

Minnesota Board of Nursing**STATEMENT OF NEED AND REASONABLENESS****Proposed Amendment to Rules Governing Program Approval, Minnesota Rules, Chapter 6301; Revisor ID Number: RD 4284**

6301.0100 DEFINITIONS.

6301.2300 SCOPE OF RULES.

6301.2310 PURPOSE OF NURSING EDUCATION PROGRAM APPROVAL.

6301.2320 PURPOSE FOR NURSING EDUCATION STANDARDS.

6301.2330 NURSING EDUCATION STANDARDS.

6301.2340 REQUIRED CRITERIA FOR NURSING EDUCATION PROGRAMS.

6301.2350 GRANTING APPROVAL.

6301.2360 SURVEYS; ~~FOR DETERMINING~~ COMPLIANCE WITH STANDARDS AND CRITERIA.

6301.2370 VOLUNTARY CLOSURE OF NURSING EDUCATION PROGRAMS.

6301.2380 DENIAL OR WITHDRAWAL OF APPROVAL.

6301.2390 REINSTATEMENT OF APPROVAL.

6301.2400 ACADEMIC RECORDS.

6301.2410 INNOVATIVE APPROACHES IN NURSING EDUCATION PROGRAMS;
EXEMPTIONS FROM CERTAIN RULES.

INTRODUCTION

The Board of Nursing is proposing changes to sections 6301.0100 through 6301.2360. No changes in sections 6301.2670 through 6301.2410 are proposed.

Rationale for revision of 6301.0100 through 6301.2360:

Legislation passed in spring 2014 authorized the Board of Nursing to approve nursing programs preparing registered nurses for practice as advanced practice registered nurses. Subsequently, in June 2014, the Board charged the Education Committee to review the current program approval rules for revision to include programs that prepare an individual for licensure as an Advanced Practice Registered Nurse (APRN). Coincidentally, the results of a multi-year, multi-site research study focusing on the use of simulation in pre-licensure practical and professional nursing programs was published (Hayden, et al., 2014). This ground breaking study, funded by the National Council of State Boards of Nursing (NCSBN), provided evidence that high quality simulation experiences could replace a portion of direct clinical learning experiences in nursing education programs while maintaining learning outcomes comparable to those achieved using traditional clinical experiences. This study addressed a critical area of concern to stakeholders, as gaining access to clinical learning sites has become an increasing challenge to all pre-licensure nursing programs. As a result, in October 2014, the Board further charged the Education Committee to review program approval rules in light of the evidence related to simulation and clinical learning experiences. This review would identify if revision to requirements related to

clinical learning experiences was reasonable based on the results of the NCSBN study.

Both charges reflect the role of the Board in assuring that individuals are provided with education that supports the development of initial competence to provide safe patient care within the scope of practice for which they are licensed. Initial competence refers to the application of knowledge and the interpersonal, decision-making, and psychomotor skills expected for the beginning practice role, within the regulatory context of public health (NCSBN, 1996).

Advanced Practice Nursing Programs

Practical and professional nursing programs prepare graduates to provide nursing care for patients across the lifespan and the health continuum within their respective scopes of practice. Because of the expanded scope of APRN practice, advanced practice nursing programs prepare registered nurses for licensure within specific roles. The legislation requiring approval of advanced practice nursing programs was shaped by the Minnesota Advanced Practice Nursing Coalition. This Coalition supported the inclusion of approval of advanced practice nursing programs as part of the statute, recognizing the contribution of program approval in assuring the nursing competency entry-level practitioners at all levels of education. Minnesota Statute 148.171 Subd. 3. identifies four APRN roles: Nurse Practitioner, Nurse Midwife, Nurse Anesthetist, and Clinical Nurse Specialist. The educational preparation for each of these specialized APRN roles is also targeted on the care of specific populations of patients: family and individual across the lifespan, adult gerontology, neonatal, pediatrics, women's and gender-related health, or psychiatric and mental health. The statute provides that applicants for licensure must hold a graduate degree from an accredited nursing program. These requirements reflect the criteria that must be met for a candidate to take an advanced practice nurse certification examination. The specialized nature of advanced practice nursing programs required revision in several sections of the rule in order to address the requirements of this statute while respecting the parameters for practical and professional nursing programs.

The Education Committee accessed key documents to inform decision-making related to development of program approval for advanced practice nursing programs. The NCSBN 2011 Uniform Licensure Requirements (ULRs) and NCSBN 2012 Model Act and Model Rules served as a basis for determining nationally agreed upon factors important to assuring that entry-level APRNs are competent to deliver safe patient care. The NCSBN Model Rules provide a consensus-based framework developed by 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. Additional information was garnered from published articles focusing on the success of APRN program graduates on credentialing examinations. The standards of all four nursing and nursing-related accrediting bodies and the policies of the accrediting bodies were reviewed (Accreditation Commission for Education in Nursing, 2015; Accreditation Commission for Nurse Midwifery, 2013; Commission on Collegiate Nursing Education, 2013; Council on Accreditation of Nurse Anesthesia Educational Programs, 2014). National consensus documents, such as the Criteria for Evaluation of Nurse Practitioner

Programs (2012) were accessed. To assess impact on existing programs, drafts of the revised rules were vetted by focus groups comprised of 26 APRN educators representing 11 of the 12 advanced practice nursing programs in Minnesota.

Simulation

Simulated patient care encounters have been used in nursing education programs for decades. Use of simulation allows students to practice skills and make decisions regarding patient care in a situation in which the end result of a decision can be safely determined. This provides the student immediate feedback regarding the impact of nursing interventions on a patient, allowing the student to learn what was beneficial and what did not contribute to positive outcomes for the patient in a setting that is safe. Use of simulation assures that no patient is harmed while at the same time providing consistent and standardized experiences in an equitable manner to allow each student to develop needed competencies. Because simulation has demonstrated its usefulness as a learning method, the requirement to use simulation as a learning method was previously incorporated into program approval rule. There is currently no provision, however, for a program to replace any direct clinical learning experience with a simulated experience, as previously published studies have not provided the level of evidence needed to support a change in regulation regarding use of simulation.

Programs at times use a type of simulation in which manikins are not able to produce a verbal or physiological response to the patient care delivered. This is referred to as low or medium-fidelity simulation. Some programs also use high-fidelity simulation, which incorporates a range of methods with a higher level of realism and in which the student receives an immediate response to the care provided. Over the last decade, increased sophistication of human patient simulators has been dramatic, incorporating computerized technology that allows the simulated patient to display a variety of responses to the nursing care provided by a student.

At the same time that use of more advanced human patient simulators were being introduced into nursing education, the number of practical and professional nursing programs was also expanding. The Minnesota Board of Nursing 2005 Annual Nursing Program Report identified that a total of 29 practical and 29 professional nursing programs were approved to offer pre-licensure nursing education. As of March, 2016, there are 26 approved practical nursing programs and 50 approved professional nursing programs. These programs compete for access to clinical learning sites, along with the 12 advanced practice nursing programs offered in Minnesota and many non-jurisdictional RN–BSN programs (programs for nurses who are licensed as a professional nurse after completing an Associate Degree and who wish to obtain a baccalaureate degree). Additionally, changes within the health care system, such as shorter hospitalization stays for patients and higher patient acuity, impact the ability of nursing programs to place student in clinical sites and to provide consistent learning experiences. Nursing programs initially responded to the scarcity of clinical learning sites by creatively accessing clinics, urgent care centers, home care and community service centers to provide learning opportunities that support student and program outcomes. Even with these options, programs are challenged in obtaining access to sufficient clinical learning sites that will prepare their graduates to care for patients across the lifespan who are experiencing common, complex health care problems.

As this problem is not unique to Minnesota, the NCSBN, which has as part of its mission research to promote evidence-based regulatory excellence, conducted the first large-scale national research study in a health care discipline to explore whether simulation could be substituted for traditional clinical learning hours and the impact on educational outcomes when such substitution occurred. Initiated in 2011 and completed in 2014, the study found “substantial evidence that substituting high-quality simulation experiences for up to half of traditional clinical hours produces comparable end-of-program educational outcomes and new graduates that are ready for clinical practice” (Hayden, et al., 2014, S3). The design of the study included specific controls that contributed to the results of the study, such as training of faculty in the use of skilled debriefing. The study design also reflected use of standards in the development, implementation and evaluation of simulated experiences, such as those developed by the International Association for Clinical Simulation & Learning (INASCL, 2013). These documents, as well as position papers from the National League for Nursing (2015) and journal articles focusing on the use of simulation in nursing education (Hinton, 2012; Ironside, 2010) provided a foundation for rule development.

To determine current practices and barriers related to the use of simulation in practical and professional programs, the Education Committee surveyed all practical and professional programs in the state. Feedback was obtained from 52.2% of the programs. The survey revealed that 67% of the programs that responded use high-fidelity simulation, and that the largest barriers reported by these programs are the costs related to development of faculty expertise in this teaching modality (78%) and cost of procuring manikins (75%). Responses also included requests for the Board of Nursing to clarify requirements related to simulation.

Feedback on the draft rules was gathered from practical and professional programs through presentations at conferences and professional association meetings in the spring and fall of 2015 attended by over 100 nurse educators.

Based upon this analysis, the Education Committee:

- Re-affirmed the importance of the program approval rules in helping address the role of the Board of Nursing in contributing to the protection of the public’s health and safety.
- Identified areas of rule that required revision to the statutory inclusion of approval for advanced practice nursing programs.
- Concluded that the NCSBN Uniform Core Licensing Requirements and Model Rules and the standards developed by advanced practice specialty accrediting bodies incorporated elements that were relevant to regulation regarding the approval of advanced practice programs in Minnesota.
- Determined that evidence was present to support use of simulation to meet a portion of the clinical learning requirements for practical and professional nursing programs.

At the June 4, 2015 meeting of the Board of Nursing, the Education Committee recommended revision of program approval rules. The Board of Nursing accepted the recommendation from the Education Committee and passed a motion to begin rule promulgation.

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 Rick Reichert at Minnesota Board of Nursing, 2829 University SE, Suite 200, Minneapolis, MN 55414, (612) 317-3006 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 nursing education programs applying for program approval and renewal of approval; students in approved programs preparing for licensure as practical, professional, or advanced practice registered nurses; faculty in approved nursing education programs; and controlling institutions of these nursing education programs.
- Advanced Practice Nursing Credentialing organizations currently require that applicants for the certification examination have graduated from a program holding accreditation from a nursing or nursing-related accreditation body. Consequently, all existing Minnesota programs hold this accreditation. The statutory requirement that advanced practice nursing programs hold nursing or nursing-related accreditation is therefore not a requirement that introduces new costs for these nursing education programs.
- Accreditation standards identify a date by when more rigorous educational credentials for faculty and program directors will be required. The proposed rules incorporate a phase-in of the credential requirements found in these standards. The controlling institutions may bear the cost of helping advanced practice nursing program directors and faculty acquire credentials consistent with proposed rules. Faculty and program directors too will bear some costs, as well as the personal time commitment to obtain additional education

credentials. The requirement for accreditation of practical and professional nursing programs is currently incorporated in program approval rule. The proposed rule related to the academic credentials for faculty teaching in these programs has been edited to improve clarity, but the credential requirements have not changed, so there are no new costs for these programs or faculty.

- The proposed rules include an option for practical or professional nursing programs to replace a portion of direct clinical learning activities with simulation. If a nursing program chooses to replace a portion of clinical learning hours with high-fidelity simulation, it may require controlling organizations to allocate financial resources to cover the costs of simulation equipment, pay a stipend to model patients, or bear costs related to establishing a presence in virtual reality. Initial purchase of a new high-fidelity manikin is approximately \$100,000, although vendors offer negotiated pricing. Many nursing programs have already procured these types of manikins, due to the valuable learning simulation has provided to students. For these programs, costs involve the ongoing maintenance and/or replacement of equipment. Other nursing programs have already established virtual reality clinical sites, and students have developed avatars to engage in these virtual clinics and hospitals. Establishing this form of high-fidelity simulation is reported by these programs to be less than \$5,000. Still other programs rely on model patients; persons who negotiate their charges with the program. Costs therefore vary as to the structure of the simulation, and are most often incorporated into program costs associated with tuition and fees. As such, students may bear some of the costs related to use of simulation.
- Classes of persons that will benefit from the proposed rule will be students who will benefit from a potentially wider and more focused learning experience. Students will incur reduced costs for transportation to clinical sites that are often located at a significant distance from their home community. Programs will benefit by being able to create learning experiences that provide more comprehensive and consistent learning experiences, which may improve program outcomes.

“(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 advanced practice registered nurse role, within the regulatory context of public health, safety, and welfare; the Education Committee did not recommend other methods to achieve the purpose of the rules. In deliberations related to use of simulation, the Committee considered the option of

allowing programs to use medium-fidelity simulation, a form that integrates less interactivity, to replace clinical learning hours. Because use of simulation will replace direct patient care experiences, high-fidelity simulation was deemed to be the most comparable to direct clinical experience; therefore the option of a less intensive form of simulation was rejected. The use of high-fidelity simulation to replace a portion of clinical learning hours is optional; programs may continue to secure direct care clinical learning settings based on the needs of their curriculum, preferences, and availability of clinical sites.

“(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 national nursing accrediting bodies recognized by the Board, but these standards are always reviewed in light of the context of regulation in Minnesota. When the requirements for accreditation of practical and professional programs were incorporated into the program rule in 2011, there was serious consideration of accepting accreditation by a nursing or nursing-related body in lieu of a board process for continuation of approval. As this discussion occurred in the recent past, and as the need to insure that elements of state statute not found in national accreditation standards has not changed, the Education Committee did not revisit this issue. The proposed rule changes support provision of 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.

“(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”

- As practical and professional nursing programs are currently required to achieve accreditation by January 1, 2018, and as advanced practice nursing programs are required to hold national nursing or nursing-related accreditation so their graduates may sit for the certification examination, there is no additional cost to be borne by the controlling institutions. Additional costs for advanced practice nursing faculty and program directors who do not hold graduate degrees with a major in nursing range from approximately \$60,000 to \$90,000 depending on the specialty and whether the individual is completing a DNP (Doctorate in Nursing Practice) or a PhD in Nursing. These costs will be borne by the person seeking this educational credential, and potentially by the controlling body to the degree if it provides tuition support to employees. The use of high-fidelity simulation is not required, so there are no costs related to compliance.

“(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”

- Pre-licensure programs will continue to experience significant challenges in procuring clinical learning sites. If sites cannot be obtained, programs may be forced to reduce

enrollment, negatively impacting the number of nurses graduated, and subsequently a reduction in the number of nurses licensed and entering the workforce.

- Individuals interested in entering pre-licensure programs could find their opportunities to pursue nursing reduced if enrollment is curtailed.
- If a decrease in the number of nurses eligible for licensure occurs, the consequences will be borne by consumers of nursing care.
- For advanced practice nursing programs, failure to adopt the proposed rule would result in faculty credentialing that does not reflect expertise in the discipline of nursing, and absence of a graduate degree at the appropriate level would position advanced programs so that they would not be able to attain accreditation, as required by statute.

“(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.

“(8) an assessment of the cumulative effect of the rule with other federal and state regulations related to the specific purpose of the rule . . . ‘[C]umulative effect’ means the impact that results from incremental impact of the proposed rule in addition to other rules, regardless of what state or federal agency has adopted the other rules. Cumulative effects can result from individually minor but collectively significant rules adopted over a period of time.”

The proposed rules cover areas that are not addressed by federal law or other Minnesota state laws. Therefore, this consideration is not applicable for this rule.

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 advanced practice registered nurses, 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.** Focus groups representing advanced practice nursing programs were convened to obtain feedback and to guide refinement of the proposed rules. The Board solicited information from practical and professional programs related to use of simulation in nursing education, and obtained feedback through multiple presentations to faculty and program directors of pre-licensure nursing programs. An additional notice plan is incorporated 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 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. The proposed rules are responsible, in that they incorporate national standards and evidence-based educational practices for all levels of pre-licensure nursing programs.

ADDITIONAL NOTICE

The request for comments was published in the *State Register* on November 3, 2014. The Board will inform stakeholders 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 parties who have registered with the Board for the purpose of receiving notice of rule proceedings;
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 that they are considering instituting a practical, professional, or advanced practice nursing program;
4. all advanced practice program directors located in Minnesota authorized to provide post-secondary education by the Office of Higher Education;
5. all program directors of approved nursing programs and advanced practice nursing programs, requesting that the director make the information available to all nursing students preparing for licensure as practical, professional nurses, or advanced practice nurses; and
6. all relevant associations, including the:
 - Minnesota Advanced Practice Nursing Coalition,
 - Minnesota Practical and Associate Degree Nurse Educators Association,
 - Minnesota Licensed Practical Nurses Association,
 - Minnesota Nurses Association,
 - the public via the Minnesota Board of Nursing web site, and
 - all persons who indicate an interest in the proposed rules.

The Notice Plan complies with the statute because the Board is making every reasonable effort to reach persons and classes of persons known by the Board to be interested in or affected by 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, subd. 1a. and the Legislature per Minnesota Statutes, section 14.116.

The Notice Plan does 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 MMB copies of the documents on the same day they are sent to the Governor's Office for review and approval prior to 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 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 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 page 7.

RULE-BY-RULE ANALYSIS

6301.0100 DEFINITIONS.

6301.2300 SCOPE OF RULES.

6301.2310 PURPOSE OF NURSING EDUCATION PROGRAM APPROVAL.

6301.2320 PURPOSE FOR NURSING EDUCATION STANDARDS.

6301.2330 NURSING EDUCATION STANDARDS.

6301.2340 REQUIRED CRITERIA FOR NURSING EDUCATION PROGRAMS.

6301.2350 GRANTING APPROVAL.

6301.2360 SURVEYS; ~~FOR DETERMINING~~ COMPLIANCE WITH STANDARDS AND CRITERIA.

6301.0100 DEFINITIONS.

Subp. 4. **Approval.** Addition of advanced practice nursing programs is required due to change in Minnesota Statute 148.251 incorporating approval of advanced practice programs.

Subp. 9. **Counseling.** It is necessary and reasonable to delete the definition of counseling, as this element is no longer incorporated in the definition of professional nursing practice in 148.171. This term is found in Minnesota Statute 148.171 subd. 11 as an element of nurse practitioner practice. Performance of this element by advanced practice registered nurses would be guided by specific professional standards for nurse practitioners.

Subp. 11a. **High-fidelity simulation.** It is necessary and reasonable to define the type of simulation that a nursing program may use, as there are different kinds of simulation with various levels of rigor used by nursing programs to assist students in acquiring and demonstrating competence. Definition of the type of simulation is needed to guide the expected level of rigor when a program uses simulation in lieu of direct clinical learning experiences to meet program rules.

Subp. 11b. **Lead faculty.** It is necessary and reasonable to define this term, as this individual holds specific credentials and has specific responsibilities within an advanced practice program.

Subp. 15. **Nursing personnel.** It is necessary and reasonable to change this definition so that it is consistent with Minnesota Statute 148.171 subd. 24.

Subp. 16. **Observation.** It is necessary and reasonable to delete this definition, as it is no longer provided in Minnesota Statute 148.171 Subd. 14.

Subp. 19a. **Advance practice program.** It is necessary and reasonable to define what is meant by an advanced practice program so it is consistent with the requirements in Minnesota Statute 148.211 Subd. 1a.(c)(3).

Subp. 19b. **Population focus.** It is necessary and reasonable to define population focus so that it is consistent with statutory language in Minnesota Statute 148.171 Subd. 12b.

Subp. 20. **Program.** It is necessary and reasonable to revise this definition so that it includes advanced practice nursing programs, as approval of this level of program was incorporated into Minnesota Statute 148.251.

Subp. 21a. **Simulation.** It is necessary and reasonable to define what is meant by simulation as it applies to development of competence in nursing education, as it differentiates this learning method from other interactive methods used in nursing education.

Subp. 23. **Treatment.** It is necessary and reasonable to delete this definition as it is no longer incorporated in the legal definition of practical nursing found in Minnesota Statute 148.171 Subd 14. The specific scope of practice of a Clinical Nurse Specialist (Minnesota Statute 148.171 Subd. 5.); Nurse-midwife (Minnesota Statute 148.171 Subd. 10.); Nurse Practitioner Minnesota Statute 148.171 Subd. 11.); and for Registered nurse anesthesia practice (Minnesota Statute

148.171 Subd. 21.) address specific authority related to provision of care. As such, the definition of treatment is not needed in rule.

6301.2300 SCOPE OF RULES

Revision of this part is needed and reasonable because it incorporates the authority of the Minnesota Board of Nursing to approve advanced practice nursing programs as provided in revisions to Minnesota Statute 148.251.

6301.2310 PURPOSE OF NURSING EDUCATION PROGRAM APPROVAL

Revision of this part is needed and reasonable because it incorporates the approval of advanced practice nursing programs as a function of the Board in protecting the safety of the public, consistent with powers of the Board as found in 148.191 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.

6301.2320 PURPOSE FOR NURSING EDUCATION STANDARDS

Revision of this part is needed and reasonable because it incorporates advanced practice nursing programs and is consistent with the powers of the Board as found in 148.191 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. The purposes of educational standards are taken from the NCSBN Model Act and Model 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.

6301.2330 NURSING EDUCATION STANDARDS.

It is necessary and reasonable to revise element H. of this part of the rule. The title of the person responsible for a nursing program in 6301.0100 Subp. 10. is “Director” and is defined as the person vested with responsibility for the program. All other sections of rule refer to the responsibilities of the director in the development, implementation, and reporting related to the program. The Board holds the director accountable for the compliance with program approval rules. Replacing the word “administrator” with “director” will decrease confusion and add clarity.

6301.2340 REQUIRED CRITERIA FOR NURSING EDUCATION PROGRAMS

A re-numbering of this section of the rule resulted in multiple minor editorial changes that are not individually noted below. The following items present information regarding to substantive changes in rule language.

Subp. 1a. Nondegree granting program. The 2014 statute that incorporated approval of advanced standing programs required that to be licensed as an advanced practice registered nurse, the applicant must have graduated from an accredited or nursing-related accredited program that

awards a graduate degree. The movement requiring a graduate degree for advanced practice registered nursing represents an evolution in professional and accreditation standards. To facilitate this change in standards, some nursing or nursing-related accrediting bodies provide for a relationship between a degree granting educational institution and a nondegree granting educational entity. Through dual enrollment, eligible students receive a degree from both educational organizations. This subpart is a necessary and reasonable approach to address academic relationships between established and accredited advanced practice programs with a long and significant history of success in educating advanced practice registered nurses in Minnesota.

Subp. 1a. A. This subpart is reasonable and necessary as it is required for any postsecondary educational entity to be approved by the Office of Higher Education by Minnesota Statute 136A.65.

Subp. 1a. B. This subpart is reasonable and necessary as it establishes the mechanism through which a nondegree granting program may meet accreditation requirements and therefore provide a pathway for its graduates to sit for the credentialing examination. A diploma is awarded from the nongraduate degree educational program and a graduate degree is awarded from the other academic program.

Subp. 1a. C. This subpart is reasonable and necessary as it clarifies the degrees granted by each academic body the student has attended. This meets accreditation requirements and therefore allows graduates to sit for the credentialing examination. Graduation from an accredited program is a requirement for licensure as an advanced practice registered nurse in Minnesota.

Subp. 1a. D. This subpart is needed as it will provide a mechanism through which an existing advanced practice nursing program in an organization that is approved by the Office of Higher Education, that holds nursing or nursing-related accreditation, that has a dual enrollment agreement with an academic entity that grants a graduate degree, and that has demonstrated the ability to meet all other elements of the rule to be approved. It is a reasonable in that it will allow an established and successful accredited program that is operated by multiple teaching hospitals to continue to enroll students in an approved advanced practice nursing program. In the future, all advanced practice nursing programs will be in approved postsecondary institutions, consistent with the current approval standards for practical and professional nursing programs.

Subp. 3. Nursing education program.

A. (4) This revision is necessary and reasonable to clarify that the requirements in this element apply only to the students enrolled in a practical or professional nursing program, as the requirements for students in an advanced practice nursing program differ.

A. (5) (a) This subpart is necessary and reasonable as it incorporates the statutory requirement of Minnesota Statute 148.171 Subd. 12b. that educational preparation is specific to the population(s) for whom advanced practice registered nurses may provide care.

A. (5) (b) This subpart is necessary and reasonable as it establishes the requirement that students must be able to demonstrate competency. This is critical to assuring that graduates are able to safely provide patient care at the entry level of practice. Faculty oversight is reasonable, as only the faculty have the understanding of the requirements of the curriculum and related performance expectations. National nursing accrediting bodies as well as the NCSBN Model Rules reflect this criterion. Advanced practice programs were not included in the 2014 NCSBN Simulation study, so proposed language related to use of simulation in lieu of direct clinical learning does not apply to this type of pre-licensure program; the requirement to use this valuable learning method is proposed.

A. (5) (c) This subpart is necessary and reasonable as it incorporates the statutory requirement of Minnesota Statute 148.171 Subd. 12b. requiring educational preparation specific to the population(s) for whom advanced practice registered nurses may provide care when the educational program is preparing the student for certification in more than one defined role or patient population.

A. (5) (d) This subpart provides criteria related to the education standard specified in 6301.2330 G. regarding the involvement of students into the development, implementation, and evaluation of their educational program. The national nursing accrediting bodies as well as the NCSBN are consistent in supporting that this criterion is needed to meet standards for nursing programs.

A. (6) This revision is necessary and reasonable as the educational and experiential requirements of a director of a practical and professional program are not the same as for a director of an advanced practice program. It clarifies that these requirements are unique to practical and professional programs.

A. (6) (b) This subpart incorporates the Council for Higher Education Accreditation (CHEA) as an entity that may provide regional or national accreditation to the controlling body of a post-secondary educational institution. Like the United States Department of Education (USDE), the Council for Higher Education Accreditation is an entity that provides oversight to institutions of higher education. CHEA is an organization with the largest institutional higher education membership in the United States, and recognizes sixty institutional and programmatic accrediting agencies. Both CHEA and the USDE assure that accrediting organizations follow strict guidelines when awarding accreditation status to either an institution or program. The “USDE recognition standards place primary emphasis on whether an institution or program is of sufficient quality to qualify for federal funds for student financial aid and other federal programs”

(Eaton, 2012). CHEA standards “place primary emphasis on academic quality assurance and improvement for an institution or program” (Eaton, 2012). Nursing and nursing-related accrediting bodies may be recognized by the USDE or by CHEA. As such, it is reasonable to incorporate CHEA into this subpart. Of the accrediting bodies recognized by either the USDE or by CHEA, four of these have been recognized by the Board to provide accreditation to practical, professional, or advanced practice nursing programs. The standards of these accrediting bodies are specific to the level of nursing education provided, and are reflected in the proposed language based on the type of program addressed in different sections of the rule. By noting that the accrediting body must be acceptable to the Board, it insures that only accrediting bodies that meet nursing education standards found in 6301.2330 will meet approval requirements.

A. (6) (f) This subpart is necessary and reasonable as it identifies that the role of a director is a singular function.

A. (7) (a) This criterion is needed and reasonable as it establishes that the individual who serves as director of an advanced practice nursing program must have both academic and experiential qualifications relevant to providing leadership to the overall nursing program. The criterion reflects the standards found in 6301.2330 H.

A. (7) (b) This criterion is necessary and reasonable that the director of a graduate level program hold the highest (terminal) academic degree, as advanced practice nursing programs are required to grant a graduate degree. All of the organizations that provide accreditation for advanced practice programs have identified a doctoral degree as the required academic credential for the director of an advanced practice nursing program, however, there are variations in the date by which this standard must be met.

A. (7) (c) A date is identified by when directors must meet a requirement that they hold a graduate degree with a major in nursing as a minimum and a doctorate in a nursing or a health related field. While there are different pathways to a doctoral degree in nursing, seven years is a common maximum timeframe for completing a doctorate . in nursing or a health-related field. The deadline of January 1, 2025 was selected as it allows time for communication of the requirement to current and future nurses who will serve as a director about the need to meet this requirement, and to allow those who have an advanced degree that is not in nursing or a health-related field (e.g. Ph.D. in Education) to complete a degree with a major in nursing. The criterion is supported by the 2012 NCSBN Model Rules, which include the requirement of a doctoral degree in health-related field for a program director of an advanced practice program.

A. (7) (d) This subpart provides criteria related to the education standard specified in 6301.2330 H. which states that a program director must be licensed as a registered nurse. This element clarifies that he/she must hold unencumbered licensure as a registered nurse in Minnesota.

A. (7) (e) This subpart provides criteria related to the education standard specified in 6301.2330 H. The national nursing accrediting bodies as well as the 2012 NCSBN Model Rules are also consistent in supporting that this criterion is needed to meet accepted standards for nursing programs.

A. (7) (f) This subpart provides criteria related to the education standard specified in 6301.2330 H. The national nursing accrediting bodies as well as the 2012 NCSBN Model Rules are also consistent in supporting that this criterion is needed to meet accepted standards for nursing programs.

A. (7) (g) This subpart provides criteria related to the education standard specified in 6301.2330 A. regarding the need for commitment of resources dedicated to the nursing education program. The national nursing accrediting bodies as well as the 2012 NCSBN Model Rules are consistent in supporting that this criterion is needed to meet accepted standards for nursing programs.

A. (7) (h) This subpart is necessary and reasonable as it supports the Board's responsibility to protect the public from misrepresentation by an approved nursing program.

A. (7) (i) This subpart is needed and reasonable as it assures that the board is made aware of internal changes within a program and is able to meet its obligation to accurately inform the public of the status of approved programs.

A. (8) This subpart is necessary and reasonable as it identifies the minimal qualifications for an individual who may coordinate or lead a program track within an advanced practice program. Minnesota Statute 148.211 Subd. 1a (3) requires an advanced practice registered nurse to be educated in one of four advanced practice registered nursing roles and in at least one population focus. Within an approved advanced practice program, different academic plans are provided to meet this requirement. Holding educational preparation and certification in a specific track is critical to understanding the educational requirements for the specialty and for coordinating the work of the faculty in developing, implementing, and evaluating the curriculum. Proposed language is supported by the 2012 NCSBN Model rules.

A. (9) (e) Revision of this element is necessary and reasonable, as it consolidates the requirements related to academic credentialing of faculty teaching in practical nursing programs into 6301.2340 A. (10) and faculty teaching in professional programs into 6301.2340 A. (11), increasing clarity.

A. (9) (f) Incorporation of this element is necessary and reasonable, as those teaching in advanced practice nursing programs are required to hold licensure both as a registered nurse and

as an advanced practice registered nurse as required by Minnesota Statute 148.211 Subd.1a., Subp 1a.(c) (1) and Subd. 1a. (c) (2).

A. (10) Revision is necessary and reasonable, as it incorporates the inclusion of CHEA as an institutional accreditor of a program from which a faculty person may have been granted a degree.

A. (11) Revision is necessary and reasonable, as it incorporates the inclusion of CHEA as an institutional accreditor, as previously described. It also includes the requirement that a program employ full-time faculty who hold a graduate degree with a minimum of a baccalaureate degree in nursing, and that the majority of part-time faculty hold a graduate degree with a minimum of a baccalaureate degree in nursing. This language is not new, but incorporates language previously found in 6301.2340 A.9 (e). The incorporation of the language into this section provides consolidation and improves clarity regarding the academic credentials for faculty teaching in professional nursing programs.

A. (12) This subpart is necessary and reasonable as it reflects 6301.2330 I., and identifies the minimum requirements for a faculty member in an advanced practice program. The criteria are consistent with national standards for advanced practice program faculty.

A. (13) A date is established by when faculty must meet a requirement that they hold graduate level educational preparation in the nursing or a health related field. This element is necessary and reasonable as it provides adequate time for current and future faculty to complete any additional degree needed. The deadline of January 1, 2025 was selected in that it coincides with the date by which a program director must meet academic credentialing requirements; allows time for communication of the requirement to current and future faculty to meet this requirement, and allows those who have an advanced degree that is not in nursing or a health-related field (e.g. Ph.D. in Education) to meet this criteria. As faculty are preparing students at the graduate level and for an expanded scope of nursing practice, the proposed language is reasonable.

A. (14) This subpart is necessary and reasonable to assure that faculty are educationally prepared to meet the needs of students enrolled in a program preparing them for a specific role and population focus, as it is essential for faculty to understand the role requirements and the needs of the population of patients for whom the students will be providing care. This criterion is consistent with the 2012 NCSBN Model Rules and with the requirements of national nursing accrediting organizations.

A. (16) This is necessary and reasonable, as only those who have completed practical or professional programs take a licensure examination.

B. (1) – (6) These subparts are necessary and reasonable, as they reflect current evidence related to the use of simulation in nursing programs when used to replace direct clinical learning. The use of any teaching method should be related to the intended student learning outcomes, carefully planned and implemented so that the learning is intentional and so that the desired program outcomes of learning can be evaluated (Billings & Halstead, 2009). This foundational element of teaching/learning is reflected in multiple studies regarding the use of simulation and in international standards for the use of simulation (Hinton, et al. (2012), Ironside, (2010); INASCL, (2013); Decker, et al., (2015); Lioce, (2015). The NCSBN's research related to the use of simulation in pre-licensure education was conducted under specific conditions. The results would be invalid unless a program used the same conditions when using simulation. The conditions under which the NCSBN research results were obtained included utilization of faculty who were well-trained in the development, implementation and evaluation of simulation, skill in pre-and de-briefing of students, adequate resources to support use of this teaching modality, and limitations regarding the number of hours that simulation replaces traditional clinical learning activities. Allowing a program to replace clinical learning with simulation without including these conditions could directly and negatively impact students completing the nursing program and their ability to deliver safe and competent patient care. The criteria listed in this section are consistent with the NCSBN's benchmark study on the use of simulation in practical and professional nursing programs (Hayden et al., 2014) and reflect the best practices as defined by internationally accepted standards (INASCL, 2013; Decker et al, 2015; Lioce et al., 2015).

6301.2350 GRANTING APPROVAL

6301.2350 Subpart 1. **Program accreditation for practical and professional programs.** This part is needed and reasonable because it differentiates the accreditation requirements for practical and professional nursing programs from those of advanced practice nursing programs. It also incorporates obtaining accreditation by a nursing or nursing-related accrediting body recognized by CHEA, consistent with other elements of the rule.

6301. 2350 Subp. 1a. **Program accreditation for advanced practice programs.** This subpart is necessary and reasonable as it supports the statutory requirement found in Minnesota Statute 171.211 Subd. 1a.(c)(3) requiring an applicant for licensure as an advanced practice registered nurse to have graduated from a program holding nursing or nursing-related accreditation. This subpart establishes the requirement for advanced practice nursing programs to be accredited, thereby allowing graduates to obtain licensure in Minnesota.

6301.2360 SURVEYS; ~~FOR DETERMINING COMPLIANCE WITH STANDARDS AND CRITERIA.~~ It is necessary and reasonable to revise the title of this section to delete extraneous words.

Subp. 2. **Survey for evidence of compliance with nursing education standards.** This revision is needed and reasonable as it removes language that is specific to practical and professional programs and that is duplicative of rule in 6301.2350 Subpart 1. It also incorporates the recognition by CHEA, consistent with other parts of the rule.

Subpart 4. **Survey for licensure examination success rates for practical and professional programs.** This revision is necessary and reasonable as only those who have completed a practical or professional program take a licensure examination. Entities providing accreditation are referred to elsewhere in the rules as a “body”; language is changed here for consistency.

Subp. 5. **Survey for initial approval of a new nursing education program.** Revision of Subp 5. B. (5) and C. (2) is necessary and reasonable to incorporate the specific accrediting bodies used to accredit all types of pre-licensure nursing programs.

Subp. 6. **Survey required.** Revisions in Subpart 6. A.-D. are necessary and reasonable to reflect the specific accrediting bodies used to accredit all types of pre-licensure nursing programs, and both entities that provide recognition to these accrediting bodies.

Subp. 7. **Approval.** Revisions in this subpart are necessary and reasonable to reflect the specific accrediting bodies used to accredit all types of pre-licensure nursing programs.

Subp. 10. C.(2). **Board action following conference or hearing.** Is necessary and reasonable, as the approval status of a nursing program is one of the criteria found in accrediting body standards. Inclusion of this element assures that the nursing or nursing-related accreditation bodies are informed of action taken by the Board related to the approval status of a program.

CONCLUSION

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

[Date]

[Name]
[Title]

References

Accreditation Commission for Education in Nursing. *Accreditation Manual*. Atlanta: GA: Author. <http://www.acenursing.org/accreditation-manual/> Accessed September 16, 2015.

Accreditation Commission for Midwifery Education. (2013). *Criteria for programmatic accreditation of midwifery education programs with instructions for elaboration and documentation*. Silver Springs, MD: Author. <http://www.midwife.org/ACNM/files/ccLibraryFiles/Filename/000000005167/Criteria-Programmatic-Accreditation-Midwifery-Education-ProgramsJune2013.April2015.FINAL.pdf> Accessed September 16, 2015.

Billings, D.M. & Halstead, J.A. (2009). *Teaching in nursing: a guide for faculty* (4th ed.). St. Louis: MO: Saunders Elsevier.

Commission on Collegiate Nursing Education (2013). *Standards for accreditation of baccalaureate and graduate degree nursing programs*. Washington, DC: Accessed September 16, 2015. <http://www.aacn.nche.edu/accreditation/pdf/standards09.pdf>.

Council on Accreditation of Nurse Anesthesia Educational Programs. (2014). *Standards for accreditation of nurse anesthesia educational programs*. Park Ridge, IL: Author. <http://home.coa.us.com/accreditation/Pages/Accreditation-Policies,-Procedures-and-Standards.aspx> Accessed September 16, 2015.

Decker S. I., Anderson M., Boese T., Epps C., McCarthy J., Motola I., Palaganas J., Perry C., Puga F., Scolaro K., & Lioce L. (2015, June). Standards of best practice: Simulation standard VIII: *Clinical Simulation in Nursing*, 11(6), 293-297. [http://www.nursingsimulation.org/article/S1876-1399\(15\)00030-4/pdf](http://www.nursingsimulation.org/article/S1876-1399(15)00030-4/pdf) Accessed September 10, 2015.

Eaton, J.S. (2012). *An overview of U.S. accreditation*. Washington DC: Council for Higher Education Accreditation. <http://www.chea.org/> Accessed September 10, 2015.

Hayden, J.K., Smiley, R.A., Alexander, M., Kardong Edgren, S., & Jeffries, P.R. (2014). The national simulation study: A longitudinal, randomized, controlled study replacing clinical hours with simulation in prelicensure nursing education. *Journal of Nursing Regulation*, 5(2S).

Hinton, J.E., Mays, M., Hagler, D., et al. (2012). Measuring post-licensure competence with simulation: The nursing performance profile. *Jo. of Nursing Regulation*, 3(2), 45 – 53.

Ironside, P. and Jeffries, P. (2010). Using multiple-patient simulation experiences to foster clinical judgment. *Jo. of Nursing Regulation*, 1(2), 38-41.

International Association for Clinical Simulation and Learning Board of Directors (2013). Standards of best practice: Simulation. *Clinical Simulation in Nursing*, 9(6), S1-S32.

Lioce L., Meakim C. H., Fey M. K., Chmil J. V., Mariani B., & Alinier G. (2015, June). Standards

of best practice: Simulation standard IX: simulation design. *Clinical Simulation in Nursing*, 11(6), 309-315 [http://www.nursingsimulation.org/article/S1876-1399\(15\)00025-0/pdf](http://www.nursingsimulation.org/article/S1876-1399(15)00025-0/pdf) Accessed September 10, 2015.

National Council of State Boards of Nursing. (2011). *NCSBN Uniform Licensure Requirements*. <https://www.ncsbn.org/107.htm> Accessed September 10, 2015.

National Council of State Boards of Nursing. (2012). *NCSBN Model Rules*. https://www.ncsbn.org/14_Model_Rules_0914.pdf Accessed September 10, 2015.

National Council of State Boards of Nursing. (2012). *NCSBN Model Act*. https://www.ncsbn.org/14_Model_Act_0914.pdf Accessed September 10, 2015.

National Council of State Boards of Nursing. (1996). *Assuring competence: A regulatory responsibility*. Chicago, IL: Author.

National League for Nursing Board of Governors. (2015). *A vision for teaching with simulation*. Washington, DC: National League for Nursing. [http://www.nln.org/docs/default-source/about/nln-vision-series-\(position-statements\)/vision-statement-a-vision-for-teaching-with-simulation.pdf?sfvrsn=2](http://www.nln.org/docs/default-source/about/nln-vision-series-(position-statements)/vision-statement-a-vision-for-teaching-with-simulation.pdf?sfvrsn=2) Accessed: September 16, 2015.

National Task Force on Quality Nurse Practitioner Education. (2012). *Criteria for the Evaluation of Nurse Practitioner Programs (4th ed.)*. American Association of Colleges of Nursing and the National Organization of Nurse Practitioner Faculties. Washington, DC: Author. <http://c.ymcdn.com/sites/www.nonpf.org/resource/resmgr/docs/ntfevalcriteria2012final.pdf> Accessed September 16, 2015.