

## CHAPTER VI

### RULES AND REGULATIONS FOR ACCREDITATION OF PSYCHIATRIC TECHNICIAN PROGRAMS

General authority C.R.S. 12-38-108 (1)(k)  
Specific Authority C.R.S. 12-38-108(1)(k)(II, III, and IV)  
3 CCR 716-1

Purpose: To specify procedures and criteria relating to the approval of psychiatric technician training programs.

#### 1. DEFINITIONS

Accreditation: Recognition that a psychiatric technician program (hereinafter referred to as program) is meeting the standards as established by the Board.

#### 2. PURPOSE OF ACCREDITATION

To establish eligibility of graduates of approved programs to apply for licensure.

#### 3. INITIAL PROCEDURES FOR ACCREDITATION

Phase I, Application Approval

3.1 The governing body establishing a new psychiatric technician program shall inform the Board in writing before initiation and such program shall have the approval of the Board.

3.2 An application shall be submitted on forms provided by the Board with the following information:

A. Description of the program to be established and an operational plan of how the body will develop a program which meets the standards for approval set forth in this Chapter,

B. Organizational structure,

C. Financial resources,

D. Ability of the geographic community to support adequately the program in relation to:

1. Potential students

2. Student support services,

3. Faculty,

4. Written commitment of clinical resources and,

5. Physical facilities.

6. Number of patient populations with a variety of nursing needs.

E. Accreditation of the university, college, vocational technical school or institution by the appropriate national or regional accrediting agency.

F. Philosophy and purposes of the university, college, vocational technical school or institution.

G. Tentative time table for initiating the program.

H. Signatures of appropriate administrative officers.

- 3.3 The Board shall review the application within 90 days and may direct that a site visit occur before approval of the application. Such visit shall occur within a reasonable period of time after the Board directs a site visit.
- 3.4 A written report of the site visit shall be submitted to the Board and the appropriate administrative officers within a reasonable amount of time, not to exceed 60 days unless extended by the Board.
- 3.5 The Board shall advise the governing body concerning approval or disapproval of the application within 30 days of the Board's review. The Board shall specify the grounds for disapproval.
- 3.6 In the event of disapproval of the application, the Board shall grant a hearing, if requested, pursuant to the Nurse Practice Act and the Administrative Procedures Act.

#### Phase II, Interim Accreditation

- 3.7 The governing body shall secure a Director, with qualifications set forth in section 4.4 b (3) of this section, for the psychiatric technician program. The Director shall be responsible for providing compliance with this Chapter.
- 3.8 The Director shall prepare a written report for the Board showing evidence of meeting the requirements of 4.2.
- 3.9 The Board shall determine whether the program is prepared to admit students and if so, grant interim accreditation. If not, the Board shall specify the grounds for disapproval and the program can request a hearing pursuant to the Nurse Practice Act and the Administrative Procedures Act.

#### Phase III, Full Accreditation

- 3.10 The Director shall:
  - A. Insure the program is developed according to the rules and regulations for accreditation of this chapter.
  - B. Provide written progress reports as requested by the Board.
- 3.12 Prior to graduation of the first class, a report by the program shall be submitted to the Board addressing criteria as outlined in section 4 and a survey visit shall be made by site visitor(s) designated by the Board on a time frame established by the Board for consideration of accreditation of the program.
  - A. Notice of the Board's action to approve or disapprove shall be sent in writing to the administrative officer and the Director of the program within fourteen days of the Board's decision. If a program is disapproved, the Board shall provide with specificity the grounds for such.
  - B. In the event of disapproval of the application, the Board shall grant a hearing, if requested, pursuant to the Nurse Practice Act and the Administrative Procedures Act.

## **4. STANDARDS FOR ACCREDITING A PSYCHIATRIC TECHNICIAN PROGRAM**

All psychiatric technician education programs must conform with generally accepted psychiatric technician nursing education standards.

#### 4.1 Philosophy, purposes and objectives:

- A. The faculty develops, approves, and periodically evaluates the philosophy, purposes and objectives of the psychiatric technician program. Such statements shall express the educational principles of the program and include a description of the graduate.
- B. The statements of philosophy, purposes and objectives shall be utilized in planning, implementing and evaluating the total program.

#### 4.2 Organization and administration:

- A. There shall be a governing body which has the legal authority to conduct the psychiatric technician program, determine general policy and provide financial support for such program.
- B. The governing body shall have in place policies regarding refunds of fees and tuition, and ethical standards for recruitment and advertising.
- C. There shall be an organizational plan which demonstrates and describes the relationship of the psychiatric technician program to the governing body and the internal organization of the program.
- D. There shall be a qualified Director with the authority, in accordance with the policies of the governing body, to:
  - 1. Prepare and administer a financial plan.
  - 2. Develop, implement and evaluate the psychiatric technician program.
  - 3. Arrange for educational facilities, clinical resources, and student services.
  - 4. Arrange for qualified faculty.
  - 5. Plan for learning experiences with a variety of patient needs and obtain written agreements with the providers of clinical resources.
  - 6. Develop policies relating to admission, retention, progression, reentry and graduation of students.
  - 7. Provide for a system of permanent records and reports essential to the operation of the psychiatric technician program which shall include:
    - (a) Current and final official records for students.
    - (b) Current records of program activities such as minutes and reports.
    - (c) Faculty records which demonstrate compliance with faculty requirements as delineated in section 4.4.
    - (d) Annual report due on a schedule determined by the Board to be submitted to the Board (form furnished by the Board office) shall include, at a minimum:
      - (1) Developments in the psychiatric technician program;
      - (2) Student policies, including student health;

- (3) Current problems and recommendations;
- (4) Curriculum plan;
- (5) Clinical resources including confirmation of adequate patient populations;
- (6) Faculty list for the year including qualifications and area of responsibility;
- (7) Listing of hours of instruction;
- (8) School catalog;
- (9) Audited financial report of the governing institution including statement of income and expenditures. This needs to be submitted only every two years on a schedule determined by the Board; and
- (10) Proposals and plans for future development including either increases or decreases of 25% or greater in student numbers admitted, types of students, admission times and progression options.

(e) Biannual report including, but not limited to numbers of student admissions, graduations and faculty list.

- E. The amount of time allocated the Director for psychiatric technician administrative duties for one campus shall be related to the number of students enrolled in the psychiatric technician program at that campus. The Director may delegate administrative duties and reflect appropriate release time for the delegated activities.
1. In a program with no more than 50 students, there shall be allotted a minimum of 25% of an FTE for administration.
  2. In a program with at least 51 students but no more than 110 students, there shall be allotted a minimum of 50% of an FTE to administration.
  3. In a program with at least 111 students but no more than 180 students, there shall be allotted a minimum of 75% of an FTE to administration.
  4. In a program with at least 181 students, there shall be at least the equivalent of a full FTE position devoted to administration.
- F. Personnel policies for the faculty of the psychiatric technician program shall be consistent with the faculty policies for the controlling body.
- G. There shall be a plan for an ongoing systematic evaluation of all aspects of the psychiatric technician program with evidence of implementation which includes student and community input.
- H. Written student policies shall be developed and made available to all students including, but not limited to, admission, progression and graduation requirements. These policies shall be consistent with those of the governing body. The school shall have a written policy regarding the dismissal of students for scholastic or other reasons and potential reentry. The program shall adhere to its set policies or have a rationale for exceptions.

### 4.3 Curriculum

- A. The curriculum shall be developed, implemented, controlled and evaluated by the faculty within the framework of the philosophy, purposes and objectives of the psychiatric technician program and policies of the governing body.
- B. The program outcomes shall identify the expectations for the students who complete the program and are used to:
  - 1 Develop, organize, implement, evaluate and revise the curriculum.
  - 2 Identify objectives for courses.
  - 3 Select content related to the care of individuals experiencing mental and/or developmental disabilities. Program outcomes shall reflect the current scope of practice and, at a minimum, shall include 200 clock hours of theory and 200 clock hours of clinical practice. A psychiatric technician curriculum shall include, but not be limited to:
    - (a) Nursing principles, which shall include, but not be limited to, learning experiences to develop:
      - (I) An understanding of the principles of mental and physical health and the maintenance of health;
      - (II) A knowledge of health services, community resources and the role of the psychiatric technician in these health services. The ability to perform the following functions as required:
        - (a) Activities concerned with daily hygiene;
        - (b) Activities concerned with prescribed therapeutic measures with an understanding of basic principles; and
        - (c) Observing the appearance and behavior of patients and reporting to appropriate persons.
      - (III) Ability to work with licensed physicians, professional nurses, dentists, and other treatment personnel in assisting with nursing situations;
    - (b) For psychiatric technicians working with the mentally ill, the curriculum shall include, but not be limited to, fundamentals of psychiatric and mental health nursing with learning experiences planned to develop the following:
      - (I) The knowledge, skills and attitudes necessary to function adequately as a contributing member of the psychiatric team;
      - (II) Understanding of self and patient relationship;
      - (III) Principles of psychiatric nursing including social and cultural studies, rehabilitation and special therapies.
    - (c) For psychiatric technicians working with the developmentally disabled, the curriculum shall include, but not be limited to:

- (I) Mental retardation theory and practice;
- (II) Human development; and
- (III) Behavior management.

4 The number of faculty shall be determined by size of enrollment, number of classes admitted per year, number of agencies utilized for clinical instruction and methods of instruction.

5 Faculty-student ratio for clinical instruction should not exceed a 1:10 ratio.

C. The implementation of the curriculum shall include:

1 Development of outlines that identify essential aspects of each course.

2 Utilization of a variety of teaching methods.

3 Development and maintenance of an environment consistent with the philosophy and purposes of the program.

4 Facility and resource coordination.

D. The organizational plan of the curriculum shall provide for time periods (terms, semesters, quarters) and identified sequencing of courses.

E. Evaluation of the curriculum shall include a plan for ongoing systematic assessment of student achievement.

#### 4.4 Faculty

A. Only qualified nurse faculty shall teach basic nursing concepts.

B. All nursing faculty shall:

1 Hold a current license in good standing to practice as a Registered Nurse in Colorado.

2 Have a minimum of one year of experience as a Registered Nurse in psychiatric nursing if teaching in a program preparing technicians to care for the mentally ill or in nursing care of the developmentally disabled if teaching in a program preparing technicians to care for the developmentally disabled.

3 The Director of the psychiatric technician program, in addition to 4.4, shall have:

(a) A minimum of a baccalaureate degree in nursing.

(b) One years' teaching experience in a health related program.

C. Non-nurse faculty shall have appropriate academic and professional preparation and experience in their field of teaching.

#### 4.5 Resources and facilities:

A. The Director shall be responsible for recommending and/or obtaining resources and facilities in accord with the program's philosophy and objectives as well as the policies of the governing body.

1 Including:

- (a) Classrooms, laboratories, conference rooms, and equipment for utilizing a variety of teaching methods.
- (b) Library resources.
- (c) Health care facilities sufficient to achieve the objectives of the program, with consideration given to:
  - (1) Quality of nursing service, including organization and nursing care.
  - (2) Administrative support.
  - (3) Number of programs and students using the facility.
  - (4) Daily average census.
  - (5) Licensure or accreditation by the appropriate authorities.

4.6 A program must demonstrate that no more than three successive classes have a passage rate of below 75% on the state licensure examination.

## **5. CONTINUED ACCREDITATION**

5.1 Regular periodic surveys for continued accreditation may be conducted by the Board on a date mutually acceptable to the Board and the program.

5.2 Accreditation of a program shall be continued by the Board provided the standards of the Board are met as set forth in this Chapter.

5.3 The Board's action regarding program review shall be sent to the governing body and the Director of the program with recommendations, if indicated.

5.4 The school may be visited at times other than the regularly scheduled survey visit, if deemed necessary by the Board.

5.5 Major program revisions shall be reported to the Board for approval Major program revision shall be defined to include, but not be limited to:

- A. Major changes in program goals,
- B. The number of hours required for successful completion of the program,
- C. Change in required clinical practice hours.
- D. Either an increase or decrease of 25% or greater in student numbers admitted, types of students, admission times and progression options.

## **6. WITHDRAWAL OF ACCREDITATION**

6.1 The governing body and the Director of the program shall be notified in writing if the requirements of the statute and the standards set forth in this chapter are not fulfilled. Deficiencies shall be specified in the written communication.

- 6.2 The program shall have 30 days from the date of the letter to respond to deficiencies. Such response would be reviewed by the Board and a determination made to continue accreditation or withdraw accreditation.
- 6.3 The governing body and the Director shall be advised that requirements must be met within a year from the date of service of the notice of deficiencies at which time another survey visit shall be made to confirm the corrections or remaining deficiencies.
- 6.4 Conditional accreditation shall be given for the year to allow the identified deficiencies to be corrected.
- 6.5 Status reports regarding progress in meeting the identified deficiencies shall be submitted to the Board at each regularly scheduled Board meeting during the year of conditional accreditation.
- 6.6 At any time during the year, the program Director may request restoration to full accreditation if the program demonstrates correction of the deficiencies. The decision to restore full accreditation rests solely with the Board. If full accreditation is not restored, the original time period for conditional approval is still retained.
- 6.7 At any time during conditional approval, the Board staff shall be available for consultation with the program.
- 6.8 All students enrolled during the conditional accreditation must be informed in writing by the school that they shall not be eligible to take the licensure examination if the program loses its accreditation.
- 6.9 Accreditation of the program shall be withdrawn by the Board if the identified deficiencies are not corrected as confirmed on a survey visit within the one year period.
- 6.10 The program may appeal the decision to withdraw accreditation by requesting a hearing within 60 days of service of the notice to withdraw.
- 6.11 Such a hearing shall be heard before the Board subject to the provisions of the Administrative Procedures Act and the Nurse Practice Act regarding the conducting of hearings.

## **7. CLOSING OF PROGRAMS**

- 7.1 Programs desiring to close shall notify the Board of such intention.
- 7.2 If the program is closed, the controlling agency shall be responsible for the permanent safekeeping of the student transcripts.

## **8. CHANGE OF CONTROL**

- 8.1 When a program changes administrative control, the new authority shall notify the Board.

Adopted: November 21, 1996