does not have jurisdiction over clinical agencies, some clinical agencies only share partial information or at times resist completing the California BRN forms. Additionally, given the constant changes in partnerships between clinical agencies and nursing programs, especially during a pandemic, these methods do not result in accurate reporting but the data are used to approve or reject requests to increase nursing student enrollment. In a recent 2020 survey with a 56% response rate from CACN members, over 90% did not believe the California BRN methods used to make enrollment decisions and to assess clinical capacity for nursing students were reliable or valid. Even prior to COVID-19, California BRN tracking of clinical placements did not forecast the current state-wide reduction in clinical placement capacity or define it sufficiently so that solutions could evolve from California BRN data. CACN members continue to ask to partner with the California BRN to use the regulatory change process to remove this requirement.

Pre-employment Prelicensure Faculty Approval

During 2019-2020, the CACN Board of Directors surveyed all BONs to determine which required pre-employment approval for faculty teaching in prelicensure nursing programs. Findings indicated that 90% of BONs do not require pre-employment approval of prelicensure faculty. California and four other states are the only states with this requirement. As defined in California regulation (Faculty - Qualifications and Changes, 16 CCR § 1425, 2020), prelicensure nursing faculty must have one-year of continuous full-time RN experience within the last five years in the area in which they will teach. There is no data-based-evidence to substantiate that this criterion selects individuals who will be effective prelicensure nursing faculty. In fact, this criterion has been used by the California BRN to deny faculty approval of actively practicing nurse midwives and nurse practitioners who have not had recent work as staff RNs in acute care settings. Neonatal intensive care RNs have also been denied faculty approval for pediatrics or obstetrics, preventing these

clinicians from teaching in prelicensure nursing programs in California. The California BRN requirements have added non-evidenced based barriers to existing challenges hiring nursing faculty despite the well-documented ongoing nation-wide nursing faculty shortage (AACN, 2020)

Direct and Non-Direct Patient Care Learning Experiences – Use of Simulation

While specific language about simulation is not in rule or statute in the California Nurse Practice Act with Regulations and Related Statutes (2019), the California BRN limits the amount of non-direct patient care learning experiences to 25%, which includes skills lab, computer lab and planned simulations (Required Curriculum, 16 CCR § 1426, 2020). Only 14% of other BONs have similar restrictions. For 43% of BONs, simulation is allowed for 50% of nursing students' learning experiences (NCSBN, 2019). According to Alexander, et al. (2015), "…the results of NCSBN's National Simulation Study, along with integrative or systematic reviews in prelicensure nursing, support the premise simulation has outcomes similar to clinical experiences and under the right circumstances can be used to substitute for clinical experiences" (p. 41). High-quality simulation experiences can be substituted for up to 50% of traditional clinical hours across a prelicensure nursing curriculum. Rather than the number of hours of simulation, the quality of well-planned simulation was identified to be of greater importance (Hayden, et al., 2014). At the August 2017 NCSBN annual meeting, California was the only state to vote in opposition to the proposed model language for simulation. This limiting position on the use of simulation further exacerbates clinical teaching barriers during the COVID-19 pandemic.

National Council Board of Nursing (NCSBN) Model Rule January 2020

Starting in 2011, the NCSBN began a national discussion comparing and contrasting program approval and national nursing accreditation. The NCSBN was interested in assessing the quality of nursing programs, while also knowing there was a growing need to reduce costs and redundancies for stakeholders (NCSBN, 2011). As a result, the NCSBN established the goal for implementation of the Model Rule by 2020 (NCSBN, 2012). According to Spector, et al.,

(2018), “The 2012 NCSBN Model Rule calls for all programs to achieve national nursing accreditation by January 1, 2020, to improve education quality and to reduce the burden on BONs and redundancy for nursing programs” (p. 25). California has taken no action on the Model Rule despite participating in the national NCSBN discussion in 2011. Only 30% of California CCs are professionally accredited by a national organization; 70% rely solely on California BRN program approval (HealthImpact, 2018). All CACN member schools have national nursing accreditation and therefore are requesting discontinuation of the California BRN continuing approval visit every five-years. Instead, to ease the burden of excessive reporting, documents from national nursing accreditation could be submitted to document program quality while reducing cost and redundancies for schools and the California BRN, as is successfully done in other states.

Costly Fees

In 2018, the California BRN raised a number of fees related to nursing education and certifications. Of concern, the California BRN now charges $40,000 for a new nursing program feasibility study and is the only reporting jurisdiction that charges $2,500 for the continuing/renewal approval application (NCSBN, 2019). The California BRN charges $2,500 for a major curriculum revision (California BRN, 2021) which is a disincentive to updating and improving what is currently in place. These fees are out of step with government agency charges. Spector (2018) noted, program approval fees for BONs are less costly than what is charged by national accreditors. In fact, these California BRN fees are significantly higher than costs assessed by national nursing accreditation agencies, specifically fees for substantive changes by CCNE, Accreditation Commission for Education in Nursing (ACEN), or the Commission for Nursing Education Accreditation (CNEA).

COVID-19 Pandemic Created Urgency-Coalitions Created Action to Change the Law

During March 2020, across the globe, the uncertainty of how to respond to COVID-19 surfaced while the escalating numbers of COVID-19 cases were documented by the media. In

the US, many nursing students were in the midst of clinical rotations, but health care agencies had to divert internal resources to patient care and the safety of health care teams limiting the availability of nursing student placements at these facilities. On March 4, 2020, the Governor of California declared a state of emergency that included an expectation that regulatory agencies would create flexibility (Cal. Proclamation, Mar. 4, 2020). Higher education pivoted to online teaching modalities while direct patient care learning activities for nursing students rapidly became unavailable. While some students wanted to be in the clinical environments to learn how to respond to the pandemic, other students and parents resisted out of fear they would contract COVID-19. Without access to direct patient care learning experiences, faculty rapidly shifted to using simulation and other online methods to meet clinical learning objectives. Executive Order N-3920, issued by Governor Newsom, allowed the Director of the Department of Consumer Affairs to broadly interpret "professional licensing requirements" (Cal. Exec. Order No. 3920, March 30, 2020). Unfortunately, the Department of Consumer Affairs and the California BRN held firm to requiring that 75% of clinical learning had to be direct patient care for all California nursing programs (Required Curriculum, 16 CCR § 1426, 2020). California deans/directors learned from dean colleagues across the US that other states' BONs worked collaboratively to create viable solutions. That did not happen in California.

Because of previous legislative work, CACN has credibility and name recognition with many of the legislators. University-based nursing programs and CCs found common ground and actively shared concerns and data with legislative stakeholders. Working collaboratively, CACN and CC nursing leadership submitted letters to the Governor, the Department of Consumer Affairs, and the California BRN asking for maximum flexibility so that students could meet course objectives without the required 75% direct patient care experience. No response was received. In April 2020, the Department of Consumer Affairs created a waiver process for requesting temporary adjustments to specific regulations. In collaboration with CCs during April and May 2020, CACN submitted five waivers (Table 1). None were approved with the exception

of minor adjustments to preceptor requirements. CACN requested to collaborate with the California BRN to submit waivers, to which there was verbal agreement but no follow-up. On April 3, 2020, the Department of Consumer Affairs did approve a temporary waiver during the Governor's proclamation of a State of Emergency. This temporary waiver reduced the direct patient care requirement from 75% to 50% in all required clinical areas (medical, surgical, pediatrics, obstetrics, mental health/psychiatric). The order was timed to expire sixty-days from the date issued unless further extended. To utilize the waiver, nursing programs needed to submit documents stating that existing agencies denied student placements. Programs were then required to contact all clinical agencies within a 50-mile radius to confirm that they would not accept nursing students for the required number-of-hours of direct patient care experience. Requirements also included submitting a signed document to the California BRN that included the name of all agencies that denied the nursing program's requests. Flooded with requests for new clinical placements during the initial phase of the pandemic, clinical agencies were exasperated. For nursing programs, the process appeared unnecessary, onerous, and diverted significant energy away from competing priorities during a pandemic. With clinical agencies not accepting students, the Department of Consumer Affairs' waiver requirements were unhelpful and out of touch with existing realities.

Collaborating with various university government relations offices, CACN and the CC leadership were invited to engaged in many telephone conference calls with legislators and legislative staff. Eventually one legislator sponsored legislation: California Assembly Bill 2288 Nursing programs: State of emergency. Other legislators joined as co-sponsors. The bill moved from committee to committee, first through the California State Assembly and then moved through the California State Senate, then back to the Assembly for a final approval vote. Only the California BRN and the California Nurses Association (labor) stood in opposition through the legislative process. With CC leaders, CACN was invited to educate legislators before each and every committee meeting, and to give testimony supporting the bill. On September 29, 2020, AB

2288 was signed into law by the Governor (Cal. Bus. & Prof. § 2786.3., 2020). Time requirements for direct patient care learning experiences were significantly reduced and provisions for using telehealth were included. Also, some of the clinical facility approval requirements were eased. With persistence, a great deal of education for legislators, and collaboration among key education and service organizations, a clear “ask” of legislators evolved from using a unified perspective on these issues. This law created a temporary change to existing nursing education regulations that allowed nursing students to continue learning, progress, graduate, and join the California health care workforce during the ongoing crisis.

Lessons Learned-Effective Statewide Advocacy

CACN needed to educate regulators and policy makers about restrictive non-evidence based regulations, collaborate, be persistent, use a range of strategies related to the legislative process, and keep the CACN membership informed. Early strategies included developing a clear ask and formulating a plan of action that could be adjusted over time. A preliminary stakeholder list was developed that identified those who shared a common perspective and/or had something to gain from the end goal (Ziehm, et. al., 2019). While it was anticipated that the stakeholder list may change, it actually grew over time as other stakeholders learned about the direction CACN was leading and the evolving successful momentum. Changes in regulations, statues, or laws takes time and, in this case, persistence was critical. It included writing letters to clarify concerns using published facts and well-constructed survey data. CACN Board of Directors welcomed opportunities for discussion with those who held opposing perspectives. It was a venue to understand alternative perspectives and the basis for resistance. Discussions created opportunities to educate, share lived perspective, and explain the full impact a regulation or policy has that legislators and regulator may not fully understand. Dialogue was professional and authentic, not harsh or disingenuous. For the CACN Board of Directors, written letters were important documents to share with CACN members to keep them informed.

A critical decision for CACN was to collaborate and enlist the assistance of the government relations staff at key universities and colleges. These government relations staff know the legislative process and how to maneuver political systems. As professional lobbyists they can directly influence legislation, regulation, or other government decisions. They have working relationships with legislators and their staff and know the opportune time to schedule meetings with them. Legislative staff are especially interested in learning more about a proposed bill just prior to when it will be voted on. Higher education government relations staff regularly attend meetings with the Governor's staff and others legislative staff and therefore learn who is in favor or who is opposing a bill, and if changes to a bill are being propose and who is driving those changes. Government relations staff have well-informed suggestions about who to include or exclude from the stakeholder list. Government relations staff who work in higher education know how to work with educators and will not speak for educators. They share common student-centric values, for example, related to affordability and high quality education. They know how to advocate for pressing matters of concern to educators (AASCU, 2020). As lobbyists, they can advocate about voting for or against a bill. CACN, as a 501(c)(3), is limited to educating policy makers about a bill. It is important for nurse educators to maintain the lead on matters about nursing education. For instance, others who know about nursing workforce trends, do not necessarily know about nursing education and therefore, nurse educators need to sustain leading as content experts on matters related to nursing education.

Inspired by many California nurse educator voices, the successful passage of AB 2288 legislation was unprecedented. State regulators now recognize that nurse educators are sufficiently engaged and organized to pursue overdue changes to nursing regulations in California. What was not accounted for was that the California BRN would assume responsibility for developing regulations for this new law despite their opposition to AB 2288. Subsequent to the passage of AB 2288, new waivers have been approved by the Department of Consumer Affairs. While it would have been tremendously helpful had these less restrictive waivers been

offered during the early phase of the COVID-19 pandemic, neither this new law nor these recently proposed waivers address all nursing programs' needs in California. As a large state with densely populated urban and remote rural regions, COVID-19 surges have episodically prevented some schools from any direct patient care learning experiences. Others were required to end clinical learning experiences when case numbers exceeded the capacity to accommodate students for onsite learning. What is needed is the kind of flexibility that allowed for online learning that was provided by CCNE and the Department of Education (CCNE, 2020; Department of Education, 2020). As a result, California nurse educators have developed partnerships and better understand the legislative process that will be needed to eliminated or revise regulations so they are evidence-based.

Conclusion

Ideally BONs work in collaboration with nursing deans and faculty on developing new or revising existing nursing education regulations. CACN's leadership began asking that regulations be updated and evidence-based well before the COVID-19 pandemic. During the pandemic, CACN worked with CC nursing leadership and government relations staff to appeal to the California BRN for support and flexibility to allow students to progress and graduate.

Nursing regulators and nursing education leadership can work together to affect change; indeed, in a number of states this is common practice. Through collaboration, mutual learning and understanding occurs on the way to achieving agreed upon goals. The changes required in response to the pandemic are not the only changes needed in California. For example, the hallmark for ensuring the quality of a nursing program is an external review from academic peers that are associated with institutional accreditation and national nursing accreditation. California should adopt the NCSBN Model Rule (NCSBN, 2012). In 2021, a California BRN Sunset Hearing will be conducted. CACN looks forward to jointly work with the California BRN to identify strategies to update nursing education regulations. Authentic and respectful collaboration between regulatory bodies and nursing education leaders can result in reducing

existing regulations, enhance quality, reduce costs, and eliminate redundancies for stakeholders.

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Table 1 Temporary Waiver Requests Submitted During the Governor's State of Emergency Proclamation

Regulation	Requirement Overview	Waiver Request
16 CCR §1426(a)	Curriculum revisions must be approved by the board prior to implementation.	Strike this requirement given faculty need the flexibility to adapt the curriculum to meet the needs of students and clinical site availability.
16 CCR §1426(d)	Theory and clinical courses must be taught concurrently.	Strike the concurrent requirement given clinical learning experiences were not consistently available for all courses.
16 CCR 1426(g)(2)	75% of clinical hours in a course must be in direct patient care.	Strike the 75% direct patient care requirement given clinical learning experiences were not consistently available and faculty needed maximum flexibility to use other teaching methods to meet course objectives.
16 CCR §1426.1	Sample of some preceptor requirements included a minimum of one-year of work experience in the agency, specific orientation content about the preceptor role, communication plan and frequency of contact between faculty, student	Strike all requirements for maximum flexibility. Given the potential health care agencies needed to recruit new RN to address large influxes of patients, faculty needed greater flexibility to assign nursing students to available preceptors.

	and preceptor, designation of a relief preceptor, etc.	
16 CCR §1427	Nursing programs are not allowed to use any agency/ facility for clinical experience without prior approval by the board.	Strike this requirement. Faculty needed maximum flexibility given many clinical agencies were not available.