

STATE OF WISCONSIN
Board of Nursing

IN THE MATTER OF RULE-MAKING PROCEEDINGS BEFORE THE
BOARD OF NURSING

ORDER OF THE BOARD OF NURSING
ADOPTING RULES
(CLEARINGHOUSE RULE 17-095)

ORDER

An order of the Board of Nursing to repeal 1.08 (5) (a) 2., 1.08 (5) (a) 3.a., and 1.08 (5) (d) 2. and 3.; to amend N 1.08 (4) (intro.) and (c) 3., 1.08 (5) (a) (intro.) and 1., 1.08 (5) (a) 3., 1.08 (5) (a) 4. and 5., 1.08 (5) (b) and 1.08 (5) (d) 1.; to repeal and recreate N 1.08 (5) (a) 3. b. and d.; and to create N 1.02 (13), 1.08 (5) (d) 5. and 1.08 (5m) relating to schools of nursing curriculum and clinicals.

Analysis prepared by the Department of Safety and Professional Services.

ANALYSIS

Statutes interpreted: ss. 441.01 (3), and (4) and 441.12, Wis. Stats.

Statutory authority: ss. 15.08 (5) (b) and 441.01 (3), Wis. Stats.

Explanation of agency authority:

The board shall promulgate rules for its own guidance and for the guidance of the profession to which it pertains.

Specifically, the board may establish minimum standards for schools for professional nurses and schools for licensed practical nurses, including all related clinical units and facilities, and make and provide periodic surveys and consultations to such schools. It may also establish rules to prevent unauthorized persons from practicing professional nursing. It shall approve all rules for the administration of chapter 441, Wis. Stats.

Related statute or rule: ss. 441.01(3) and (4) and 441.12, Wis. Stats

Plain language analysis:

This rule specifically addresses the requirements for schools of nursing curriculum and clinical experiences, including simulation.

Section 1 defines “simulation”. Simulation uses patient simulation in an environment and conditions that create a realistic clinical situation in order to develop clinical judgment and assess learning.

Section 2 clarifies that curriculum can be developed by more than one faculty member and if for a graduate level by doctorally prepared faculty. Curriculum should be designed to teach students how to approach clinical decision making and safe patient care. The second provision amends the didactic content and supervised clinical experiences to be across the lifespan only in prelicensure programs.

Sections 3 and 4 clarify the patient experiences shall be at the level of licensure and removes redundant language.

Sections 5, 6 and 7 cleanup the language related to providing patient-centered culturally competent care. It removes the provision relating to respecting the patient. It recreates a provision that the patient or designee is in control and a partner in care and that education is to be at a level the patient understands.

Section 8 clarifies terminology by changing “quality” to “safe and effective” and “participating in” to “experience”.

Section 9 changes “cooperating agencies” to “entities” to better reflect the diversity of placements. It also clarifies that the entities must adhere to standards rather than just having standards.

Section 10 clarifies that development of skills takes place in the provision of direct patient care.

Section 11 repeals a redundant provision relating to making clinical judgments. It also repeals the requirement that the clinical practice is across the lifespan and recognizes that not all clinical experiences are preparing the student to care for populations across the lifespan.

Section 12 creates a requirement clinical practice include effective application of the nursing process.

Section 13 creates a new section pertaining to simulation. Simulation may be used to meet clinical requirements if all of the following are met: nursing faculty with education and training in the use of simulation develop, implement and evaluate the simulation experiences; faculty with subject matter expertise and simulation training conduct prebriefing and postbriefing; and each student has an opportunity to participate in the role of a nurse and not just watch. Simulation can't be used for more than 50% of the clinical learning requirements.

Summary of, and comparison with, existing or proposed federal regulation: None

Comparison with rules in adjacent states:

Illinois: In Illinois, the curriculum shall be based upon stated program purpose, philosophy and outcomes with levels of progression in relation to the state program outcomes. The coordinated clinical and theoretical learning experiences shall be consistent with the program outcomes. The curricular content shall reflect contemporary nursing practice encompassing major health needs of all age groups. The entire curriculum shall be based on sound nursing, education and instructional principles. The curriculum shall be evaluated by faculty. Faculty of the nursing education program and the staff of cooperating agencies used as clinical sites shall work together for quality patient care. Illinois does not have requirements for simulation.

Iowa: In Iowa, the curriculum shall: reflect the philosophy/mission and program outcomes supported by the nursing faculty; identify program outcomes and define how learning experiences support outcomes; reflect current standards of nursing practice and education; ensure sufficient preparation for the safe and effective practice of nursing; and include learning experiences and strategies that meet program outcomes. Iowa lists specific curriculum requirements for: prelicensure programs, postlicensure bachelor programs, and graduate programs. The clinical facilities shall provide learning experiences that meet curriculum

objectives and outcomes. There shall be evidence that student experiences are coordinated when more than one program uses the same facility. Iowa does not have requirements for simulation.

Michigan: In Michigan, the curriculum requirements are: course level and terminal objectives to serve as guides in the development, implementation and evaluation of the curriculum; learning experiences and methods of instruction shall be selected to fulfill the stated outcomes of each nursing course; related clinical experiences and clinical lab hours shall be provided concurrently with or immediately after the theoretical presentation of the course content; and the director and faculty shall evaluate all aspects of the curriculum on a systematic basis. Course content and learning experiences shall promote student growth in the following: understanding the roles and responsibilities of the nursing profession; application of the principles of nursing and the sciences which are basic to nursing practice in the development of plans of care for the patient; recognition of physical, psychosocial and spiritual needs of diverse patient/client populations; understanding of health and the initiation, organization, and application of the principles underlying the nursing care provided; and developing skills and abilities in the administration of all aspects of nursing care. Clinical experiences shall be at a quality and quantity which will enable the student to meet the outcomes established for the clinical experience. Michigan adopts the standards of the International Nursing Association for Clinical Simulation and Learning (2013). Michigan allows any registered nurse program to substitute up to 50% of clinical hours in any single course with simulation laboratory experiences. A practical nurse program may substitute up to 50% of clinical hours in any single course with simulation laboratory experiences, except for pediatric and obstetric clinical hours which may substitute 100% clinical hours.

Minnesota: In Minnesota, the curriculum must provide diverse learning activities, including learning activities in clinical settings that are consistent with program outcomes. The curriculum shall enable the student to develop the competence necessary for the level, scope and standards of nursing practice consistent with the type of licensure. Practical, professional and advanced practice programs shall have the following: learning activities to acquire and demonstrate competence in clinical settings with patients across the life span and with patients throughout the whole wellness, acute and chronic illness continuum; and diverse learning activities including clinical simulations to acquire and demonstrate competence. Minnesota allows simulation to meet clinical requirements when: equipment and resources to support student learning are sufficient; nursing faculty with documented education and training in the use of simulation develop, implement, and evaluate the simulation experience; the design, implementation, and evaluation of the simulation is based on nationally recognized evidence-based standards for simulation; the simulation provides an opportunity for each student to demonstrate clinical competence while in the role of the nurse; prebriefing and debriefing are conducted by nursing faculty with subject matter expertise and training in simulation using evidence-based techniques; and it is not utilized for more than 50% of the time designated for meeting clinical learning requirements.

Summary of factual data and analytical methodologies:

The Board considered the National Council of State Boards of Nursing's model practice rules and the rules and processes of our neighboring states and Washington.

Analysis and supporting documents used to determine effect on small business or in preparation of economic impact analysis:

This rule was posted for economic comments and none were received.

Fiscal Estimate and Economic Impact Analysis:

The Fiscal Estimate and Economic Impact Analysis is attached.

Effect on small business:

These proposed rules do not have an economic impact on small businesses, as defined in s. 227.114 (1), Stats. The Department's Regulatory Review Coordinator may be contacted by email at Kirsten.Reader@wisconsin.gov, or by calling (608) 267-2435.

Agency contact person:

Sharon Henes, Administrative Rules Coordinator, Department of Safety and Professional Services, Division of Policy Development, 1400 East Washington Avenue, Room 151, P.O. Box 8366, Madison, Wisconsin 53708; telephone 608-261-2377; email at DSPSAdminRules@wisconsin.gov.

TEXT OF RULE

SECTION 1. N 1.02 (13) is created to read:

N 1.02 (13) "Simulation" means planned clinical experiences to develop clinical judgment and assess learning utilizing patient simulators in an environment and under conditions that provide a realistic clinical scenario.

SECTION 2. N 1.08 (4) (intro.) and (c) 3. are amended to read:

N 1.08 (4) CURRICULUM. The curriculum shall enable the student to develop the nursing knowledge, skills and abilities necessary for the level, scope and standards of competent nursing practice expected at the level of licensure. All curriculum shall be developed by a nursing faculty member with a graduate degree and designed to teach students to use a systematic approach to clinical decision-making and safe patient care. Curriculum for graduate level courses shall be developed by nursing faculty with a doctoral degree. Curriculum shall be revised as necessary to maintain a program that reflects advances in health care and its delivery. The curriculum shall include all of the following:

N 1.08 (4) (c) 3. Didactic content and supervised clinical experiences in the prevention of illness and the promotion, restoration and maintenance of health in patients ~~across the lifespan and~~ from diverse cultural, ethnic, social and economic backgrounds. Prelicensure programs shall include patients across the lifespan.

SECTION 3. N 1.08 (5) (a) (intro.) and 1. are amended to read:

N 1.08 (5) (a) Patient experiences shall occur in a variety of clinical or simulated settings of nursing practice expected at the level of licensure and shall include all of the following:

N 1.08 (5) (a) 1. Integrating patient safety principles throughout the didactic and clinical coursework evidence based research with patient goals and values to produce optimal care.

SECTION 4. N 1.08 (5) (a) 2. is repealed.

SECTION 5. N 1.08 (5) (a) 3. is amended to read:

N 1.08 (5) (a) 3. Providing patient-centered culturally competent care ~~that recognizes that the patient or designee is the source of control and full partner in providing coordinated care~~ by doing all of the following:

SECTION 6. N 1.08 (5) (a) 3. a. is repealed.

SECTION 7. N 1.08 (5) (a) 3.b. and d. are repealed and recreated to read:

N 1.08 (5) (a) 3. b. Recognizing that the patient or designee is the source of control and full partner in providing coordinated care.

d. Providing education at a level understandable by the patient.

SECTION 8. N 1.08 (5) (a) 4. and 5. are amended to read:

N 1.08 (5) (a) 4. Collaborating with interprofessional teams to foster open communication, mutual respect, and shared decision-making in order to achieve quality safe and effective patient care.

5. ~~Participating in Experience~~ Participating in Experience quality improvement processes to monitor patient care outcomes, identify possibility of hazards and errors and collaborate in the development and testing of changes that improve the quality and safety of health care systems.

SECTION 9. N 1.08 (5) (b) is amended to read:

N 1.08 (5) (b) All ~~cooperating agencies~~ entities selected for clinical experiences shall ~~have~~ adhere to standards which demonstrate concern for the patient and evidence of the skillful application of all measures of safe nursing practices.

SECTION 10. N 1.08 (5) (d) 1. is amended to read:

N 1.08 (5) (d) 1. Development of skills in the provision of direct patient care.

SECTION 11. N 1.08 (5) (d) 2. and 3. are repealed.

SECTION 12. N 1.08 (5) (d) 5. is created to read:

N 1.08 (5) (d) 5. Effective application of the nursing process.

SECTION 13. N 1.08 (5m) is created to read:

N. 1.08 (5m) SIMULATION (a) Simulation used to meet clinical requirements shall adhere to all of the following:

1. Nursing faculty with documented education and training in the use of simulation shall develop, implement, and evaluate the simulation experience.
2. Prebriefing and debriefing are conducted by nursing faculty with subject matter expertise and training in simulation using evidence-based techniques.
3. The simulation provides an opportunity for each student to participate while in the role of the nurse.

(b) Simulation may not be utilized for more than 50% of the time designated for meeting clinical learning requirements.

SECTION 14. EFFECTIVE DATE. The rules adopted in this order shall take effect on the first day of the month following publication in the Wisconsin Administrative Register, pursuant to s. 227.22 (2) (intro.), Stats.

(END OF TEXT OF RULE)
