

N 1200 6
 R 2 1993
 24
 THE BOARD OF NURSE EXAMINERS
 FOR THE STATE OF TEXAS

Government Publications
 Texas State Documents
 JAN 1 1994
 Dallas Public Library

RN UPDATE

Accreditation ★ Licensure ★ Practice ★ Compliance

December 1993

Volume 24, No. 4

Position Statements - Guides for Practice and Education

The Board promulgates position statements to inform RNs and other interested parties about a variety of nursing practice and education topics. The position statements are developed to provide guidance on clinical and educational subjects that may not be specifically addressed in the Board's rules. Position statements may be developed in response to questions from the practice arena or prepared based on changing trends in health care delivery.

To assure currency, the Board reviews its position statements annually and Board's staff research new or changing issues on an ongoing basis. At its September 1993 meeting, the Board adopted three new position statements which are published below. A list of the Board's nine additional position statements is provided at the end of this article. A copy of any of these statements may be obtained by sending a stamped, self-addressed envelope to the attention of Julie Allen, Department of Practice and Compliance, and requesting the specific statement(s) you are interested in receiving.

Board's Jurisdiction Over Title and Practice

The use of the title Registered Nurse or any designation tending to imply that one is a licensed RN is limited to those licensed by the

Board. The use of this title is restricted by law to assure the public that professional nurses are competent and compliant with the Nursing Practice Act (NPA) and Board rules. The public relies on the Board to set and enforce standards of practice for all licensees. Use of the title to attract clientele or secure employment without intent to comply with the NPA and the Board's rules is deceptive to the public and would be considered unprofessional conduct by the Board.

In the opinion of the Board, the expressed or implied use of the title RN requires compliance with the NPA and rules and regulations. Therefore, licensed professional nurses choosing to provide services, including but not limited to, midwifery, micro pigment implantation, chemical skin

peels, hair transplantation and scleral therapy must comply with the NPA and Board's rules just as any other licensed professional nurse. (Board action, September 1993)

Delegated Medical Acts

The practice of professional nursing varies widely and encompasses those acts which fall within the scope of nursing practice. In many settings, physicians delegate tasks and functions involving medical procedures to registered nurses. The registered nurse accepting responsibility for performing the delegated medical act does so under the authority and supervision of the physician. In carrying out the delegated function, the registered nurse is expected to comply with the Standards of Professional Nursing Practice just as if performing a nursing procedure.

It is the Board's position that a registered nurse may carry out the delegated medical act if the following criteria are met:

1. The RN received appropriate education and supervised practice, is competent to perform the procedure safely and can respond appropriately to complications and/or untoward effects of the procedure;
2. The nurse's education, expertise, experience and skill assessment are documented in the RN's personnel record;
3. The nursing and medical staffs have collaborated in the development of well defined, written policies and protocols for the delegated acts and these are available to staff practicing in the institution. (Board action, September 1993).
4. The procedure has been ordered for the patient by an appropriate practitioner;
5. Appropriate medical and nursing back-up is available.

By way of example but not in limitation, delegated medical acts include suturing, amniotomy, removal of chest tubes, sheaths and pacemaker wires, and acting as a first assistant in surgery. (Board action, September 1993)

Use of DSM-III (R) Diagnoses

DSM-III (R) diagnoses are multi-disciplinary psychiatric diagnoses used for the purpose of applying objective criteria, establishing a practice framework and communicating findings with other health care professionals.

The use of DSM-III (R) diagnoses by registered nurses recognized by the Board as Clinical Nurse Specialists (CNS) in Psych/Mental Health Nursing is authorized provided that diagnoses are appropriate for the education, experience and scope of practice of the CNS. When patient problems are identified which are outside the CNS' scope of practice or expertise, a referral to the appropriate medical provider is indicated. (Board action, September 1993)

(Continued on page 10)

INSIDE THIS ISSUE

"BNE In 93" Workshops Conducted In Six Major Cities, Additional Sites Planned	2
Accustomization Course Nets Higher Pass Rate	3
New Faces, New Beginnings: Up Close With Roselyn Holloway and Doris Price-Nealy	5
SPECIAL REPORT: Regulation In The Face Of Reform	7
NAFTA: A Push For Mutual Recognition, But Not Lower Standards	8
CAT Implementation Plans Finalized	12
New Education Rules Adopted By The Board	12

The "BNE In '93" Workshops Conducted In Six Major Texas Cities, Additional Sites Planned

Launching its statewide speaking tour aimed at informing nurses and nursing faculty on the latest nursing practice, licensure, and education issues, the Board of Nurse Examiners (BNE) presented workshops in six major Texas cities. The workshops, entitled "The BNE In '93," were presented on consecutive days in Houston, San Antonio, El Paso, Austin, Fort Worth, and Dallas.

The purpose of Day One of the workshop, "*Nursing Practice Update: What Every Nurse Needs To Know*," was to update registered nurses on the roles of the BNE, changes in the Nursing Practice Act, and legislation affecting practice. The purpose of Day Two, "*Looking Toward Tomorrow: Changes In Education and Examination*," was to provide nursing faculty the most current information regarding Computer Adaptive Testing (CAT), proposed BNE education rules, declaratory orders, standards in relation to faculty, graduate nurse supervision, and temporary permits.

Over 2,900 nurses attended the six workshops which were offered over a two month period beginning in mid-October. Continuing education contact hours, approved by the Texas Nurses Association, were offered

for both days of the workshop: 6.7 contact hours for Day One and 5.7 contact hours for Day Two. Included in all workshop packets were copies of the new version of the amended Nursing Practice Act. Healthy attendance at all sites and positive preliminary analysis of program evaluations are good indications of successful workshops.

Requests for additional programs have prompted the Board to extend the speaking tour to three additional sites. Board staff will present the same Day One program in early 1994. The following dates are set for:

January 19, 1994 — Amarillo

February 16, 1994 — Tyler

March 3, 1994 — Lubbock

RNs in these geographical areas will receive a program brochure in the mail. Those RNs outside the designated area of the speaking tour who wish to attend, may contact the Board directly for registration information.

The Board Approves Request By The American Academy Of Nurse Practitioners To Recognize Their FNP/ANP Certification Exams

At the September Board meeting, the Board considered a request by the American Academy of Nurse Practitioners (AANP) to recognize new national certification examinations for Adult Nurse Practitioners (ANPs) and Family Nurse Practitioners (FNPs).

Certain advanced practice certification examinations are recognized by the Board in lieu of specific program requirements. The current rule states, "Proof of current certification of the advanced nurse practitioner in the appropriate area of practice by a national or state organization, whose certification examination has been recognized by the board, will: (1) waive the need to review transcripts and course descriptions from the post-basic program of study; and/or (2) waive the accreditation and/or length of program requirements..."

The AANP is a national organization, incorporated in 1985 for the purpose of promoting the high standards of health care delivered by

nurse practitioners and to act as a forum to enhance the identity and continuity of nurse practitioners. The organization has grown to over 12,000 members through the various levels of membership.

These examinations, offered for the first time in November, 1993, are for graduates of approved Master's level adult and family nurse practitioner programs. Graduates of certificate programs may petition the Certification Board for permission to sit for the examinations. The criteria established for petitions by certificate program graduates include specific curricular requirements.

The examinations, developed by a psychometrically sound process according to national standards, are certainly similar to other examinations recognized by the Board. The Board approved AANP's request to have their certification examinations recognized by the Board in accordance with Rule 221.2 (b)(1) and (2).

Nurse Practice Act Now Officially Known As "Nursing Practice Act," Other Legislative Changes In Effect

The 73rd Legislature made not only changes to the statute that governs professional nursing, but to the actual name of the statute as well. Article 4514, Sec. 7, officially renames the Nurse Practice Act, the "Nursing Practice Act."

The name "Nurse Practice Act," although never referenced in the statute itself, was commonly utilized. Recent Sunset Commission recommendations, incorporated in House Bill 2180 (nursing's official sunset bill), sanctioned the use of the new name. Official Board documents and references to the statute will also reflect the new name change.

The last issue of *RN Update* prompted quite a few questions regarding recent legislative changes to the Nursing Practice Act. The following serves as a reminder of what those changes are, and how they might affect you:

Temporary Permits Replaced by Temporary Licenses

Beginning January 1, 1994, the 90 day, temporary registered nurse permits issued by the Board to nurses seeking permanent licensure by endorsement, will be eliminated. Instead, the Board will issue a temporary license.

Qualified nurses seeking to obtain a license by endorsement in Texas will receive a temporary license, good for 12 weeks from the date of issue. Applicants will apply for the temporary license and the permanent license at the same time, and will pay a one-time endorsement fee at the beginning of the process. Nurses who have received disciplinary action against their licenses in any other state or jurisdiction are not eligible for a temporary license.

It is estimated that the Board will need at least seven working days to approve an application for a temporary license. This change will

definitely affect the date at which a nurse will be available to work. Nurses, employers, and recruiters should take careful note of this change and plan accordingly.

RN, Retired

A licensee who is not practicing as a professional nurse and plans to be out of practice for an indefinite time, may apply for inactive status. Now, any nurse 65 or older who requests inactive status, may also request a retiree license. The Board anticipates implementation of the "RN, Retired" status around April 1, 1994.

Duplicative Reporting and the Reporting of Minor Incidents

The law requires the Board to adopt rules that define minor incidents. The Board has appointed members to a Nursing Practice Advisory Committee whose initial charge will be to make recommendations regarding minor incidents.

Complaints against RNs filed by insurance companies will now be kept on file by the Board for five years. The Board is not required to investigate these complaints unless another complaint is received involving a separate incident within that same five year period.

This sampling of legislative changes does not encompass the full range of amendments enacted by the passage of House Bill 2180 and House Bill 756—only those changes that have provoked the most reader response.

If you would like more complete information regarding the recent legislative changes to the Nursing Practice Act, or if you have any specific questions about the last legislative session, please contact Eric M. Gutierrez, Information Specialist, at (512) 835-8674.

Accustomization Course Nets 92% Pass Rate on NCLEX-RN

The Board reported a 92% pass rate on the July, 1993 NCLEX-RN by foreign educated nurses who participated in board approved accustomization courses.

Accustomization courses, consisting of a minimum of 120 hours of supervised clinical practice, were designed to familiarize the foreign educated nurse with professional nursing in the United States, increase the likelihood of passing the NCLEX-RN on the first writing, and improve the quality of patient care delivered.

Under rules established by the Board in November of 1990, foreign educated nurses wanting to practice in Texas under a graduate nurse permit while awaiting to take the NCLEX-RN, must enroll in an accustomization course. Beginning with the February, 1992 exam, foreign educated candidates have been required to take an accustomization course that includes reviews of the five primary clinical areas in relation to body systems, psycho-social aspects of care, pharmacology, administration of medications, technical skills, medical terminology, nutrition and diet therapy, and legal and ethical issues. Students are also updated

on basic test-taking skills and offered practice tests to prepare for the exam. Since setting the rule, the BNE has approved 27 courses offered by hospitals on their own, or in conjunction with other hospitals and recruitment firms.

In addition to requiring the accustomization courses of foreign students, the Board also requires providers to demonstrate a 75% pass rate. A 75% rate of passage is mandatory for a course to maintain board approval.

July's examination results, the highest ever recorded since the initiation of the accustomization courses, seem to prove that they are effective. Ninety-two percent (47 out of 51) of foreign educated nurses who took the course subsequently passed the licensure examination. By comparison, only 80% (83 out of 104) of the first time foreign educated nurses who did not complete an accustomization course, passed the examination.

Overall, Texas' July, 1993 NCLEX-RN results showed a 91.4% (3,799 out of 4,157) pass rate for first time Texas graduates.

President's Message



This first quarter of our 1993-94 year has passed remarkably fast. Our work towards our health care initiatives has begun with the development of a comprehensive action plan. The Board reviewed the first draft of the plan at the September board meeting which included identified activities with time frames established through 1996-97. While the activities are lengthy and ambitious to accomplish, the Board has clear direction and

purpose for the development of the initiatives. We are committed to measurable progress on our initiatives and I will keep you informed through our newsletters of our progress.

During the November board meeting, we met with the TNA board to discuss common issues related to health care reform. This, too, was in keeping with our initiatives to develop effective communication among our professional counterparts and to work collaboratively. At the invitation of TNA, our board members attended the TNA's state-wide conference on health care reform and their invitational summit on nursing education issues related to health care reform. These were exceptional workshops with excellent presentations and participation.

In the coming months as health reforms unfold, the Board will remain attuned to changes. Through the use of advisory committees, advice from our clinical and educational constituencies to include nursing service leaders, we will work to respond to the needs of the public and changing nursing roles and requirements.

Sara J. Keele, MS, RN

President

Board of Nurse Examiners

Board To Celebrate 85th Anniversary

On March 9-10, 1994, the Board of Nurse Examiners For the State of Texas will celebrate its eighty-fifth anniversary as the statewide regulatory agency for professional nursing and schools of nursing. The original Board, enacted by the legislature in 1909, laid down the foundational principles which continue to guide the present day Board in carrying out its mission.

The Board has appointed a Celebration Committee which will coordinate the festivities, including a nursing symposium. The list of guest speakers and topics to be discussed are presently being finalized and will be published in the next issue of *RN Update*.

Names In The News

Cady Crismon, MSN, RN, CNS, Director of Practice and Compliance, has been appointed to the National Council of State Boards of Nursing's Committee on Computer Simulated Testing.

Mary Anne Hanley, MA, RN, Director of Education, has been appointed to a National Council of State Boards of Nursing's focus group who will review the structures of member boards. Additionally, Ms. Hanley, along with Joy Fleming, MSN, RN, Director of Education, Board of Vocational Nurse Examiners, presented a paper at the Executive Women in Texas Government's Seventh Annual Professional Development Conference. The paper, entitled "Charting A Proactive Course: Consensus Building," explored the collaborative problem solving the two boards used in meeting the needs of diverse customers.

Kathy Thomas, MS, RN, CPNP, Nursing Consultant for Advanced Practice, has been appointed to represent the Board of Nurse Examiners on the HIV-AIDS Coordinating Council. Mrs. Thomas, a certified pediatric nurse practitioner, concurrently serves on the Texas Department of Health's Advisory Committee on Immunizations.

Penny Puryear Burt, JD, RN, Legal Counsel for the Board, has been appointed to serve as a member of the Texas Department of Health's Advisory Committee on the Legal Liability of Health Care Professionals. The committee will direct their focus on the health care professional's legal responsibility during the administration of immunizations.

Board Members

Officers

Sara J. Keele, MS, RN

Nursing Practice

President

Houston

Mary V. Fenton, DrPH, RN

BSN Programs

Vice President

Galveston

Rose M. Caballero, BSN, RN

Nursing Practice

Treasurer

Corpus Christi

Pat Y. Crowe

Consumer Member

Fort Worth

Roselyn Holloway, MSN, RN

Diploma Programs

Lubbock

Morris H. Parrish, PhD

Consumer Member

Irving

Doris Price-Nealy, MSN, RN

ADN Programs

Beaumont

Petty Ross, MS, RN

Nursing Practice

El Paso

Members

Lynn Besselman, PhD

Consumer Member

Amarillo

New Faces, New Beginnings: Up Close with Roselyn Holloway and Doris Price-Nealy

The Governor's appointment of Roselyn Holloway, MSN, RN (Lubbock) and Doris Price-Nealy, MSN, RN (Beaumont) to serve as the Board of Nurse Examiners' newest members, marks both a beginning and an end.

Ms. Holloway and Mrs. Price-Nealy replace Eileen Piwetz, EdD, RN, and A. JoAnna Seamans, MSN, RN, whose terms ended last January, but had continued to serve on the Board until as recently as August.

Name: Roselyn Holloway, MSN, RN

Present Position: Lead Instructor - Patient Care Management, Methodist Hospital School of Nursing (Lubbock)

Education: Bachelor of Arts in Biology (English Minor), Huntingdon College, Montgomery, Alabama
Diploma in Nursing, Methodist Hospital School of Nursing (Lubbock)

Master of Science in Nursing, The University of Texas at El Paso (El Paso)

Post-graduate hours in Transcultural Nursing, Madonna University, Livonia, Michigan

Significant Work Experience
Staff Nurse — Medical Surgical and Orthopedic units
Charge Nurse — Orthopedic Unit
Instructor — Medical Surgical classroom and clinical instruction
Emergency Department Staff Nurse (Part time) — Adult and Pediatric

Professional Affiliations Transcultural Nursing Society, American Nurses Association, Texas Nurses Association, International Congress of Nurses, and Sigma Theta Tau — Iota Mu

Professional Highlights Appointed to M. Leininger Award Committee, Transcultural Nursing Society, 1992

Presented "Home Health Care and Cultural Diversity Understanding" to Visiting Nurse Association, 1991

Presented "Providing Culturally Sensitive Care To Your Client" to Methodist Hospital nursing staff, 1991

Served as Editor, TNA Newsletter, District 18, 1991

Attended The Royal College of Nursing, Nursing in the United Kingdom, London, England, 1984

Family Two daughters, one son; Soon to be a grandmother



Name: Doris Price-Nealy, MSN, RN

Present Position: Director, Associate Degree in Nursing, Lamar University-Beaumont (Beaumont)

Education: Diploma in Nursing, Prairie View A&M University (Prairie View)

Bachelor of Science in Nursing, Prairie View A&M University (Prairie View)

Master of Science in Nursing, Ohio State University, Columbus, Ohio

Significant Work Experience
Staff and Charge Nurse
School Nurse
Personnel Director and Coordinator
Acting Head, Assistant Professor — Department of Allied, Health Program Director, Assistant Professor — Associate Degree in Nursing Program

Professional Affiliations American Nurses Association, Texas Nurses Association, National League for Nursing, Lamar University-Beaumont Faculty Senate, Sabine Area Black Nurses Association
Organization of the Advancement of Associate Degree in Nursing, Sigma Theta Tau — Kappa Kappa, Beaumont Commission for the Prevention of Child Abuse, Sickle Cell Foundation Publicity Committee, Save Our Sons Health Care Initiative, Texas Association of College Teachers

Professional Highlights Elected to Board of Directors for Schlesingers Nursing Home
Awarded "Outstanding Texan in Education," Texas Legislative Black Caucus

Acknowledged by Governor Ann Richards for "Outstanding Volunteer Service"

Honored with Humanitarian Award, "Texas Works Together," Family Self-Sufficiency Mentoring Program

Inducted into the Women's Commission of Southeast Texas Hall of Fame for "Outstanding Public Service"

Featured in the Tyrrell Historical Library Collection, "History of Women In Beaumont"

Awarded Prairie View A&M, College of Nursing Education Award, 75th Diamond Anniversary Celebration

Family: Roger Nealy (husband), Three daughters, two grandsons



"How did you get selected to the Board?"

"As a nurse educator, I've always been interested in influencing nursing, and at times, I even thought about what it would be like serving as a member of the Board of Nurse Examiners. However, I think Sarah Weddington (attorney who argued Roe vs. Wade) had a big influence in converting that thought into action. What she said about "practicing leadership" early on in one's career, has in a way, molded my own development as well as prepared me for the position I'm in now.

I've always been a people oriented person. I naturally gravitate towards the experience of meeting new people and learning from our interaction.

(Continued on page 6)

"How did you get selected to the Board?"

"It's a rather slow process. Ironically, my name had been submitted to the Governor's Office about ten years ago. Once you've been nominated, however, what follows is fairly procedural. I got in contact with Representative Mark Stiles and Representative Al Price, as well as Senator Carl Parker, who later wrote a letter of recommendation for me. Of course, I was also supported by the university president, the dean, and my Nursing Department Head. I am very proud to serve as a member of the Board of Nurse Examiners For the State of Texas."

"What do you see as the most important issues affecting the regulation of professional nursing?"

(Continued on page 6)

Holloway (Continued from pg. 5)

As a member of the Texas Nurses Association (TNA) and subsequently, their Council on Education, I had the opportunity to meet quite a number of new people, including those members who are active in the political arena of professional nursing. Clair Jordan, MSN, RN, Executive Director of TNA, and TNA board members were role models for me.

So, when the BNE published its need for Board member nominations, I decided "Why not?" and reconnected with Clair and initiated the nominating process. I also contacted Senator John Montford (Lubbock) who like Clair, eventually wrote a letter of recommendation to the Office of the Governor, as did other nursing professionals. I also had the support of my Dean, Irene Wilson, and Methodist Hospital of Lubbock. This is something I've always thought I would like to do and was ecstatic when Governor Richards appointed me to the Board. I feel very honored and pleased to be serving our state and the nursing profession in this way."

"What do you see as the most important issues affecting the regulation of professional nursing?"

"Obviously, health care reform will play a major role in the profession and will influence significantly the quality of nursing care that the public expects. Presently, nursing students have a wide range of experiences. They know what they want to do, and they really want to better themselves. The biggest challenge I see for the Board is providing these students with the kinds of educational experiences that will prepare them to tackle health care in the age of reform and beyond. Teaching the notion of "caring" is a vital experience they will continue to need. The Board must continue influencing their educational process by establishing the regulatory process for nursing practice."

"What are your views on health reform?"

"I think health reform is going to be a challenge for all nurses, in whatever form it takes. I also think it will benefit nursing in the long run. Nurses are going to have to assess their own educational process, their skills, their values, and ask themselves, 'Are we ready for the challenge?'"

Advanced Nurse Practitioners (ANPs), I believe, are already delivering primary health care with some autonomy. The fact that they are well-trained, well educated, primary health care providers should not be overlooked. Texas is a very large state with lots of rural communities in large cities. Most Texans still have to come into town for primary care. I think ANPs, most of whom are already serving these communities, will play a pivotal role in health reform."

"What goals do you have for yourself during the time you serve as a member of the Board of Nurse Examiners?"

"I think the first year is really going to be devoted to acquainting myself with the general workings of the Board. After that year, however, I do have a long term goal of promoting a greater involvement with the National Council of State Boards of Nursing (NCSBN) and hopefully, working on a few joint projects. I think it's always a positive move to cultivate the diversity of views and opinions that the NCSBN membership promotes."

"How do you see the role of professional nurses changing in the next ten years?"

"I think it's always difficult to predict the future, but I will say that the demographics of Texas are definitely changing, and nurses need to be sensitive to that. I'm very involved with the concept of "transcultural nursing,"—meeting the cultural needs of people within professional nursing. Nurses not only will be expected to provide nursing care, but

(Continued on page 7)

Price-Nealy (Continued from pg. 5)

"Some of the most important issues, as I see it, are the changes in health care delivery that will be brought upon by health reform. Succinctly put, I believe that the changes in health reform, whatever they may be, must be equally reflected in the changes we make in the nursing educational system. The "who," the customer, if you will, is already changing the face of health care delivery—the profession needs to respond accordingly.

I see the Board working towards a greater alignment of both nursing education and clinical practice. The two concepts should support the positive role of the professional nurse and provide the public with competent nursing care. Solid nursing education and sound clinical practice should be the collaborative tools of every professional nurse."

"What are your views on health reform?"

"I've tried to keep abreast of the political climate partly through membership in political organizations and partly, by listening to what people have to say. The word is out: we need a change. There are so many consumers who are underserved, underinsured or completely uninsured, and worst of all, underrepresented — they have no voice. I know there are compromises that are going to have to be made, and that people are always slow to accept change anyway, but, when you are dealing with a bankrupt system, not just financially either, something has got to give. In any case, health reform must become the mouthpiece for the consumers I just mentioned.

As far as the Board is concerned, I think we have to provide the public with a valuable commodity—competent nursing care that is viable in both acute and non-acute settings. If health reform allows nurses to function with more autonomy, then it is the Board's place to make sure that newly defined role is practiced safely and competently—this is a tremendous responsibility.

As the professional nurse becomes more valued, their role more prominent, then naturally, the Board will have to fine tune the definition of nursing to encompass that added responsibility."

"What goals do you have for yourself during the time you serve as a member of the Board of Nurse Examiners?"

"My goals are two-fold: to work as a "change agent" and to continue to inform the public and the profession of the role of the Board.

When I say "change agent," I mean it in terms of creative progression. Diversity, in my opinion, naturally lends itself to change—different views engender creative ways of problem-solving, expression, etc...I want to draw on that diversity to help us move ahead into the next century. Change should also be interdisciplinary. We shouldn't think twice about incorporating the expertise of our colleagues or collaborating with those we might not automatically connect with ourselves.

I feel strongly about advocating for the consumer, about being their representative voice, about always maintaining a sense of caring in whatever area of their lives we might affect. The public needs to know who we are and what we do; the Board needs to make itself known, become an ambassador of public protection, underwrite the liability of excellent public service."

"How do you see the role of professional nurses changing in the next ten years?"

"Clearly, professional nurses are going to have to take more control of their career, their profession, their destiny. Health reform is going to be consumer motivated—the best services at the best prices will be in the

(Continued on page 7)

Holloway (Continued from pg. 6)

to provide culturally sensitive nursing care as well.

The societal trend towards less responsible health care maintenance, and the near total disregard for preventative health care, are just a few factors that will shape the way we deliver health care. Nurses need to be aware of the changing environment, and get involved with it.

Nursing schools still need to produce competent practitioners that will be able to deal with both the opportunities and challenges of a technologically advanced society. Nursing faculty still need to be able to deal with and adjust their teaching methods to accommodate an increasingly culturally diverse student population. And of course, budgetary constraints are always a constant—how to provide the best nursing education with fewer amounts of dollars. The professional nurses of tomorrow have a challenge ahead of them, but it's not one they cannot meet if they tackle it with a 'can-do, Texas' attitude."

Price-Nealy (Continued from pg. 6)

most demand. If nurses want to compete, they're going to have to avail themselves of business, economic, and entrepreneurial opportunities.

I'm not sure, and no one is really, exactly what health reform will bring. The chances of the current health care delivery system staying the same are dim, but how reform will actually be enacted is still unclear—enhancing RN roles is only a part of the total package.

Perhaps the most significant issue in relation to the role of professional nursing will be education. What provisions will be made in order to educate the kind of nursing student the system and the public will demand?"

SPECIAL REPORT

Regulation In The Face of Reform

Despite the swarm of divergent views surrounding future content and implementation of President Clinton's Health Security Plan, most would agree at least, that the current system has run its course. Public demand for reform will inevitably force health care providers to create a system that incorporates the consumer's major concerns: accessibility, quality, and cost.

President Clinton has made it clear that he expects individual states to take responsibility for the enactment of health reform in their area. Texas, with its large population of young, uninsured, indigent people in both rural and urban areas, will have to tackle health reform at the most fundamental levels, starting out with immunizations. Ruth F. Stewart, MSN, RN, FAPHA, FAAN, Chair of the Texas Board of Health and a long time public health nurse, views the national agenda as a spotlight for what should be happening on the state level, despite any direct federal initiative: "The Board of Health's mission, by statutory determination, is to protect and promote the health of Texans. There are a lot of areas that need reform, but as far as Washington is concerned, we have to do some things whether Washington ever does anything or not. The Board of Health and Commissioner David Smith, M.D. are very much interested in doing what we can to reform Texas."

The Board of Health has already unveiled its preliminary strategy for tackling health reform with plans to launch a statewide campaign entitled: "Reform School: A Curriculum For Health." The purpose of the campaign is two-fold: to educate the public on the basics of health reform; and to gain grass-roots support for future health reform legislation. By creating an informational framework, supported by an extensive educational campaign and legislative push, the Board of Health hopes to have in place a health care system that is easily transitional from the federal model and most importantly, able to encompass the diverse health care needs of the people of Texas.

Health Reform, most certainly, will mean finding new ways of delivering better health care, more efficiently. The roles and functions of health care professionals, in much the same way, will have to correspond to a consumer driven system. According to Ms. Stewart, health reform can be a good time for some professional nurses to

continue doing what they're doing now and for others, to expand on their practice: "It's a major time for nursing to really demonstrate what their full role is, what they have been prepared to do, and what they can do in terms of improving the health of the public and preventing further problems. And let me say that goes for all nurses, not just advanced nurse practitioners."

Some changes in practice, however, especially those affecting barriers in practice for advanced nurse practitioners, (plenary prescriptive authority, hospital privileges, and third-party reimbursement) may have to evolve out of concentrated efforts by professional nursing organizations at enabling legislation. Ms. Stewart sees the legislative process as one of the many areas that will affect the outcome of health reform: "With legislation, you just keep going back. Sometimes the players in the legislature change, sometimes the messages change, sometimes the people that are contacting their legislators change—sometimes they just give up. We just keep trying. The Clinton Plan says there will be federal preemption, if necessary."

Congruent with the Board of Health's educational campaign on health reform are a series of planning meetings which will involve the various health professional organizations, community leaders, civic organizations, and business leaders in an all out effort to promote total community involvement in shaping the health care of tomorrow. Ms. Stewart sees this type of community collaboration as a major coup for the Board of Health and an effective use of community resources: "This is the kind of thing (community collaboration), especially in the immunization initiative, we cannot do alone and need to work with others. There are several businesses and organizations who are doing a lot to promote the immunization project. You know, it's really a 'cooperative collaborative,' which gives it more clout with the public, and also helps money-wise." Advisory committees, made up of representatives from the various health regulatory boards, would also participate in the discussion and play a pivotal role in the State's reaction to health reform. According to Ms. Stewart, even the government is going to have to conduct business with an openness for new and different ways of protecting the public: "I think we always have to put protecting the public as our first goal, and then work in terms of

(Continued on page 8)

SPECIAL REPORT

Regulation (Continued from pg. 7)

maintaining our mission while at the same time finding creative ways of problem solving. We run into sacred cows all the time, and I've certainly been among those that say, 'Oh no, we can't do it that way.' But, we have got to look beyond that now. We have to be able to balance expediency in providing health care resources to our people with safety and competency."

The Board of Nurse Examiners echoes Ms. Stewart's priorities for health reform in ensuring safe and competent practitioners to the public. These concerns, and others closely related to the issue of health reform, are already being discussed and analyzed by the Board of Nurse Examiners and more specifically will be the charge of a new Nursing Practice Advisory Committee. The Advanced Nursing Practice Advisory Committee will also make vital recommendations to the Board on the expanding role, educational requirements, and scope of practice of advanced nurse practitioners throughout all stages of health reform.

The Board of Nurse Examiners has already made efforts to better prepare graduate nurses for health reform through its role as the accrediting body of entry-level programs. The Board's revised education rules and the publication of the "Essential Competencies For Graduates of Nursing Programs In Texas," reflect outcomes necessary for health reform. Included in both the rules and the competencies are educational experiences in a variety of settings, emphasis on health promotion, prevention, cost containment, meeting the needs of culturally diverse groups, critical thinking, and advocacy. The new rules specifically, streamline the accreditation and curriculum change pro-

cedures to keep pace with each nursing program's need for flexibility in the changing environment.

Kathy Thomas, MS, RN, CPNP, the Board's Nursing Consultant for Advanced Nursing Practice, points out the Board is also concerned with the educational preparation for advanced nurse practitioners, if health reform broadens their scope of practice and allows them more autonomy: "Our concerns are not just purely practice oriented, they are also educational. How will health reform affect the type of knowledge and skills required for competent advanced practice?" Advanced practice graduate programs, regulated by the Texas Higher Education Coordinating Board (THECB), will continue to generate interagency collaboration: "The Board will continue to dialogue with THECB to ensure that any changes brought by health reform are equally reflected in the advanced nursing educational process. The Board will also rely on the recommendations of its advisory committees in both the areas of practice and education."

Some observers of health care say in some areas, reform is already happening. Still others urge stronger measures of implementation or disagree on content. Most want a health care plan that can be transitioned into place with the most amount of expedience. Everyone expects quality, accessibility, and affordability.

The public will continue to rely on health care professionals, including professional nurses, no matter what form health reform takes. They will also continue to rely on the Board of Nurse Examiners and other health regulatory agencies, to protect and promote their well-being. Regulation, in the face of health reform, will most likely experience a reform of its own.

NAFTA: A Push For Mutual Recognition, But Not Lower Standards

The North American Free Trade Agreement (NAFTA) will eliminate tariffs and other trade barriers among the United States, Canada, and Mexico. The newly created trading conglomerate will not only be the world's largest trading bloc, but the richest one as well. Included in its provisions, as a way of promoting "free trade" between participatory countries, NAFTA also strongly encourages the "harmonization" of professional requirements for credentialing.

In anticipation of possible requirements of the NAFTA, The National Council of State Boards of Nursing (NCSBN) as well as the Texas Board of Nurse Examiners, have been closely monitoring the progress of the agreement. What seems to have surfaced from preliminary analysis of the treaty is the push for the professions and the entities that regulate them, to facilitate "mutual recognition." The treaty does not, at any time, recommend the lowering of standards nor does it threaten states with preemptive authority or the passing of new laws regulating professional services.

According to the treaty, professional services are defined as:

"services, the provision of which requires specialized post-secondary education, or equivalent training or experience, and for which the right to practice is granted or restricted by measures adopted or maintained by a [signing country]."

NAFTA encourages mutual recognition through:

1.) *transparency in processing of applications (i.e., applicants are freely and readily informed of requirements, of the nature of any deficiencies they*

have, and how they may remedy them)

- 2.) *development of mutually acceptable standards and requirements in the areas of education, examinations, experience, conduct and ethics, professional development and recertification, scope of practice, territory-specific knowledge, and consumer protection*
- 3.) *prompt review for NAFTA consistency by the national governments of any mutual recognition agreements worked out by the professions, and the governments' cooperation in seeking implementation of required legislative/regulatory changes*
- 4.) *development of procedures for temporary licensing of professionals (in 63 professions, including nursing)*

NAFTA does not dissolve the regulatory board's mission of public protection at the expense of encouraging free trade. On the contrary, the treaty emphasizes licensing based on competency and other legitimate regulatory concerns. The Board will still be able to ask graduates of foreign nursing programs to successfully complete the Commission on Graduates of Foreign Nursing Schools Examination (CGFNSE), Board approved Accustomation Courses, and the National Council Licensure Examination for Registered Nurses (NCLEX-RN).

NAFTA, does however, restrict state governments from denying licensure based on nationality, citizenship, or permanent residency requirements, or from creating new legislation to that effect. Currently, both the Nursing Practice Act and the Rules and Regulations Relating to Professional Nurse Education, Licensure, and Practice, are consistent with the intent of the treaty.

(Continued on page 9)

NAFTA (Continued from pg.8)

NAFTA, will certainly expand the area of services trade. Governments, both federal and state, will have to make appropriate accommodations to facilitate both the expansion of professions and the harmonization requirements, without diminishing or lowering standards.

For more information regarding the effects of NAFTA on the regulation of professional nursing, please contact Eric M. Gutierrez, Information Specialist, at (512) 835-8674.

Early Audit Results Indicate Compliance with CE Requirements

Results of the first two months of auditing indicate that most RNs are complying with the Board's continuing education requirements. Auditing began in September 1993, two years after the rules went into effect. Currently there are two groups of licensees being audited. Licensees who respond "No" to the question on the license renewal indicating that this is not their first license renewal in the state of Texas and that they did not complete 20 hours of acceptable continuing education within the past two years are required to submit verification of CE hours. In addition, a random audit is conducted from each month's pool of licensees who renewed their licenses and indicated that they completed the appropriate CE hours.

Among those who indicated that they have not completed the continuing education hours, upon review of documents, many are found to have inadvertently checked "No" to the question on the license renewal form. Please read the questions carefully. Failure to respond correctly is costly in time and paperwork for yourself and for the Board's staff.

Another scenario involves RNs who are not practicing nursing and have not completed the CE hours. If you are not practicing professional nursing, you may place your license on inactive status. Continuing education is not required as long as you are inactive. Should you wish to reactivate and you have been inactive for less than four years, you must complete 20 hours of acceptable continuing education within the two-year period prior to your request for reactivation. If you have been inactive for more than four years, you will need to complete a nursing refresher course or extensive orientation in addition to the CE hours in order to reactivate your license.

Confusion still exists concerning **Type I** and **Type II** hours. These categories of CE hours are unique to Texas and you will not find this designation on many programs. **Type I** are programs that have been approved by one of the Board's credentialing organizations or an organization or chapter approved by one of these agencies to offer CE. RNs are required to have at least 10 hours of Type I continuing education every two years. **Type II** are programs which meet the definition of nursing continuing education and meet the Board's criteria but have not been approved by a credentialing organization. You may have up to 10 hours in Type II programs every two years.

When audited, some RNs have indicated they were not aware that continuing education requirements were in effect. Anyone renewing his or her license after August 1993 is required to have 20 hours of continuing education within the past two years if this is not the first license renewal following licensure by examination or by endorsement from another state. This information has been disseminated in the license renewals and the Board's newsletters for the past two years. Failure to complete the hours or to respond to the audit may result in disciplinary action.

If you are audited or receive correspondence from the Board's office regarding your CE hours, please respond by the deadline given. Failure to do so is grounds for disciplinary action.

The Board has prepared a brochure entitled "The 1-2-3's of CE" which explains the continuing education requirements. If you would like a copy of this brochure, please send a stamped, self-addressed envelope to the Board's office at Box 140466, Austin, TX 78714, Attn: CE.

Advanced Nurse Practitioners—What Do They Call Themselves?

This is a question frequently posed to Board staff by Advanced Nurse Practitioners (ANPs) and their employers. There appears to be considerable confusion about the use of titles, particularly among Nurse Practitioners (NPs) and Clinical Nurse Specialists (CNSs). When job descriptions call for "ANP", this adds to the confusion by failing to identify the most appropriate practitioner for the position.

The term "Advanced Nurse Practitioner" is not a title per se, but a generic description of nurses in advanced practice. Those individuals recognized by the Board should, therefore, not use "ANP" as their title. The approved title is one of the categories of Nurse Anesthetist, Nurse Midwife, Nurse Practitioner or Clinical Nurse Specialist. If a specialty within the category is appropriate, such as Pediatric Nurse Practitioner (PNP), then "PNP" is the title which must be used.

The related issue of what initials an ANP may use after his/her name is another frequently asked question. If the ANP is certified in a category and specialty by a national organization, he/she may use the certification, i.e., Certified Registered Nurse Anesthetist (CRNA). Certification is not currently required by the Board for practice in Texas.

The ANP is required to wear a name tag which identifies him/her as a registered nurse and the appropriate category of approval (for example, R.N., Nurse Midwife) [Rule 221.7]. The purpose of this rule is to identify to the client the credentials of the practitioner. The practitioner may also provide written materials to clients which describe their education and scope of practice.

By using the appropriate title, the ANP is communicating her/his educational preparation for an advanced practice role. That title appears on the Board letter of approval and the certificate issued to each Advanced Nurse Practitioner.

Nursing Practice Related Questions and Answers

This question and answer column is devoted to concerns about Peer Review and the changes in the Nursing Practice Act related to Peer Review. Cady Crismon, MSN, RN, CNS will respond to many of the most commonly asked questions.

Q: I just moved here from another state and I keep hearing about Peer Review. What is it and when did Texas RNs start participating in this process?

A: Peer Review is the evaluation of professional nursing services, the quality of patient care rendered by professional nurses, the merits of complaints concerning professional nurses and professional nursing care, and the determination or recommendations regarding these complaints. The requirement that Peer Review be conducted became effective in 1987. Since that time employers of RNs have been required to have a plan for Peer Review.

Q: I work in Texas through a traveling nurse agency. If a problem arises, who will conduct the Peer Review?

A: The nurse who works through a temporary agency or contractor is subject to Peer Review by both the facility where services are provided and the compensating agency. For purposes of exchange of information, the Peer Review committee reviewing the conduct is considered as established under the authority of both. The two entities may contract with respect to which entity will conduct Peer Review of the nurse.

Q: I work for an insurance company which employs more than 10 RNs. Are we required to have a Peer Review plan?

A: Yes, all employers of 10 or more registered nurses must have a written Peer Review plan regardless of the type of employment setting.

Q: Does the BNE have authority to take action against an employer who fails to have a plan or fails to implement the plan when required?

A: No, the BNE only has authority over the individual RN. However, under the new legislative changes the BNE will enter into a memorandum of understanding with other agencies which survey facilities and agencies to assure that a plan exists and is appropriately utilized. The surveyor

could cite the facility or agency for failing to comply with the Peer Review requirement.

Q: A friend was at your "BNE in '93" workshop and he told me that the Peer Review committee must now send their report directly to the Board. Is this correct?

A: Yes, under the recent changes a Peer Review committee who finds that a nurse exposed or is likely to expose a patient or other person unnecessarily to risk of harm, engaged in unprofessional conduct, failed to care adequately or failed to conform to standards must file a signed, written report to the Board which: (a) identifies the nurse; (b) describes what corrective action was taken; (c) recommends whether the Board should take formal disciplinary action against the nurse; and (d) any additional information the Board may require.

Q: Does nursing administration or the Board have to comply with the recommendations of the Peer Review committee?

A: No, the Peer Review committee is advisory to both facility administration and the Board; however, these recommendations are very useful to the employer as well as the Board.

Q: Are there other statutory changes which will affect our Peer Review plan?

A: Yes, the composition of the committee is more clearly defined. The professional Peer Review committee must: (a) have RNs as three-fourths of its members; (b) have only RNs as voting members; (c) to the extent feasible, have at least one RN who has a working familiarity with the area of nursing practice of the nurse being reviewed; (d) afford the nurse minimum due process by providing notice and opportunity for hearing; and (e) provide the nurse an opportunity to file a rebuttal statement.

Q: Are there additional changes which we should watch for?

A: Yes, the Board will be defining "minor incidents". Those incidents defined by the Board as minor will not have to be reported under the mandatory reporting requirement. Watch future issues of RN Update for these new changes.

Position Statement (Continued from pg.1)

Additional Position Statements

- 15.1 Physician's Assistant
- 15.2 Licensure and Titling of Registered Nurses in Texas
- 15.3 The Use of Teacher's Assistant in Nursing Programs
- 15.4 Educational Mobility
- 15.5 Registered Nurses with the Responsibility for Initiating Physician Orders or Protocols
- 15.6 Faculty/Student Ratios
- 15.7 Guidelines for Nurses Administering Medications via the Epidural and Intrathecal Routes for the Purpose of Pain Control
- 15.8 Administration of IV Conscious Sedation by the Registered Nurse
- 15.9 Performance of Laser Therapy by RNs

Legal Eagle

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

I have recently received several questions about delegated medical acts. Analysis of the RN's responsibility begins with the parties involved. Frequently, a physician will request a nurse to perform a function outside the scope of nursing practice. The Board has provided guidelines for the registered nurse carrying out delegated medical acts. The text of the Board's position statement is printed on the front page of this newsletter. Nurses who wish to carry out such requests should be familiar with these guidelines.

When the physician delegates a medical task to an unlicensed person working under the supervision of an RN, the BNE expects its licensees to conform to Rule 218.5:

218.5. Unlicensed Personnel to whom Tasks are Delegated by Other Licensed Practitioners.

- (a) If a registered professional nurse practices in a collegial relationship with another licensed practitioner who has delegated tasks to

an unlicensed person over whom the RN has supervisory responsibilities, the RN is responsible for the following:

- (1) verifying the training of the unlicensed person; and
 - (2) verifying that the unlicensed person can properly and adequately perform the delegated task without jeopardizing the client's welfare.
- (b) If the RN cannot verify the unlicensed person's capability to perform the delegated task, the RN must communicate this fact to the licensee who delegated the task.

The obligations of the physician are found in the Medical Practice Act, Art. 4495b, §3.08 (4) (h), which prohibits "...delegating professional medical responsibility or acts to a person if the delegating physician knows or has reason to know that the person is not qualified by training, experience, or licensure, to perform the responsibilities or acts."

Patient safety requires that nurses, physicians, and institutions communicate and cooperate to ensure that medical acts are delegated only to those individuals who are trained and competent.

Please direct questions to the Legal eagle at the Board's address, in care of Mrs. Penny Burt.

Education Report From November and September, 1993 Board Meetings

The following actions were taken by the Board at its November 17, 1993 meeting:

- ✓ Approved Tarleton State University, Stephenville, to develop a multiple entry/exit program which includes a Baccalaureate Degree in Nursing option.
- ✓ Rescinded the warning status of Midwestern State University Baccalaureate Degree Nursing Program and reinstated full accreditation based upon the review of the program's annual report and achieving a greater than 75% pass rate on the NCLEX-RN during the 1993 examination year.
- ✓ Placed the following programs on warning for having NCLEX-RN pass rates of less than 75% for the 1993 examination year.

Corpus Christi State University Baccalaureate Degree Nursing Program

Laredo Community College Associate Degree Nursing Program

- ✓ Approved faculty waiver for Shirley Fishman-Carroll of Howard College.
- ✓ Approved distribution of lists for Professional Nursing Programs Accredited by the Board.

The following actions were taken by the Board at its September 21, 22, 1992 meeting in El Paso:

- ✓ Approved the University of Texas Health Science Center at Houston School of Nursing to develop a generic master's degree program, "Masters Alternative Pathway for Non-Nurses" (MAPN). Students who complete the prerequisite BSN portion of the program will be able to engage in any of the current master's of nursing tracks, including the clinical nurse specialist track.
- ✓ Authorized a site visit and public hearing regarding the proposal by Tarleton State University in Stephenville to develop a multiple entry/exit nursing program with a Baccalaureate Degree in Nursing option.
- ✓ Approved major curriculum proposal submitted by Del Mar College. The Board commended the faculty for their work in contemporizing the curriculum.
- ✓ Supported the development of a testing center for New York Regents College Nursing Programs in Dallas. This testing center would allow over 500 students of Regents College in Texas to complete program requirements without having to travel out of state.
- ✓ Approved changes in procedures for reviewing and approving proposed curriculum changes; authorizing staff to approve major as well as minor curriculum changes.
- ✓ Approved policies and guidelines for the re-education of NCLEX candidates after three unsuccessful attempts and/or after four years from their date of graduation. These policies and guidelines are available for nursing programs who plan to offer a re-education option.

- ✓ Approved the following faculty waivers for:

Cooke County College - Kimberly Wolf

Laredo Junior College - Dianna Miller and Carmen Bruni

Paris Junior College - Donna Womack and Karen Amis

Stephen F. Austin State University - Doris Weatherford

Vernon Regional Junior College - Elizabeth Arnold

(Continued on page 12)

CAT Implementation Plans Finalized

On October 25, 1993, the National Council's Board of Directors determined that all CAT readiness criteria had been met and that NCLEX Using CAT will be implemented on April 1, 1994 in all jurisdictions for the RN and PN examination. The February 2-3, 1994 NCLEX-RN, to be conducted in Austin, Galveston and Fort Worth, will be the last paper and pencil examination to be delivered by the BNE.

The Beta Test conducted this past summer has been evaluated and has been determined to be a successful demonstration of the examination, the electronic communication systems and results processing procedures. The staff of the National Council and Educational Testing Services (ETS) conducted four regional NCLEX Beta Test Conferences. The results of the analysis of the Beta Test were shared with attendees, implementation issues were discussed, and hands-on sessions with the electronic communication systems were provided. The following are highlights of the analysis of all Beta Test participants:

- *The average time for the NCLEX-RN was 2 hours and 48 minutes*
- *The average number of questions answered was 131*
- *The pass rate for first time Texas graduates was 90%*
- *Candidates with English as a second language were not disadvantaged*
- *Knowledge of computers prior to the exam did not influence the outcome of the exam*

- *There was no significant difference between the pass rates of CAT candidates and paper and pencil candidates*

Beta Test candidates who failed the NCLEX-RN in the summer of 1993 were scheduled to retest during October and November, 1993. The final analysis of the retest will be completed in December, 1993.

There will be a shutdown of the Member Board Office System (MBOS), our electronic link to ETS from December through February, 1994. This downtime will permit system modifications and enhancements requested during the Beta Test. During this time BNE staff will be revising examination applications, procedures and instructions. New applications and instructions will be mailed to deans and directors after February 5, 1994.

As of April 1, 1994, beginning with repeat candidates and first time candidates from foreign nursing schools, the NCLEX Using CAT may be delivered to candidates 15 hours a day, six days a week throughout the year. In Texas, results will be received within 15 days of testing, and repeat examinations may be scheduled 90 days (NCSBN policy) after the date of the failed examination.

We will provide quarterly updates regarding the implementation of computerized adaptive testing.

New Education Rules Adopted by the Board

On November 16, 1993, a public hearing was conducted for the purpose of receiving written and oral testimony regarding the proposed nursing education rules, §215.1-20. Nurses from the education and service arenas were in attendance as well as representatives from TNA and THA. Comments favoring and opposing the proposed rules were heard by Sara Keele, Board president, and five members of the Board.

On November 17, 1993, after considering the comments from the public hearing and written comments received prior to the hearing, along with recommended amendments to the proposed rules, the Board voted to adopt with minor amendments, the proposed nursing education rules, §215.1-20. These rules will go into effect on September 1, 1994; the 1:10 faculty student ratio will be implemented over the 1994-95 and 1995-96 academic years, with final implementation by all programs no later than September 1, 1996.

Any nursing programs planning to make curriculum changes or to develop a new nursing program which would be initiated after September 1, 1994 may contact this office for the new rules.

The Board would like to express its appreciation to the members of the Education Rules Task Force for undertaking the challenge of rewriting, updating and ensuring that the new education rules reflect and support the flexible and responsive regulation of nursing education in Texas. Representing all levels of nursing education and practice, the members were: Marilyn Dyer, M.S.N., R.N., Dolly Fraley, M.S.N., R.N., Carolyn Gunning, Ph.D., R.N., Barbara Moore, M.S.N., R.N., Eileen Piwetz, Ed.D., R.N., and Keith Ragsdale, M.S.N., R.N. Staff support for the task force was provided by Donna Carlin, M.S.N., R.N. and Dona Oliver, M.S.N., R.N., nursing consultants.

July 1993 NCLEX-RN

On July 7-8, 1993, 4,781 candidates took the NCLEX-RN at three different sites in Texas. There were 995 candidates in Galveston, 1,902 candidates in Fort Worth, and 1,884 in Austin. During this testing period Texas participated in a Beta Test of the Computer Adaptive Testing methodology. 220 candidates were scheduled to take NCLEX-RN using one of the following formats: additional one day paper and pencil, computer linear test, or computer adaptive test, for a total of 5,001 candidates testing during the summer of 1993. 2,317 candidates tested in February, 1993, for a grand total of 7,318 candidates for the 1993 examination year.

This year the total number of candidates tested, 7,318, exceeded the 1992 figure by 627. The pass rate for first time paper and pencil candidates who tested in Texas was 91%. The pass rate for Computer Adaptive Testing candidates was 90%.

The next NCLEX-RN is scheduled for February 2 & 3, 1994 in Austin, Galveston and Fort Worth. This will be the last time paper and pencil methodology will be used to examine NCLEX candidates.

Proposed and Adopted Rules

At their regular meetings held on September 21-22, 1993 and November 17, 1993, the Board of Nurse Examiners took the following action in relation to rules:

- ✓ Adopted amendments to Licensure and Practice, §§217.1, 217.6 and 217.8 regarding Definitions, Temporary Permits and Inactive Status. These amendments became effective on October 18, 1993.
- ✓ Adopted the repeal and new §§217.4 and 217.5, Licensure and Practice rules regarding Licensure by Endorsement and Requirements for Licensure of Nurses not Eligible for Endorsement under §217.4. These rules were published as adopted in the October 5, 1993 issue of the **Texas Register** and became effective October 18, 1993.
- ✓ The Board adopted amendments to §223.1, Fees. The fee change increases the renewal fee from \$30 to \$35 each biennium. The Board had previously adopted this change as an emergency change and implemented it beginning September 1, 1993.
- ✓ Proposed the repeal and submission of new Practice and Procedure rules. These changes were published in the October 8, 1993 issue of the **Texas Register**. The Board adopted the repeal of §§213.1-213.22 and new §§213.1-213.31 with changes in the proposed text during their meeting on November 17, 1993. The rules were published in the December 3, 1993 issue of the **Texas Register** and will become effective December 15, 1993.
- ✓ The Board proposed an amendment to §222.3 regarding Advanced Nurse Practitioners Carrying Out Prescription Drug Orders and adopted the amendment with no changes in the proposed text during their meeting on November 17, 1993.
- ✓ The Board proposed additional fee changes, §223.1 at their September meeting. These amendments were published in the October 8, 1993 issue of the **Texas Register** and were adopted by the Board at their meeting on November 17, 1993.
- ✓ Adopted the repeal and submission of new Education Rules, §§215.1-215.20. These rules were published in the August 3, 1993 issue of the **Texas Register**. At their November 17, 1993 meeting, the Board voted to adopt the rules with changes in the proposed text and to publish the effective date as September 1, 1994 with final implementation of §215.8(e) to be implemented by September 1, 1996.
- ✓ Proposed a new section to the Practice and Procedure rules. This section will be published in the December 3, 1993 issue of the **Texas Register** and will be considered by the Board for adoption at their January 1994 meeting. The amendment is proposed as a result of testimony received during the consideration of the adoption of §§213.1-213.31.

Insufficient Funds Items

As of December 1, 1993, 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.

NAME	LICENSE #	OR	PERMIT #
Asble, Alex Walter	564983		License
Bablitz, Nancy Elizabeth	553715		License
Barr, Lori Anne	537652		License
Bloom, Cheryl Ann	542727		License
Buol, Kolleen Kay	516233		License
Clark, Victoria	50398		Permit
Conti, Angela Rose	552231		License
Dare, Carol I Bishop	225800		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
Handlin, Kathy L	512842		License
Hart, Janet	070678		Permit
Howard, Elisabeth	565901		License
Howell, Sharon	459387		License
Jenkins, Victor I	517158		License
Jones, Cherie Lynne	241063		License
Jones, Gwendolyn	063362		Permit
Kahn, Beatrice Margarete	558897		License
Kishbaugh, Shari Elizabeth	575583		License
Kuntz, Eileen Marie	514331		License
Kurylo, Kim Diane	580995		License
Marchant, John Norman	579282		License
Masters, Mary Jane	550218		License
Mitchell, Sandra	565160		License
Nims, Teresa Masadie	565233		License
Olivier, Marie Claudia	514361		License
Owusu, Augustina E	457100		License
Pangilinan, Julie	445792		License
Payer, Forrest Steve	591588		License
Payne, Traci Lee	569734		License
Payne, Traci Lee	569734		License
Pierce-Berkil, Kristie	071891		Permit
Remorkin, Elizabeth Brillantes	592321		License
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

Disciplinary Actions For December, 1993

NAME	LICENSE #	VIOLATION	DATE
REVOKE			
Shirley Ellena Black	551029	4525(a)(9)	9/22/93
Lynn Armen Christianson	451606	4525(a)(9)	9/22/93
Ricardo Franco	226447	4525(a)(1)&(9)	9/22/93
Audrey Elaine Kardum	438053	4525(a)(1)	9/22/93
Marie C. Oliver	514361	4525(a)(3)&(11)	11/22/93
Mirta Rebecca Perez	585830	4525(a)(2)(7)(9)	9/22/93
Lisa Denise Prince	549340	4525(a)(2)	9/22/93
REVOKE BASED ON VOLUNTARY SURRENDER			
Suzanne M. Behringer	511888	4525b	9/22/93
Pamela Jane Blunt	561852	4525b	9/22/93
Michael Richard Brant	561239	4525b	9/22/93
Patrick Arthur Charlton	511337	4525b	9/22/93
Jennifer Lea Dishongh	529965	4525b	9/22/93
Sheila Rae Doble	523522	4525b	9/22/93
Karen S. Durr	533150	4525b	9/22/93
Suzanne Franks	575632	4525b	9/22/93
Julia E. Keith Raburn	232511	4525b	9/22/93
Kathleen Dianne Snider	585221	4525b	9/22/93
Lauri Evelyn Warren	548770	4525b	9/22/93
VOLUNTARY SURRENDER			
Betty Herndon Mifflin	563566	4525b	11/17/93
SUSPEND/PROBATE			
Margaret A. Daves	440549	4525(a)(11)	11/17/93
SUSPENSION ENFORCED/PROBATED			
Catherine Colleen Bowers**	553863	4525(a)(9)	11/17/93
Jeffrey Robert Miklusak*	542821	4525(a)(9)	9/22/93
Mary Anne Wilson Parrett**	220418	4524(a)(11)	11/17/93
REPRIMAND WITH STIPULATIONS			
Tessie Anhanette Anthony**	550966	4525(a)(1)	9/22/93
Eva J. Heitman Arnold**	215937	4525(a)(9)	9/22/93
Frederick F. Bass**	519231	4525(a)(9)	11/17/93

Martha E. Carlson**	516301	4525(a)(9)	9/22/93
Judy Ann Coit*	554076	4525(a)(9)	11/17/93
Bessie Lea Courtemanche*	244563	4525(a)(1)	9/22/93
Robert Lee French**	554428	4525(a)(8)&(9)	11/17/93
Judy Kay Gibson**	244815	4525(a)(9)&(12)	11/17/93
Nelvia Lynn Ham**	547516	4525(a)(9)	9/22/93
Estefana E. Harding**	502304	4525(a)(9)	9/22/93
Leesa K. Illingworth**	252309	4525(a)(9)	9/22/93
Beatriz S. Klee**	531220	4525(a)(9)	11/17/93
Sandra Denise Lawrence**	551509	4525(a)(9)	11/17/93
Pamela Diane McCollum**	513842	4525(a)(9)	9/22/93
Jina R. Miller**	541015	4525(a)(9)&(12)	9/22/93
Elmira Toines Oquendo**	218276	4525(a)(9)	9/22/93
Romelia Perales**	579393	4525(a)(9)	11/17/93
B. Carol Newton Rice**	537224	4525(a)(9)	9/22/93
Jae Ok Shin**	559368	4525(a)(9)	9/22/93
June J. Sivits**	255284	4525(a)(9)	9/22/93
Jamie Arleen Smoak**	584583	4525(a)(9)	9/22/93
Minerva Maria Soria*	238034	4525(a)(11)	9/22/93
Nancy C. Black Sullivan**	234655	4525(a)(9)	11/17/93
Donna Sue Smith Taylor**	429606	4525(a)(9)	11/17/93
Jane B. Gwin Thompson**	419259	4525(a)(8)	9/22/93
Sharon Wadley**	541821	4525(a)(9)	11/17/93
Deborah Diane Wilson**	591097	4525(a)(1)	9/22/93
REPRIMAND			
Sally R. Alpin**	257389	4525(a)(9)	11/17/93
Lisa D. Figliola**	537269	4525(a)(7)	9/22/93
WARNING			
Kathleen C. P. Barriss**	431787	4525(a)(9)	9/22/93
Lawrence Severin Benzmilller**	561806	4525(a)(9)	9/22/93
Brenda Louise Carrillo*	581785	4525(a)(9)	11/17/93
Elizabeth A. K. Findley**	225960	4525(a)(9)	11/17/93
Wanda Faye Miller**	575585	4525(a)(9)	9/22/93
Coreen Montgomery**	555187	4525(a)(8)	11/17/93
Laura Morales**	559100	4525(a)(9)	9/22/93

(Continued on page 15)

Disciplinary Actions For December, 1993 (Continued from pg. 13)

Amy Lynn Quebodeaux Perket**	583974	4525(a)(9)	9/22/93
Cheryl Jeanne Rickwartz**	551804	4525(a)(8)	11/17/93
Pauline G. Stevenson**	438653	4525(a)(9)	11/17/93
Mary Beth Templeton**	571827	4525(a)(9)	9/22/93
Linda Ann G. Wheeler**	231889	4525(a)(9)	11/17/93

REINSTATED WITH STIPULATIONS

Sheri Gaye Kaplan Marsh*	554854		11/17/93
Pearl Miller*	531850		9/22/93

NAME	LICENSE #	VIOLATION	DATE
-------------	------------------	------------------	-------------

DISCIPLINE OF REMEDIAL EDUCATION

Keith A. Meredith**	510031	4525(a)(9)	11/17/93
---------------------	--------	------------	----------

DENIAL OF LICENSURE STAYED/LICENSE ISSUED AND PROBATED

Robert Kenneth Bell**	Applicant	4525(a)(7)	11/17/93
-----------------------	-----------	------------	----------

The following individual was placed on inactive status until such time as she is fit to practice professional nursing. Upon reactivation, her license will be subject to stipulations for three (3) years.

Susan B. Moser	235678	4525(a)(11)	9/22/93
----------------	--------	-------------	---------

The professional nursing license of the following persons were disciplined for practicing with a delinquent license.

Norris D. Buchmeyer, Jr.**	246526	Warning	11/17/93
Alice M. Barker Cartledge**	216557	Warning	11/17/93
Sharon C. Chaffee**	248476	Warning	9/22/93
Delia A. Asberry Craig**	214048	Reprimand with stipulations	9/22/93
Lucy May Holm**	514488	Warning	9/22/93
Dorothy Tholen Olijar**	414266	Reprimand	9/22/93
Brinda Kay Petty**	541225	Warning	9/22/93
Linda Sue Rouhani**	511450	Warning	11/17/93
Dorothy Jean Stuppy**	447905	Reprimand	11/17/93

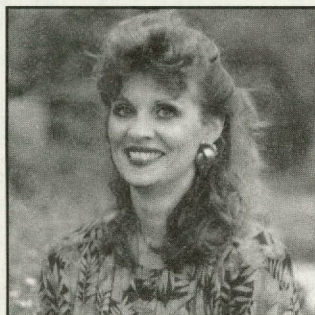
As of November 24, 1993, the following individuals have failed to return their license to the Board. Their licenses have been **REVOKED**.

Janice L. Armstrong	245319	Ricardo Franco	226447
Mirta Rebecca Perez	585830	Lois Louise Schultz	461230
Shirley Ellena Black	551029	Audrey Elaine Kardum	438053
Kuncheria C. Pothacherry	439825	Janice Lee Teague	231877
Darla Pike Boyd	224709	Margaret Ann Morris	255919
Lisa Denise Prince	549340	Kenneth George Thomas	584757
Lynn Armen Christianson	451606	Carmen Galindo Perez	252112
Kenneth McDonald Renfro Jr.	559274	Leanna Dale Watson	580790

WARNING/IMPOSTORS

TONI STRINGFELLOW

(aka: Toni Weinkam and Toni Trujillo)



Toni Stringfellow was employed as a registered nurse with a home health agency in San Antonio, Texas. The Board contacted the agency at which time we were informed that Ms. Stringfellow was using license number 532868 which belonged to a registered nurse who reported it stolen. Ms. Stringfellow was terminated from the agency for failure to produce verification of licensure. Ms. Stringfellow thereafter secured a position as Case Manager for another agency in San Antonio. During their background investigation they found that the license number she had

used belonged to another RN. Ms. Stringfellow resigned her position prior to being confronted with the information. As of this date the Board is aware that Ms. Stringfellow is continuing to seek employment as a registered nurse in the San Antonio area. The Board is pursuing legal action through the Bexar County District Attorney's Office.

JUNE FRANCES ROBERTS (SCARZELLA)

June Frances Roberts (Scarzella) was referred to the Board of Nurse Examiners after being arrested on December 14, 1992, by the Houston Police Department. Ms. Roberts was arrested for obtaining narcotics by fraud (calling in false prescriptions). At the time of the arrest, Ms. Roberts was employed as a registered nurse in a physician's office. Ms. Roberts never had a Texas license to practice professional nursing in the State of Texas. She did possess a Louisiana nursing license which was suspended in September, 1987, for drug abuse. Ms. Robert's case was referred to the Harris County District Attorney's office for further legal proceedings.

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

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:

- GENERAL INFORMATION/LICENSING & SUPPORT SERVICES** (512) 835-4880
(License verification, endorsement/reciprocity information, prescriptive authority information, ANP approval status, general information)
- EDUCATION/EXAMINATION** (512) 835-8650
(RN nursing programs, extended campuses, NCLEX-RN applications, graduate nurse permits, Nurse Practice Act (NPA) questions and practice issues, board rules and regulations inquiries, and declaratory orders)
- PRACTICE AND COMPLIANCE** (512) 835-8686
(NPA and Rules and Regulation violations, complaint and disciplinary action inquiries, monitoring of disciplined RNs, interpretation of NPA and Board's rules regarding disciplinary proceedings, advanced nurse practitioners)
- ACCOUNTING** (512) 873-6555
(Returned checks, refunds, debits)
- CONTINUING EDUCATION** (512) 835-8685
(Information on the state's requirements for mandatory continuing education for registered nurses)
- SALES OF LISTS** (512) 873-6554
(Computerized lists of RNs on floppy diskettes, magnetic tape, hard copy and/or mailing labels)

Board of Nurse Examiners for the State of Texas
Box 140466
Austin, Texas 78714
(512) 835-4880

Bulk Rate U.S.
Postage
PAID
Austin, TX
Permit No. 1610

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 days:

<i>December 24, 1993</i>	<i>Christmas Eve</i>
<i>January 17, 1994</i>	<i>Martin Luther King Day</i>
<i>February 21, 1994</i>	<i>Washington's Birthday</i>

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, Austin
March 8 - 9, 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. If interested, call the State Office of Administrative Hearings at (512) 475-4993.

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.

Department Notes

- ✓ The Nursing Education Advisory Committee Report on Manpower is available from the Board. Interested parties should either write to the Board at the address listed in the newsletter, or call the Publications Clerk directly at (512) 835-8676. The cost is \$10.00 plus tax.
- ✓ A quarterly seminar entitled, "Nursing Facility Nurses: Uncovering the Mysteries," is being offered by the Educational Institute on Aging, January 11-13, 1994, April 12-14, 1994, July 12-14, 1994, and October 11-13, 1994. The seminar is intended for nurses who are new to management positions in long term care, and covers a variety of long term care related issues. Participants who attend the entire seminar will receive 25.6 contact hours of Type I credit. For more information contact the Texas Home Care Association at (512) 458-1257 or the Texas Association of Homes for the Aging at (512) 467-2242. The Board of Nurse Examiners is one of the sponsors of the seminar.

RN Update is created by:

<i>Eric M. Gutierrez, Editor</i>	<i>Cheryl Rosipal</i>
Newsletter Committee	<i>Kathy Thomas</i>
<i>Julie Allen</i>	<i>Kathy Vrazel</i>
<i>Cady Crismon</i>	Contributors
<i>Mary Anne Hanley</i>	<i>Penny Burt</i>
<i>Noemi Leal</i>	<i>Donna Carlin</i>
<i>Glenn Parker</i>	<i>Mark Majek</i>