

7 MCAR 5

1 Board of Nursing

2

3 Adopted Repeal of Current Rules (7 MCAR SS 5.1050-5.1101 and

4 5.2040-5.2091) and Adoption of New Rules (7 MCAR SS

5 5.3000-5.3021) Regarding Practical and Professional Nursing

6 Program Approval

7

8 Rules as Adopted

9 7 MCAR S 5.3000 Definitions.

10 A. Scope. For the purpose of 7 MCAR SS 5.3000-5.3021 the  
11 following terms have the meanings given them.

12 B. Advanced standing. "Advanced standing" means academic  
13 credit granted a licensed practical nurse in recognition of  
14 prior nursing education and nursing experience.

15 C. Affiliation. "Affiliation" means an arrangement between  
16 representatives of a controlling body and of a clinical setting  
17 in which representatives of the clinical setting who are not  
18 faculty members determine and guide students in the  
19 implementation of clinical learning activities, and evaluate  
20 nursing abilities of students assigned to the clinical setting  
21 in accordance with 7 MCAR SS 5.3014-5.3021.

22 D. Approval. "Approval" means authority granted by the  
23 board for a controlling body to offer a program designed to  
24 prepare students to meet the nursing education requirements for  
25 licensure as practical or professional nurses in Minnesota.

26 E. Board. "Board" means the Board of Nursing.

27 F. Board review panel. "Board review panel" means the group  
28 convened under Minnesota Statutes, section 214.10 to review  
29 investigations of alleged noncompliance with rules.

30 G. Clinical setting. "Clinical setting" means the place  
31 where, or through which, faculty and students have access to one  
32 or more patients. Classrooms controlled by the faculty do not  
33 meet this definition.

34 G. H. Controlling body. "Controlling body" means a school  
35 or organization falling within the provisions of Minnesota  
36 Statutes, section 148.171 to 148.299 and meeting the

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1 requirements of 7 MCAR S 5.3004 B.

2 H- I. Counseling. "Counseling" means using mutual  
3 deliberation to assist the patient or family in decision making.

4 I- J. Director. "Director" means the registered  
5 professional nurse responsible for developing a proposed program  
6 or for implementing a program. This title is used regardless of  
7 the official title given to the person by the controlling body.

8 J- K. Faculty. "Faculty" means the director and other  
9 individuals designated by the controlling body as having ongoing  
10 responsibility for teaching or evaluating student learning in  
11 the program.

12 K- L. Family. "Family" means two or more people related  
13 through blood or marriage or living in the same household.

14 L- M. Nursing ability. "Nursing ability" means the mental  
15 and physical capacity and skill necessary to perform nursing  
16 actions.

17 ~~M- Nursing care. "Nursing care" means responding to the~~  
18 ~~needs of patients and performing personal services for and with~~  
19 ~~patients.~~

20 N. Nursing care plan. "Nursing care plan" means a pattern  
21 of specified patient goals, desired patient outcomes, and  
22 nursing actions designed to achieve the outcomes and goals.

23 O. Nursing personnel. "Nursing personnel" means those  
24 nurses and nursing assistants, exclusive of nursing students,  
25 who provide care to patients.

26 P. Observation. "Observation" means the act of using the  
27 senses to perceive information.

28 Q. Patient. "Patient" means a person of any age, including  
29 a pregnant person and a fetus, who is receiving or needs to  
30 receive care from a nurse. An exception to this definition is  
31 permitted in 7 MCAR SS 5.3017 and 5.3018 when complying with 7  
32 MCAR SS 5.3019 and 5.3020.

33 R. Practical program. "Practical program" means a program  
34 designed to prepare students for licensure as practical nurses.

35 S. Professional program. "Professional program" means a  
36 program designed to prepare students for licensure as registered.

1 nurses.

2 T. Program. "Program" means a course of study offered by a  
3 controlling body that prepares students to practice practical  
4 nursing or professional nursing.

5 U. Safety. "Safety" means protection against physical or  
6 psychosocial hurt, injury, loss, danger, or risk of harm.

7 V. Survey. "Survey" means collecting and analyzing  
8 information to assess compliance with rules. Information may be  
9 collected by several methods, including review of written  
10 reports and materials, on-site observation and review of  
11 materials, or in-person or telephone interviews and conferences.

12 W. Treatment. "Treatment" means a therapy prescribed by a  
13 licensed health professional or a legally prescribed medication.

14 7 MCAR S 5.3001 Purpose.

15 Rules 7 MCAR SS 5.3000-5.3021 are promulgated to establish  
16 requirements for practical and professional nursing programs  
17 conducted under Minnesota Statutes, sections 148.171 to 148.292.

18 7 MCAR S 5.3002 Scope of rules and temporary exemptions.

19 A. Scope. Rules 7 MCAR SS 5.3000-5.3021 apply to new  
20 applications for program approval and to currently approved  
21 practical and professional programs, except those programs  
22 temporarily exempted under C. Nothing in 7 MCAR SS  
23 5.3000-5.3021 restricts faculty from designing or implementing  
24 curricula, establishing evaluative criteria, or evaluating  
25 student abilities more comprehensively than required under 7  
26 MCAR SS 5.3000-5.3021.

27 B. Continuing approval. Programs approved under 7 MCAR SS  
28 5.1050-5.1101 or 7 MCAR SS 5.2040-5.2091 are not required to  
29 obtain additional program approval under 7 MCAR SS  
30 5.3001-5.3021, unless existing approval is terminated by the  
31 board. Approval continues in effect as long as a program  
32 demonstrates compliance with all applicable rules.

33 C. Temporary exemption. Before July 1, 1983, either  
34 representatives of a controlling body that already operates an  
35 approved professional or practical program or the director of

1 the program may notify the board, in writing, of intent to  
2 operate the program under existing rules 7 MCAR SS 5.1050-5.1101  
3 or 7 MCAR SS 5.2040-5.2091, rather than under 7 MCAR SS  
4 5.3000-5.3021. This temporary exemption may be used until June  
5 30, 1985, at which time all approved nursing programs must  
6 comply with these rules.

7 D. Limited temporary exemption. Currently approved  
8 professional programs leading to associate degrees (addressed in  
9 Minnesota Statutes, section 148.251, subdivision 4) may use the  
10 exemption in C. for all of the rules except 7 MCAR S 5.3011.  
11 7 MCAR S 5.3003 Restrictions before approval.

12 Until a controlling body has received approval to conduct a  
13 program, representatives of the body shall use the term  
14 "proposed" in all printed references to the nursing program.  
15 Also, the controlling body may not conduct nursing courses  
16 designed to assist students in the achievement of nursing  
17 abilities specified in 7 MCAR SS 5.3017 and 5.3018. This  
18 restriction does not prevent the controlling body from  
19 conducting nonnursing courses or from providing continuing  
20 education to nursing personnel.

21 7 MCAR S 5.3004 Conditions for program approval.

22 A. Minimum conditions. The board shall consider for  
23 approval only proposed programs that meet the conditions of B.  
24 and C.

25 B. Controlling body. The controlling body proposing a  
26 program must be a Minnesota public or private postsecondary  
27 educational institution, or a general hospital that had an  
28 existing program as of July 1, 1976.

29 C. Director. The controlling body shall name a director to  
30 develop the proposed program and to implement the approved  
31 program.

32 7 MCAR S 5.3005 Application for program approval.

33 A. Content. An application for approval of either a  
34 practical or professional program must meet each of the  
35 following requirements:

1           1. The application must be on a board-supplied form and  
2 must contain current and accurate information.

3           2. The information in the application must be confirmable  
4 by survey.

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

7           4. Before the board acts upon the application, the  
8 application must include evidence that the proposal to establish  
9 the program has been favorably reviewed by the Minnesota Higher  
10 Education Coordinating Board, and, in the case of public  
11 postsecondary educational institutions, that authorization has  
12 been received to conduct the program from a state agency such as  
13 the Department of Education for Area Vocational Technical  
14 Institutes, State Board for Community Colleges, State University  
15 Board, or the University of Minnesota Board of Regents.

16           5. The application must include evidence of readiness to  
17 comply with each of the following rules: 7 MCAR S 5.3009; 7  
18 MCAR S 5.3012, for the first year faculty only; 7 MCAR S 5.3013,  
19 for first year nursing courses and student evaluations only; 7  
20 MCAR S 5.3014 and 7 MCAR S 5.3015, for first quarter, first  
21 semester, or first term only; 7 MCAR S 5.3016; and 7 MCAR SS  
22 5.3017-3021, for first quarter, first semester, or first term  
23 for which evaluations of students' nursing abilities are planned.

24           6. The application must include a detailed written  
25 description of how the program will comply with each of the  
26 following rules: 7 MCAR S 5.3010; 7 MCAR S 5.3011, if  
27 applicable; 7 MCAR SS 5.3013-5.3015, during all nursing courses;  
28 and 7 MCAR SS 5.3017-5.3021, before the first student completes  
29 the program.

30           7. The board may shall waive all or part of the sequence  
31 for evidencing compliance specified in 6. and in 7 MCAR S 5.3006  
32 A. if the application satisfactorily meets rules 7 MCAR SS  
33 5.3009-5.3021.

34           B. Processing. When the board receives a satisfactory  
35 application and grants approval, the board shall notify  
36 representatives of the controlling body in writing of the

1 approval. When nursing courses begin, the director shall notify  
2 the board of the beginning date.

3 If the board receives an incomplete application, or if the  
4 application and survey fail to evidence compliance with the  
5 rules, the board shall notify representatives of the controlling  
6 body in writing of the deficiencies it must remedy. Once all  
7 deficiencies are satisfactorily remedied, the board shall grant  
8 approval and notify representatives of the controlling body in  
9 writing of the approval. If the deficiencies are not corrected,  
10 the board shall deny approval according to procedures in 7 MCAR  
11 S 5.3007C.

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

19 C. Reapplication. The board shall not reconsider an  
20 application that has been denied, but representatives of a  
21 controlling body may file a new application at any time.

22 7 MCAR S 5.3006 Director's responsibilities.

23 A. Initial evidence of compliance. Within one year after  
24 beginning the first nursing course, and each succeeding year  
25 until the first student has completed the program, the director  
26 shall submit written evidence of compliance to date with 7 MCAR  
27 S 5.3009; 7 MCAR S 5.3010, when applicable; 7 MCAR S 5.3011, if  
28 applicable; and 7 MCAR SS 5.3012-5.3021.

29 B. Evidence of compliance upon request. Upon request from  
30 the board, the director shall furnish evidence of compliance  
31 with any rule.

32 C. Annual evidence of compliance. After the first student  
33 has completed the program, the director shall annually submit an  
34 affidavit before October 1 that attests to compliance during the  
35 immediately preceding period, July 1 through June 30, with the  
36 applicable rules, at all locations and extended campuses. The

1 affidavit must be on a board-supplied form.

2 D. Notice of change. The director shall inform the board  
3 within 30 days of a change in the director, the name of the  
4 program, the name of the controlling body, the address of the  
5 program, the address of the controlling body, or control of the  
6 program. Changes in control of the program include sharing  
7 control with another body, deleting a body from sharing control,  
8 transferring control in whole or part to another body, or  
9 merging programs formerly controlled by other bodies.

10 7.MCAR S 5.3007 Rule compliance survey.

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

17 1. the success rate is 75 percent or less for students  
18 and graduates who, during any January 1 through December 31  
19 period, wrote the licensing examination for the first time;

20 2. requirements for approval are changed or added;

21 3. the board has cause to suspect a lack of compliance  
22 with the rules; or

23 4. the board has cause to suspect program personnel of  
24 submitting false or misleading information or engaging in  
25 fraudulent practices to obtain or maintain approval.

26 B. Survey notice. The board shall notify the director of  
27 the time allowed for supplying by mail the information regarding  
28 compliance with rules, including time allowed for completing  
29 board-supplied forms and providing materials and written  
30 reports. Prior notice shall be given to the director of all  
31 onsite conferences, but not necessarily given for all onsite  
32 observations.

33 C. Board action. The board shall take one of the following  
34 actions upon completion of a survey:

35 1. notify the director in writing that compliance with  
36 the rules has been determined; or

1           2.   notify the director in writing of allegations of lack  
2 of compliance with one or more rules and that a conference with  
3 a board review panel will be held, or that a contested case  
4 hearing will be held in accordance with the Minnesota  
5 Administrative Procedure Act, Minnesota Statutes, ~~sections~~  
6 ~~15.041-15.052~~, and contested case rules of the Office of  
7 Administrative Hearings, 9 MCAR SS 2.201-2.222.

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

12           The board shall take one of the following actions upon  
13 receipt of the report of the review panel or hearing officer:  
14 the board shall notify the director in writing that compliance  
15 with all rules has been determined; or issue a reprimand without  
16 changing the approval status if the program is in compliance  
17 either at the time of convening the review panel or hearing or  
18 by the time the board reviews the report of the panel or  
19 hearing; or issue a correction order specifying the date upon  
20 which the order will expire.  Subsequently, if a deficiency is  
21 corrected before expiration of the correction order, the  
22 director will be notified in writing that the applicable rule  
23 has been determined to be in compliance.  If a deficiency is not  
24 corrected before expiration of the correction order, the  
25 director will be notified that a conference with a board review  
26 panel may be held, or that a contested case hearing may be held  
27 in accordance with Minnesota Administrative Procedure Act,  
28 Minnesota Statutes, ~~sections-15.041-15.052~~, and with contested  
29 case rules of the Office of Administrative Hearings, 9 MCAR SS  
30 2.201-2.222.  The purpose of the review panel or hearing is to  
31 determine if the deficiency was corrected prior to expiration of  
32 the correction order.  If the deficiency was not corrected prior  
33 to expiration of the correction order, the board shall either  
34 remove the program from the list of approved programs or deny  
35 approval to an applicant.

36 7 MCAR S 5.3008 Program closure.



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

6 B. Ending approval. The board will act to end approval  
7 after receipt of notice of voluntary closure. The board shall  
8 end approval as of the actual date of voluntary closure.

9 7 MCAR S 5.3009 Academic records.

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

17 7 MCAR S 5.3010 Verification of completion.

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

28 7 MCAR S 5.3011 Advanced standing.

29 A. Advanced standing. The faculty of a professional program  
30 leading to an associate degree (addressed in Minnesota Statutes,  
31 section 148.251, subdivision 4) shall allow a qualified licensed  
32 practical nurse to gain advanced standing for at least one-third  
33 of the nursing credits required for graduation. A qualified  
34 licensed practical nurse is one who has met the admission  
35 requirements of the program and whose nursing education and

1 experience have been reviewed under B. The faculty shall grant  
2 advanced standing to the qualified licensed practical nurse  
3 before he or she begins the first nursing course in the program.

4 B. Determining advanced standing. The faculty shall use one  
5 or more of the following methods to determine the number of  
6 academic credits, if any, to be granted:

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

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

12 3. testing of a licensed practical nurse's knowledge and  
13 skill. Passing the tests does not require the specialized  
14 knowledge and skill that constitute "the practice of  
15 professional nursing," as defined in Minnesota Statutes, section  
16 148.171, clause (3), and in rule 7 MCAR S 5.3018.

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

24 D. Completion. The program must make it possible for a  
25 licensed practical nurse who is a full-time student, and who has  
26 been granted advanced standing equivalent to at least one-third  
27 of the nursing credits required for graduation, to acquire all  
28 of the remaining nursing credits within the same length of time  
29 it would take the majority of full-time classmates who have not  
30 been granted any advanced standing. However, if all students  
31 enrolled have been granted advanced standing, they must be able  
32 to complete the remaining nursing credits in no more than 15  
33 months.

34 E. Reporting. By October 1 of each year the director shall  
35 submit, on a board-supplied form, the following information for  
36 the immediately preceding period, July 1 through June 30: the

1 number of licensed practical nurses who applied for advanced  
2 standing; the number of licensed practical nurses admitted to  
3 the program; the number of licensed practical nurses admitted to  
4 the program with advanced standing; and the number of nursing  
5 credits granted to each. If no licensed practical nurse was  
6 admitted with advanced standing, the director shall provide an  
7 explanation.

8 F. Compliance deadline. To maintain approval, professional  
9 programs leading to associate degrees (addressed in Minnesota  
10 Statutes, section 148.251, subdivision 4) must be in compliance  
11 with this rule by September 1, 1983 and thereafter.

12 7 MCAR S 5.3012 Faculty.

13 A. Responsibility. Only the director and faculty members  
14 who are registered professional nurses may teach and evaluate  
15 student understanding of nursing theory and practice.  
16 Individuals who assist registered nurse faculty members or teach  
17 related subjects need not meet the qualifications outlined in B.  
18 and C.

19 B. Qualifications. The director must be prepared to supply  
20 documents showing that each registered nurse faculty member  
21 meets each of the following qualifications.

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

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

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

1 The preparation must be obtained at least once in a faculty  
2 member's career, either by July 1, 1985, or within two years of  
3 initial faculty appointment to an approved program, or prior to  
4 the time the board acts on the application for approval of a  
5 program.

6 C. ~~Basic-education~~ New program requirements.

7 Representatives of a controlling body applying for approval of a  
8 program or the director of a program that has not yet had a  
9 student complete the program must be able to supply documents  
10 showing that each of the registered nurse faculty members meets  
11 the additional educational qualifications specified as follows:

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

19 2. For professional nursing programs, the director must  
20 have at least a master's degree from a regionally accredited  
21 college or university. All other faculty members must have at  
22 least a bachelor's degree of science or arts from a regionally  
23 accredited college or university.

24 7 MCAR S 5.3013 Learning materials.

25 If a program has not yet had a student complete the  
26 program, the director shall ensure the availability of current  
27 instructional and evaluative materials necessary to enable  
28 students to acquire and demonstrate nursing abilities specified  
29 in 7 MCAR S 5.3017 and, for professional programs only, 7 MCAR S  
30 5.3018. These may include library resources, autotutorial  
31 materials, audiovisuals, and classroom laboratory equipment and  
32 supplies.

33 7 MCAR S 5.3014 Student clinical activities.

34 A. Notice of option choice. By October 1 of each year, the  
35 director shall notify the board in writing, on the form

1 submitted under 7 MCAR S 5.3006 C., of intent to conduct  
2 clinical teaching or evaluative activities in accordance with  
3 either B. or C.

4 B. First program option. The program must have evidence  
5 showing that each student is provided with learning activities  
6 in clinical settings that involve the application of nursing  
7 abilities, or is evaluated for possession of nursing abilities  
8 in clinical settings, with patients in each of the following  
9 categories:

- 10 1. newborn through 11 months;
- 11 2. one year through 12 years;
- 12 3. eighteen years through 64 years;
- 13 4. sixty-five years and older;
- 14 5. healthy patients, such as patients in an uncomplicated  
15 maternity cycle or, for professional programs only, patients in  
16 need of health teaching;
- 17 6. acutely ill patients, suffering illness with a short  
18 and relatively severe course; and
- 19 7. chronically ill patients, suffering from an illness  
20 that persists over a long period of time.

21 C. Second program option. The program must have evidence  
22 showing that each student is provided with learning activities  
23 in clinical settings that involve the application of nursing  
24 abilities, or is evaluated for possession of nursing abilities  
25 in clinical settings, with patients in each of the following  
26 categories:

- 27 1. for the practical program: children; mothers of  
28 newborn infants; newborn infants; adults with common illnesses;  
29 geriatric patients; and patients with mental and emotional  
30 problems;
- 31 2. for the professional program: patients having nursing  
32 care needs in all stages of illness; adults, including those  
33 over 65 years of age, and children receiving medical and  
34 surgical therapy; patients having mental illness; and mothers  
35 and newborn infants in the maternity cycle.

36 7 MCAR S 5.3015 Evidence of student clinical activities.

1 Compliance with 7 MCAR S 5.3014 B. or C. must be  
2 demonstrated, either through written evidence that the clinical  
3 learning activities or evaluations are required in nursing  
4 courses which all students must satisfactorily complete or  
5 through individual student records of clinical activities or  
6 evaluations. To demonstrate compliance, the director must be  
7 prepared to supply, for students progressing through the program  
8 and for the immediately preceding graduating class, one of the  
9 following: nursing course outlines or individual student  
10 records of clinical activities or of evaluation.

11 7 MCAR S 5.3016 Clinical settings.

12 A. Use of clinical settings absent affiliation. If a  
13 program uses a clinical setting to meet the requirements of 7  
14 MCAR SS 5.3014-5.3021 and has no affiliation with that clinical  
15 setting, then registered professional nurse faculty members must  
16 be responsible for determining clinical learning activities and  
17 for guiding and evaluating students in that setting.

18 B. Clinical use authorizations. A controlling body applying  
19 for program approval must have a written authorization from a  
20 representative of each clinical setting needed to meet the  
21 requirements of 7 MCAR SS 5.3014-5.3021. There must be an  
22 authorization from each clinical setting needed to accommodate  
23 all of the students who will be enrolled at any one time prior  
24 to the first student's completion of the program.

25 C. Beginning affiliation. An affiliation established for  
26 the purpose of complying with 7 MCAR SS 5.3014-5.3021 must be  
27 approved by the board before being implemented. The board shall  
28 base approval of the affiliation upon a written description of  
29 how the arrangement will provide for compliance with each of the  
30 following requirements:

31 1. There must be clear identification of the purpose of  
32 the proposed affiliation, identification of its relationship to  
33 all nursing courses, and evidence of how one or more of the  
34 requirements in 7 MCAR SS 5.3014-5.3021 would be met.

35 2. A faculty member shall observe student performance in  
36 the clinical setting at least once a week.

1           3. Students shall not participate in an affiliated  
2 clinical setting for more than half of any one term, quarter, or  
3 semester.

4           4. Students shall not participate in more than two  
5 affiliated clinical settings while completing the program.

6           D. Continuing affiliation. Continued board approval of an  
7 affiliation shall be based upon evidence of actual compliance  
8 with each of the requirements in C. throughout the duration of  
9 the affiliation.

10       7 MCAR § 5.3017 Nursing abilities to be evaluated.

11           A. Listing for evaluation. Students must be evaluated for  
12 each of the nursing abilities in B.-H., grouped under categories  
13 of nursing practice.

14           B. Interaction with patients. Students must be evaluated  
15 for the ability to:

16               1. use verbal and nonverbal communication skills; and

17               2. establish a relationship based on the patient's  
18 situation.

19           C. Nursing observation and assessment of patients. Students  
20 must be evaluated for the ability to:

21               1. collect data pertaining to a patient's physical and  
22 physiological structure and function;

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

25               3. interpret collected data to identify a patient's  
26 health needs;

27               4. given a nursing care plan, establish a sequence of  
28 their own nursing actions; and

29               5. given nursing care plans for at least three patients,  
30 set nursing care priorities for that group.

31           D. Physical nursing care. Students must be evaluated for  
32 the ability to:

33               1. provide for physical safety;

34               2. prevent spread of pathogens;

35               3. determine when necessary to use sterile technic;

36               4. maintain sterility of equipment and supplies;

- 1 5. maintain integrity of skin and mucous membranes;
- 2 6. promote respiratory function;
- 3 7. promote circulatory function;
- 4 8. promote nutrition and fluid balance;
- 5 9. promote elimination;
- 6 10. promote physical activity;
- 7 11. promote restoration or maintenance of physical
- 8 independence;
- 9 12. provide for physical comfort;
- 10 13. promote rest and sleep; and
- 11 14. provide for personal hygiene.

12 E. Psychosocial nursing care. Students must be evaluated  
13 for the ability to:

- 14 1. promote development or maintenance of intellectual
- 15 function;
- 16 2. promote emotional development;
- 17 3. promote social development;
- 18 4. promote self esteem;
- 19 5. promote a feeling of psychological safety and comfort;
- 20 6. promote adaptation to change or loss, including loss
- 21 of independence or death; and
- 22 7. provide for a patient's need to know by giving,
- 23 translating, or transmitting information.

24 F. Delegated medical treatment. Students must be evaluated  
25 for the ability to:

- 26 1. administer oxygen;
- 27 2. maintain patency of airway;
- 28 3. assist in the administration of sterile fluid through
- 29 an established intravenous route;
- 30 4. implement treatment related to gastrointestinal
- 31 function;
- 32 5. implement treatment related to genitourinary function;
- 33 6. implement treatment related to function of the
- 34 integument;
- 35 7. implement treatment related to musculoskeletal
- 36 function;



1 8. locate information necessary to administer prescribed  
2 medication;

3 9. calculate dosage necessary to administer prescribed  
4 medication;

5 10. prepare prescribed medication for administration;

6 11. administer prescribed medication by mouth;

7 12. administer prescribed medication by intramuscular  
8 injection;

9 13. observe effects of the administration of a prescribed  
10 medication; and

11 14. follow procedure for working with controlled  
12 substances in the administration of prescribed medication.

13 G. Reporting and recording. Students must be evaluated for  
14 the ability to:

15 1. report orally the information necessary to facilitate  
16 the continued nursing care of a patient by any others involved;  
17 and

18 2. record in writing the information necessary to  
19 maintain a record of nursing actions, patient's reactions to the  
20 care, and resulting patient outcomes.

21 H. Evaluation of nursing actions. Students must be  
22 evaluated for the ability to evaluate effects of their own  
23 nursing actions.

24 7 MCAR S 5.3018 Additional professional nursing abilities to be  
25 evaluated.

26 A. Listing for evaluation. In addition to abilities  
27 specified in 7 MCAR S 5.3017, students in professional programs  
28 shall be evaluated for each of the nursing abilities in B.-L.,  
29 grouped under categories of nursing practice.

30 B. Nursing care planning. Students must be evaluated for  
31 the ability to make a nursing care plan for a patient.

32 C. ~~Case-finding~~ Identifying potential patients. Students  
33 must be evaluated for the ability to identify an individual who  
34 is not currently receiving nursing care, but who could benefit  
35 from care.

36 D. Health teaching and counseling. Students must be

1 evaluated for the ability to:

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

4 2. promote a patient's independent functioning through  
5 counseling.

6 E. Referral to other health resources. Students must be  
7 evaluated for the ability to:

8 1. identify available health resources which match a  
9 patient's needs and desires; and

10 2. provide necessary information to patient and health  
11 resource.

12 F. Delegation to nursing personnel. Students must be  
13 evaluated for the ability to:

14 1. determine which nursing actions are to be delegated  
15 and the level of nursing personnel to whom they should be  
16 delegated; and

17 2. specify to nursing personnel the responsibilities for  
18 delegated actions.

19 G. Supervision of nursing personnel. Students must be  
20 evaluated for the ability to:

21 1. determine the need of nursing personnel for  
22 supervision;

23 2. direct or assist nursing personnel; and

24 3. evaluate care given by nursing personnel.

25 H. Teaching nursing personnel. Students must be evaluated  
26 for the ability to:

27 1. assess nursing personnel for a learning need;

28 2. make a teaching plan for meeting a learning need of  
29 nursing personnel;

30 3. implement a teaching plan for nursing personnel; and

31 4. determine if a learning need of nursing personnel has  
32 been met.

33 I. Delegated medical treatment. Students must be evaluated  
34 for the ability to administer prescribed medication through an  
35 already established intravenous route.

36 J. Evaluation of nursing care plans. Students must be

1 evaluated for the ability to:

2 1. evaluate effectiveness of the nursing care plan for a  
3 patient; and

4 2. modify, if necessary, the nursing care plan for a  
5 patient.

6 K. ~~Nursing-assessment-of-actual-or-potential-physiological~~  
7 ~~or-psychological~~ Health needs of families. Students must be  
8 evaluated for the ability to:

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

11 2. make a plan to assist a family to achieve a health  
12 goal.

13 L. ~~Nursing-assessment-of-actual-or-potential-physiological~~  
14 ~~or-psychological~~ Health needs of communities which affect  
15 individual's health. Students must be evaluated for the ability  
16 to:

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

20 2. make a plan for modifying ~~conditions~~ a condition  
21 within the community which ~~affect~~ affects the health of an  
22 individual.

23 7 MCAR S 5.3019 Preparation for evaluation.

24 A. Predeterminations. There must be written evidence that,  
25 before students were evaluated, the faculty had determined the  
26 evaluation components as follows for each nursing ability  
27 specified in 7 MCAR S 5.3017 and, for professional programs  
28 only, 7 MCAR S 5.3018:

29 1. the nursing actions a student may perform to  
30 demonstrate each nursing ability;

31 2. the evaluation situation or stimulus to be presented  
32 to students (the situation or stimulus must elicit or at least  
33 permit a demonstration of each identified nursing ability that  
34 can be observed or otherwise measured for quality);

35 3. the criteria for judging a student's performance of  
36 each nursing ability (these criteria must be measurable, be

1 appropriate to the nursing ability, address the safety of the  
2 patient, and ascertain the accuracy of student performance); and  
3 4. the basis for deciding whether the student possesses  
4 each nursing ability.

5 B. Evidence of preparation. The director of a program which  
6 has had a student complete the program must demonstrate  
7 compliance with A., by supplying the written and dated evidence  
8 required in A. for a sample of the nursing abilities outlined in  
9 7 MCAR S 5.3017 and, for professional programs only, 7 MCAR S  
10 5.3018. This sample shall be selected by the board or its  
11 representative.

12 C. New program compliance. Representatives of a controlling  
13 body applying for approval of a program, or the director of a  
14 program that has not yet had a student complete the program,  
15 must demonstrate compliance with all aspects of A. for all of  
16 the nursing abilities outlined in 7 MCAR S 5.3017 and, for  
17 professional programs only, 7 MCAR S 5.3018, in accordance with  
18 7 MCAR S 5.3005 A.5. and A.6. and 7 MCAR S 5.3006 A.

19 7 MCAR S 5.3020 Evaluation of nursing abilities.

20 A. Practical program evaluation requirement. Directors of  
21 practical programs shall be prepared to give evidence that each  
22 student has been evaluated at least once for each of the nursing  
23 abilities specified in 7 MCAR S 5.3017.

24 B. Professional program evaluation requirement. Directors  
25 of professional programs shall be prepared to give evidence that  
26 each student has been evaluated at least once for each of the  
27 nursing abilities specified in 7 MCAR S 5.3017 and 7 MCAR S  
28 5.3018.

29 C. Evidence of evaluation of nursing abilities. For the  
30 sample of nursing abilities chosen by the board or its  
31 representative, compliance with A. and B. must be demonstrated  
32 through at least one of the following methods:

- 33 1. evidence that the evaluations are required in nursing  
34 courses that students must satisfactorily complete;
- 35 2. evidence that satisfactory completion of the  
36 evaluations are required of all students in order to progress

1 through the program, even though the evaluations are not course  
2 related; or

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

5 D. New program compliance. Representatives of a controlling  
6 body applying for approval of a program, or the director of a  
7 program that has not yet had a student complete the program,  
8 must demonstrate compliance for all of the nursing abilities  
9 through one of the methods outlined in C. in accordance with 7  
10 MCAR S 5.3005 A.5. and A.6. and 7 MCAR S 5.3006 A.

11 7 MCAR S 5.3021 Evaluation of combining nursing categories.

12 A. Evaluation requirement. The director must be prepared to  
13 give evidence that each student's ability to combine at least  
14 three of the categories of nursing practice listed in 7 MCAR S  
15 5.3017 and, for professional programs only, 7 MCAR S 5.3018 has  
16 been evaluated at least once. The ability to be demonstrated in  
17 this evaluation is that of bringing together nursing abilities  
18 from several categories of nursing practice to provide a  
19 coordinated, interrelated performance of nursing actions.

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

24 For practical programs, this evaluation must involve  
25 multiple patients.

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

30 B. Preparation for evaluation. For the evaluation specified  
31 in A. there must be written evidence that, before students were  
32 evaluated, each of the following determinations was made:

33 1. The faculty identified the categories of nursing  
34 practice to be combined. This does not mean that nursing  
35 abilities evaluated within the categories must be determined  
36 before evaluation. The predeterminations required in 7 MCAR S

1 5.3019 A. may be used to evaluate these specific nursing  
2 abilities.

3 2. The faculty specified the clinical situation to be  
4 presented to students. This clinical situation must elicit or  
5 at least permit a demonstration of the ability to combine  
6 identified categories of nursing practice with actual patients  
7 or, for professional programs only, nursing personnel. Also,  
8 the situation must permit a demonstration which can be observed  
9 or otherwise measured for quality.

10 3. The faculty specified all criteria for judging a  
11 student's ability to combine categories of nursing practice.  
12 These criteria must be measurable, be appropriate to the  
13 combination of the categories of nursing practice in the  
14 situation, address the safety of the patient, and ascertain the  
15 accuracy of the student's performance.

16 4. The faculty specified the basis for deciding whether  
17 the student has the ability to combine categories of nursing  
18 practice in the situation.

19 C. Evidence of preparation. A program which has had a  
20 student complete the program must demonstrate compliance with B.  
21 by supplying written and dated evidence required in B. for the  
22 clinical performance evaluation outlined in A.

23 Representatives of a controlling body applying for  
24 approval, or the director of a program that has not yet had a  
25 student complete the program, must demonstrate compliance with  
26 B. in accordance with 7 MCAR S 5.3005 A.5. and A.6. and 7 MCAR S  
27 5.3006 A.

28 D. Evidence of evaluation of combining nursing categories.  
29 Compliance with A. must be demonstrated for the evaluation of  
30 combining nursing categories, through one of the following  
31 methods:

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

34 2. evidence that satisfactory completion of the  
35 evaluation is required of all students in order to progress  
36 through the program, even though the evaluation is not course

1 related; or

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

4 E. New program compliance. Representatives of a controlling  
5 body applying for approval of a program, or the director of a  
6 program that has not yet had a student complete the program,  
7 must demonstrate compliance with evaluation of combining nursing  
8 categories through one of the methods outlined in D., in  
9 accordance with 7 MCAR S 5.3005 A.5. and A.6. and 7 MCAR S  
10 5.3006 A.

11

12 Repealer. Rules 7 MCAR SS 5.1050-5.1101, 5.2040-5.2091, and  
13 subparts C. and D. of 5.3002 are repealed effective June 30,  
14 1985.