

## Chapter N 3

### PROGRAMS IN PRACTICAL NURSING

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**History:** Chapter N 3 as it existed on June 30, 1963 was repealed and a new chapter N 3 was created effective July 1, 1963.

**N 3.01 Philosophy.** Any institution in Wisconsin seeking initial and continuing accreditation of a practical nursing program shall have a clearly defined statement of philosophy.

**History:** Cr. Register, December, 1962, No. 84, eff. 7-1-63.

**N 3.02 Purpose.** The purpose shall be realistic, educationally sound and socially acceptable. The excellence of the program depends upon the extent to which the purpose is understood and implemented. The graduate of the program is the trained practical nurse who has acquired the competencies of a beginning nursing practitioner and is prepared to continue his development through experience and in-service education. (1) A trained practical nurse is one who is prepared to:

(a) Nurse patients, in simple nursing situations, under the immediate direction and general supervision of a qualified registered nurse and/or physician with a minimum of on-the-spot supervision. A simple nursing situation is one which is relatively free of scientific complexity. These 4 conditions prevail at the same time in such a situation:

1. The clinical state of the patient is relatively stable.
2. The measures of care ordered by the physician require abilities based on a relatively fixed and limited body of scientific facts and can be performed by following a defined procedure step by step.
3. Measures of medical and personal care are not subject to continuously changing and complex modifications because of the clinical or behavior state of the patient.

4. The nursing which the patient requires is primarily of a physical character and not instructional. (b) Function as an assistant to a qualified registered nurse in more complex nursing situations, where deep and intricate scientific understandings are necessary to make a prudent judgment. In this role, a practical nurse within a given nursing situation does as follows:

1. Meets specific nursing requirements of patients as directed.
2. Prepares equipment, supplies, and facilities for the professional nurse.
3. Helps the professional nurse as he performs nursing measures.

**History:** Cr. Register, December, 1962, No. 84, eff. 7-1-63.

**N 3.03 Organization, administration, and finance of governing body.** (1) ORGANIZATION. (a) A school offering a program for the education

of practical nurses shall be legally incorporated or conducted by a legally incorporated organization or it shall be a part of a vocational school system on the adult level.

(b) The controlling institution shall have an effective organization appropriate to its size, purpose, and instructional programs.

(c) The governing body shall insure for the program in practical nursing the financial support, facilities, and leadership which will provide the best services to students and faculty.

(d) The practical nursing faculty as a group shall deal adequately with its responsibilities for educational policies, curriculum, and self-improvement.

(e) The organization of the school offering the program shall enable the administration and faculty to have effective relationships with all other divisions or departments of the institution and with cooperative hospitals and agencies.

(f) A plan showing the organization of the school offering the program, the place of practical nursing within it, relationships with cooperative hospitals and agencies shall be on file.

(g) There shall be a handbook for administrative and faculty members outlining administrative policies.

(h) There shall be an advisory committee. It shall serve in an advisory capacity to the faculty and to the governing body and shall have as its primary interest the education of practical nurses.

(2) ADMINISTRATION. (a) There shall be a written agreement outlining the respective duties and responsibilities of the school and the cooperative hospital or agency. This agreement shall be signed by school and institution authorities.

(b) Members of the faculty shall be informed of policies regarding salary range and increments, health program, vacation, sick leave, the system of retirement and other professional matters.

(c) There shall be an adequate record system for all phases of the nursing program.

(d) A school shall publish a bulletin at regular intervals.

(3) FINANCE. (a) The governing body shall provide the school conducting the program with a stable source of income to enable it to carry out its stated purpose.

(b) There shall be adequate funds for the practical nursing program.

**History:** Cr. Register, December, 1962, No. 84, eff. 7-1-63.

**N 3.04 Faculty.** (1) COMPOSITION. (a) The faculty shall include all those who carry major responsibility for administering, coordinating, and teaching practical nursing students.

(b) The number of faculty members required shall vary with the philosophy and purpose of the school conducting the program, number of classes and students admitted annually, curriculum plan, non-teaching functions of faculty, the experience and preparation of the faculty, and the number and location of educational facilities.

(c) A minimum faculty shall include the educational administrator, instructors and assistant instructors of nursing.

(2) TITLE, FUNCTION AND LOAD. (a) Titles of faculty shall indicate the educational nature of the position. There shall be written descriptions indicating the qualifications, responsibilities and functions of each category of position.

(b) Instructors of nursing shall be responsible for all instruction including laboratory experiences in the classroom and hospital.

(c) Assistant instructors of nursing shall work with the instructor in selecting clinical experiences appropriate for the students and be able to guide students in developing their own skills. There shall be either an instructor or assistant instructor in the clinical area whose responsibility is teaching and guiding the experience of practical nursing students. This person shall not have responsibility for professional nursing students. The number of students in the clinical area shall determine if the student program shall be his only responsibility.

(d) The faculty load shall include all activities related to instruction, curriculum development, student advisement, co-curricular activities, and other related activities. Time shall be allowed for study and class preparation. The instructional load shall be adjusted when other activities are required or expected.

(3) **QUALIFICATIONS.** One of the criteria by which the school will be judged is the competency of its teaching staff. The members shall have the preparation and qualifications for carrying out the specifications of the positions for which they have been employed. (a) Nurse members shall be currently registered in Wisconsin and shall possess the personal and professional characteristics cited as desirable in the Code for Professional Nurses.

1. *Educational administrator.* He shall hold a baccalaureate degree from an approved college or university. His program shall have included or been supplemented by a program of studies in professional and practical nursing education. A master's degree is recommended. Experience of at least 5 years including 2 years in an accredited school of professional or practical nursing in one or more of the following: supervision, instruction or assistant to a director is essential.

2. *Instructor.* He shall have completed at least 60 semester hours of study in an approved college or university including academic preparation in educational psychology, sociology and principles of teaching. A baccalaureate degree is recommended. Two years of professional nursing experience, 6 months of which shall have been spent in teaching in an accredited school of nursing is required.

3. *Assistant instructor.* He shall have 10 semester hours of credit in a college or university exclusive of the credits given for the completion of a basic diploma nursing program. Academic preparation shall include educational psychology, communications, teaching and social science. One year of satisfactory nursing care experience applicable or specific to the major types of nursing situations is essential.

(b) **Exceptions.** 1. Appointments may be made to the faculty of persons not meeting the qualifications enumerated in (a) with the approval of the board. They shall be of 2 types:

a. **Provisional approval.** The appointee to the position of educational administrator or instructor shall have the prerequisite degree and at least one-half of the other specified qualifications. The assistant instructor shall have met at least one-half of the qualifications.

b. **Emergency approval.** The appointee to the position of educational administrator shall have a baccalaureate degree and at least one-half of the other specified qualifications. The appointee to the position of instructor shall have 60 semester hours of credit in a college or university exclusive of the credit given for the completion of a diploma

nursing program and one-half of the other qualifications. The appointee to the position of assistant instructor has less than one-half of the qualifications.

2. A statement of the plans to qualify, including the time period, agreed upon by the educational administrator and the faculty member shall be submitted to department.

3. Individuals holding provisional or emergency approval shall complete at least 3 semester hours in each 12 months to retain approval.

(4) **CLERICAL ASSISTANCE.** The practical nurse faculty shall have adequate clerical assistance.

(5) **EVALUATION OF FACULTY RECORDS.** The educational administrator shall submit the qualifications of all faculty members to the board for evaluation upon appointment. (a) Current college transcripts shall be attached to the faculty qualification record.

(b) There shall be on file in the school office complete records of qualifications and teaching load for each faculty member.

(6) **RE-EVALUATION OF FACULTY RECORDS.** (a) The secretary of the board shall re-evaluate the qualifications of the faculty (accredited schools and health agencies) each December. Schools without the required minimum faculty shall be notified that no new students may be enrolled until an adequate faculty has been obtained.

(b) An adequate faculty is one in which no less than one-half of the minimum faculty (accredited schools and health agencies) have full approval and no more than one-fourth have emergency approval.

**History:** Cr. Register, December, 1962, No. 84, eff. 7-1-63.

### **N 3.05 Student admission, promotion, graduation, and welfare. (1) ADMISSION.**

(a) There shall be selective admission policies which are related to the purposes of the program.

(b) Provision shall be made for obtaining, compiling and filing information relative to candidates applying for admission.

(c) Proof of 2 years of high school or its equivalent shall be on file in the school. If a transcript is submitted as proof it shall bear the signature of the principal or his authorized representative and the high school's seal or notarization.

(d) Students shall not be admitted later than 3 days after the program has begun.

(e) A student seeking admission through transfer from another nursing program shall meet the standards for regularly enrolled students. His nursing school transcript and the requirements for graduation outlined by the faculty shall be approved by the board.

(f) The readmission of a student shall be at the discretion of the educational administrator. A student who has been out of a program for more than a year shall not be readmitted until his transcript and the requirements for graduation as outlined by the faculty have approval of the board.

(2) **CLASS ATTENDANCE.** There shall be a statement of policy concerning student class attendance in the bulletin and this must be acceptable to the board.

(3) **PROMOTION AND GRADUATION.** (a) There shall be a statement of policy concerning promotion and graduation in the bulletin.

(b) Graduation shall depend upon satisfactory completion of the total requirements of the program, including personal fitness and scholastic achievement.

(4) **WELFARE.** (a) *Program.* The program shall be designed to provide the student with an organized orientation program; educational, vocational and personal counseling; health services; and assistance in meeting financial needs.

(b) *Health.* 1. The health program begins before the student is admitted and continues throughout the period of enrollment.

2. There shall be provision for medical advice on health policies and procedures.

3. A thorough physical examination including chest x-ray, diagnostic tests and immunization is required on admission.

4. A program for tuberculosis prevention and detection shall be carried out. It shall include:

a. Intracutaneous test on admission (within one week); at the end of six months and before graduation if test has been negative.

b. X-ray of chest using 14 x 17 film (70 mm. film may be substituted provided all suspicious reports are followed by 14 x 17) upon admission; if the intracutaneous test and x-ray upon admission indicate possible tuberculosis, an x-ray shall be taken at the end of the 6th and 12th month. If the intracutaneous test and x-ray upon admission are negative, the test shall be repeated six months later. A final x-ray of the chest shall be taken upon completion of program.

(c) *Sick leave.* A student shall be permitted at least 7 days for illness. A student assigned for clinical practice in a cooperating hospital shall not be required to make up time lost because of illness unless it exceeds 3 days in a 5 week assignment. The educational administrator shall determine the time which is to be made up.

(d) *Hours of practice.* 1. The total hours including classes and clinical practice shall not exceed a forty-hour five-day week.

2. Clinical practice shall be limited to the hours (7 a.m.-7 p.m.). Students may be assigned to clinical practice for a maximum of three weeks between the hours 3-11 p.m. or 11 p.m.-7 a.m. after the 9th month in the program upon request by the educational administrator.

**History:** Cr. Register, December, 1962, No. 84, eff. 7-1-63.

**N 3.06 Curriculum.** (1) **APPROVAL.** The curriculum offered by the controlling institution is subject to approval by the board prior to implementation. Requests for approval shall be accompanied by outlines of instruction.

(2) **ORGANIZATION.** (a) The faculty shall assume responsibility for the plan for total curriculum development.

(b) The plan shall be based on the philosophy and purposes of the program, current health needs and trends.

(c) For each group of students within a class the curriculum plan shall show:

1. Placement of units of instruction according to term.

2. Sequence of clinical practice.

3. Number of hours of instruction in each term and the weeks of clinical practice.

(d) Complete course outlines shall be on file.

(e) Steady progress shall be made to distribute the hours of instruction throughout the clinical program.

(f) Experimentation in curriculum development is encouraged. For any major change in curriculum the faculty shall:

1. Consult with the board early in the planning.
2. Present the completed plan to the board for approval before implementation.

(3) **LENGTH.** The length of the program shall be no less than nine nor more than twelve months.

(4) **PURPOSE.** The curriculum shall provide for the acquisition of a high degree of expertness in basic types of situations of nursing practice; hence, provision shall be made for the student to: (a) Assist with the preparation, implementation, and continuing evaluation of the nursing plan by:

1. Providing for the emotional and physical comfort and safety of patients in all age groups through: a. Understanding of human relationships between and among patients and personnel, patients and families, and families and personnel.

- b. Through an awareness of cultural background and spiritual needs of patients.

- c. Through an awareness of the effects of gross social and economic problems upon patients.

- d. Protection of patients from behavior which would damage their self-esteem or their relationship with their families, other patients or personnel.

- e. Participation in the implementation of policies and procedures designed to insure comfort and safety of patients and personnel in health agencies.

- f. Attention to the general health care of patients, assisting with cleanliness, grooming, rest, nourishment and elimination.

- g. Maintenance of an attractive and comfortable environment for patients with special consideration as to cleanliness, ventilation, lighting, repairs and supplies.

2. Observing, recording and reporting to the appropriate person, symptoms, reactions and changes including:

- a. General physical and mental condition of patients, and signs and symptoms which may be indicative of untoward changes.

- b. Stresses in human relationships between patients, patients and personnel, and patients and their families and visitors.

3. Performing selected nursing procedures in circumstances where no professional evaluative judgment is required, and which have been assigned by a qualified professional nurse such as:

- a. Administration of medications and treatments prescribed by the physician.

- b. Preparation and care of patients receiving specialized treatments administered by the physician or the professional nurse.

- c. Performance of special nursing techniques in caring for patients with communicable diseases.

- d. Practice of first-aid measures.

- e. Utilization of nursing procedures as a means of facilitating communication and interaction between student and patient.

- f. Preparation and after care of equipment for treatments, administered by the physician or other professional workers, including necessary sterilization.



4. Assisting with the rehabilitation of patients according to the medical care plan through:

a. Awareness of and the encouragement of the interests and special aptitudes of patients.

b. Encouragement of patients to help themselves within their own capabilities in performing activities of daily living.

c. Knowledge and application of the principles of prevention of deformities, the normal range of motion, body mechanics and body alignment.

(b) Contribute to the attainment of the goals of the health agency by:

1. Utilizing opportunities in contacts with patients' relatives to promote better understanding of the agency's plan of patient care.

2. Fostering cooperative effort among personnel by understanding the functions of other persons involved in patient care and by active participation in team and staff conferences.

3. Utilizing community relationships to contribute to better public understanding of health services.

(c) Assume responsibility for personal and vocational growth and development through:

1. Active participation in nursing organizations.

2. Promoting and participating in inservice educational programs.

3. Promoting and participating in workshops and institutes and other educational programs.

(5) COMPONENTS. (a) *Area of health, growth, and development*, 80 hours.

1. General gross aspects of human structure and function shall be included. (30 hours)

2. Gross signs of physical health and normal physical development at various ages and in pregnancy; general health aspects of the physical environment; general physical and nutritional needs at different ages and in pregnancy; mental and emotional health and development; general emotional needs and their effect on behavior; and elementary psychosocial facts and principles shall be included. Family living shall be emphasized. (50 hours)

(b) *Area of nursing*. 348 hours\* and 25 weeks of clinical practice in a 9 month program, 384 hours\* and 30 weeks in a 12 month program.

1. Instruction shall include:

a. The art of nursing and its practice in assisting persons in accord with their age and sex. There shall be emphasis upon the patients' personal hygiene, environment, comfort, first aid, basic treatments and nursing in the home. (180 hours)

b. Nursing patients whose general state of health has been affected by the general malfunctioning of aging. (16 hours)

c. Nursing adult patients (including the aging) whose nursing requirements arise from common diseases under medical control. (16 hours)

d. Nursing patients whose vital processes have been impaired by progressive irreversible pathological changes but where the patients' symptoms are presently under medical control and regressive change is not proceeding rapidly. (32 hours)

\* Includes a minimum of 2 hours of planned patient centered teaching per week in the cooperating health agency.

e. Nursing patients whose nursing requirements relate to care required because of major surgical measures and their effects excluding post surgical patients with surgery on vital organs, plastic surgery, amputations of extremities and other surgery with comparable effects. (32 hours)

f. Meeting the needs of newborn infants whose vital processes are stabilized and assisting mothers to meet their requirements for personal care where there are no postpartum complications. (36 hours)

g. Nursing infant and child patients with physical health deviations and nutritional impairments under medical control. (36 hours)

h. Nursing patients whose nursing requirements result from a state of impaired mental functioning shall be included in a 12 month program. (36 hours)

2. Clinical practice shall emphasize physical and mental health concepts, nutritional needs, spiritual needs, rehabilitation, diversional activity, the care of patients in all age groups within a limited range of nursing situations which are free of scientific complexity and in more complex situations as an assistant to the registered nurse functioning as a member of a nursing team.

a. *Nursing the adult patient—15 weeks*—shall include practice in medical and surgical nursing situations.  $\frac{1}{3}$  of this time shall be spent in nursing the aged patient in a general hospital or home.

b. *Maternal, infant and child nursing—10 weeks*—shall include five weeks of practice in postpartum and newborn infant care with observations in labor and delivery and five weeks in the care of children.

c. *Nursing the mentally ill—5 weeks*—shall be included in a 12 month program.

(c) *Area of personal and vocational relationships—64 hours.*

1. Understands practical nurse responsibilities as a member of a vocation. There shall be emphasis upon legal responsibilities in nursing, range and scope of functions, ethical responsibilities in nursing, role of nursing organizations, elementary principles of human relationships, administrative lines, trends in practical nursing, and factors important for vocational growth. (48 hours)

2. Communication skills. There shall be stress on listening, observing, empathizing, reporting, and recording. (16 hours)

**History:** Cr. Register, December, 1962, No. 84, eff. 7-1-63.

**N 3.07 Instruction.** (1) Administration shall provide the conditions conducive to good teaching.

(2) The faculty shall utilize a variety of instructional methods appropriate to vocational education.

(3) The faculty shall demonstrate that instruction is evaluated systematically through the performance of the student in the program and later as a member of his vocation.

(4) The evaluation and grading system shall be realistic in terms of the objectives of the program and the intellectual capacity of students admitted.

(5) Time for study shall be taken into consideration in planning the schedule for students.

**History:** Cr. Register, December, 1962, No. 84, eff. 7-1-63.

**N 3.08 Educational facilities.** The physical facilities for the conduct of the program shall be designed to facilitate administrative and instructional activities.



(1) **ROOMS.** Classrooms, laboratory, conference rooms and administrative and instructional offices shall be sufficient in size, number, and type.

(a) A laboratory shall be provided for the teaching of nursing.

(b) A conference room of sufficient size shall be provided in the cooperating health agency to which students are assigned.

(2) **LIBRARY.** The library shall be organized and its holdings shall be commensurate with the needs of the student and faculty.

**History:** Cr. Register, December, 1962, No. 84, eff. 7-1-63.

**N 3.09 Housing.** When student housing is provided it shall be satisfactory to the board.

**History:** Cr. Register, December, 1962, No. 84, eff. 7-1-63.

**N 3.10 Cooperating health agency.** (1) The agency shall be accredited by the Joint Commission on Accreditation of Hospitals or other recognized organizations.

(2) The agency shall meet the requirement for faculty subsections N 3.04 (2), (c) and (3), (a), 3.

(3) The agency shall be approved by the board before it enters into an agreement with the institution conducting the program.

**History:** Cr. Register, December, 1962, No. 84, eff. 7-1-63.

**N 3.11 Clinical facilities.** (1) **CHARACTERISTICS OF THE COOPERATING HEALTH AGENCY.** (a) It shall have been in operation for at least one year preceding a survey for the use of its clinical resources.

(b) The clinical resources shall provide the learning experiences necessary to achieve the school's objectives.

(c) The obstetric, pediatric and psychiatric services shall be segregated.

(d) It shall be served by a registered pharmacist if drugs are dispensed from stock supply.

(2) **ADEQUACY.** The adequacy of clinical facilities shall be determined by the:

(a) Quality of patient care as provided by the medical and nursing personnel and influenced by hospital administration.

(b) Variety of patient conditions representing major health problems, stage of illness, and age groups.

(c) Number of students to be assigned.

(d) Physical facilities and equipment essential for good nursing care and teaching.

**History:** Cr. Register, December, 1962, No. 84, eff. 7-1-63.

**N 3.12 Nursing service.** (1) **QUALITY.** Students must observe good nursing in the practice field and must have an opportunity to practice it. Nursing service shall be judged by the: (a) Quality of direction and supervision provided.

(b) Medical, nursing and hospital administrative policies and practices.

(c) Number and ratio of registered professional nurses, licensed practical nurses and auxiliary nursing personnel to patients.

(d) Organization of nursing service for patient care.

(e) Inservice educational program for the nursing staff.

(2) **COMPOSITION.** There shall be a nursing service administrator; and a head nurse for each unit to which students are assigned.

(3) POSITIONS DEFINED. (a) The nursing service administrator is a registered professional nurse who has complete responsibility for nursing care in the hospital or health agency.

(b) A head nurse is a registered professional nurse who is responsible for the administration of nursing service in a unit.

**History:** Cr. Register, December, 1962, No. 84, eff. 7-1-63.

**N 3.13 Reports to the board. (1) MONTHLY.** (a) A monthly report shall be submitted by the school to the board by the 10th of the following month with the required supporting evidence.

(b) Proof of 2 years of high school or the equivalent and a birth certificate shall be submitted for each student admitted to the program with the monthly report.

(2) ANNUAL. An annual report covering the period from September 1 to August 31 is required from each school by December 1 on forms provided by the board.

(3) FACULTY. A faculty qualification record and current college transcript(s) shall be on file with the board for all persons identified in section N 3.03. These credentials shall be submitted with the monthly report.

(4) AGREEMENT. A copy of the agreement between an institution conducting the program and the hospital or health agency shall be filed with the board by the educational administrator.

**History:** Cr. Register, December, 1962, No. 84, eff. 7-1-63.

*Note: Effective Date.* Chapter N 3, as amended above, is effective as of July 1, 1963. All students admitted or readmitted on or after this date shall complete the curriculum as specified in section N 3.06.