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RN UPDATE

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Texas State Documents

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Board Approves Interpretive Statement on Delegation of the Administration of Immunizations

BOARD OF NURSE EXAMINERS' INTERPRETIVE STATEMENT ON DELEGATION OF THE ADMINISTRATION OF IMMUNIZATIONS

The BNE, along with other health care organizations and regulatory agencies, has identified the lack of adequate immunizations among Texas children as a significant public health concern. In 1993, a Texas Department of Health (TDH) Task Force on which the Board participated, concluded that there may be insufficient numbers of licensed health care providers to administer the immunizations needed. This Task Force developed a "Core Curriculum for Immunization Administration" which has been used to train EMS personnel to administer immunizations in several regions of the state. As a result of these activities, the question of whether the RN can delegate the administration of immunizations has been raised.

Concerns regarding liability issues surrounding the administration of immunizations are addressed in a pamphlet published by the Texas Department of Health (TDH) titled, "The Liability Risks Associated With Immunizing Children". RNs who have concerns or questions about their liability when participating in immunization programs are encouraged to obtain a copy of this pamphlet from the TDH. RNs administering immunizations should also be familiar with the federal Vaccine Injury Compensation Act (VICA) [See Note 1.].

The delegation of administration of immunizations is governed by Board Rule 218.10 (Nursing Tasks That May Not Be Routinely Delegated) [See Note 2.]. The Board interprets this rule as permitting delegation of the administration of immunizations provided all requirements of the rule are met. The Board specifically finds that those requirements would be met, allowing RNs to delegate the administration of immunizations to unlicensed personnel who have successfully completed special training through a course which contains all essential elements of the TDH Core Curriculum, when:

1.) the delegating RN (and supervising RN if other than the delegating RN) is familiar with the type of vaccine being admin-

istered, the contraindications to receiving the vaccine, possible adverse reactions, and how to respond to those reactions; and

2.) the immunization is administered under a protocol developed and signed by the delegating RN that requires:

- * there be identification of the supervising RN if other than the delegating RN;
- * the delegating RN or other equally qualified RN be readily available in person or by telecommunications to provide any required supervision;
- * the unlicensed person's competency to administer immunizations be verified, documented and evaluated periodically;
- * the unlicensed person follows universal precaution procedures to assure safety;
- * applicable health history be collected to determine that appropriate vaccines are administered and contraindications are identified;
- * an appropriate consent is obtained [See Note 3.];
- * the unlicensed person reviews potential reactions and comfort measures with the client, parent or guardian;
- * procedures, equipment and back-up be available to respond to adverse reactions/emergency situations; and
- * the unlicensed person notifies the supervising RN immediately of any adverse reaction.

As with any act of delegation, the delegating RN remains responsible and accountable for the task delegated. In developing this position statement, the Board recognizes that unlicensed

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A Word From the Executive Director

by Louise Waddill, PhD, RN

With the election of a new governor and several new legislators gearing up for their first legislative session, Texans have challenged state government to initiate change. Here at the Board of Nurse Examiners, in response to our customers' needs, we've also initiated some changes through a systematic review of our operations and functions.

Beginning in June 1994, all Board staff underwent extensive training in the core principles and management strategies of Total Quality Management (TQM). TQM, an "open management style which encourages problem solving and group derived decisions," has proven an effective tool in better serving the needs of customers. As a standard, orientation for new agency employees now includes TQM training.

TQM principles have also been instrumental in the development of a more "customer oriented" agency organization. The following is a list of key contact people and the kinds of agency functions they spearhead (Their telephone numbers appear on page 14.):

Administrative Support Services — *Glenn Parker*
 Licensing and Human Resources — *Mark Majek, MA, PHR*
 Nursing Education and Examination — *Mary Anne Hanley, MA, RN*
 Nursing Practice — *Kathy Thomas, MN, RN, CPNP*
 Investigations — *Edward J. Lorentzen, MPA*
 Legal — *Penny Puryear Burt, JD, RN*

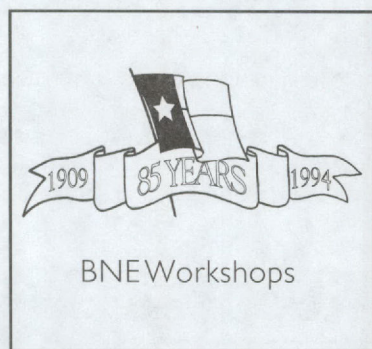
We hope that our attempt at incorporating Total Quality Management Principles throughout the agency will benefit both our customers and those who have come to rely on the professionalism and exemplary regulation of the Board of Nurse Examiners.

Happy Holidays from the Board of Nurse Examiners and staff!

Sincerely,

Louise Waddill, PhD, RN

Board Schedules Repeat Workshops



The Board hosted its "BNE In '94" workshop, "Nursing Practice Update: What Every Nurse Needs To Know" on November 17, 1994, in Houston. Nearly 500 area registered nurses attended the program, which was designed to provide information on the latest nursing practice issues. The workshop, presented in 10 Texas cities since October 1993, was repeated in Houston to accommodate the large number of RNs who were unable to register previously. Plans are underway to hold a similar program

in Dallas early next year. An announcement will be sent to RNs in the Dallas area soon.

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Licensing Update: Radiological Technicians

by Mark Majek, MA, PHR

In December 1988, the Board of Nurse Examiners implemented rules regarding registered nurses who perform radiologic procedures. Since that period, 690 registered nurses have been entered into the registry. As a reminder, registered nurses who perform radiologic procedures must be registered with the Board (excluding those who work in a hospital that participates in the federal Medicare program or that is accredited by the Joint Commission on Accreditation of Hospitals). If you would like more information or need to register, please call (512) 835-4880 for instructions and an application.

BNE Advisory Committee Update

Nursing Practice Advisory Committee

The Nursing Practice Advisory Committee met on November 3, 1994. A task force was appointed at this meeting to discuss and make final recommendations regarding Minimum Procedural Standards during Peer Review. The committee's desire is that the rules be non-adversarial and that the rights of the individual nurse being reviewed are protected. The committee also discussed the development of a board position statement on "*Nurses in the Changing Health Care Delivery System*". Final recommendations are expected to be presented to the Board in January. The committee is also continuing its discussion on mechanisms for assuring continued competency for licensure and competency of new graduates entering practice.

Rose Caballero, BSN, RN, Corpus Christi, board member representing nursing practice, has been appointed to replace Pettey Ross, MS, RN as the board representative to this committee. Ms. Caballero, along with Cindy Leverett, BSN, RN, CCRN, Lubbock, will co-chair the committee for the coming year. The committee meets quarterly to identify and discuss practice issues that significantly impact or may potentially impact the practice of nursing for which the regulation of nursing practice should be addressed. The next meeting is scheduled for January 4, 1995, in Austin. Meetings are open to anyone wishing to attend. For information, contact Kathy Vrazel at (512) 873-6599.

Advanced Nurse Practitioner Advisory Committee

The Advanced Nurse Practitioner Advisory Committee met October 18, 1994 with the specific intent of ensuring that changes made to Rule 221 would accurately reflect the committee's recommendations regarding additional requirements. The committee's discussion focused on central issues such as ANP practice, certification and continuing education requirements. For more information regarding this committee, contact Kathy Thomas, MN, RN, CPNP, at (512) 835-8657.

Board Empanels Advisory Committee on Education

At its September 1994, meeting, the Board authorized the development of an Advisory Committee on Education (ACE) and appointed Roselyn Holloway, MSN, RN, board member, to chair this committee. The committee will consider nursing education issues, policies, and rule development. Ten nursing organizations have submitted nominations for membership on the committee. The committee will meet quarterly. Committee members will serve staggered terms. The first meeting will be held in Austin in January 1995.

Texas Peer Assistance Program For Nurses (TPAPN) To Sponsor Employer Workshops

The Texas Peer Assistance Program For Nurses (TPAPN) will be offering one day workshops on January 13, 1995 (Victoria), February 17, 1995 (Bryan), and March 10, 1995 (Tyler) for all registered nurses. TPAPN's principles of operation, overview of chemical dependency and mental illness, identification and referral process, and return to work are some of the subjects that will be discussed. This workshop is approved for 7.2 Type I Nursing CE Contact hours. For more information, dates of future workshops and registration forms, please call TPAPN at 1-800-288-5528.

Continuing Education Questions and Answers

Q:**A:**

The Board receives numerous questions regarding the Continuing Education requirements. In an effort to assist nurses in understanding and complying with the rules, Kathy Vrazel, Office of Continuing Education, answers some recently asked questions:

Q: I am a December 1993 graduate and passed the February NCLEX exam. It is my understanding that I do not need to complete any CE before my birthday in 1995 when I need to renew my license. Is that correct? If I do complete CE within the next two years, can it be applied to the next time period?

A: You are correct. The CE requirements begin with your first complete license renewal cycle. Twenty hours of continuing education will be required for renewal in 1997. You may begin accruing CE hours on the first day of the renewal month (your birth month) in 1995. Hours completed prior to that date are not retroactive. This same requirement applies to RNs licensed by endorsement from another state. Continuing education is not required for endorsement or for the first renewal after endorsement.

Q: I am presently not working as a registered nurse and am considering placing my license on "Inactive" status. What are the requirements to reactivate my license if I decide to return to nursing later on?

A: When you wish to reactivate your license, you should contact the Board's office to request a reactivation application. If you have been inactive for less than four years, you will be required to show proof of completion of 20 hours of continuing education within the past two years. If you have been inactive for more than four years and have not been working as a registered nurse in another state, in addition to continuing education, you will need to complete a nursing refresher or extensive orientation course. The CE hours (and refresher/orientation course, if applicable) are required before the license will be reactivated.

Q: I am 72 years old—retired from nursing 10 years ago. I am a "winter" Texan who volunteers to take blood pressures in our mobile home park every other Wednesday. Do I have to have a license and do CEUs to do this?

A: The Board has established a "RN Retired" licensure status. You must be over the age of 65 and not practicing nursing to be eligible for this category of licensure. As a Retired RN, you may continue to perform volunteer work. However, you may not use the title "RN" or hold yourself out to be an RN. Continuing education is not required for "RN Retired" status.

Q: I am still confused about the designation of Type I and Type II programs. I understand that Type I programs must be approved by one of the Board's credentialing organizations like ANA/ANCC or TNA. How do I know if a program is accepted for Type II?

A: The criteria for Type I and Type II programs are the same. The only difference is that Type I programs have been pre-approved by a credentialing organization recognized by the Board. If you are unsure if a program is acceptable for CE credit, first ask yourself if the course meets the definition of nursing continuing education. Continuing education in nursing is defined as: *"programs beyond the basic preparation which are designed to promote and enrich knowledge, improve skills, and develop attitudes for the enhancement of nursing practice, thus improving health care to the public."* Also, the program must: (1) be at least 50 minutes (one contact hour) in length, (2) have written objectives, (3) identify nurses in the target audience, (4) reflect program planning based on the needs of the audience, (5) contain information relevant to nursing practice or health care, (6) use qualified instructors with expertise in the content area, (7) utilize appropriate teaching methods to achieve program objectives, (8) include a written evaluation of the activity by participants, (9) and provide participants with a certificate of attendance. If a nurse is audited, and there is a question concerning a Type II program, the nurse may be required to furnish documentation to verify that the above criteria were met.

Please write for our brochure, "The 1-2-3-'s of CE." Include a self-addressed, stamped envelope and mail to the Board's office, Attn: CE.

Practice Related Questions and Answers



The Board receives numerous calls and letters regarding practice issues. In this column, Donna Carlin, MSN, RN responds to frequently asked questions:

Q: My nursing liability insurance premium has increased by approximately \$200.00 this year. The reason stated for the increased premium is that there has been an increase in both the frequency and severity of claims in Texas. Do you have any recommendations for insurance companies with cheaper premiums?

A: Liability insurance coverage is a professional issue for each registered nurse. The Board has no jurisdiction over this matter. I refer you to your professional nursing organizations for advice on liability coverage. They may also be able to inform you of alternate companies who provide coverage for RNs.

Q: The physicians in the hospital where I work are asking nurses to remove femoral sheaths and Swan-Ganz catheters. Is this within the scope of nursing practice?

A: The removal of femoral sheaths and Swan-Ganz catheters are considered medical functions. The physician, under his/her license may choose to delegate these medical procedures to the registered nurse. The physician is then responsible for the delegation and supervision in compliance with the Medical Practice Act and rules of the Board of Medical Examiners.

According to the Standards of Professional Nursing Practice (Rules 217.11) of the Board's *Rules and Regulations Relating to Nurse Education, Licensure and Practice*, the registered nurse is required to "accept only those nursing assignments that are commensurate with his/her educational preparation, experience and knowledge of patient safety". The nature of the education and training is not strictly defined by this board. Although the RN is carrying out a delegated medical act, he/she remains accountable to the Board to adhere to the Standards of Professional Nursing Practice. The Board published a position statement entitled "Delegated Medical Acts" in the December 1993, issue of *RN Update*. In summary, the RN may carry out a delegated medical act, provided that the RN received education/supervised practice and is competent to perform the procedures safely and can respond appropriately to complications and/or untoward side effects; the RN's education and skill assessment is documented in the RN's personnel record; the nursing and medical staffs have collaborated in the development of written policies/protocols; and appropriate medical and nursing back up is available. The Board's position statement on Delegated Medical Acts can be acquired by contacting the Board's office.

Titles Used By Clinical Nurse Specialists

Additional Titles May Be Recognized: Part II

by Kathy Thomas, MN, RN, CPNP

Since 1980 the Board has approved four categories of Advanced Nurse Practitioners including Clinical Nurse Specialist (CNS), Nurse Midwife, Nurse Anesthetist and Nurse Practitioner. The Board was recently requested to consider expanding the approved titles for CNSs.

The role of CNS developed in the 1960's in response to changes in health care technology which required more highly skilled nursing specialists. Since the birth of the CNS role, the educational preparation has been at the master's degree in nursing level. Traditional titles of CNS in Community Health, Neonatal, Gerontological, Oncology, Maternal Child Health, Pediatrics, Medical-Surgical, and Psychiatric/Mental Health Nursing have been recognized by the Board since the inception of the recognition process in 1980.

Over the past decade, the evolving needs of many acute health care specialties have spurred development of many new subspecialized roles for CNSs. Examples of these specialty areas of practice include Intensive Care, Cardiovascular, Transplantation, Emergency and Infertility CNS programs.

In recognition of the evolving roles for the CNS, the Board decided to approve titles which reflect the actual educational preparation. One of the challenges to implementing the approval process was the need to expand the computer system to accommodate

additional data fields to reflect these titles. Having accomplished this task, in January the Board will be prepared to approve CNS titles which reflect the clinical educational focus of the master's in nursing program. This recognition will apply to programs which meet the following criteria:

- * both the didactic and clinical experiences must be focused in the specialty area;
- * the course titles and descriptions must reflect the specialty preparation; and
- * the program must verify the specialty preparation in its written program information materials.

Individuals who had more generic didactic preparation and specialized only in the clinical area are not eligible for the more specialized title reflected in the clinical area. For example, if the didactic preparation was in medical-surgical nursing, but the clinical experiences were in oncology nursing, the applicant will be approved as a CNS in Medical-Surgical Nursing.

Those CNSs currently recognized by the Board and wishing to have their titles changed to reflect their educational preparation must submit a written request along with documentation to support the above requirements. Staff anticipates that it may take several months to review and approve the requests for title changes. PLEASE DO NOT SUBMIT ANY MATERIALS UNTIL JANUARY 1995. DIRECT ALL CORRESPONDENCE TO "ATTN: ANP".

Education Report

by Mary Anne Hanley, MA, RN and Paul Waller, PhD, RN

Education Report from September and November, 1994 Board Meetings

The following actions were taken by the Board at its September 13-14, 1994 meeting:

Faculty petitions reviewed and considered:

Galveston College, ADN

—Jo Carlene Steen—Approved waiver

Laredo Community College, ADN

—Linda Jo Perez—Denied waiver

Approved initial accreditation for the following programs to be implemented January 1995:

Cisco Junior College, LVN-ADN Progression, Abilene

Texas A&M International University, RN-BSN, Laredo

Approved the development of the following nursing program:

The University of Texas at Brownsville, RN-BSN

The following actions were taken by the Board at its November 8-9, 1994 meeting:

Faculty petitions reviewed and considered:

Kilgore College, ADN

—Dorothy Franks—Approved waiver

Odessa College, ADN

—Delores Brown and Marilyn Boomer—
Approved waivers

Southwestern Adventist College, Keene

—Holly Gadd as Acting Chairperson—Approved
waiver

Approved initial accreditation for the following programs to be implemented January 1995:

Panola College, ADN, Carthage

San Jacinto College South, LVN-ADN Transition, Houston

Granted full accreditation based upon 1994 NCLEX-RN pass rate and annual report to:

East Texas Baptist University, BSN, Marshall

Vernon Regional Junior College, ADN

Changed the following programs from warning status to full accreditation based upon 1994 NCLEX-RN pass rate and annual report::

Texas A&M University at Corpus Christi, BSN

Laredo Community College, ADN

Changed the following program from initial accreditation to warning status based upon 1994 NCLEX-RN pass rate and annual report::

University of Texas at Pan American, BSN, Edinburg

Changed the following program from full accreditation to warning status based upon 1994 NCLEX-RN pass rate and annual report:

University of Texas at Pan American, ADN, Edinburg

Approved a proposal to conduct an instructional telecommunications pilot by the following program:
 Prairie View A&M, BSN program during Fall semester, 1994

Education Department Summary

During the past year, five nursing programs were approved for implementation in January 1995: two LVN-ADN transition programs (Cisco Junior College and San Jacinto College-South Campus); one ADN program (Panola College); one generic BSN program (Tarleton State University); and one RN-BSN completion program (Texas A&M International University, Laredo). Dallas Baptist University BSN program closed on August 31, 1994 as planned. With these changes, there are currently 80 nursing programs accredited by the BNE with 24 extended campuses.

Diploma Nursing Programs	02
Associate Degree Programs	49
Baccalaureate Degree Programs	24
Basic Master's Degree Program	01
Baccalaureate Degree for RN Programs	03
Advanced Nurse Practitioner Programs	01
TOTAL	80

These new nursing programs have incorporated content to address the Board's published essential competencies for graduates. Objectives include care of clients in community settings, culturally appropriate nursing care, and use of contemporary technologies. Additionally, 21 major and minor curriculum changes incorporating increased use of community-based services, health promotion/disease prevention, and critical thinking were approved during the past year.

NCLEX-RN Summary for Exam Year 1994

National Council Licensure Examination for Registered Nurses (NCLEX-RN) using Computerized Adaptive Testing (CAT) was implemented beginning in April 1994. Two quarters using that methodology have been completed along with the February 1994 administration of the written exam. Nationally, 84,262 of 92,790 first time candidates (90.8%) passed the exam. In Texas, 5672 candidates (92.5%) passed the exam on the first attempt. Pass rates for candidates tested for the first time are reported by program type:

<u>Program Type</u>	<u>NTC</u>	<u>NPT</u>	<u>PPT</u>	<u>PPUS</u>
Diploma	194	184	94.9	92.7
Associate Degree	3911	3604	92.2	91.8
Baccalaureate Degree	2030	1884	92.2	88.5
TOTAL	6135	5672	92.5	90.8

NTC = Number of Texas candidates
 NPT = Number Passing -- TX
 PPT = Percent Passing -- TX
 PPUS = Percent Passing -- US

The NCLEX-RN using CAT, pass rate compares favorably with the earlier written exam; the 1993 pass rate for all Texas graduates was 91.1%. In Texas, graduates of foreign nursing programs testing for the first time had a pass rate of 70.7%; those who took an accustomation course passed with a rate of 90.7%.

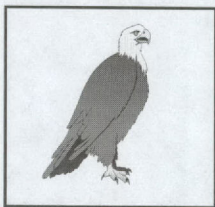
Education Rules

As reported in the September *RN Update*, revised education rules were implemented beginning September 1, 1994. These new rules are now being used by the Education Department when conducting survey visits and in reviewing proposals for new programs and curriculum changes. Those interested in assuring their programs are in compliance with the current rules may order a copy of the rules by calling (512) 835-8676.

NEAC Pilot Study

The first phase of a pilot study to implement the competencies developed by the Nursing Education Advisory Committee has been completed by 14 schools. Four BSN and 10 ADN programs conducted detailed curriculum reviews to assess the extent to which the competencies are currently addressed in their curricula and made plans to incorporate those competencies not included. Areas commonly not addressed in the ADN curricula included: use of current technology, application of current literature and research findings in improving patient care, and concepts of health promotion/disease prevention. BSN curricula often did not address health care financing, quality assurance, and case management. Otherwise, curricula incorporated the majority of the remaining competency areas. Survey visitors are evaluating curricula for inclusion of the competencies and making recommendations for future curriculum changes. Further rule development related to statewide implementation of the competencies will occur in Spring 1995.

NOTICE TO NON-PAYING RECIPIENTS
State law requires the BNE to give notice to anyone desiring to continue to receive *RN Update* (gratis), to do so in writing. This does NOT include registered nurses or employers of nurses who automatically receive the newsletter free of charge.



Legal Eagle

Penny Burt, JD, RN, General Counsel for the Board of Nurse Examiners, answers your questions regarding the Nursing Practice Act, board rules and regulations, and other legal issues relating to nursing.

Q: I am a registered nurse employed by an independent school district. I am responsible for the health care needs of all the children enrolled, including several medically fragile children who require injections, inhalations, tube feedings, suctioning, trach care, and range of motion exercises. By the time I attend to the needs of these children, I have no time remaining to spend with ambulatory children who become ill or are injured while at school. I have been told that I will be receiving a comatose child who requires total care. I cannot understand why a comatose child, who can neither appreciate the classroom surroundings nor participate in the educational process, should be in school. I am concerned that once the comatose child is enrolled, the care I now give the other fragile children will suffer.

Am I liable if one of these children aspirates or experiences some injury as a result of my inability to monitor and intervene?

Some of the parents object to my direct communication with the child's physician. How can I rely on the parents to correctly relay my questions and observations to the physician or the physician's medical orders back to me?

A: Tort liability, such as a law suit for injuries resulting from negligence, is outside the Board's jurisdiction. You should discuss your liability for damages with your lawyer or insurance carrier. Licensure liability is within the Board's jurisdiction. The following comments relate to your obligations under the Nursing Practice Act and Board Standards of Professional Nursing Practice. The Standards define the role and responsibility of the registered professional nurse (RN) in any health care setting, including public schools, and establish a minimum acceptable level of professional nursing practice. Briefly, standards applicable to the care of a medically fragile child in the school setting require the nurse to:

- 1) know and conform to the Texas Nursing Practice Act, and the Board's rules and regulations, as well as all Federal, State, or local laws, rules or regulations affecting the RN's current area of nursing practice;
- 3) use a systematic approach to provide individualized, goal directed nursing care;
- 4) institute appropriate nursing intervention which might be required to stabilize a client's condition and/or prevent complications;
- 5) clarify any order or treatment regimen that the nurse has reason to believe is inaccurate, non-efficacious or contraindicated by consulting with the appropriate licensed practitioner and notifying the ordering practitioner when the RN makes the decision not to administer the medication or treatment;
- 8) implement measures to promote a safe environment for clients and others;
- 9) implement measures to prevent exposure to infectious pathogens and communicable conditions;
- 12) collaborate with the client, members of the health care team and, when appropriate, the client's significant other(s) in the interest of the client's health care;
- 15) make assignments to others that take into consideration client safety and which are commensurate with the educational preparation, experience, knowledge and ability of the persons to whom the assignments are made;
- 16) supervise nursing care provided by others for whom the RN is administratively or professionally responsible;
- 17) accept only those nursing assignments that are commensurate with one's own educational preparation, experience, knowledge and ability.

The fact that you are overburdened or understaffed does not relieve you of practicing up to these minimum standards. In some settings, such as long term care, there are established minimum staffing ratios. This is not the case in the public schools.

Since the implementation of federal and state laws requiring that all children under 21 years of age receive a public education, the Board has seen a marked increase in calls from nurses with questions like yours. Board staff contacted representatives of the Texas Education Agency (TEA) and were advised that chronological age rather than cognitive ability was the controlling enrollment criterion.

SPECIAL REPORT

The Future of ANP Education: A Critical Need For Qualified Faculty by Mary V. Fenton, DrPH, RN



Professional nurses have an excellent opportunity to participate in the forming of our health care system by taking an active part in the delivery of primary care. The question is, "Are they ready, and are they prepared?"

Without a doubt, professional nurses have proven capable of providing primary care in a safe and effective manner. However, the number of advanced nurse practitioners (NPs) in the United States is relatively small. Few data are available to predict how nurses in large numbers will perform in a new system of health care in which they will take a more prominent primary care role. Due to differences in levels of education, at the present time, we cannot guarantee that all nurses prepared as nurse practitioners have the same core competencies, skills, and clinical knowledge. The need, therefore, is critical for standardization of graduate curricula for advanced nursing practice. The *National Organization of Nurse Practitioner Faculties (NONPF) Curriculum Guidelines* provide specific guidance to nurse practitioner programs, and the American Association of Colleges of Nursing's (AACN) *Essentials of Graduate Education Regional Conferences* promise broader guidelines for all graduate nursing education programs. However, unless existing primary care programs are expanded and new ones developed, we will never be able to meet the need.

The major inhibiting factor in the expansion of primary care programs is the lack of adequate numbers of prepared NP faculty. Even with the efforts to prepare existing faculty as nurse practitioners, it will be years before we can meet the demands for an experienced cadre of well-prepared nurse practitioner faculty. Faculty who have enrolled in these programs have reported being overwhelmed in the beginning by the demands of advanced pharmacotherapeutics and clinical management courses, without being relieved of their teaching loads. They are often expected to add the nurse practitioner program on top of their regular assignment. In addition, clinical experience may be sporadic, depending upon when they can fit it into their schedules. Faculty are then expected to begin teaching immediately in a role which may have limited opportunities to continue to practice on a regular basis.

One of the causes of these unreasonable expectations is the lack of realistic expectations regarding what it takes to prepare a faculty member to teach primary care. Schools of nursing and universities must realize that preparing for a primary care role takes a commitment of time and resources by both the faculty and administration. My concern is that a quality education experience for faculty may be sacrificed for quantity and expediency. How we address the critical need for adequate numbers of qualified NP faculty in Texas may be a major determinant of the viability of nursing's role in primary care.

Mary V. Fenton, DrPH, RN, is the Dean of the School of Nursing, University of Texas-Galveston, and a member of AACN's Task Force on Essentials of Master's Education for Advanced Practice Nursing. Dr. Fenton, Vice President of the BNE, has been a member of the Board of Nurse Examiners since 1991.

Proposed and Adopted Rules

by Erlene Fisher

At regular meetings held on September 13, 1994, and November 7, 1994, the Board of Nurse Examiners took the following action in relation to rules:

Adopted an amendment to 217.8, Inactive Status. The adoption was published in the September 30, 1994 issue of the *Texas Register* and became effective October 12, 1994.

Proposed a new 223.2, Charges for Public Records. The proposed rule was published in the October 14, 1994 issue of the *Texas Register*. At their September 7, 1994 meeting, the Board authorized staff to submit the rule as adopted, pending no negative comments. The adoption will be submitted for publication prior to the end of November, 1994.

Names In The News

Sally Glaze, EdD, RN, CS, has been hired as a Nursing Consultant in the Board's Nursing Practice Department. Dr. Glaze, who has extensive experience in clinical practice, administration, and nursing education, was previously with the Texas Department of Health's Division of Health Facility Licensure and Certification.

D. Gwen Hubbard, MAHS, RN, C, LCDC, has been hired as an Investigator in the Board's Investigations Department. Ms. Hubbard, who is also a Licensed Chemical Dependency Counselor, was formerly employed at the Pavilion at St. David's, Austin, and the Austin State Hospital.

Insufficient Funds Items

As of December 1, 1994, the following nurses appear on the records of the Board of Nurse Examiners as debits for failure to respond to notices of returned checks. Should any of these nurses be in your employ or seek employment with your agency/institution, please contact the Board's office. If any of these nurses are practicing in Texas as a registered nurse, they are in violation of the Nursing Practice Act and would be subject to disciplinary action by the Board.

<u>NAME</u>	<u>LICENSE # OR PERMIT #</u>	
Asble, Alex Walter	564983	License
Bablitz, Nancy Elizabeth	553715	License
Barr, Lori Anne	537652	License
Buol, Kolleen Kay	516233	License
Clark, Victoria	50398	Permit
Conti, Angela Rose	552231	License
Dennis, Patricia Ann	503975	License
Falkner, Barbara Marie	587013	License
Farra, Diane Rae	560781	License
Felkins, Bettye Lisa	557452	License
Filler, Marcia Ann	553220	License
Fryer, Renee Marie	578735	License
Gazey, Patricia Mary	069539	Permit
Glisson, James M	239549	License
Guthrie, Kelly R.	547982	License
Handlin, Kathy L	512842	License
Hart, Janet	070678	Permit
Howell, Sharon	459387	License
Jenkins, Victor I	517158	License
Jones, Cherie Lyne	241063	License
Jones, Gwendolyn	063362	Permit
Kishbaugh, Shari Elizabeth	575583	License
Kuntz, Eileen Marie	514331	License
Kurylo, Kim Diane	580995	License
Levingston, Lynnell	73626	Permit
Masters, Mary Jane	550218	License
Mealor, Helen	50375	Temporary License
Mitchell, Sandra	565160	License
Morganti, Dominick J	530514	License
Nims, Teresa Masadie	565233	License
Olivier, Marie Claudia	514361	License
Pangilinan, Julie	445792	License
Payne, Traci Lee	569734	License
Pierce-Berkil, Kristie	071891	Permit

<u>NAME</u>	<u>LICENSE # OR PERMIT #</u>	
Raffaele, Mark	74257	Permit
Rosko, Lisa Marie	538707	License
Sanderson, Brenda Mary	538111	License
Sloane, Gail Theresa	550406	License
Strouhal, Susan Kay	557026	License
Taylor, Maxine Renee	555844	License
Vasquez, Emerald J D	207588	License

Notice of Disciplinary Action

The following registered nurses had disciplinary action taken against their licenses. If you would like to receive additional information regarding the disciplinary action which has been imposed, please send your request to the Board of Nurse Examiners, Investigations Department.

<u>NAME</u>	<u>LICENSE #</u>	<u>DISCIPLINE</u>	<u>DATE OF ACTION</u>
Maureen Ifeoma Ashe	588450	Warning	9/13/94
Charles Maurice Bell	443314	Revoke	10/20/94
Rachel Lynn Boyd	514918	Revoke	10/20/94
Thomas Carey Collins	243802	Reprimand with Stipulations	9/13/94
Jessie Catherine Greb	572012	Reprimand with Stipulations	9/9/94
Constance L. Haddrill	461577	Revoke	10/20/94
John Karl Harding	558786	Remedial Education	9/13/94
Toni L. Kaschub	541668	Revoke	11/08/94
Hilda Morean Owen	596257	Reprimand	9/13/94
Luana Saverance	584389	Warning	9/13/94
Donna Louise Stewart	457732	Revoke	11/08/94
Joseph H. Westbrook	599368	Revoke	10/20/94

The professional nursing license of the following individual was disciplined for practicing with a delinquent license.

<u>NAME</u>	<u>LICENSE #</u>	<u>DISCIPLINE</u>	<u>DATE OF ACTION</u>
Ellen Frances Boyle	570196	Warning	11/08/94

The following individuals have had their licenses to practice professional nursing in the State of Texas reinstated.

<u>NAME</u>	<u>LICENSE #</u>	<u>CONDITIONS</u>	<u>DATE OF REINSTATEMENT</u>
Jane Patricia Bauersfield	544058	Reinstated with Stipulations	9/9/94
Nancy L. Levy	533902	Reinstated with Stipulations	9/9/94
Jenny Ruth Wood	560691	Reinstated with Stipulations	9/9/94

(continued on next page)

The professional nursing licenses of the following individuals were disciplined for failing to comply with the requirements of mandatory continuing education.

<u>NAME</u>	<u>LICENSE #</u>	<u>DISCIPLINE</u>	<u>DATE OF ACTION</u>
Catherine A. Fogarty	247629	Reprimand	10/20/94
Henrietta Hargraves Leatch	567834	Reprimand	10/20/94
Valente Luna	558989	Reprimand	10/20/94
Rose M. Ortiz	500561	Reprimand	10/20/94
Deborah C. Roberts	252958	Reprimand	10/20/94

The following individuals have voluntarily surrendered their licenses to practice professional nursing in the State of Texas.

<u>NAME</u>	<u>LICENSE #</u>	<u>MONTH/YEAR OF SURRENDER</u>
August Dawn Allison	598620	October, 1994
Cheryl A. Baxter	231922	October, 1994
Regina A. Bourland	509388	October, 1994
Tammy Jo Chapa	579544	September, 1994
Eustace Conway Fliedner	252428	September, 1994
Janice M. Flora	252746	September, 1994
Donna A. Key	501213	October, 1994
Rudolph Edward Kos	226641	September, 1994
Carla Joan Lancaster	566471	October, 1994
Kimberly D. Marek	526063	October, 1994
Sandra F. Matson	250055	October, 1994
Marsha Marquerite Mohler	549724	October, 1994
Jackie Sue Parker	461263	September, 1994
Janice C. Huff Rhodes	224799	October, 1994
Robert Lealan Shaffer	567015	October, 1994
Kay Frances Swisher	522631	October, 1994
Mary Katherine Turk	551985	October, 1994
Carolyn S Y Walker	412176	August, 1994
Sherri Lee Zuefelt	575894	October, 1994

As of November 16, 1994, the following individual has failed to return her license to the Board for appropriate disciplinary notation.

<u>NAME</u>	<u>LICENSE #</u>	<u>DISCIPLINE</u>	<u>DATE OF ACTION</u>
Rose M. Ortiz	500561	Reprimand with Stipulations	10/20/94

As of November 16, 1994, the following individual has failed to return her license to the Board. Her license has been SUSPENDED.

<u>NAME</u>	<u>LICENSE #</u>	<u>DISCIPLINE</u>	<u>DATE OF ACTION</u>
Judy K. Davis	249525	Suspend	7/20/93

As of November 16, 1994, the following individuals have failed to return their licenses to the Board. Their licenses have been REVOKED.

<u>NAME</u>	<u>LICENSE #</u>	<u>DATE OF ACTION</u>
Phil Abel	568990	6/16/94

(continued on next page)

<u>NAME</u>	<u>LICENSE #</u>	<u>DATE OF ACTION</u>
Cynthia Sylvester Amey	570155	6/16/94
Janice L. Armstrong	245319	3/24/93
Shirley Ellena Black	551029	9/22/93
Darla Pike Boyd	224709	7/20/93
Kari Jo Ferguson	554365	6/16/94
Julio Efrain Garcia, Jr.	507613	6/16/94
Clifford N. Good	500281	8/25/94
Shirlee Jeanne Grace	550376	2/22/94
Audra Ann Hamilton	572092	6/16/94
Audrey Elaine Kardum	438053	9/22/93
Kenneth George Thomas	584757	3/24/93
Leanna Dale Watson	580790	7/20/93
Joseph H. Westbrook	599368	10/20/94

WARNING/IMPOSTORS

SHIRLEY WHITE PETTIJOHN aka: SHIRLEY SMITH

Shirley White Pettijohn was employed as a registered nurse with two treatment facilities in the Stephenville area and with a home health agency in the Dublin area. The Board received an anonymous report about Ms. Pettijohn's practice and a preliminary investigation was conducted to verify the information. Ms. Pettijohn's employer was contacted and Ms. Pettijohn was terminated from employment on May 17, 1994. The Board is pursuing legal action through the Erath County Attorney's Office.

TERRI GAYLE FORSYTHE

Terri Gayle Forsythe was employed as a registered nurse at a nursing home and a hospital in the Wichita Falls area. The hospital was unable to verify a current licensure and contacted the Board to report the illegal practice. Ms. Forsythe does not hold a current license or permit to practice professional nursing in the State of Texas. Ms. Forsythe was terminated from employment by the hospital on January 14, 1994. Ms. Forsythe was terminated from the nursing home in May, 1994. The Board is pursuing legal action through the Wichita County Attorney's Office.

If you have any knowledge or information regarding the employment practices of these individuals, please contact the Board's Investigations Department immediately, at (512) 835-8686.

Board Approves Interpretive Statement on Delegation
of the Administration of Immunizations
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persons who enroll in a course which contains all elements of the TDH "Core Curriculum for Immunization Administration" must possess specific knowledge and skills prior to enrollment including injection technique, aseptic technique and basic CPR.

Note 1: The Vaccine Injury Compensation Act (VICA) is a no-fault law that provides compensation for vaccine-related injuries resulting from vaccines covered by the act. Any person seeking more than \$1,000 for vaccine-related injuries must seek recovery under the VICA before they can bring suit against a provider. The VICA serves a dual purpose: 1.) providing health care providers liability protection and 2.) providing a compensation fund for persons injured by a vaccine. As of November 1994, vaccines covered by the VICA were 1.) polio, 2.) measles, mumps, rubella (MMR) and 3.) diphtheria, tetanus, pertussis (DTP).

Who To Call For Assistance



Last year the Board's office received over 220,000 telephone calls. In an ongoing effort to assist callers by answering questions about the Board's policies, the telephone system now includes more direct numbers, recorded information messages

and voice mail. Voice mail and information features are available during and after regular office hours and on weekends and holidays. The following is a list of helpful numbers:

LICENSING.....(512) 835-4880

(License verification, endorsement/reciprocity information, prescriptive authority information, ANP approval status, general information)

NURSING PRACTICE.....(512) 835-8686

(Interpretation of NPA and Board's rules regarding disciplinary proceedings, practice issues, advanced nurse practitioners)

NURSING EDUCATION AND EXAMINATION.....(512) 835-8650

(RN nursing programs, extended campuses, NCLEX-RN applications, graduate nurse permits, NPA questions, board rules and regulations inquiries, and declaratory orders)

INVESTIGATIONS.....(512) 835-8686

(NPA and Rules and Regulation violations, complaint and disciplinary action inquiries, monitoring of disciplined RNs)

ADMINISTRATIVE SUPPORT SERVICES.....(512) 873-6555

(Returned checks, refunds, debits)

SALES OF LISTS.....(512) 873-6554

(computerized lists of RNs on floppy diskettes, magnetic tape, hard copy and/or mailing labels)

CONTINUING EDUCATION.....(512) 835-8685

(Information on the state's requirements for mandatory continuing education for registered nurses)

LEGISLATIVE INFORMATION.....(512) 835-8674

(Recent legislative amendments affecting NPA, health care reform issues, and any other legislation regarding the regulation of professional nursing)

Office Hours and Location

The office of the Board of Nurse Examiners is located at 9101 Burnet Road, Suite 104, at the Intersection of Highway 183 and Burnet Road in Austin, Texas. The mailing address is Box 140466, Austin, Texas 78714. Office hours are 8:00 am to 5:00 pm Monday through Friday, except for designated holidays. The Board's office will be closed the following day:

December 26, 1994 --- Christmas Holidays

The Board of Nurse Examiners is an equal opportunity/affirmative action employer and does not discriminate on the basis of race, color, religion, sex, national origin, age, or disability in employment or in the provision of services, programs or activities.

Board Meeting Dates/ Open Forum

Regular meetings of the Board of Nurse Examiners For the State of Texas are scheduled on the following dates:

January 11- 12, 1995, Austin

The board meetings are open to the public. Any group or individual wishing to attend any portion of the board meeting should contact Erlene Fisher at (512) 835-8675 at least four weeks prior to the board meeting to verify availability of space, the date and location.

All contested cases (formal disciplinary hearings) are heard by an Administrative Law Judge in the State Office of Administrative Hearings. These hearings are open to the public.

Individuals or representatives have an opportunity to communicate directly with the Board during the Open Forum which is held at each meeting. Interested persons are requested to notify Erlene Fisher prior to the scheduled board meeting so that the request to address the Board is assured and to confirm the date, time, and location of the Open Forum.

Legal Eagle

(continued from page 8)

TEA referred the Board to the following rules which apply to the practice of school nurses:

- | | |
|---|--|
| <p>1) State Board of Education Rules
for Special Education Services
Chapter 89, Subchapter G
§§89.201 - 89.258
(May 1994)</p> | <p>2) Individuals with Disabilities
Education Act (IDEA)
34 Code of Federal Regulations
Parts 300, 301, & 303
(September 29, 1992, October 27, 1992 & July 30, 1993)</p> |
|---|--|

You are probably aware of Section 219.914 of the Texas Education Code which permits unlicensed individuals to administer medications to school children under limited circumstances. Be aware that this law does not relieve the RN of his/her obligation under the Nursing Practice Act and the board's rules.

Should you choose to delegate care to an unlicensed school employee, you must comply with the Board's delegation rules (§218) which are printed in the back of the Nursing Practice Act.

Regarding some parents' requests to filter or manage communications between the nurse and the physician, I refer you to Standards (5) and (12). A nurse's failure to communicate and collaborate in a timely and effective fashion with physicians or other members of the health care team can result in board discipline. The Medical Practice Act and Rules require physicians to be accessible to registered nurses and other non-physicians involved in delivering any part of delegated medical care. Open and timely communication is essential to the physician's obligations to supervise and responsibly delegate acts of medical care. See Medical Practice Act, Art. 4495 Tex. Rev. Civ. Stat. Ann. 3.08 (4) (H), (I).

I hope this information is helpful to you.

Penny Puryear Burt

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Note 2: Board Rule 218.8 (Administration of Medications) is not the governing rule because the Board does not consider the administration of immunizations to constitute the administration of medications as defined by Rule 218.8. Immunizations are given to essentially healthy individuals to prevent disease, whereas medications are administered to treat illness or an alteration in health status. Texas Attorney General Opinion MW-318 (1981) found that the administration of immunizations was not the same as the administration of medication for the purposes of defining physician delegation.

Note 3: The VICA requires that specific information be provided patients receiving vaccines covered by the law. Originals of the notices may be obtained from the Texas Department of Health.

For more information regarding this interpretive statement, please contact Eric M. Gutierrez, Information Specialist, at (512) 835-8674.

Board of Nurse Examiners
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CHANGE OF ADDRESS

Rule 217.10, Change of Name and/or Address, states that if a registered nurse/candidate for registration changes his/her name through marriage, divorce, religious order, or for any other reason, a request for a change of name should be sent to the Board's office within 10 days of the change of name. An affidavit will then be mailed to the petitioner.

A registered nurse must also notify the Board in writing within 10 days of a change of address.

With all correspondence include the following:

- 1.) RN license number, date of birth, and social security number
- 2.) Complete name including maiden name
- 3.) Complete address with zip code
- 4.) County and zip code of place of employment