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December 29, 2010

Legislative Reference Library
645 State Office Building
100 Constitution Avenue
St. Paul, Minnesota 55155

Re: In The Matter of the Proposed Amendment to and Repeal of Rules of Rules of the
Minnesota Board of Nursing Governing Program Approval; Governor's Tracking #AR 580

Dear Librarian:

The Minnesota Board of Nursing intends to adopt rules governing program approval. We plan to publish a Notice of Intent to Adopt Rules without a Public Hearing in the January 3, 2011 State Register.

The Board has prepared a Statement of Need and Reasonableness. As required by Minnesota Statutes, sections 14.131 and 14.23, the Board is sending the Library an electronic copy of the Statement of Need and Reasonableness at the same time we are mailing our Notice of Intent to Adopt Rules.

If you have questions, please contact me at ann.m.jones@state.mn.us or 612-617-2186.

Yours very truly,

A handwritten signature in black ink that reads "Ann M. Jones". The signature is written in a cursive, flowing style.

Ann M. Jones, PhD, RN
Education Nursing Specialist

Enclosure: Notice of Intent to Adopt Rules

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Minnesota Board of Nursing

STATEMENT OF NEED AND REASONABLENESS

Proposed Repeal of Minnesota Rules, Chapter 6301:

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6301.0300 SCOPE
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EXEMPTION FROM CERTAIN RULES

INTRODUCTION

Rationale for repeal of 6301.0200 through 6301.2200 and amendments to chapter 6301

In August 2009, the Board charged a program approval review task force to address the appropriate public protection role of the Board in approving nursing education programs, the currency and clarity of the program approval rules, and to determine whether there are alternative methods of program approval that would accomplish the goals of public protection. The program approval review task force focused on the Board's mission to provide a framework for providing reasonable assurance of initial nursing competence. Initial competence refers to the application of knowledge, ethics, and the interpersonal, decision-making, and psychomotor skills expected for the beginning practice role, within the regulatory context of public health, safety, and welfare. The Board utilizes two processes to provide this reasonable assurance of safety: (1) implementation of practical and professional nursing program approval rules that promote a sound curriculum for acquiring initial competence and (2) implementation of a credentialing process that requires graduates meet the passing standard on an examination as one of the prerequisites for licensure.

In order to meet the board charge, the board task force members reviewed the present program approval rules in the context of their history and the two processes for providing reasonable assurance of initial competence. Additionally, program approval review task force members reviewed current competencies for graduates of pre-licensure nursing programs. The competencies included the American Association of Colleges of Nursing Essentials for Baccalaureate Nursing Education (AACN, 2008), the National League for Nursing Draft Nursing Education Competencies for Graduates of Nursing Programs© (NLN, 2010), the Carnegie Foundation research regarding the best practices for the education of professionals (Benner, Sutphen, Leonard, Day, 2010), Quality and Safety Education for Nurses Pre-licensure Quality and Safety Competencies for Nursing (QSEN, 2007), the Institute of Medicine Core Competencies for Health Professionals (IOM, 2003), the Nursing Executive Center New Graduate Nurse Competencies (2008), the NCLEX®RN (2010) and the NCLEX®PN (2008) Client Needs and Integrated Processes, and the Minnesota Board of Nursing Categories of Nursing Practice (2003).

The current outcome based Minnesota program approval rules (Chapter 6301) that went into effect in 1983 and were revised in 2003 specify evaluation of students for specific nursing abilities (MR 6301.1800 and 6301.1900). The nursing abilities were based on the definition of professional and practical nursing as provided in Minnesota Statute 148.171 Subdivisions 14 and 15. These statutory definitions of practical and professional nursing practice have not substantially changed since the 1960s. Although the definitions of practical and professional nursing have not changed, the practice of practical and professional nursing has evolved significantly since the 1960s.

The abilities as specified in parts 6301.1800 and 6301.1900 of the program approval rules are all evaluated by the National Council Licensure Examination (NCLEX®). The NCLEX® is based upon a practice analysis of new nursing graduates that occurs every three years with subsequent changes to the test plan as well as changes in the passing standard based on feedback from educators and practitioners. This examination is legally defensible and based on best practices in

evaluation methodologies. In contrast, the sample of evaluation situations submitted in Minnesota approval and renewal of nursing program approval applications do not meet these evaluation standards for legal defensibility nor does the sample of abilities evaluated in Minnesota nursing programs represent the depth and breadth of evaluation of practical and professional scope of practice as evaluated by the national nursing examination.

The program approval review task force members determined the (1) nursing abilities are not based on definitions of practical and professional nursing that have evolved with the practice of nursing, (2) evaluations of specific abilities by specific programs are not evidencing the depth and breadth of abilities evaluated by the licensure examination and (3) the national licensure examination evaluates students for abilities that are based on current practice and best practice in evaluation methodologies. The task force further determined that the current program approval framework was similar to but not as reliable and valid as the licensure examination. The Board requires that graduates successfully pass the NCLEX[®] for licensure as meeting one of the processes for providing reasonable assurance to the public of initial competence of new nurses; however this requirement is not sufficient in relation to the Board's statutory responsibility to "prescribe by rule curricula and standards for schools and courses preparing persons for licensure" (M.S. 148.190 subd 2).

That being said, the task force members examined alternative frameworks for providing program approval rules that promote a sound curriculum for acquiring initial competence and . Christine Tanner, editor of the Journal of Nursing Education and Distinguished Professor at Oregon Health & Science University in a presentation to the Faculty Qualification Seminar sponsored by the National Council of State Boards of Nursing (NCSBN) stressed that the science of nursing and the science of education are both necessary to direct the development and implementation of nursing curricula in order to prepare a safe competent nurse for entry into practice. Tanner's premise informed the task force decision to examine the NCSBN Model Act and Rules (2009). The Model Act and Rules provide a framework that is a consensus of all boards of nursing in U.S. jurisdictions regarding the regulatory purposes of program approval in relation to safety of the public. The NCSBN framework for program approval rules stipulates nursing programs meet education standards, nursing practice standards, and legal scope of practice standards, encompassing the science of nursing and education in the context of regulation.

Education as well as professional standards as used here are authoritative statements agreed-upon by the nursing communities by which quality, quantity, extent, and value can be evaluated (NCSBN, 2009; NLNAC, 2008; CCNE, 2009, ANA, 2010). The education as well as professional standards are established by: state rules and regulations, nationally recognized accrediting agencies, professional nursing specialty organizations, national and institutional educational organizations, research, and health care agencies.

The task force concluded NCSBN nursing education standards from the Model Act and Rules parallel the education standards of the two national nursing accrediting organizations recognized by the U.S. Department of Education (DOE). These two national nursing accrediting organizations are the Commission on Collegiate Nursing Education (CCNE) and the National League for Nursing Accrediting Commission (NLNAC).

National specialty accreditation for a profession (e.g. CCNE or NLNAC) is a process or series of processes, by which an educational program is recognized as meeting the standards of the profession and demonstrating ongoing excellence through processes of monitoring and reaccreditation. Two types of standards are considered in specialty accreditation:

(1) educational standards developed by the accrediting agency to ensure that the educational program adequately provides students with the knowledge and skills necessary to meet professional standards.

(2) professional standards developed by the profession as the guideposts for what an individual should know to be a practicing professional. Professional standards documents describe the knowledge, competencies and skills required of an individual to be able to meet the elements contained in the scope of practice.

In summary, the task force agreed:

- The current program approval process is not up-to-date and sufficient for ensuring initial competence,
- Both the science of education and the science of nursing are sufficient and necessary for preparation for initial nursing competence (Tanner, 2008),
- NCSBN Model Act and Rules provide a framework for program approval that is consistent with the Tanner (2008) premise, and
- Standards from two nationally recognized nursing accrediting organizations are consistent with NCSBN Model Act and Rules and with the Tanner (2008) premise.

Based on these determinations, the task force members recommended repeal of the current framework for program approval. Secondly, the task force recommended organizing the amendments to chapter 6301 according to the NCSBN framework for program approval. The final recommendation from the task force was that accreditation by a national nursing accrediting organization recognized by the DOE be one of the prerequisites for approval and continuing approval of licensure-preparing practical and professional nursing programs. At the August 2010 meeting, the Board accepted the recommendations from the program approval review task force and passed a motion to begin the rule promulgation process.

ALTERNATIVE FORMAT

Upon request, this Statement of Need and Reasonableness can be made available in an alternative format, such as large print, Braille, or cassette tape. To make a request, contact Mee Chang at Minnesota Board of Nursing, 2829 University SE, Suite 200, Minneapolis, MN 55414, (612) 617-2285 or FAX (612) 617-2190. TTY users may call the Hearing/Speech Relay at (800) 627-3529.

STATUTORY AUTHORITY

The Board of Nursing statutory basis for the revision of program approval rules is *Minnesota Statutes* section 148.191, subd. 2 that authorizes the Board to adopt and, from time to time, revise rules not inconsistent with the law, as may be necessary to enable it to carry into effect

the provisions of sections 148.171 to 148.285. The Board shall prescribe by rule curricula and standards for schools and courses preparing persons for licensure under sections 148.171 to 148.285. It shall conduct or provide for surveys of such schools and courses at such times as it may deem necessary. It shall approve such schools and courses as meet the requirements of section 148.171 to 148.285 and board rules.

Under this statute, the Board of Nursing has the necessary statutory authority to adopt the proposed rules.

REGULATORY ANALYSIS

“(1) a description of the classes of persons who probably will be affected by the proposed rule, including classes that will bear the costs of the proposed rule and classes that will benefit from the proposed rule”

- The classes of persons or entities most affected by the proposed rule revisions are applicants for program approval and renewal of approval, students in approved programs preparing for licensure as practical or professional nurses, faculty in approved nursing programs; controlling institutions, and
- The controlling institutions will bear the cost of national nursing accreditation as well as the cost of helping faculty acquire credentials consistent with proposed rules. Faculty will bear the time commitment to meeting the credentialing requirements in the proposed rules as well as preparing applications for initial and continuing accreditation.
- Classes of persons that will benefit from the proposed rule will be students because many of the practical and professional licensure-preparing nursing programs (11 of 22 associate degree professional nursing programs and 23/26 practical nursing programs) are not accredited and graduates may be limited in their potential employment or admission to advanced educational programs because they did not graduate from a nursing program accredited by a national nursing accreditation agency. Non-accredited nursing programs do not have the requirement of a comprehensive evaluation plan that includes continuous improvement measures based on the results of the evaluation. Students will benefit from a quality improvement process. Nursing programs that were already accredited and those that attain national nursing accreditation will not have to spend the additional time and resources to complete an application and site visit for renewal of board approval. In the past, there were two processes, one for accreditation/continuation of accreditation and one for board approval/continuing approval.

“(2) the probable costs to the agency and to any other agency of the implementation and enforcement of the proposed rule and any anticipated effect on state revenues”

- By adopting the proposed revisions to the program approval rules, it is not anticipated the Board of Nursing will incur any increased costs beyond those currently associated with operation under existing rules.
- It is not anticipated there will be any effect on state revenues by adopting the proposed rule revisions.

“(3) a determination of whether there are less costly methods or less intrusive methods for achieving the purpose of the proposed rule”

- Because the proposed rule changes are for the purpose of providing a sound educational experience that promotes acquisition of knowledge, ethics, and the interpersonal, decision-making, and psychomotor skills expected for the beginning practice role, within the regulatory context of public health, safety, and welfare, the task force recommend no other methods to achieve the purpose of the rules.

“(4) a description of any alternative methods for achieving the purpose of the proposed rule that were seriously considered by the agency and the reasons why they were rejected in favor of the proposed rule”

- The NCSBN nursing education standards from the Model Act and Rules parallel the nursing education standards of the two national nursing accrediting organizations. The program approval review task force did consider two processes for approval and continuing approval of practical and professional nursing programs, including accepting national nursing accreditation in lieu of a board process for continuation of program approval. Because the proposed rule changes are for the purpose of providing a sound educational experience that promotes acquisition of knowledge, ethics, and the interpersonal, decision-making, and psychomotor skills expected for the beginning practice role, within the regulatory context of public health, safety, and welfare, the task force decided that an alternative board method was redundant and therefore rejected this proposal.

“(5) the probable costs of complying with the proposed rule, including the portion of the total costs that will be borne by identifiable categories of affected parties, such as separate classes of governmental units, businesses, or individuals”

- The probable costs to controlling institutions for the accreditation process are approximately \$4,065 per year pro-rated. Accreditation fees total approximately \$32,520 for an eight year accreditation cycle (NLNAC, 2010). For a program that is not accredited, the candidacy process must be completed within two years of submission and acceptance of the candidacy application. Approximate cost for (1) faculty for attending forums to learn about accreditation (2) candidacy, (3) application for initial accreditation and (4) site visit is approximately \$15,520. Additional costs for faculty to acquire required educational credentials range from approximately \$5,000 to \$25,000 per faculty member.

“(6) the probable costs or consequences of not adopting the proposed rule, including those costs or consequences borne by identifiable categories of affected parties, such as separate classes of government units, businesses, or individuals”

- The probable consequences to students of not adopting the proposed rules will be limited employment or educational advancement if they complete a program that is not accredited. Additionally, the educational preparation of students is not required by existing rules to be in accordance with best educational practices or best nursing practices. Current program approval rules do not require an evaluation plan to direct changes to the program to promote initial competence nor do the rules promote faculty credentialing so they are prepared to utilize the science of education and the science of nursing to teach and evaluate students or to develop and implement teaching learning strategies.
- The consequences will be borne by consumers of nursing care.

“(7) an assessment of any differences between the proposed rule and existing federal regulations and a specific analysis of the need for and reasonableness of each difference”

- There are no federal regulations that pertain to the issues included in the Board of Nursing’s proposed rules, therefore; no differences.

PERFORMANCE-BASED RULES

In seeking to carry out its mission, the Board’s intention is to provide reasonable assurance to the public that educational programs that prepare persons for licensure as registered nurses or licensed practical nurses meet minimum standards pertaining to the knowledge, skills, and abilities necessary for entry into practice. The following performance based standards were implemented to achieve the Board’s regulatory objective in relation to basic entry into practice:

- **Fulfill its responsibilities for public safety with respect for due process and adherence to laws and rules.** The Board is following the outlined rule making process in instituting the proposed revisions to the program approval rules.
- **Deliver customer-centered services in a respectful, responsive, timely, communicative, and non-discriminatory manner.** The Board convened a task force representative of the affected parties to study and to revise the program approval rules. An additional notice plan is submitted at each step of the rulemaking process to promote communication and receive comments about the proposed revisions to the program approval rules.
- **Provide government services that are accessible, purposeful, responsible, and secure.** The program approval rules were instituted by representatives of the nursing community and were revised by representatives of the nursing community. The board service of approving nursing programs and the rules that apply to the process are available in print format and on the Board of Nursing web site. In addition, staff members are available by e-mail, telephone and in person to answer questions or educate nursing service and nursing education institutions about the process.

ADDITIONAL NOTICE

The request for comments was published in the *State Register* on September 13, 2010. The additional notice plan [Minnesota Statutes, sections 14.131 and 14.23] for alerting those affected by the revision of program approval rules was reviewed by the Office of Administrative Hearing and approved by Administrative Law Judge Eric L. Lipman in a letter dated September 7, 2010. The same procedure will be used for requesting comments from those affected that the Board of Nursing proposes adoption of the revised rules without a hearing. The additional notices of the request for comments regarding adoption of the proposed revised rules without a hearing will be provided to:

1. all members of the Board of Nursing.
2. all members of the Program Approval Review Task Force Committee.
3. educational institutions that have an approved professional or practical nursing program and educational institutions that do not have an approved program but have notified the Board they are considering instituting a practical or professional nursing program.

4. all program directors of approved nursing programs and requesting that the director make the information available to all nursing students preparing for licensure as practical or professional nurses.
5. all relevant associations, including the:
 - Minnesota Association of Colleges of Nursing,
 - Minnesota Chapter of the National Organization for Associate Degree Nursing,
 - Minnesota Practical and Associate Degree Nurse Educators Association,
 - Minnesota Center for Nursing,
 - Minnesota Licensed Practical Nurses Association,
 - Minnesota Nurses Association,
 - Minnesota Organization of Leaders in Nursing,
 - Minnesota Directors of Nursing Administration/LTC,
 - Aging Services of Minnesota,
 - Care Providers of Minnesota, and
 - Minnesota Hospital Association
6. the public via our Minnesota Board of Nursing web site.
7. all persons who indicate an interest in the proposed rules.

The “Notice Plan” also includes giving notice required by statute. The rules and “Notice of Intent to Adopt” will be mailed to everyone who has registered to be on the Board of Nursing’s rulemaking mailing list under Minnesota Statutes, section 14.14, subdivision 1a and the Legislature per Minnesota Statutes, section 14.116.

The Notice Plan did not include notifying the Commissioner of Agriculture because the rules do not affect farming operations per Minnesota Statutes, section 14.111.

CONSULTATION WITH MMB ON LOCAL GOVERNMENT IMPACT

As required by Minnesota Statutes, section 14.131, the Agency will consult with the Minnesota Management and Budget (MMB). The Board will do this by sending the MMB copies of the documents on the same day they are sent to the Governor’s Office for review and approval. We will do this before publishing the “Notice of Intent to Adopt”. The documents will include: the Governor’s Office Proposed Rule and SONAR Form; the proposed rules; and the SONAR. The Board of Nursing will submit a copy of the cover correspondence and any response received from Minnesota Management and Budget to Office of Administrative Hearings (OAH) with the documents it submits for Administrative Law Judge (ALJ) review.

DETERMINATION ABOUT RULES REQUIRING LOCAL IMPLEMENTATION

As required by Minnesota Statutes, section 14.128, subdivision 1, the Board of Nursing has considered whether these proposed rules will require a local government to adopt or amend any ordinance or other regulation in order to comply with these rules. The Board of Nursing has determined that they do not because the program approval rules only apply to licensure-preparing practical and professional nursing programs not to local governments such as a town, county, or home rules charter or statutory city.

COST OF COMPLYING FOR SMALL BUSINESS OR CITY

Agency Determination of Cost

As required by Minnesota Statutes, section 14.127, the Minnesota Board of Nursing has considered whether the cost of complying with the proposed rules in the first year after the rules take effect will exceed \$25,000 for any small educational institution (25 or fewer employees). The Minnesota Board of Nursing has determined that the cost of complying with the proposed rules in the first year after the rules take effect will not exceed \$25,000 for any small educational institution.

The Board of Nursing has made this determination based on the probable costs of complying with the proposed rule, as described in the Regulatory Analysis section of this SONAR on pages 6 and 7.

RULE-BY-RULE ANALYSIS

- 6301.0200 **PURPOSE.** The task force members recommended and the Board concurred to repeal the current framework for program approval and looked to the National Council of State Boards of Nursing (NCSBN, 2009) recommendations regarding a framework for promoting initial competence of practical and professional nurses.
- 6301.0300 ~~SCOPE OF RULES.~~ The task force members recommended repeal of the current framework for program approval
- 6301.0400 ~~RESTRICTIONS BEFORE APPROVAL.~~ The task force members recommended repeal of the current framework for program approval
- 6301.0500 ~~CONDITIONS FOR PROGRAM APPROVAL.~~ The task force members recommended repeal of the current framework for program approval
- 6301.0600 ~~APPLICATION FOR PROGRAM APPROVAL.~~ The task force members recommended repeal of the current framework for program approval
- 6301.0700 ~~DIRECTOR'S RESPONSIBILITIES.~~ The task force members recommended repeal of the current framework for program approval
- 6301.0800 ~~RULE COMPLIANCE SURVEY.~~ The task force members recommended repeal of the current framework for program approval
- 6301.0810 ~~EXPERIMENTAL PROGRAMS; EXEMPTION FROM CERTAIN RULES.~~ The task force members recommended repeal of the current framework for program approval
- 6301.0900 ~~PROGRAM CLOSURE.~~ The task force members recommended repeal of the current framework for program approval
- 6301.1000 ~~ACADEMIC RECORDS.~~ The task force members recommended repeal of the SONAR 12/28/2010

- current framework for program approval
- 6301.1100 ~~VERIFICATION OF COMPLETION~~. The task force members recommended repeal of the current framework for program approval
- 6301.1200 ~~ADVANCED STANDING~~. The task force members recommended repeal of the current framework for program approval
- 6301.1300 ~~FACULTY~~. The task force members recommended repeal of the current framework for program approval
- 6301.1400 ~~LEARNING MATERIALS~~. The task force members recommended repeal of the current framework for program approval
- 6301.1500 [REPEALED, 28 SR 218]
- 6301.1505 ~~STUDENT CLINICAL ACTIVITIES~~. The task force members recommended repeal of the current framework for program approval
- 6301.1600 ~~EVIDENCE OF STUDENT CLINICAL ACTIVITIES~~. The task force members recommended repeal of the current framework for program approval
- 6301.1700 ~~CLINICAL SETTINGS~~. The task force members recommended repeal of the current framework for program approval
- 6301.1800 ~~NURSING ABILITIES TO BE EVALUATED~~. The task force members recommended repeal of the current framework for program approval
- 6301.1900 ~~ADDITIONAL PROFESSIONAL NURSING ABILITIES TO BE EVALUATED~~. The task force members recommended repeal of the current framework for program approval
- 6301.2000 ~~PREPARATION FOR EVALUATION~~. The task force members recommended repeal of the current framework for program approval
- 6301.2100 ~~EVALUATION OF NURSING ABILITIES~~. The task force members recommended repeal of the current framework for program approval
- 6301.2200 ~~EVALUATION OF COMBINING NURSING CATEGORIES~~. The task force members recommended repeal of the current framework for program approval

Rationale for proposed framework for amending program approval rules, chapter 6301

The NCSBN framework begins with the purposes of program approval in the context of the mission of nursing regulation that is safety of the public. Secondly, the framework specifies the purposes of education standards and outlines nursing education standards. Education as well as professional standards as used here are authoritative statements agreed-upon by the nursing communities by which quality, quantity, extent, and value can be evaluated (NCSBN, 2009; SONAR 12/28/2010)

NLNAC, 2008; CCNE, 2009, ANA, 2010). The education as well as professional standards are established through: state rules and regulations, nationally recognized accrediting agencies, professional nursing specialty organizations, national and institutional educational organizations, and health care agencies used in the education of nursing students.

The education standards specified in proposed rule amendments include statements to the effect that the purpose and outcomes of the nursing program must be consistent with the Nurse Practice Act and board administrative rules, statutes, and other relevant state statutes. Additionally, the education standards stipulate the purpose and outcomes of the nursing program must be consistent with generally accepted evidence-informed standards of nursing practice appropriate for graduates of the type of nursing program offered. These two education standards depict the intersection of education and regulation in relation to the legal scope of practice and the accepted standards of nursing practice. The standards make explicit the requirements of nursing programs to utilize best educational practices for promoting initial competence and protection of the public.

Finally, the program approval framework specifies the criteria for meeting the standards. Criteria as used here are statements that identify the variables that need to be examined in evaluation of a standard (NLNAC, 2008). The task force reviewed competencies from the American Association of Colleges of Nursing (2008), National League for Nursing (2010), National Association for Practical Nurse Education and Service (2007), National Council of State Boards of Nursing Test Plan (2008; 2010), Commission on Collegiate Education (2009) and National League for Nursing Accrediting Commission (2008). At this point in time, the competencies reviewed by the task force are consistent with the Institute of Medicine (2003) and Quality and Safety Education for Nurses (2007) competencies specific to patient safety.

Task force members agreed that in order to be in compliance with the nursing education standards, the program will have to provide evidence of the use of specific competencies in their curriculum. For example one criterion specifies that the program must implement a comprehensive, systematic plan for ongoing evaluation that is based on program outcomes, stakeholder input regarding competence and safety, and continuous improvement. Another criterion specifies the program must provide a curriculum to enable the student to develop the competence necessary for the level, scope and standards of nursing practice consistent with the type of licensure. The broadness of these program approval criteria allow the programs to choose specific competencies as the evidence regarding safe nursing practice evolves.

The remainder of the amendments to the rules is based on statutory authorization to approve, renew approval, survey programs for compliance with program approval rules, and remove approval.

6301.0100 DEFINITIONS

Subpart 1. Scope. It is necessary and reasonable to delete references to proposed repealed rules and reference instead the proposed amendment to the rules.

Subpart 7. Clinical setting. The term classroom should be removed because the term is obsolete as teaching learning strategies now encompass electronic methods utilizing cyberspace. It is necessary and reasonable to be clear that settings where faculty members provide simulated clinical learning activities do not meet the definition of clinical setting. It is needed and reasonable because the delegate assembly of the National Council of State Boards of Nursing (2005) endorsed

a white paper entitled *Clinical Instruction in Prelicensure Nursing Programs* recommending prelicensure programs provide students with clinical experiences with actual patients throughout the lifespan. The white paper included a synopsis of research, best practices, as well as nursing education authorities that provided rationale for this recommendation. One of the major research findings by Benner et al., (2010) was that one strength of U.S. nursing education is that students work directly with patients and the health care team. In the research by Benner et al., (2010) students pointed to clinical situations as preparing them to become a nurse or “think like a nurse”.

Subpart 7a. Competence. It is necessary and reasonable to add the word “ethics” to the definition of competence. The definition outlines what Benner et al., (2010) stipulate in their study of the preparation of nurses for entry into practice. These researchers agreed that “today’s practitioner must continuously be able to draw on all they learn in each of the domains (cognitive, skilled know-how, ethical behaviors) and integrate them in practice. The American Nurses Association (2010) provides the framework for ethical behaviors and Minnesota *Statutes* 148.261 Subd. 1(11) stipulates that “engaging in any unethical conduct” is grounds for discipline.

Subpart 8. Controlling body. It is necessary and reasonable to delete references to proposed repealed rules and reference instead the proposed amendment to the rules. Additionally the reference to the statute is incorrect.

Subpart 12a. This term is added to provide understanding of the experiences faculty must design to promote the acquisition and use of knowledge, science, and ethics within a clinical reasoning process. Basic standards of competence are included in the definition of learning activities to stress the responsibility of faculty to know and teach best nursing practices.

Subpart 13. Nursing ability. It is necessary and reasonable to delete definitions that were specific to proposed repealed rules.

Subpart 14. Nursing care plan. It is necessary and reasonable to delete definitions that were specific to proposed repealed rules.

Subpart 15. Nursing personnel. It is necessary and reasonable to delete phrases within definitions that were specific to proposed repealed rules.

Subpart 17. Patient. It is necessary and reasonable to delete phrases within definitions that were specific to proposed repealed rules.

Subpart 21. Safety. This phrase is needed and reasonable to indicate that in order to provide reasonable assurance of protection, nursing actions must include skill and judgment.

6301.2300 SCOPE OF RULES

This part is needed and reasonable because it clarifies the authority of the Minnesota Board of Nursing

6301.2310 PURPOSE OF NURSING EDUCATION PROGRAM APPROVAL

These purposes of program approval are needed in the rules to clarify the Board powers in Minnesota Statute 148.192 Subd. 2. Powers. (a) The Board shall prescribe by rule curricula and standards for schools and courses preparing persons for licensure under sections 148.171 to 148.285. These purposes are reasonable because they are taken from the NCSBN (2009) model act and rules indicating a consensus of all boards of nursing in U.S. jurisdictions regarding the regulatory purposes of program approval in relation to safety of the public.

6301.2320 PURPOSE FOR NURSING EDUCATION STANDARDS

SONAR 12/28/2010

These purposes of educational standards are needed in the rules to clarify the Board powers in Minnesota Statute 148.192 Subd. 2. Powers. (a) The Board shall prescribe by rule curricula and standards for schools and courses preparing persons for licensure under sections 148.171 to 148.285. These purposes are reasonable because they clarify the framework for “prescribing by rule curricula” in the statute. The purposes of educational standards are taken from the NCSBN model act and rules (2009) indicating a consensus of all boards of nursing in U.S. jurisdictions regarding the regulatory purposes of program approval in relation to safety of the public.

6301.2330 NURSING EDUCATION STANDARDS

Rationale for stipulating nursing education standards in program approval rules: Tanner (2008), editor of the Journal of Nursing Education and Distinguished Professor at Oregon Health & Science University addressed the Faculty Qualification Seminar sponsored by NCSBN. Dr Tanner stressed that the science of nursing and the science of education are both necessary to direct the development and implementation of nursing curricula in order to prepare a safe competent nurse for entry into practice. In order to promote initial competence, the current task force members believe that NCSBN model act and rules and national nursing accreditation standards provide a framework that stipulates programs meet education standards, practice standards, and scope of practice standards. The NCSBN framework and national nursing accreditation requirements thus encompass the science of nursing and education to promote the mission of the Board to protect the public by promoting initial competence of pre-licensure graduates.

- A. This rule is needed and reasonable because the licensure-preparing nursing programs in Minnesota must be affiliated with a post-secondary educational institution and must be an integral part of the controlling institution. NCSBN in their model act and rules, and the national nursing education accrediting organizations (NLNAC, CCNE) specify this standard and require administrative and resource capacity for delivering an effective program.
- B. This rule is needed and reasonable because it is consistent with MS 148.191 Subd. 2 which specifies “the board shall approve such schools and courses as meet the requirements of sections 148.171 to 148.285 and board rules.” Sections 148.171 through 148.285 are entitled the “Nurse Practice Act”.
- C. Program approval review task force members reviewed current competencies for graduates of pre-licensure nursing programs. The competencies included the American Association of Colleges of Nursing (AACN, 2008) Essentials for Baccalaureate Nursing Education, the National League for Nursing (NLN, 2010) Draft Nursing Education Competencies for Graduates of Nursing Programs©, the Carnegie Foundation research regarding the best practices for the education of professionals (Benner, et al., 2010), Quality and Safety Education for Nurses (QSEN, 2007) Pre-licensure Quality and Safety Competencies for Nursing, the Institute of Medicine (IOM, 2003) Core Competencies for Health Professionals, the Nursing Executive Center (2008) New Graduate Nurse Competencies, and the NCLEX®RN (NCSBN, 2010) and the NCLEX®PN (NCSBN, 2008) Client Needs and Integrated Processes. These competencies are consistent across categories and this rule is needed as well as reasonable to ensure that a program would be held accountable for articulating the competences on which their program is based. Additionally, NLNAC and CCNE

- specify the curriculum must evidence professional standards, competencies, and best nursing practices. Both NLNAC and CCNE competencies include the IOM (2003) and QSEN (2007) competencies that are specific to patient safety.
- D. This rule is needed and reasonable to provide for one of the purposes of program approval that is to “assure continuous evaluation and improvement of nursing education programs” and stakeholder input would be an essential component of a continuous evaluation plan.
 - E. This rule is needed and reasonable to provide for one of the purposes of program approval that is to “assure continuous evaluation and improvement of nursing education programs”.
 - F. This rule is needed and reasonable based on the delegate assembly of the NCSBN white paper entitled *Clinical Instruction in Prelicensure Nursing Programs* (2005) that recommended prelicensure programs should provide students with clinical experiences with actual patients throughout the lifespan. The white paper included a synopsis of research, best practices, as well as nursing education authorities that provided rationale for this recommendation. One of the major findings by Benner et al., (2010) in their research to understand how nursing education prepares students to enter the social contract of the profession, was that one strength of U.S. nursing education is that students work directly with patients and the health care team. When describing how they learned to become a nurse or “think like a nurse,” students invariably pointed to clinical situations. Additionally, Benner et al., (2010) in their study of the preparation of nurses for entry into professional practice stipulate that “today’s practitioner must continuously be able to draw on all they learn in each of the domains (cognitive, skilled know-how, ethical comportment) and integrate them in practice. The learning activities must be designed to promote the acquisition and use of knowledge and science and ethics within the clinical reasoning process.
 - G. This rule is needed and reasonable to provide for one of the purposes of program approval that is to “assure continuous evaluation and improvement of nursing education programs”.
 - H. This rule is needed and supported by Tanner (2008) who addressed the Faculty Qualification Seminar sponsored by NCSBN. Dr Tanner stressed that the science of nursing and the science of education are both necessary to direct the development and implementation of nursing curricula in order to ensure the outcome of a safe competent nurse upon entry into practice. This rule is needed and reasonable to assure that the program director is prepared at the graduate level in both the science of education and the science of nursing.
 - I. Tanner (2008) addressed the Faculty Qualification Seminar sponsored by NCSBN. Dr Tanner stressed that the science of nursing and the science of education are both necessary to direct the development and implementation of nursing curricula in order to ensure the outcome of a safe competent nurse upon entry into practice. This rule is needed and reasonable in relation to this assumption.

6301.2340 REQUIRED CRITERIA FOR NURSING EDUCATION PROGRAMS

It is needed and reasonable to have required criteria for nursing education program because criteria statements identify the variables that need to be examined in evaluation of a standard (NLNAC, 2008).

Subpart 1. Controlling body. This subpart provides criteria related to the education
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standard specified in 6301.2330 A.

- A. Because much of the responsibility for meeting academic standards for an approved nursing program resides within the institution in which the program is located, it is appropriate that the institution demonstrate that it is meeting established standards for post secondary education. This achievement is demonstrated by receiving regional or national accreditation by a United States Department of Education recognized academic accrediting body. Institutional accreditation is needed and reasonable because it is intended to accomplish at least five general purposes of (1) holding educational institutions accountable to the community of interest, (2) evaluating the success of educational institutions in achieving their mission, goals, and outcomes, (3) assessing the extent to which educational institutions meet accreditation standards, (4) informing the public of the purposes and values of accreditation and identifying education institutions that meet accreditation standards, and (5) fostering continuing improvement in educational institutions.
- B. This rule is needed and reasonable because the resources for development and implementation of the curriculum must be adequate for students to be prepared to enter practice safely and competently. This criterion meets education standard part 6301.2330 A.

Subpart 2. Organization and administration. This subpart provides criteria related to the education standard specified in 6301.2330 B. Additionally, MS 148.191 Subd. 2 stipulates (a) “the Board shall prescribe by rule curricula and standards for schools and courses preparing persons for licensure under sections 148.171 to 148. 285”. Sections 148.171 to 148.285 in Minnesota Statutes are the specific statute governing the practice of nursing and Minnesota Rules Chapter 6301 is specific to nursing program approval. Additionally, this criterion specifies that the program is organized, administered, and implemented to prepare students for a specific type of licensure as specified in MS 148.171 subdivision 14 (Practice of practical nursing) or subdivision 15 (Practice of professional nursing). This criterion also meets the requirement for licensure by examination in that an applicant must meet the requirement of “completion of a nursing education program approved by the Board which prepared the applicant for the type of license for which the application has been submitted” [MS 148.211 Subd. 1 (2)].

Subpart 3. Nursing education program.

- A. This subpart provides criteria related to the education standard specified in 6301.2330 A. Because much of the responsibility for meeting academic standards for an approved nursing program resides within the institution in which the program is located, it is appropriate that the nursing education program be an integral part of the governing academic institution.
- B. This subpart provides criteria related to the education standard specified in 6301.2330 D, E, and G. The national nursing accrediting bodies as well as the NCSBN are consistent in stipulating this criterion as meeting the standards for accreditation/approval of nursing programs.
- C. This subpart provides criteria related to the education standard specified in 6301.2330 C. The national nursing accrediting bodies as well as the NCSBN are consistent in stipulating this criterion as meeting the standards for accreditation/approval of nursing programs.
- D. Subpart 3.D. 1 and 2 provide criteria related to the education standard specified in 6301.2330 F. The national nursing accrediting bodies as well as the NCSBN are consistent in stipulating this criterion as meeting the standards for

- accreditation/approval of nursing programs. Additionally, the delegate assembly of the NCSBN (2005) endorsed a white paper entitled *Clinical Instruction in Prelicensure Nursing Programs* recommending prelicensure programs provide students with clinical experiences with actual patients throughout the lifespan. The white paper included a synopsis of research, best practices, as well as nursing education authorities that provided rationale for this recommendation. One of the major findings by Benner et al., (2010) in their research to understand how nursing students are prepared to enter the profession was that a strength of U.S. nursing education is that students work directly with patients and the health care team. When describing how they learned to become a nurse or “think like a nurse,” students invariably pointed to clinical situations. The criterion in Subpart 3.D.3 is the variable that meets the standard in 6301.2330 G.
- E. This subpart provides criteria related to the education standard specified in 6301.2330 H. The national nursing accrediting bodies as well as the NCSBN are consistent in stipulating this criterion as meeting the standards for accreditation/approval of nursing programs.
- F. This subpart provides criteria related to the education standard specified in 6301.2330 I. The national nursing accrediting bodies as well as the NCSBN are consistent in stipulating this criterion as meeting the standards for accreditation/approval of nursing programs.
- G. This subpart provides criteria related to the education standard specified in 6301.2330 I. The national nursing accrediting bodies as well as the NCSBN are consistent in stipulating this criterion as meeting the standards for accreditation/approval of nursing programs.
- H. This subpart provides criteria related to the education standard specified in 6301.2330 I. The national nursing accrediting bodies as well as the NCSBN are consistent in stipulating this criterion as meeting the standards for accreditation/approval of nursing programs Benner et al., 2010 encourage the use of nursing faculty members with a diversity of preparation as nursing has a holistic focus. Graduate degree according to the U.S. Department of Education is a “post-baccalaureate degree awarded by an institution of higher education beyond the undergraduate level”.
- I. This subpart provides criteria related to the education standard specified in 6301.2330 G and I. The national nursing accrediting bodies as well as the NCSBN are consistent in stipulating this criterion as meeting the standards for accreditation/approval of nursing programs.
- J. This subpart provides criteria related to the education standard specified in 6301.2330 E. Task force members reviewed MR 6301.0800 Rule Compliance Survey, Subpart 1.Timing, (B. *If the success rates are 75 percent or less for candidates from the program who, during any January 1 through December 31 period, wrote the licensing examination for the first time, the board must take one of the following actions described in subitems (1) to (3)...*). Task force members discussed the 75% or below minimum standard in relation to tentative recommendations from NCSBN (2002) in the psychometricians’ report to education consultant and executive officer networks regarding their data analysis of national NCLEX[®] success rates for 1998, 1999, and 2000 and determined that this rule is needed and reasonable because:
- A passing standard for regulatory decisions versus a standard for accreditation purposes is a useful conceptualization

- Accrediting bodies (e.g. NLNAC) have worked with Minnesota programs who are below minimum standard – they review their plan of corrective action and projected outcomes and that is the focus of their intervention, not removal of accreditation
 - The passing standard in Minnesota Rules is consistent with NCSBN psychometricians' 2002 tentative recommendations
 - Input from staff that the process as articulated in the rule (MR 6301.1800 Subpart 1. B.) has worked well since instituted in 2005
- K. This subpart provides criteria related to the education standard specified in 6301.2330 B. In 1981, the Nurse Practice Act was revised to include MS 148.250 Subdivision 6 that stipulates “associate degree nursing programs approved or seeking to be approved by the Board shall provide for advanced standing for licensed practical nurses in recognition of their nursing education and experience”. Rules outlining the specific requirements for advanced standing were promulgated in 1982-1983.

The specification in rule of at least one-third of the nursing credits required for graduation was based on the practice of awarding advanced standing credits by generic associate degree nursing programs at the time. Additionally, the 1982 Governor's Task Force on Articulation of Nursing Education made the same recommendation.

Programs are now designed to admit only LPN's and therefore take into account the experience of the prospective LPN students. Specificity of credits awarded for all does not ensure initial competence because of the current diversity in program curricula.

It is reasonable to allow associate degree nursing education programs and the appropriate authority for that program to determine the numbers of credits sufficient for initial competence of their graduates. A rule to award a minimum number of credits does not promote initial competence.

6301.2350 GRANTING APPROVAL

This part is needed and reasonable because it clarifies *Minnesota Statute* 148.251 Subdivisions 1 and 3. National accreditation for a profession (e.g. CCNE or NLNAC) is a process or series of processes, by which an educational program is recognized as meeting the standards of the profession and demonstrating ongoing excellence through processes of monitoring and reaccreditation. Two types of standards are considered in educational accreditation for a profession:

(1) educational standards developed by the accrediting agency to ensure that the educational program adequately provides students with the knowledge and skills necessary to meet professional standards, and

(2) professional standards developed by the profession as the guideposts for what an individual should know to be a practicing professional. Professional standards documents describe the knowledge, competencies and skills required of an individual to be able to meet the elements contained in the scope of practice.

The NCSBN nursing education standards from the Model Act and Rules parallel NLNAC and CCNE nursing education standards. The current Minnesota program approval rules do not ensure that programs provide evidence of meeting the depth and breadth of the educational standards specified by NCSBN, NLNAC, or CCNE. That being said, it is needed and reasonable that national nursing accreditation through an NLNAC or CCNE outlines a process to assure initial competency that can evolve with time, a dynamic framework versus a static framework.

6301.2360 SURVEYS FOR DETERMINING COMPLIANCE WITH STANDARDS AND CRITERIA

Subpart 1. Board notification. This rule is needed and reasonable to comply with Minnesota Statute 148.191 Subd. 2. Powers. (a) It shall conduct (Board) or provide for surveys of such schools and courses at such times as it may deem necessary.

Subpart 2. Survey for evidence of compliance with nursing education standards. This rule is needed and reasonable because national accreditation (e.g. CCNE or NLNAC) is a process or series of processes, by which an educational program is recognized as meeting the standards of the profession and demonstrating ongoing excellence through processes of monitoring and reaccreditation. Two types of standards are considered in nursing accreditation:

(1) educational standards developed by the accrediting agency to ensure that the educational program adequately provides students with the knowledge and skills necessary to meet professional standards, and

(2) professional standards developed by the profession as the guideposts for what an individual should know to be a practicing professional. Professional standards documents describe the knowledge, competencies and skills required of an individual to be able to meet the elements contained in the scope of practice.

The NCSBN nursing education standards from the Model Act and Rules parallel NLNAC and CCNE nursing education standards. The current Minnesota program approval rules do not ensure that programs provide evidence of meeting the depth and breadth of the educational standards specified by NCSBN, NLNAC, or CCNE. That being said, it is needed and reasonable that national nursing accreditation through NLNAC or CCNE outlines a process to assure initial competency that can evolve with time, a dynamic framework versus a static framework.

Subpart 3. Survey to evidence compliance with additional statutes and board rules.

A. This rule is needed and reasonable for compliance with Minnesota Statute 148.251 Subd. 6.

B. This rule is needed and reasonable because evidence of compliance with Minnesota Statute, Section 176.182 requires every state and local licensing agency to withhold the issuance or renewal of a license or permit to operate a business or engage in an activity in Minnesota until the applicant presents acceptable evidence of compliance with the workers' compensation insurance coverage requirement of section 176.181. subd. 2.

C. This rule is needed and reasonable for compliance with Minnesota Statute 148.251 Nursing Program Subd 3. (*Continuing approval. From time to time as deemed necessary by the Board, it shall be the duty of the Board, through its representatives, to survey all nursing programs in the state*). Affirmation of compliance with program approval rules by the director of the program is needed annually because the process of surveying for continuing accreditation by NLNAC or CCNE is generally every eight or ten years.

D. This rule is needed and reasonable because national education data is collected from varying sources including American Association of Colleges of Nursing for baccalaureate and higher degrees and National League of Nursing for all program types. The Minimum Nursing Education Program Dataset Drafting Workgroup (Forum of State Nursing Workforce Centers, 2009) reviewed data collection strategies reported in the scientific literature, the spreadsheet of all elements in individual states and NLN and AACN data sets to identify the most critical items for the minimum dataset and the appropriate measurement approach for each. Individual states have access to data

because regulatory agencies can mandate information collection, the onus is largely on states to deal with nursing shortages through state funding, and jurisdictions have state agencies dedicated to workforce planning. The Institute of Medicine Report (2010) in the “Future of Nursing Report” recommended improving research and the collection and analysis of data on health care workforce. Collecting of data by individual states with submission to national databases would allow more accurate national and regional/state forecasting, more timely assessment of funding decisions and interventions, and better state-to-state, state-to-region, and state-to-nation benchmarking.

Subpart 4. Survey for compliance with licensure examination success rates. This rule is needed and reasonable to provide a method to survey programs when the program does not “maintain minimum standard of greater than 75% for candidates from the program who, during any January 1 through December 31 period, wrote the licensing examination for the first time”.

Subpart 5. Survey for initial approval of a new nursing education program. This rule is needed and reasonable for compliance with Minnesota Statutes 148.251 Subd. 1. *(Initial approval. An institution desiring to conduct a nursing program shall apply to the Board and submit evidence that: (1) It is prepared to provide a program of theory and practice in professional or practical nursing that meets the program approval standards adopted by the Board. Instruction and required experience may be obtained in one or more institutions or agencies outside the applying institution as long as the nursing program retain accountability for all clinical and nonclinical teaching. (2) it is prepared to meet other standards established by law and by the Board).* This Subpart is needed because the accrediting agencies require that the nursing program be approved by the board of nursing before the program may submit the candidacy application.

Subpart 6. Pursuant to MS 148.251 Subd. 3, the Board must survey all nursing programs to determine if the Board will continue approval. This subpart is needed and reasonable to outline the requirements for continuing approval.

Subpart 7. This rule is needed and reasonable for compliance with Minnesota Statute 148.251 Nursing Program. Subd. 3. *(Continuing approval. From time to time as deemed necessary by the Board, it shall be the duty of the Board, through its representatives, to survey all nursing programs in the state. If the results of the survey show that a nursing program meets all Board rules, the Board shall continue approval of the nursing program).*

Subpart 8. Specification of the reasons for surveying programs for other than initial or continuing approval assures protection of the public.

Subpart 9. Subpart 9 and Subpart 10 are needed and reasonable in order to be in compliance with Minnesota Statute 148.251 Nursing Program. Subd. 4. *(Loss of approval. If the Board determines that an approved nursing program is not maintaining the standards required by the statutes and board rules, notice thereof in writing specifying the defect shall be given to the program. If a program fails to correct these conditions to the satisfaction of the Board within a reasonable time, approval of the program shall be revoked and the program shall be removed from the list of approved nursing programs).* The Board must also provide for due process by following the Minnesota Administrative Procedure Act, and with contested case rules of the Office of Administrative Hearings.

6301.2370. VOLUNTARY CLOSURE OF NURSING EDUCATION PROGRAMS.

This rule is needed and reasonable to provide a process for voluntary closure that provides students with the information and resources they need to continue their education as the program closes or complete their program in another institution.

6301.2380 DENIAL OR WITHDRAWAL OF APPROVAL

This rule is needed and reasonable for consistency with MS 148.251 Nursing Program, Subd. 4. That stipulates “*if the Board determines that an approved nursing program is not maintaining the standards required by the statutes and board rules, notice thereof in writing specifying the defect shall be given to the program. If a program fails to correct these conditions to the satisfaction of the Board within a reasonable time, approval of the program shall be revoked and the program shall be removed from the list of approved nursing programs*”. It also provides students currently enrolled other options for completing their education.

6301.2390 REINSTATEMENT OF APPROVAL

This rule is needed and reasonable for compliance with Minnesota Statute 148.251 Nursing Program, Subd. 5. Reinstatement of approval. (*The Board shall reinstate approval of a nursing program upon submission of satisfactory evidence that its program of theory and practice meets the standards required by statutes and board rules*).

6301.2400 ACADEMIC RECORDS

It is needed and reasonable that the Board require the storage of academic records for students who will need access over their careers. Secondly, it is reasonable that the Board keep a record of the contact information for accessing the records.

6301.2410 INNOVATIVE APPROACHES IN NURSING EDUCATION PROGRAMS;
EXEMPTION FROM CERTAIN RULES

In 2009, the Innovations in Education Regulation Committee at the NCSBN decided that developing model rules would be a way to foster innovation in education. These model rules would provide boards of nursing with regulatory language to allow for innovative approaches to nursing education that are outside the current rule structure. The Minnesota Board of Nursing integrated these model rules with current rules for innovative approaches to nursing education. It is needed and reasonable that program approval rules would include a process for Board review of and approval of innovative approaches to nursing education.

CONCLUSION

Based on the foregoing, the proposed rules are both needed and reasonable.

References

AACN (2008). The essentials of baccalaureate education for professional nursing practice.

Accessed at <http://www.aacn.nche.edu/education/pdf/BaccEssentials08.pdf>

American Nurses Association (2010 reissue). Guide to the code of ethics for nurses. Silver Spring Maryland: American Nurses Association Nurses Books.org

American Nurses Association (2010). Scope and standards of practice. Silver Spring Maryland: ANA nurses books.org

Benner, P, Sutphen, M, Leonard, V, Day, L. (2010). Educating nurses: A call for radical transformation. USA: Jossey-Bass

CCNE (2009). Standards for accreditation of baccalaureate and graduate degree nursing programs. Accessed at <http://www.aacn.nche.edu/accreditation/pdf/standards09.pdf>.

Forum of State Nursing Workforce Centers (2009). Minimum nurse education program dataset. Accessed at http://www.nursingworkforcecenters.org/resources/files/Nursing_Education_Dataset.pdf

Institute of Medicine (2010). The future of nursing: leading change, advancing health. Committee on the Robert Wood Johnson Foundation Initiative on the Future of Nursing, at the Institute of Medicine: Institute of Medicine. Downloaded from <http://www.nap.edu/catalog/12956.html>.

Institute of Medicine. Health professions education: A bridge to quality. Washington DC: national Academies Press, 2003

NCSBN (2009). Nursing model act and rules. Accessed at https://www.ncsbn.org/Model_Nursing_Practice_Act_December09_final.pdf

NCSBN (2008). 2008 NCLEX-PN[®] detailed test plan. Accessed at https://www.ncsbn.org/2008_PN_Detailed_Test_Plan_Candidate.pdf

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NCSBN (2010). 2010 NCLEX-RN® detailed test plan. Accessed at

https://www.ncsbn.org/2010_NCLEX_RN_Detailed_Test_Plan_Candidate.pdf

NCSBN (2005). Clinical instruction in

pre-licensure nursing programs. *Report to the Delegate Assembly, August 2005*. Chicago: National Council of State Boards of Nursing.

NCSBN (2002). The use of NCLEX pass rates as an indicator of program approval. Report to the education consultant and executive officer networks. (Unpublished)

NLN (2010). Draft of NLN's nursing education competencies for graduates of nursing programs®. Presentation at Health Educators Conference: Thriving in partnerships, April 14-16, 2010 at Chaska, MN

NLNAC (2008). NLNAC accreditation manual. Accessed at

<http://www.nlnac.org/manuals/NLNACManual2008.pdf>

Nursing Executive Center (2008). Bridging the preparation-practice gap Volume I: Quantifying new graduate nurse improvement needs. The Advisory Board Company: Washington D.C.

QSEN (2007). Competency KSAs (Pre-Licensure). Accessed at

http://www.qsen.org/ksas_prelicensure.php

Tanner, C (2008). The future of nursing education: A collaborative perspective. Presented as the NCSBN Conference: Faculty shortage: implications for regulation on February 26, 2008 in Chicago, Illinois.