

ADMINISTRATIVE RULES Fiscal Estimate & Economic Impact Analysis

1. Type of Estimate and Analysis

Original Updated Corrected

2. Administrative Rule Chapter, Title and Number

N 1

3. Subject

Curriculum and Clinical Learning Requirements

4. Fund Sources Affected

GPR FED PRO PRS SEG SEG-S

5. Chapter 20, Stats. Appropriations Affected

6. Fiscal Effect of Implementing the Rule

No Fiscal Effect Increase Existing Revenues Increase Costs
 Indeterminate Decrease Existing Revenues Could Absorb Within Agency's Budget
 Decrease Cost

7. The Rule Will Impact the Following (Check All That Apply)

State's Economy Specific Businesses/Sectors
 Local Government Units Public Utility Rate Payers
 Small Businesses **(if checked, complete Attachment A)**

8. Would Implementation and Compliance Costs Be Greater Than \$20 million?

Yes No

9. Policy Problem Addressed by the Rule

The objective is to update requirements relating to curriculum and clinical learning experiences in schools of nursing.

10. Summary of the businesses, business sectors, associations representing business, local governmental units, and individuals that may be affected by the proposed rule that were contacted for comments.

This rule was posted for economic comments and none were received

11. Identify the local governmental units that participated in the development of this EIA.

None.

12. Summary of Rule's Economic and Fiscal Impact on Specific Businesses, Business Sectors, Public Utility Rate Payers, Local Governmental Units and the State's Economy as a Whole (Include Implementation and Compliance Costs Expected to be Incurred)

This rule will not have an economic or fiscal impact.

13. Benefits of Implementing the Rule and Alternative(s) to Implementing the Rule

The benefit is to have uniformity of educational standards within the nursing programs.

14. Long Range Implications of Implementing the Rule

The long range implication is the schools will have clear expectations of curriculum and clinical requirements.

15. Compare With Approaches Being Used by Federal Government

None

16. Compare With Approaches Being Used by Neighboring States (Illinois, Iowa, Michigan and Minnesota)

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

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Iowa: In Iowa, the curriculum shall: reflect the philosophy/miss and program outcomes supported by the nursing faculty; identify program outcomes and define how learning experiences support outcomes; reflect current standards of nursing practice and education; ensure sufficient preparation for the safe and effective practice of nursing; and include learning experiences and strategies that meet program outcomes. Iowa lists specific curriculum requirements for: prelicensure programs, postlicensure bachelor programs, and graduate programs. The clinical facilities shall provide learning experiences that meet curriculum objectives and outcomes. There shall be evidence that student experiences are coordinated when more than one program uses the same facility. Iowa does not have requirements for simulation.

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

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

17. Contact Name

Sharon Henes

18. Contact Phone Number

(608) 261-2377

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ADMINISTRATIVE RULES
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ATTACHMENT A

1. Summary of Rule's Economic and Fiscal Impact on Small Businesses (Separately for each Small Business Sector, Include Implementation and Compliance Costs Expected to be Incurred)

2. Summary of the data sources used to measure the Rule's impact on Small Businesses

3. Did the agency consider the following methods to reduce the impact of the Rule on Small Businesses?

- Less Stringent Compliance or Reporting Requirements
 - Less Stringent Schedules or Deadlines for Compliance or Reporting
 - Consolidation or Simplification of Reporting Requirements
 - Establishment of performance standards in lieu of Design or Operational Standards
 - Exemption of Small Businesses from some or all requirements
 - Other, describe:
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4. Describe the methods incorporated into the Rule that will reduce its impact on Small Businesses

5. Describe the Rule's Enforcement Provisions

6. Did the Agency prepare a Cost Benefit Analysis (if Yes, attach to form)

- Yes No
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