LEGISLATION AND RULES COMMITTEE
BOARD OF NURSING

Room 121A, 1400 East Washington Avenue, Madison WI
Contact: Sharon Henes (608) 266-2112
October 12, 2017

Notice: The following agenda describes the issues that the Committee plans to consider at the meeting. At the time of the meeting, items may be removed from the agenda. Please consult the meeting minutes for a description of the actions and deliberations of the Committee. A quorum of the Board may be present during the committee meeting.

8:00 A.M.

AGENDA

CALL TO ORDER – ROLL CALL – OPEN SESSION

A. Approval of Agenda (1)

B. Legislation and Administrative Rules Matters – Discussion and Consideration (2-12)
   1) Proposals for Amending N 1 Relating to School Approval, Including Curriculum and Clinicals
   2) Proposals for Amending N 2 Relating to Licensure
   3) Update on Pending and Possible Rulemaking Projects

C. Public Comments

ADJOURNMENT

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MEETINGS AND HEARINGS ARE OPEN TO THE PUBLIC, AND MAY BE CANCELLED WITHOUT NOTICE.

Times listed for meeting items are approximate and depend on the length of discussion and voting. All meetings are held at 1400 East Washington Avenue, Madison, Wisconsin, unless otherwise noted. In order to confirm a meeting or to request a complete copy of the board’s agenda, please call the listed contact person. The board may also consider materials or items filed after the transmission of this notice. Times listed for the commencement of disciplinary hearings may be changed by the examiner for the convenience of the parties. Interpreters for the hearing impaired provided upon request by contacting the Affirmative Action Officer, 608-266-2112.
Chapter N 1

APPROVAL FOR SCHOOLS OF NURSING

N 1.01 Authority and intent. (1) The rules in this chapter are adopted pursuant to authority of ss. 15.08 (5) (b) and 441.01 (3), Stats.
(2) The intent of the board of nursing in adopting rules in this chapter is to clarify requirements and develop efficient timelines for the nursing school approval process and to reduce duplication that exists between the board and nursing accreditation processes for nursing schools.

History: Cr. Register, January, 1983, No. 325, eff. 2−1−83; am. (2), Register, August, 1989, No. 404, eff. 9−1−89; correction in (1) made under s. 13.93 (2m) (b) 7., Stats., Register, August, 1989, No. 404; correction in (1) made under s. 13.93 (2m) (b) 7., Stats., Register, October, 2000, No. 538; CR 14−004: cr. Register July 2014 No. 703, eff. 8−1−14.

N 1.02 Definitions. In this chapter:
(1) “Annual NCLEX pass rate” means the NCLEX pass rates for those who took the NCLEX between January 1 and December 31.
(2) “Board” means board of nursing.
(3) “Certificate of completion” means a student has completed the portion of the program equivalent to a diploma in practical nursing or professional nursing.
(4) “Class” means a graduating class for each 12−month period.
(5) “Institution” means the college, university or governing body which has the authority to conduct a school of nursing.
(6) “Institutional accreditation” means that institution conforms to the standards of education prescribed by a regional or national accrediting commission recognized by the U.S. department of education.
(5g) “NCLEX” means national council licensure examination.
(6) “Nursing accreditation” means the school of nursing conforms to the standards of a board recognized nursing accreditation agency.
(7) “Out−of−state school” means a school operating in Wisconsin with a physical location outside of Wisconsin.
(10) “School of nursing” means a school for professional nurses or practical nurses.
(11) “School of practical nursing” means a school preparing students for practical nurse licensure.
(12) “School of professional nursing” means a school preparing students for registered nurse licensure. This includes schools granting certificate of completion for practical nurse licensure or professional nurse licensure.

History: Cr. Register, January, 1983, No. 325, eff. 2−1−83; r. and recr. (1), r. (5) and (7), rem. (2) to (4), (8), (10) and (11) to be (3) to (5), (7), (13) and (14), cr. (2), (8), (10) to (12) and (15), am. (6) and (9) (intro.), Register, July, 1989, No. 403, eff. 8−1−89; CR 14−004: cr. Register July 2014 No. 703, eff. 8−1−14; renumbering (7) and (9) to (5r) and (5g) under s. 13.92 (4) (b) 1., Stats., Register July 2014 No. 703.

N 1.03 Authorization to plan a school of nursing. (1) An institution wishing to establish and conduct a school of nursing for professional or practical nursing shall file with the board an application including all of the following:
(a) Name and address of the controlling institution and evidence of the accreditation status of the controlling institution.
(b) Statement of intent to establish a school of nursing, including the academic and licensure levels of all programs to be offered and the primary method of instruction.
(c) Evidence of the availability of sufficient clinical facilities and resources.
(d) Plans to recruit and employ a qualified educational administrator and qualified faculty.
(f) A proposed timeline for planning and implementing the program and intended date of entry for the first class.

History: CR 14−004: cr. Register July 2014 No. 703, eff. 8−1−14.

N 1.04 Authorization to admit students. (1) The school of nursing shall file with the board an application including all of the following:
(a) Verification of employment of an educational administrator.
(b) Evidence of provision of faculty meeting the qualifications in s. N 1.08 (3).
(c) The school of nursing’s philosophy and objectives.
(d) An overview of curriculum including all of the following:
1. Content.
2. Course sequence.
3. Course descriptions.
4. Program evaluation plan.
5. Course syllabi for the first year and plan for subsequent years.
(e) Verification of the establishment of student policies for admission, progression, retention, and graduation.
(f) Verification of the students’ ability to acquire clinical skills by providing all of the following:
1. Letter of intent or contracts from clinical facilities securing clinical opportunities and documentation of the facility, type, size, number of beds, and type of patients.
2. Documentation of simulation equipment and experiences.
(g) An updated timeline for implementing the program and intended date for entry of the first class.

History: CR 14−004: cr. Register July 2014 No. 703, eff. 8−1−14; correction in (1) (d) (intro.) made under s. 35.17, Stats., Register July 2014 No. 703.

N 1.05 Approval of school of nursing. (1) A school of nursing may apply for approval of the school of nursing upon graduation of the first class or eligibility to sit for the NCLEX, but
may not apply later than graduation of the third class. The school of nursing shall submit all of the following:
(a) A self-evaluation report setting forth evidence of compliance with the standards in s. N 1.08.
(b) The school of nursing’s ongoing systematic evaluation plan, including an evaluation of the NCLEX success rate.

(2) The board may conduct a site survey of the school of nursing. A determination to conduct a site survey shall occur within 2 months of receipt of completed application for approval.

(3) The board shall make a decision on the application within two months of the completed site survey or receipt of the completed application, whichever is later. The board shall approve the school based on verification that the school of nursing is in compliance with nursing education standards in s. N 1.08.

(4) The board may grant conditional approval. The notice of conditional approval shall contain a short statement in plain language of the basis, specifying the standard upon which the conditional approval is based. A school of nursing that receives a conditional approval may not admit new students to the school of nursing until the school of nursing receives full approval. The school of nursing may apply for full approval in three months from the date the school of nursing receives conditional approval.

(5) If the board denies the school of nursing approval, the notice of denial shall contain a short statement in plain language of the basis for denial, specifying the standard upon which the denial is based. The controlling institution shall do all of the following:
(a) Implement the time frame established by the board for transfer of enrolled students to an approved school of nursing and report to the board the date of transfer for each student by name.
(b) Arrange for the secure storage and access to academic records and transcripts for the next 50 years. Provide the board with the name and address of the educational institution or other organization that will be responsible for secure storage and access to academic records and transcripts for 50 years.
(c) Close the school of nursing occur when the last student has transferred.
(d) Submit progress reports during the closure process upon request of the board.

(6) A school of nursing denied approval or given a conditional approval may request a hearing within 30 calendar days after the mailing of a notice. The school of nursing may be granted a stay of the school closure during the appeal process.

N 1.06 Approval of out of state school of nursing.
(1) APPROVAL. An out-of-state school of nursing shall be approved if all of the following requirements are met:
(a) The school is approved by the board of the state the school is located.
(b) The school is accredited by a nursing accreditation body recognized by the Wisconsin board.

(2) CONTINUED APPROVAL. An out-of-state school shall maintain approval as long as school of nursing meets the requirements in sub. (1).

N 1.07 Accreditation. (1) A school of nursing shall receive nursing accreditation by a board recognized nursing accreditation agency within three years of school approval. Schools of nursing which have received board approval prior to July 1, 2014 shall receive nursing accreditation by a board recognized nursing accreditation agency by July 1, 2017.

(2) Schools of professional nursing that grant a certificate of completion shall hold accreditation at the level of the complete degree at which a diploma is conferred.

(3) Failure to maintain nursing accreditation shall result in withdrawal of school approval.

History: CR 14-004; cr. Register July 2014 No. 703, eff. 8–1–14.

N 1.08 Standards. (1) ORGANIZATION AND ADMINISTRATION. The institution shall assume legal responsibility for overall conduct of the school of nursing. The institution shall do all of the following:
(a) Designate an educational administrator, establish administrative policies, and provide fiscal, human, physical, clinical, and technical learning resources adequate to support school processes, security, and outcomes.
(b) Maintain institutional accreditation.
(c) Develop and maintain written school of nursing administrative policies which are in accord with the institution.
(d) Have written contracts between the school of nursing and institutions which offer associated academic study, clinical facilities, and agencies for related services for students.

(2) EDUCATIONAL ADMINISTRATOR. (a) The qualifications for the educational administrator are all of the following:
1. Current, active registered nurse license or privilege to practice in Wisconsin that is not encumbered.
2. A graduate degree with a major in nursing.
3. Knowledge of learning principles for adult education, including nursing curriculum development, administration and evaluation and either educational preparation or 2 years experience as an instructor in a nursing education program within the last 5 years.
(b) The institution shall notify the board within 48 hours of the termination, resignation, or retirement of an educational administrator and designate the interim educational administrator within 5 business days. The institution may request board approval of an interim educational administrator who does not meet the qualifications in par. (a). The interim educational administrator may serve no longer than 6 months. The institution may request an extension of time based upon hardship.

(3) FACULTY. (a) Faculty standards. The school of nursing shall have evidence of the faculty meeting the standards in this section on file in the school of nursing office and available upon request to the board.
(b) Qualifications for professional nursing faculty. The qualifications for the faculty of a school of professional nursing are all of the following:
1. Hold a current, active registered nurse license or privilege to practice in Wisconsin that is not encumbered.
2. A graduate degree with a major in nursing. Interprofessional faculty teaching non-clinical nursing courses shall have advanced preparation appropriate for the content being taught.
(c) Qualifications for practical nursing faculty. The qualifications for the faculty of a school of practical nursing are all of the following:
1. Hold a current, active registered nurse license or privilege to practice in Wisconsin that is not encumbered.
2. A baccalaureate degree with a major in nursing.
(d) Faculty exceptions. An educational administrator may apply to the board for exceptions to faculty requirements. A school of nursing that is granted a faculty exception for a faculty member shall provide the faculty member with a supervisor who meets the qualifications in par. (b) or (c). A minimum of 50 percent of faculty must meet the faculty qualifications. The board may grant one of the following exceptions:
1. ‘A standard exception.’ A standard exception may be renewed upon showing proof of progress and continued active enrollment each year. The standard exception is for a person who has a baccalaureate degree in nursing and is actively enrolled in one of the following:

Published under s. 35.93, Wis. Stats., by the Legislative Reference Bureau.
a. A master’s program with a major in nursing.
b. A bachelor’s in nursing to doctorate program in nursing.
c. A doctorate program in nursing.

2. ‘Emergency exception.’ A person with a baccalaureate degree in nursing may be employed for a short-term, unanticipated emergency situation including medical leave. The emergency exception is for a term no longer than one semester and may not be renewed.

3. ‘Non-nursing masters degree exception.’ Each school of professional nursing may apply for one non-nursing masters degree exception provided the person has all of the following:
   a. A bachelor’s degree in nursing.
   b. A graduate degree related to the topic of the course the person is teaching.
   c. Nursing experience in the area of teaching assignment.
   d. A unique combination of knowledge, experience, and skills that will best serve the school of nursing, faculty, and students in a specific content area.

(4) CURRICULUM. The curriculum shall enable the student to develop the nursing knowledge, skills and abilities necessary for the level, scope and standards of competent nursing practice expected at the level of licensure. All curriculum shall be developed by a faculty member with a graduate degree. Curriculum shall be revised as necessary to maintain a program that reflects advances in health care and its delivery. The curriculum shall include all of the following:
   a. Evidence-based learning experiences and methods of instruction consistent with the written curriculum plan. The methods of instruction may include distance education methods.
   b. Diverse didactic and clinical learning experiences consistent with program outcomes.
   c. Coursework shall include all of the following:
      1. Content in the biological, physical, social and behavioral sciences to provide a foundation for safe and effective nursing practice.
      2. Content regarding professional responsibilities, legal and ethical issues, and history and trends in nursing and health care.
      3. Didactic content and supervised clinical experiences in the prevention of illness and the promotion, restoration and maintenance of health in patients across the lifespan and from diverse cultural, ethnic, social and economic backgrounds.

(5) CLINICAL LEARNING EXPERIENCES. (a) Patient experiences shall occur in a variety of clinical or simulated settings and shall include all of the following:
   1. Integrating patient safety principles throughout the didactic and clinical coursework.
   2. Implementing evidence-based practice to integrate best research with clinical expertise and patient values for optimal care, including skills to identify and apply best practices to nursing care.
   3. Providing patient-centered culturally competent care that recognizes that the patient or designee is the source of control and full partner in providing coordinated care by doing the following: a. Respecting patient differences, values, preferences, and expressed needs.
   b. Involving patients or designees in decision-making and care management.
   c. Coordinating and managing patient care across settings.
   d. Explaining appropriate and accessible interventions to patients and populations that may positively affect their ability to achieve healthy lifestyles.
   4. Collaborating with interprofessional teams to foster open communication, mutual respect, and shared decision-making in order to achieve quality patient care.

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

6. Using information technology to communicate, mitigate errors, and support decision-making.
   (b) All cooperating agencies selected for clinical experiences shall have standards which demonstrate concern for the patient and evidence the skillful application of all measures of safe nursing practices.
   (c) All faculty teaching clinical or practicum courses shall be experienced in the clinical area of the course and maintain clinical expertise.
   (d) Faculty-supervised clinical practice shall include all of the following:
      1. Development of skills in direct patient care.
      3. Care and management of both individuals and groups of patients across the lifespan.
      4. Delegation to and supervision of other health care providers.
   (e) Clinical experiences shall be supervised by qualified faculty.
   (f) All student clinical experiences, including those with preceptors, shall be directed by nursing faculty.

(6) PRECEPTORS. (a) Preceptors shall be approved by the faculty of the school of nursing.
   (b) The school of nursing shall provide each preceptor with an orientation concerning the roles and responsibilities of the students, faculty and preceptors. The preceptor shall have clearly documented roles and responsibilities.
   (c) Clinical preceptors shall have an unencumbered license or privilege to practice in Wisconsin as a nurse at or above the license level for which the student is being prepared.
   (d) Preceptors shall demonstrate competencies related to the area of assigned clinical teaching responsibilities.

(7) EVALUATION. The school of nursing shall implement a comprehensive, systematic plan for ongoing evaluation. Evidence of implementation shall reflect progress toward or achievement of program outcomes.

History: CR 14–004; cr. Register July 2014 No. 703, eff. 8–1–14; corrections in (3) made under s. 13.92 (4) (b) 1., Stats., in (3) (a) made under s. 13.92 (4) (b) 2., Stats., and in (4) (intro.), (c) (intro.), (5) (a) (intro.), (d) (intro.) made under s. 35.17, Stats., Register July 2014 No. 703.

N 1.09 NCLEX pass rates. (1) GENERALLY. The school of nursing NCLEX pass rate includes all programs or tracks in the school of nursing. The board shall consider both the registered nurse NCLEX and practical nurse NCLEX pass rates when evaluating a school of professional nursing that grants a certificate of completion for practical nursing.

(2) NCLEX PASS RATE STANDARD. A school of nursing shall meet the NCLEX pass rate standard by one of the following:
   (a) The annual NCLEX pass rate of graduates taking the NCLEX for the first time is a minimum of 80%.
   (b) The annual NCLEX pass rate of all graduates taking the NCLEX, including those who repeated the test, is a minimum of 80%. The school shall submit an explanation or analysis documentation and the school’s plan to meet the pass rate of those who take the NCLEX for the first time. The plan does not require board approval.

(3) NCLEX PASS RATE STANDARD NOT MET. (a) If the NCLEX pass rate standard is not met, the school of nursing shall receive a warning letter. The school shall identify factors that are potentially affecting the low NCLEX pass rate and submit an institutional plan for assessment and improvement of NCLEX results including outcomes and timeframes which shall be approved by
the board no later than July 1. The plan shall address administration, faculty, students, curriculum, resources, and policies.

(b) The school of nursing shall submit annual progress reports to the board including the outcomes of the institutional approved plan as long as the NCLEX pass rate standard is not met.

History: CR 14–004; cr. Register July 2014 No. 703, eff. 8–1–14; correction in (1) (title) made under s. 13.92 (4) (b) 3., Stats., Register July 2014 No. 703.

N 1.10 Continuation of board approval. (1) Schools of nursing shall file with the board all of the following:
(a) Annual self–evaluation reports.
(b) All documents submitted to or received from nursing accreditation agencies.
(c) Notification of withdrawal or change in school nursing accreditation status.

(2) Failure to maintain nursing accreditation shall result in withdrawal of board approval and the procedures in s. N 1.11 (2) will commence.

(3) The board may review the school of nursing to determine whether s. N 1.08 standards are being met in the following situations:
(a) Change in school nursing accreditation status.
(b) Nursing accreditation reports indicate standards are not being met.
(c) Complaints regarding the conduct of the school are received and it is necessary to validate the complaints.
(d) Failure to meet NCLEX pass rate standards in s. N 1.09 (1) for more than 2 consecutive years.
(e) Violation of any of the rules under this chapter.

(4) The review of the school may include any of the following:
(a) A site survey.
(b) A self–study report.
(c) A progress report.

(5) If the board makes a determination that s. N 1.08 standards are not being met, all of the following procedures shall be followed:
(a) The school of nursing shall submit an institutional plan, including timelines, to correct identified deficiencies in the school of nursing.
(b) The board shall review the proposed plan and may make modifications to the plan.
(c) The school of nursing shall make progress reports to the board as requested.
(d) The board may withdraw board approval if the school of nursing continues to not meet standards.

History: CR 14–004; cr. Register July 2014 No. 703, eff. 8–1–14; corrections in (1) (intro.), (2) (b) (intro.) made under s. 35.17, Stats., Register July 2014 No. 703.

N 1.11 Closure of a school of nursing. (1) Voluntary. When a school of nursing intends to close, the institution shall do all of the following:
(a) Submit a plan of intent to close a school of nursing to the board, including all of the following:
   1. The date of intended closure.
   2. Reason for the closure.
   3. Place for students who have not completed their nursing education.
(b) Ensure that the school of nursing is maintained, including retention of adequate number of faculty and approved curriculum, until the last student is transferred or graduates from the school of nursing.
(c) Notify the board of the name and address of the educational institution or other organization that will be responsible for secure storage and access to academic records and transcripts for 50 years.

(2) Withdrawal of nursing approval. (a) If the board withdraws approval of the school of nursing, the notice of withdrawal of approval shall contain a short statement in plain language of the basis for withdrawal of approval. The school of nursing may request a hearing within 30 calendar days after the mailing date of the notice.
(b) The institution shall do all of the following if approval of the school is withdrawn:
   1. Implement the time frame established by the board for transfer of enrolled students to an approved school and report to the board the date of transfer for each student by name.
   2. Arrange for the secure storage and access to academic records and transcripts for the next 50 years. Provide the board with the name and address of the educational institution or other organization that will be responsible for secure storage and access to academic records and transcripts for 50 years.
   3. Close the school when the last student has transferred.
   4. Submit progress reports during the closure process upon request of the board.
(c) The school of nursing may be granted a stay of the closure of the school during the appeal process.

History: CR 14–004; cr. Register July 2014 No. 703, eff. 8–1–14; corrections in (1) (intro.), (2) (b) (intro.) made under s. 35.17, Stats., Register July 2014 No. 703.

N 1.12 Nursing refresher course approval.

(1) Intent of nurse refresher course. A nurse refresher course is designed for nurses who have not been practicing for five years or more.

(2) Faculty. (a) The instructor shall have all of the following qualifications:
   1. Masters degree in nursing.
   2. Recent clinical experience or clinical teaching experience.
   (b) If preceptors are used, the preceptor is selected by the instructor using criteria developed for the course and the instructor provides supervision of preceptors.

(3) Professional nurse content. The nurse refresher course designed for professional nurse shall have all of the following content:
(a) Theory portion including all of the following:
   1. Nursing process review.
   2. Infection control.
   3. Medication and pharmacology update.
   4. Recent trends in nursing techniques and responsibilities.
   5. Communication.
   6. Documentation and reporting.
   7. Supervision and delegation.
   (b) Skills lab of at least 25 hours including basic nursing skills review and technology and equipment update.
   (c) Directly supervised or precepted clinical experience of 100 hours or more performed in a hospital, clinic, long–term, or sub–acute facility.

(4) Practical nurse content. The nurse refresher course designed for practical nurses shall have all of the following content:
(a) Theory portion including all of the following:
   1. Nursing process review.
   2. Infection control.
   3. Medication and pharmacology update.
   4. Recent trends in nursing techniques and responsibilities.
   5. Communication.
   6. Documentation and reporting.
   7. Supervision and delegation.
   8. Aging population.
(b) Skills lab of at least 15 hours including basic nursing skills review and technology and equipment update.

(c) Directly supervised or precepted clinical experience of 70 hours or more performed in a hospital, clinic, long-term, or sub-acute facility.

(5) APPROVAL PROCESS. The board will review curriculum of nurse refresher courses submitted for inclusion on a listing of approved courses. Individual course participants shall be required to submit curriculum only if the course is not on the approved list.

History: CR 14–004: cr. Register July 2014 No. 703, eff. 8–1–14; correction in (4) (intro.) made under s. 35.17, Stats., Register July 2014 No. 703.
TEXT OF RULE

SECTION 1. N 1.02 (5g) is amended to read:

N 1.02 (5g) “Institutional accreditation” means that the institution conforms to the standards of education prescribed by a regional or national accrediting commission recognized by the U.S. department of education.

SECTION ?. N 1.03 (c) is amended to read:

N 1.03 (c) Evidence of the availability of sufficient clinical facilities and resources. No contracts with clinical facilities may be signed until after the institution receives authorization to plan from the Board.

SECTION ?. N 1.04 (1) (a) is amended to read:

N 1.04 (1) (a) Verification of employment of an educational administrator meeting the qualifications in s. N 1.08 (2) (a).

SECTION ?. N 1.04 (1) (b) is amended to read:

N 1.04 (1) (b) Evidence of provision employment of sufficient number of faculty, meeting the qualifications in s. N 1.08 (3), to teach the courses offered for the first six months.

SECTION ?. N 1.04 (1) (d) 4. is renumbered to N 1.04 (1) (dm) and amended to read:

N 1.04 (1) (dm) Documentation of a Program evaluation plan.

SECTION ?. N 1.04 (f) 1. is amended to read:

N 1.04 (f) 1. Letter of intent or contracts. Contracts or memoranda of understanding from clinical facilities securing clinical opportunities and documentation of the facility, type, size, number of beds, and type of patients. All contracts or memoranda of understanding shall be signed and dated after the date on which the school of nursing was granted authorization to plan by the board.

SECTION ?. N 1.04 (f) 3. is created to read:

N 1.04 (f) 3. Clinical experiences shall represent all areas of nursing practice covered by the school of nursing’s curriculum.

SECTION ?. N 1.04 (1) (fm) is created to read:
N 1.04 (1) (fm) Documentation of a plan for student or prospective student access to student policies.

SECTION ?. N 1.04 (2g) and (2r) is created to read:

N 1.04 (2m) A school of nursing which has received authorization to admit students shall provide the board on the first day of March, June, September, and December until the school of nursing receives approval, evidence of employment of sufficient number of faculty meeting N 1.08 (3) standards to teach the courses offered four months from the date of the report is due.

(2r) The board may review the school of nursing to determine whether s. N 1.08 standards are being met by doing any of the following:
   (a) A site survey.
   (b) A self-study report.
   (c) A progress report.

SECTION ?. N 1.05 (5) (c) is amended to read:

N 1.05 (5) (c) Close the school of nursing when the last student has transferred.

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

N 1.08 (1) (d) Have written contracts documentation between the school of nursing and institutions which offer associated academic study, clinical facilities, and agencies for related services for students.

SECTION ?. N 1.08 (2) (a) 3. is repealed and recreated to read:

N 1.08 (2) (a) 3. Knowledge of learning principles for adult education, including nursing curriculum development, administration and evaluation and one of the following:
   a. 1 year experience as an instructor in a nursing education program within the last 5 years and the graduate degree contained education preparation.
   b. 2 years experience as an instructor in a nursing education program within the last 5 years.

SECTION ?. N 1.08 (2) (b) is repealed and recreated to read:

N 1.08 (2) (b) An educational administrator and the institution shall notify the board within 5 days of a vacancy in the educational administrator’s position or change in educational administrator. Failure to report by the educational administrator is considered a violation of s. N 7.03 (1) (intro.).

SECTION ?. N 1.08 (2) (b) and (c) are created to read:

N 1.08 (2) (b) The institution shall designate an interim or permanent educational administrator and notify the board within 5 business days of a vacancy in the education administrator position.
The institution may request board approval of an interim educational administrator who does not meet the qualifications in par. (a).

(c) The interim educational administrator may serve no longer than 6 months. The institution may request an extension of time based upon hardship. The institution and new educational administrator shall notify the board within 5 business days of hiring the educational administrator.

SECTION ?. N 1.08 (3) (b) 2. is amended to read:

N 1.08 (3) (b) 2. A graduate degree with a major in nursing. Interprofessional faculty teaching non-clinical nursing courses shall have advanced preparation appropriate for the content being taught.

SECTION ?. N 1.08 (3) (b) 3. is created to read:

N 1.08 (3) (b) 3. Notwithstanding subdiv. 2, interprofessional faculty teaching interdisciplinary courses not specific to nursing shall have expertise and a graduate degree appropriate for the content being taught.

SECTION ?. N 1.08 (3) (d) is repealed and recreated to read:

N 1.08 (3) (d) Faculty exceptions. An educational administrator may apply to the board for exceptions to faculty qualifications. A minimum of 50 percent of faculty must meet the faculty qualifications. A school of nursing that is granted a faculty exception for a faculty member shall provide the faculty member with a supervisor who meets the qualifications in par. (b) or (c). The educational administrator shall notify the board when the faculty member has a change in employment or the faculty member meets the qualifications in par. (b) or (c). The board may grant any of the following exceptions:

1. ‘Standard exception.’ A standard exception may be renewed upon showing proof of progress and continued active enrollment each year. The standard exception is for a person who has a baccalaureate degree in nursing and is actively enrolled in one of the following:
   a. A master’s program with a major in nursing.
   b. A bachelor’s in nursing to doctorate program in nursing.
   c. A doctorate program in nursing.
2. ‘Emergency exception.’ A person with a baccalaureate degree in nursing may be employed for a short-term, unanticipated emergency situation including medical leave. The emergency exception is for a term no longer than one semester. The emergency exception may not be renewed for the course taught or for the individual in consecutive semesters. An educational administrator who requests a second consecutive emergency exception is required to submit a plan regarding the school of nursing staffing levels, courses being offered and the extenuating circumstances to the board prior to the board approving another emergency exception.
3. ‘Non-nursing masters degree exception.’ A non-nursing masters degree exception is for a person who has a unique combination of knowledge, experience and skills that will
best serve the school of nursing, faculty, and students in a specific content area. The person shall meet all of the following:
  
  a. A bachelor’s degree in nursing.
  b. A graduate degree related to the topic of the course the person is teaching.
  c. Nursing experience in the area of teaching assignment.

SECTION ?. N 1.08 (4) (intro.) is amended to read:

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

SECTION ?. N 1.08 (4) (c) 4. and 5. are created to read:

N 1.08 (4) (c) 4. Content shall reflect contemporary nursing practice encompassing major health needs of all age groups.
5. Content regarding the legal implications of practicing within the scope of practice at the level of licensure.

SECTION ?. N 1.08 (4) (d), (e) and (f) are created to read

N 1.08 (4) (d) Levels of progression in relation to the stated program outcomes.
(e) Coordinated clinical and theoretical learning experiences consistent with the program outcomes.

SECTION ?. N 1.08 (5) (a) is repealed and recreated to read:

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

1. Integrating evidence based research with patient goals and values to produce optimal care.
2. Providing patient-centered culturally competent care by doing the all of following:
   a. Recognizing that the patient or designee is the source of control and full partner in providing coordinated care
   b. Coordinating and managing patient care across settings.
   c. Providing education at a level understandable by the patient
3. Collaborating with interprofessional teams to foster open communication, mutual respect, and shared decision-making in order to achieve safe and effective patient care.
4. Experience quality improvement processes to monitor patient care outcomes, identify possibility of hazards and errors and collaborate in the development and testing of changes that improve the quality and safety of health care systems.
5. Using information technology to communicate, mitigate errors and support decision
making.

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

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

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

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

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

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

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

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

N 1.08 (5m) SIMULATION. (1) Simulation used to meet clinical requirements shall adhere to all of the following:

(a) Nursing faculty with documented education and training in the use of simulation shall develop, implement and evaluate the simulation experience.
(b) The simulation provides an opportunity for each student to demonstrate clinical competence while in the role of the nurse.
(c) Prebriefing and debriefing are conducted by nursing faculty with subject matter expertise and training in simulation using evidence-based techniques.

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

SECTION ?. N 1.09 (1) is amended to read:

N 1.09 (1) GENERALLY. The school of nursing NCLEX pass rate includes all programs or tracks in the school of nursing prelicensure students taking the NCLEX. The board shall consider both the registered nurse NCLEX and practical nurse NCLEX pass rates when evaluating a school of professional nursing that grants a certificate of completion for practical nursing.

SECTION ?. N 1.09 (2) (intro.) and (a) are consolidated, renumbered N 1.09 (2) and amended to read:

N 1.09 (2) NCLEX PASS RATE STANDARD. A school of nursing shall meet the The annual NCLEX pass rate standard by one of the following:
(a) The annual NCLEX pass rate of graduates taking the NCLEX for the first time is a minimum of 80%.
SECTION ?.

SECTION ?.

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

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(END OF TEXT OF RULE)

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