

## CHAPTER 6301

### BOARD OF NURSING

### PROGRAM APPROVALS

6301.0100	DEFINITIONS.	6301.1300	FACULTY.
6301.0200	PURPOSE.	6301.1400	LEARNING MATERIALS.
6301.0300	SCOPE OF RULES.	6301.1505	STUDENT CLINICAL ACTIVITIES.
6301.0400	RESTRICTIONS BEFORE APPROVAL.	6301.1600	EVIDENCE OF STUDENT CLINICAL ACTIVITIES.
6301.0500	CONDITIONS FOR PROGRAM APPROVAL.		
6301.0600	APPLICATION FOR PROGRAM APPROVAL.	6301.1700	CLINICAL SETTINGS.
6301.0700	DIRECTOR'S RESPONSIBILITIES.	6301.1800	NURSING ABILITIES TO BE EVALUATED.
6301.0800	RULE COMPLIANCE SURVEY.	6301.1900	ADDITIONAL PROFESSIONAL NURSING ABILITIES TO BE EVALUATED.
6301.0810	EXPERIMENTAL PROGRAMS; EXEMPTION FROM CERTAIN RULES.		
6301.0900	PROGRAM CLOSURE.	6301.2000	PREPARATION FOR EVALUATION.
6301.1000	ACADEMIC RECORDS.	6301.2100	EVALUATION OF NURSING ABILITIES.
6301.1100	VERIFICATION OF COMPLETION.	6301.2200	EVALUATION OF COMBINING NURSING CATEGORIES.
6301.1200	ADVANCED STANDING.		

#### 6301.0100 DEFINITIONS.

Subpart 1. **Scope.** For the purpose of parts 6301.0100 to 6301.2200, the following terms have the meanings given them.

Subp. 2. **Advanced standing.** "Advanced standing" means academic credit granted a licensed practical nurse in recognition of prior nursing education and nursing experience.

Subp. 3. [Repealed, 28 SR 218]

Subp. 4. **Approval.** "Approval" means authority granted by the board for a controlling body to offer a program designed to prepare students to meet the nursing education requirements for licensure as practical or professional nurses in Minnesota.

Subp. 5. **Board.** "Board" means the Board of Nursing.

Subp. 6. **Board review panel.** "Board review panel" means the group convened under Minnesota Statutes, section 214.10 to review investigations of alleged noncompliance with rules.

Subp. 7. **Clinical setting.** "Clinical setting" means the place where, or through which, faculty and students have access to one or more patients. Classrooms controlled by the faculty do not meet this definition.

Subp. 7a. **Competence.** "Competence" means the application of knowledge and the interpersonal, decision-making, and psychomotor skills expected for the practice role, within the regulatory context of public health, safety, and welfare.

Subp. 8. **Controlling body.** "Controlling body" means a school or organization falling within the provisions of Minnesota Statutes, sections 148.171 to 148.299 and meeting the requirements of part 6301.0500, subpart 2.

Subp. 9. **Counseling.** "Counseling" means using mutual deliberation to assist the patient or family in decision making.

Subp. 10. **Director.** "Director" means the registered professional nurse responsible for developing a proposed program or for implementing a program. This title is used regardless of the official title given to the person by the controlling body.

Subp. 11. **Faculty.** "Faculty" means the director and other individuals designated by the controlling body as having ongoing responsibility for teaching or evaluating student learning in the program.

Subp. 12. [Repealed, 28 SR 218]

Subp. 13. **Nursing ability.** "Nursing ability" means the skill and judgment necessary to perform nursing actions safely.

Subp. 14. **Nursing care plan.** “Nursing care plan” means a pattern of specified patient goals, desired patient outcomes, and nursing actions designed to achieve the outcomes and goals.

Subp. 15. **Nursing personnel.** “Nursing personnel” means those nurses and nursing assistants, exclusive of nursing students, who provide care to patients. An exception to this definition is permitted in part 6301.1900, subparts 6, 7, and 8 when complying with parts 6301.2000 and 6301.2100.

Subp. 16. **Observation.** “Observation” means the act of using the senses to perceive information.

Subp. 17. **Patient.** “Patient” means a person or group of persons of any age, including a pregnant person and a fetus, who is receiving or needs to receive care from a nurse. An exception to this definition is permitted in parts 6301.1800 and 6301.1900 when complying with parts 6301.2000 and 6301.2100.

Subp. 18. **Practical program.** “Practical program” means a program designed to prepare students for licensure as practical nurses.

Subp. 19. **Professional program.** “Professional program” means a program designed to prepare students for licensure as registered nurses.

Subp. 20. **Program.** “Program” means a course of study offered by a controlling body that prepares students to practice practical nursing or professional nursing.

Subp. 21. **Safety.** “Safety” means protection against physical or psychosocial hurt, injury, loss, danger, or risk of harm.

Subp. 22. **Survey.** “Survey” means collecting and analyzing information to assess compliance with rules. Information may be collected by several methods, including review of written reports and materials, on-site observation and review of materials, or in-person or telephone interviews and conferences.

Subp. 23. **Treatment.** “Treatment” means a therapy prescribed by a licensed health professional or a legally prescribed medication.

**Statutory Authority:** *MS s 148.191; 148.251; 148.292; 148.296*

**History:** *12 SR 102; 28 SR 218*

### 6301.0200 PURPOSE.

This chapter is promulgated to establish requirements for practical and professional nursing programs conducted under Minnesota Statutes, sections 148.171 to 148.292.

**Statutory Authority:** *MS s 148.191 subd 2; 148.251; 148.292; 148.296*

### 6301.0300 SCOPE OF RULES.

Subpart 1. **Scope.** This chapter applies to new applications for program approval and to currently approved practical and professional programs offered in Minnesota. Nothing in this chapter restricts faculty from designing or implementing curricula, establishing evaluative criteria, or evaluating student abilities more comprehensively than required under this chapter.

Subp. 2. [Repealed, 28 SR 218]

Subp. 3. [Repealed, 7 SR 1751]

Subp. 4. [Repealed, 7 SR 1751]

**Statutory Authority:** *MS s 148.191; 148.251; 148.292; 148.296*

**History:** *28 SR 218*

### 6301.0400 RESTRICTIONS BEFORE APPROVAL.

Until a controlling body has received approval to conduct a program, representatives of the body shall use the term “proposed” in all references to the nursing program. Also, the controlling body may not conduct nursing courses designed to assist students in the achievement of nursing abilities specified in parts 6301.1800 and

6301.1900. This restriction does not prevent the controlling body from conducting nonnursing courses or from providing continuing education to nursing personnel.

**Statutory Authority:** *MS s 148.191; 148.251; 148.292; 148.296*

**History:** 28 SR 218

## 6301.0500 CONDITIONS FOR PROGRAM APPROVAL.

Subpart 1. **Minimum conditions.** The board shall consider for approval only proposed programs that meet the conditions of subparts 2 and 3.

Subp. 2. **Controlling body.** The controlling body proposing a program must be a Minnesota public or private postsecondary educational institution that is accredited by a regional or national accrediting association for postsecondary institutions, or a general hospital that had an existing program as of July 1, 1976.

Subp. 3. **Director.** The controlling body shall name a director to develop the proposed program and to implement the approved program.

**Statutory Authority:** *MS s 148.191; 148.251; 148.292; 148.296*

**History:** 28 SR 218

## 6301.0600 APPLICATION FOR PROGRAM APPROVAL.

Subpart 1. **Content.** An application for approval of either a practical or professional program must meet each of the following requirements:

A. The application must be on a board supplied form and must contain current and accurate information.

B. The information in the application must be confirmable by survey.

C. The application must be signed by the director and by another official representative of the controlling body.

D. Before the board acts upon the application, the application must include evidence that the proposal to establish the program has been favorably reviewed by a designated review board, if existent, for private postsecondary educational institutions, or, in the case of public postsecondary educational institutions, that authorization to conduct the program has been received from the Minnesota State Colleges and Universities Board of Trustees or the University of Minnesota Board of Regents.

E. The application must include evidence of readiness to comply with each of the following parts: 6301.1300, for the first year faculty; 6301.1400, for first year nursing courses and student evaluations; 6301.1505 and 6301.1600, for the first term; 6301.1700; and 6301.1800 to 6301.2200, for the first term for which evaluations of students' nursing abilities are planned.

F. The application must include a detailed written description of how the program will comply with each of the following parts: 6301.1100; 6301.1200, if applicable; 6301.1400 to 6301.1600, during all nursing courses; and 6301.1800 to 6301.2200, before the first student completes the program.

G. The board shall waive all or part of the sequence for evidencing compliance specified in item F and in part 6301.0700, subpart 1, if the application satisfactorily meets parts 6301.1000 to 6301.2200.

Subp. 2. **Processing.** When the board receives a satisfactory application and grants approval, the board shall notify representatives of the controlling body in writing of the approval. When nursing courses begin, the director shall notify the board of the beginning date.

If the board receives an incomplete application, or if the application and survey fail to evidence compliance with the rules, the board shall notify representatives of the controlling body in writing of the deficiencies it must remedy. Once all deficiencies are satisfactorily remedied, the board shall grant approval and notify representatives of the controlling body in writing of the approval. If the deficiencies are not corrected, the board shall deny approval according to procedures in part 6301.0800, subpart 3.

## 6301.0600 PROGRAM APPROVALS

1006

If 24 months have elapsed since the receipt of an incomplete or otherwise unsatisfactory application, and the representatives of the controlling body have neglected to satisfactorily complete the application, to satisfactorily remove deficiencies, or to withdraw the application, the board shall deny approval and so notify representatives of the controlling body.

Subp. 3. **Reapplication.** The board shall not reconsider an application that has been denied, but representatives of a controlling body may file a new application at any time.

**Statutory Authority:** *MS s 148.191; 148.251; 148.292; 148.296*

**History:** *L 1987 c 258 s 12; L 1989 c 246 s 2; L 1995 c 212 art 3 s 59; L 1995 1Sp3 art 16 s 13; 22 SR 973; 28 SR 218*

## 6301.0700 DIRECTOR'S RESPONSIBILITIES.

Subpart 1. **Initial evidence of compliance.** Within one year after beginning the first nursing course, and each succeeding year until the first student has completed the program, the director shall submit written evidence of compliance to date with part 6301.1000; part 6301.1100, when applicable; part 6301.1200, if applicable; and parts 6301.1300 to 6301.2200.

Subp. 2. **Evidence of compliance upon request.** Upon request from the board, the director shall furnish evidence of compliance with any rule.

Subp. 3. **Annual evidence of compliance.** After the first student has completed the program, the director shall annually submit an affidavit before October 1 that attests to compliance during the immediately preceding period, July 1 through June 30, with the applicable rules, at all locations and extended campuses. The affidavit must be on a board-supplied form.

Subp. 4. **Notice of change.** The director shall inform the board within 30 days of a change in the director, the name of the program, the name of the controlling body, the address of the program at each site where the program is offered, the addition or termination of a site of the program, the address of the controlling body, or control of the program. Changes in control of the program include sharing control with another body, deleting a body from sharing control, transferring control in whole or part to another body, or merging programs formerly controlled by other bodies.

**Statutory Authority:** *MS s 148.191; 148.251; 148.292; 148.296*

**History:** *28 SR 218*

## 6301.0800 RULE COMPLIANCE SURVEY.

### Subpart 1. **Timing.**

A. The board shall survey a proposed program for compliance with all applicable rules upon application for approval. The board shall survey an approved program for compliance with all applicable rules at least once every ten years. It shall also survey the program for compliance with one or more applicable rules if:

- (1) requirements for approval are changed or added;
- (2) the board has cause to suspect a lack of compliance with the rules; or
- (3) the board has cause to suspect program personnel of submitting false or misleading information or engaging in fraudulent practices to obtain or maintain approval.

B. In addition, 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 actions described in subitems (1) to (3).

(1) If success rates are 75 percent or less for one period, the board shall require the director to identify factors that are potentially affecting the low success rate on the licensure examination. The director shall submit a plan of corrective action by a specified date. The plan of action must be on a board-supplied form and include the

signature of the director and another institutional administrative academic representative. If the following year the success rate is above 75 percent, no action by the board is required.

(2) If success rates are 75 percent or less for any two consecutive periods, the board shall notify the director of an on-site survey to identify additional factors affecting the low success rate and review progress on the plan for corrective action submitted the previous year. The survey must include the director, faculty, students, and an institutional administrative academic representative of the institution. The director shall submit a revised plan of corrective action by a specified date. The plan of corrective action must be on a board-supplied form and include the signature of the director and another institutional administrative academic representative. If the following year the success rate is above 75 percent, no action is required by the board.

(3) If success rates are 75 percent or less for any three consecutive periods, the board shall require the director and another institutional administrative academic representative to meet with a committee of board members and board staff for an on-site survey for compliance with all applicable rules and for the implementation of the plan for corrective action submitted the previous year. Upon completion of the survey, the board shall take action in compliance with subpart 3.

**Subp. 2. Survey notice.** The board shall notify the director of the time allowed for supplying the information regarding compliance with rules, including time allowed for completing board-supplied forms and providing materials and written reports. Prior notice shall be given to the director of all on-site conferences, but not necessarily given for all on-site observations.

**Subp. 3. Board action.** The board shall take one of the following actions upon completion of a survey:

A. notify the director in writing that compliance with the rules has been determined; or

B. notify the director in writing of allegations of lack of compliance with one or more rules and that a conference with a board review panel will be held, or that a contested case hearing will be held in accordance with the Minnesota Administrative Procedure Act, Minnesota Statutes, and contested case rules of the Office of Administrative Hearings, parts 1400.5010 to 1400.8400.

If a board review panel finds that the allegations are untrue, the board shall dismiss the matter. If the panel finds that the allegations are true, and representatives of the program consent, the panel shall submit a report to the board.

The board shall take one of the following actions upon receipt of the report of the review panel or hearing officer: the board shall notify the director in writing that compliance with all rules has been determined; or issue a reprimand without changing the approval status if the program is in compliance either at the time of convening the review panel or hearing or by the time the board reviews the report of the panel or hearing; or issue a correction order specifying the date upon which the order will expire. Subsequently, if a deficiency is corrected before expiration of the correction order, the director will be notified in writing that the applicable rule has been determined to be in compliance. If a deficiency is not corrected before expiration of the correction order, the director will be notified that a conference with a board review panel may be held, or that a contested case hearing may be held in accordance with Minnesota Administrative Procedure Act, Minnesota Statutes, and with contested case rules of the Office of Administrative Hearings, parts 1400.5010 to 1400.8400. The purpose of the review panel or hearing is to determine if the deficiency was corrected prior to expiration of the correction order. If the deficiency was not corrected prior to expiration of the correction order, the board shall either remove the program from the list of approved programs or deny approval to an applicant.

**Statutory Authority:** *MS s 148.191; 148.251; 148.292; 148.296*

**History:** 26 SR 391; 28 SR 218

**6301.0810 EXPERIMENTAL PROGRAMS; EXEMPTION FROM CERTAIN RULES.**

**Subpart 1. Eligibility for exemption.** A professional or practical nursing program approved by the board and desiring to experiment within the program is eligible to seek an exemption from the rules identified in subpart 2. To be eligible for the exemption, the program of theory and practice must evidence one or more of the following: development of a multidisciplinary or interdisciplinary educational program, major change in the focus of the curriculum, major change in the locus of student-client interactions, or another revision of a similar magnitude. The program shall continue to prepare graduates to practice safely, competently, and ethically within the full scope of practice as defined in Minnesota Statutes, section 148.171, subdivision 15, for professional nursing, or subdivision 14, for practical nursing. The program shall be prepared to implement the experimental program within 18 months after the exemption is granted by the board.

**Subp. 2. Exemption.** Following the board's approval of the application for exemption pursuant to subparts 1 and 3, the board shall exempt eligible nursing programs from compliance with all of the following rules: parts 6301.0800; 6301.1300, subparts 1 and 2, item B; 6301.1505; 6301.1600; 6301.1700; 6301.1800; 6301.1900; 6301.2000; 6301.2100; and 6301.2200. Partial exemptions shall not be granted.

**Subp. 3. Application for exemption.** A program seeking the exemption described in subpart 2 must provide the following, in writing, at least 30 calendar days prior to a board meeting:

- A. a description of the revised program and how it differs from the current program;
- B. a description of how the revised program will provide a program of theory and practice in professional or in practical nursing;
- C. a timeline for implementation of the revised program and its effects on current students;
- D. a plan for an evaluation of the revised program including how nursing competency will be evaluated and how feedback from employers of the graduates of the program will be obtained and utilized;
- E. the length of time for which the exemption is requested; and
- F. other relevant information necessary to the board's review.

**Subp. 4. Granting exemption; duration.** The board shall grant to a program that is eligible for exemption as described in subpart 1 and has submitted the required application materials, the exemption for the period requested which shall be not less than one year nor more than eight years.

**Subp. 5. Board monitoring of programs.** The director of an approved program granted the exemption described in subpart 2 shall submit a written report annually to the board by October 1 of each year on the status of the revised program. The report shall address the stage of implementation, revisions made since the previous annual report, results of evaluations of the revised program and how the results were utilized, changes planned for the next year, and other related information as requested by the board. The program director shall attest to compliance with remaining applicable rules in this chapter.

**Statutory Authority:** *MS s 148.191; 214.06; 332.50*

**History:** *20 SR 2429; L 1999 c 172 s 18; 28 SR 218*

**6301.0900 PROGRAM CLOSURE.**

**Subpart 1. Notice.** If a program is voluntarily closing, the director shall give notice to the board of the planned closing date within 30 days of making the decision public, and shall notify the board of closure within 30 days after actual date of closure.

Subp. 2. **Ending approval.** The board will act to end approval after receipt of notice of voluntary closure. The board shall end approval as of the actual date of voluntary closure.

**Statutory Authority:** *MS s 148.191 subd 2; 148.251; 148.292; 148.296*

#### **6301.1000 ACADEMIC RECORDS.**

The director must have identified arrangements for secure storage of students' academic records or transcripts for the next 50 years in the event the program closes or the approval of the program is revoked. The director must inform the board of the name of the educational institution, hospital, or other organization that will be responsible for furnishing copies of students' academic records to graduates for that period of time.

**Statutory Authority:** *MS s 148.191 subd 2; 148.251; 148.292; 148.296*

#### **6301.1100 VERIFICATION OF COMPLETION.**

Either the director or representatives of the controlling body shall supply a document, such as a transcript, that verifies program completion to each student who satisfactorily completes the course of study. The document must attest to the student's fulfillment of all requirements of the program and to the student's eligibility for a degree, diploma, or certificate. This document must include the name under which the program is currently approved, the name of the student, and either the date the student met all program requirements or the date of conferral of the degree, diploma, or certificate.

**Statutory Authority:** *MS s 148.191 subd 2; 148.251; 148.292; 148.296*

#### **6301.1200 ADVANCED STANDING.**

Subpart 1. **Advanced standing.** The faculty of a professional program leading to an associate degree (addressed in Minnesota Statutes, section 148.251, subdivision 6) shall allow a qualified licensed practical nurse to gain advanced standing for at least one-third of the nursing credits required for graduation. A qualified licensed practical nurse is one who has met the admission requirements of the program and whose nursing education and experience have been reviewed under subpart 2. The faculty shall grant advanced standing to the qualified licensed practical nurse before the nurse begins the first nursing course in the program.

Subp. 2. **Determining advanced standing.** The faculty shall use one or more of the following methods to determine the number of academic credits, if any, to be granted:

A. review of a licensed practical nurse's previous education as reported on a transcript or similar document and previous nursing experience;

B. granting a previously determined number of credits for graduation from any approved practical nursing program; or

C. testing of a licensed practical nurse's knowledge and skill. Passing the tests does not require the specialized knowledge and skill that constitute "the practice of professional nursing," as defined in Minnesota Statutes, section 148.171, subdivision 15, and in part 6301.1900.

Subp. 3. **Transition.** The program must establish and implement learning activities designed to assist a licensed practical nurse who has been granted advanced standing in the transition from practical to professional nursing. The transitional learning activities may be provided in various ways, such as through nursing courses, tutoring, autotutorial lessons, or auditing of classes.

Subp. 4. **Completion.** The program must make it possible for a licensed practical nurse who is a full-time student, and who has been granted advanced standing equivalent to at least one-third of the nursing credits required for graduation, to acquire all of the remaining nursing credits within the same length of time it would take the majority of full-time classmates who have not been granted any advanced

standing. However, if all students enrolled have been granted advanced standing, they must be able to complete the remaining nursing credits in no more than 15 months.

Subp. 5. **Reporting.** By October 1 of each year the director shall submit, on a board-supplied form, the following information for the immediately preceding period, July 1 through June 30: the number of licensed practical nurses who applied for advanced standing, the number of licensed practical nurses admitted to the program, the number of licensed practical nurses admitted to the program with advanced standing, and the number of nursing credits granted to each. If no licensed practical nurse was admitted with advanced standing, the director shall provide an explanation.

Subp. 6. **Compliance deadline.** To maintain approval, professional programs leading to associate degrees (addressed in Minnesota Statutes, section 148.251, subdivision 6) must be in compliance with this rule by September 1, 1983, and thereafter.

**Statutory Authority:** *MS s 148.191; 148.251; 148.292; 148.296*

**History:** *L 1999 c 172 s 18; 28 SR 218*

### 6301.1300 FACULTY.

Subpart 1. **Responsibility.** Only the director and faculty members who are registered professional nurses may teach and evaluate student understanding of nursing theory and practice. Individuals who assist registered nurse faculty members or teach related subjects need not meet the qualifications outlined.

Subp. 2. **Qualifications.** The director must be prepared to supply documents showing that each registered nurse faculty member meets each of the following qualifications:

A. Each registered nurse faculty member must hold a professional nursing license and Minnesota current registration renewal certificate or, if licensed in another state, a permit to practice professional nursing in Minnesota.

B. Each registered nurse faculty member must successfully complete at least ten clock hours of educational preparation in principles and methods of evaluation of student performance. The preparation must be designed to develop skill in evaluating, such as describing basic principles of judging value or quality, describing characteristics of effective measuring procedures, defining a problem for evaluation, designing an evaluation plan, collecting information, and using evaluation results.

The preparation must be acquired through planned faculty in-service learning activities, continuing education offerings, or college courses.

The preparation must be obtained at least once in a faculty member's career within two years of initial faculty appointment to an approved program, or prior to the time the board acts on the application for approval of a program.

Subp. 3. **New program requirements.** Representatives of a controlling body applying for approval of a program or the director of a program that has not yet had a student complete the program must be able to supply documents showing that each of the registered nurse faculty members meets the additional educational qualifications specified as follows:

A. For practical nursing programs, the director must have at least a bachelor's degree of science or arts from a regionally or nationally accredited college or university. In addition, the director and all other faculty members must have had one year of experience in direct relation to nursing care during the five years preceding appointment. This experience may include teaching nursing and nursing administration.

B. For professional nursing programs, the director must have at least a master's degree from a regionally or nationally accredited college or university. All other faculty members must have at least a bachelor's degree of science or arts from a regionally or nationally accredited college or university.

**Statutory Authority:** *MS s 148.191; 148.251; 148.292; 148.296*

**History:** *28 SR 218*



**6301.1400 LEARNING MATERIALS.**

If a program has not yet had a student complete the program, the director shall ensure the availability of current instructional and evaluative materials necessary to enable students to acquire and demonstrate nursing abilities specified in part 6301.1800 and, for professional programs only, part 6301.1900. These may include library resources, autotutorial materials, audiovisuals, and classroom laboratory equipment and supplies.

**Statutory Authority:** *MS s 148.191 subd 2; 148.251; 148.292; 148.296*

**6301.1500** [Repealed, 28 SR 218]

**6301.1505 STUDENT CLINICAL ACTIVITIES.**

The program must have evidence demonstrating that each student is provided learning activities in clinical settings which include the application of nursing abilities or evaluation for possession of nursing abilities with patients across the life span and with patients throughout the whole wellness, acute, and chronic illness continuum.

**Statutory Authority:** *MS s 148.191; 148.211; 148.231*

**History:** 28 SR 218

**6301.1600 EVIDENCE OF STUDENT CLINICAL ACTIVITIES.**

Compliance with part 6301.1505 must be demonstrated, either through written evidence that the clinical learning activities or evaluations are required in nursing courses which all students must satisfactorily complete or through individual student records of clinical activities or evaluations. To demonstrate compliance, the director must be prepared to supply, for students progressing through the program and for the immediately preceding graduating class, one of the following: nursing course outlines or individual student records of clinical activities or of evaluation.

**Statutory Authority:** *MS s 148.191; 148.251; 148.292; 148.296*

**History:** 28 SR 218

**6301.1700 CLINICAL SETTINGS.**

Subpart 1. **Use of clinical settings.** Whenever a program uses a clinical setting to meet the requirements of parts 6301.1505 to 6301.2200, registered professional nurse faculty members must be responsible for determining clinical learning activities and for guiding and evaluating students in that setting.

Subp. 2. [Repealed, 15 SR 838]

Subp. 3. [Repealed, 15 SR 838]

Subp. 4. [Repealed, 15 SR 838]

**Statutory Authority:** *MS s 148.191; 148.231; 148.251; 148.292; 148.296*

**History:** 15 SR 838; 28 SR 218

**6301.1800 NURSING ABILITIES TO BE EVALUATED.**

Subpart 1. **Listing for evaluation.** Each student must be evaluated for the nursing abilities in subparts 2 to 9, grouped under categories of nursing practice.

Subp. 2. **Interaction with patients.** Each student must be evaluated for the ability to:

- A. use verbal and nonverbal communication skills;
- B. establish a relationship based on the patient's situation; and
- C. maintain professional boundaries in nurse-patient relationships.

Subp. 3. **Nursing observation and assessment of patients.** Each student must be evaluated for the ability to:

- A. collect data pertaining to a patient's physical and physiological structure and function;

B. collect data pertaining to a patient's intellectual, emotional, and social function;

C. collect data pertaining to a patient's spiritual and cultural function;

D. interpret collected data to identify a patient's health needs;

E. given a nursing care plan, establish a sequence of the student's own nursing actions; and

F. given nursing care plans for at least three patients, set nursing care priorities for that group.

**Subp. 4. Physical nursing care.** Each student must be evaluated for the ability to:

A. provide for physical safety;

B. prevent spread of pathogens;

C. determine when necessary to use sterile technic;

D. maintain sterility of equipment and supplies;

E. maintain integrity of skin and mucous membranes;

F. promote respiratory function;

G. promote circulatory function;

H. promote nutrition and fluid balance;

I. promote elimination;

J. promote physical activity;

K. promote restoration or maintenance of physical independence;

L. provide for physical comfort;

M. promote rest and sleep;

N. provide for personal hygiene; and

O. provide for an optimum level of pain relief.

**Subp. 5. Psychosocial nursing care.** Each student must be evaluated for the ability to:

A. promote development or maintenance of intellectual function;

B. promote emotional development;

C. promote social development;

D. promote spiritual well-being;

E. promote culturally competent care;

F. promote self-esteem;

G. promote a feeling of psychological safety and comfort;

H. identify signs and symptoms of violence and abuse, or self-destructive behavior;

I. promote adaptation to change or loss, including loss of independence or death;

J. provide care to meet end-of-life concerns; and

K. provide for a patient's need to know by giving, translating, or transmitting information.

**Subp. 6. Delegated medical treatment.** Each student must be evaluated for the ability to:

A. administer oxygen;

B. maintain patency of airway;

C. assist in the administration of intravenous sterile fluid;

D. implement treatment related to gastrointestinal function;

E. implement treatment related to genitourinary function;

F. implement treatment related to function of the integument;

G. implement treatment related to musculoskeletal function;

H. identify sources of information necessary to administer prescribed medication, including compatibility and interactions among prescribed medications and complementary substances;

I. calculate dosage necessary to administer prescribed medication;

J. determine the safe range of the dosage prescribed;

K. determine the appropriateness of the route for administration of prescribed medication;

L. prepare prescribed medication for administration;

M. administer prescribed medication;

N. judge the effectiveness of the prescribed medication;

O. follow procedure for working with controlled substances in the administration of prescribed medication; and

P. implement treatment related to cardiopulmonary function.

Subp. 7. **Reporting and recording.** Each student must be evaluated for the ability to:

A. report orally the information necessary to facilitate the continued nursing care of a patient by any others involved;

B. record the information necessary to maintain a record of nursing actions, patient's reactions to the care, and resulting patient outcomes; and

C. maintain confidentiality of patient information.

Subp. 8. **Evaluation of nursing actions.** Each student must be evaluated for the ability to evaluate the effectiveness of and maintain accountability for the student's nursing actions.

Subp. 9. **Legal responsibility.** Each student must be evaluated for the ability to determine the individual's legal accountability for the individual's scope of nursing practice.

**Statutory Authority:** *MS s 148.191; 148.231; 148.251; 148.292; 148.296*

**History:** *15 SR 838; 28 SR 218*

## **6301.1900 ADDITIONAL PROFESSIONAL NURSING ABILITIES TO BE EVALUATED.**

Subpart 1. **Listing for evaluation.** In addition to abilities specified in part 6301.1800, each student in a professional program shall be evaluated for the nursing abilities in subparts 2 to 12, grouped under categories of nursing practice.

Subp. 2. **Nursing care planning.** Each student must be evaluated for the ability to make a nursing care plan for a patient.

Subp. 3. **Identifying potential patients.** Each student must be evaluated for the ability to identify an individual who is not currently receiving nursing care, but who could benefit from care.

Subp. 4. **Health teaching and counseling.** Each student must be evaluated for the ability to:

A. promote a patient's understanding of a health practice or of needed care through teaching; and

B. promote a patient's independent functioning through counseling.

Subp. 5. **Referral to other health resources.** Each student must be evaluated for the ability to:

A. identify available health resources which match a patient's needs and desires; and

B. provide necessary information to patient and health resource.

Subp. 6. **Delegation to nursing personnel.** Each student must be evaluated for the ability to:

A. determine which nursing actions are to be delegated and the level of nursing personnel to whom they should be delegated; and

B. specify to nursing personnel the responsibilities for delegated actions.

Subp. 7. **Supervision of nursing personnel.** Each student must be evaluated for the ability to:

A. determine the need of nursing personnel for supervision;

B. direct or assist nursing personnel; and

C. evaluate care given by nursing personnel.

Subp. 8. **Teaching nursing personnel.** Each student must be evaluated for the ability to:

A. assess nursing personnel for a learning need;

B. make a teaching plan for meeting a learning need of nursing personnel;

C. implement a teaching plan for nursing personnel; and

D. determine if a learning need of nursing personnel has been met.

Subp. 9. [Repealed, 28 SR 218]

Subp. 10. **Evaluation of nursing care plans.** Each student must be evaluated for the ability to:

A. evaluate effectiveness of the nursing care plan for a patient; and

B. modify, if necessary, the nursing care plan for a patient.

Subp. 11. **Health needs of families.** Each student must be evaluated for the ability to:

A. collect and interpret data pertaining to a family's structure and function in relation to health needs; and

B. make a plan to assist a family to achieve a health goal.

Subp. 12. **Health needs of communities which affect individual's health.** Each student must be evaluated for the ability to:

A. collect and interpret data pertaining to a community's population and environment in terms of the community's effects on an individual's health; and

B. make a plan for modifying a condition within the community which affects the health of an individual.

**Statutory Authority:** *MS s 148.191; 148.251; 148.292; 148.296*

**History:** 28 SR 218

## **6301.2000 PREPARATION FOR EVALUATION.**

Subpart 1. **Predeterminations.** There must be written evidence that, before students were evaluated, the faculty had determined the evaluation components that ensure safety for the patient in the performance of nursing abilities specified in part 6301.1800 and, for professional programs only, part 6301.1900.

Subp. 2. **Evidence of preparation.** The director of a program which has had a student complete the program must demonstrate compliance with subpart 1, by supplying the written and dated evidence required in subpart 1 for a sample of the nursing abilities outlined in part 6301.1800 and, for professional programs only, part 6301.1900. This sample shall be selected by the board or its representative.

Subp. 3. **New program compliance.** Representatives of a controlling body applying for approval of a program, or the director of a program that has not yet had a student complete the program, must demonstrate compliance with all aspects of subpart 1 for all of the nursing abilities outlined in part 6301.1800 and, for professional programs only, part 6301.1900, in accordance with part 6301.0600, subpart 1, items E and F; and part 6301.0700, subpart 1.

**Statutory Authority:** *MS s 148.191; 148.251; 148.292; 148.296*

**History:** 28 SR 218

**6301.2100 EVALUATION OF NURSING ABILITIES.**

Subpart 1. **Practical program evaluation requirement.** Directors of practical programs shall be prepared to give evidence that each student has been evaluated for and has demonstrated competence in the performance of the nursing abilities specified in part 6301.1800.

Subp. 2. **Professional program evaluation requirement.** Directors of professional programs shall be prepared to give evidence that each student has been evaluated for and has demonstrated competence in the performance of the nursing abilities specified in parts 6301.1800 and 6301.1900.

Subp. 3. **Evidence of evaluation of nursing abilities.** For the sample of nursing abilities chosen by the board or its representative, compliance with subparts 1 and 2 must be demonstrated through at least one of the following methods:

A. evidence that the evaluations are required in nursing courses that students must satisfactorily complete;

B. evidence that satisfactory completion of the evaluations are required of all students in order to progress through the program, even though the evaluations are not course related; or

C. a sample of student evaluation records, chosen by the board or its representative.

Subp. 4. **New program compliance.** Representatives of a controlling body applying for approval of a program, or the director of a program that has not yet had a student complete the program, must demonstrate compliance for all of the nursing abilities through one of the methods outlined in subpart 3 in accordance with parts 6301.0600, subpart 1, items E and F; and 6301.0700, subpart 1.

**Statutory Authority:** *MS s 148.191; 148.251; 148.292; 148.296*

**History:** 28 SR 218

**6301.2200 EVALUATION OF COMBINING NURSING CATEGORIES.**

Subpart 1. **Evaluation requirement.** The director must be prepared to give evidence that each student's ability to combine at least three of the categories of nursing practice listed in part 6301.1800 and, for professional programs only, part 6301.1900 has been evaluated, and the student has been found to be competent. The ability to be demonstrated in this evaluation is that of bringing together nursing abilities from several categories of nursing practice to provide a coordinated, interrelated performance of nursing actions.

This evaluation must occur in a clinical setting. The combined categories of nursing practice must include at least one nursing ability from each of three or more categories of nursing practice.

For practical programs, this evaluation must involve multiple patients.

For professional programs, this evaluation must involve at least one of the following: multiple patients or multiple nursing personnel, a severe or urgent patient condition, or an unpredictable patient or nursing personnel situation.

Subp. 2. **Preparation for evaluation.** For the evaluation specified in subpart 1 there must be written evidence that, before students were evaluated, the faculty had determined the evaluation components for the ability to combine categories of nursing practice.

Subp. 3. **Evidence of preparation.** A program which has had a student complete the program must demonstrate compliance with subpart 2 by supplying written and dated evidence required in subpart 2 for the clinical performance evaluation outlined in subpart 1.

Representatives of a controlling body applying for approval, or the director of a program that has not yet had a student complete the program, must demonstrate

## 6301.2200 PROGRAM APPROVALS

1016

compliance with subpart 2 in accordance with part 6301.0600, subpart 1, items E and F; and part 6301.0700, subpart 1.

Subp. 4. **Evidence of evaluation of combining nursing categories.** Compliance with subpart 1 must be demonstrated for the evaluation of combining nursing categories, through one of the following methods:

A. evidence that the evaluation is required in a nursing course that all students must satisfactorily complete;

B. evidence that satisfactory completion of the evaluation is required of all students in order to progress through the program, even though the evaluation is not course related; or

C. a sample, chosen by the board or its representative, of student evaluation records.

Subp. 5. **New program compliance.** Representatives of a controlling body applying for approval of a program, or the director of a program that has not yet had a student complete the program, must demonstrate compliance with evaluation of combining nursing categories through one of the methods outlined in subpart 4, in accordance with part 6301.0600 subpart 1, items E and F; and part 6301.0700, subpart 1.

**Statutory Authority:** *MS s 148.191; 148.251; 148.292; 148.296*

**History:** *28 SR 218*