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# RN UPDATE

Government Publications  
Texas State Documents

A Quarterly Publication of the Board of Nurse Examiners For the State of Texas

JUN 17 1998

Accreditation

Licensure

Practice

Compliance

January 1998



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## New RN and APN Renewal Forms to Debut in January

Beginning with the January 1998 renewals and thereafter, there will be two forms of license renewal, one for Texas RNs and one for Texas RNs with APN authorization(s). The first format is the traditional **RN License Renewal Form**. The second, on a new blue form, is for those holding both RN licensure and Advanced Practice authorization from the Texas Board of Nurse Examiners. This new blue form will allow the Texas Licensed RN with APN authorization or APN authorization with Limited Prescriptive Authority to renew both the RN license and the APN authorization(s) or APN authorization(s) with Limited Prescriptive Authority as applicable on one easy-to-use form.

### Procedures for All RNs

Important procedural changes in the renewal process also will affect both the RN and APN starting in January. Incomplete renewal forms or completed forms lacking the correct fees will no longer be accepted for processing. Senate Bill 617, enacted during the 75th Legislative Session, states that "a person is not entitled to a hearing on a refusal to renew a license if the person: (1) fails to submit an application for renewal; or (2) submits an application that: (A) is incomplete; (B) shows on its face that the person does not meet the requirements for renewal; or (C) is not accompanied by the correct fee." In the past when renewals were processed, if an application was incomplete, RNs were notified and licenses could be extended for a period until the error was corrected. If license renewals were not complete and the license was refused, RNs were allowed to challenge the Board and request a hearing based upon the refusal. Please read the directions accompanying the renewal application form carefully to avoid having your renewal application returned which can leave your license in default.

### APN Procedural Changes

Prior to this renewal change, maintenance of the APN authorization was tied to the maintenance of the RN license. However, the Board's adoption of Rule 221.8 introduced additional requirements. The requirements for maintaining authorization to practice as an Advanced Practice Nurse now include:

- (1) maintaining national certification by the appropriate certifying body (If graduated on or after January 1, 1996).
- (2) working a minimum of 400 hours in the previous biennium in your specialty.\*
- (3) accruing 20 hours of continuing education in your specialty and role area, and an additional 5 hours of pharmacotherapeutics, if you have prescriptive authority.\*
- (4) maintaining current licensure as a registered nurse in Texas.

\* Documentation of CE and work hours need only be submitted if you are audited.

Advanced Practice authorization(s) will appear on your RN license beginning with the January 1998 renewals and thereafter each time you renew your RN license and APN authorization(s). Should you have any questions regarding the new renewal forms and procedures after you read the directions, call (512) 305-6809.

**IN THIS ISSUE: Reader Survey, NEAC Competencies**



## A Word from the Executive Director



Kathy Thomas, MN, RN

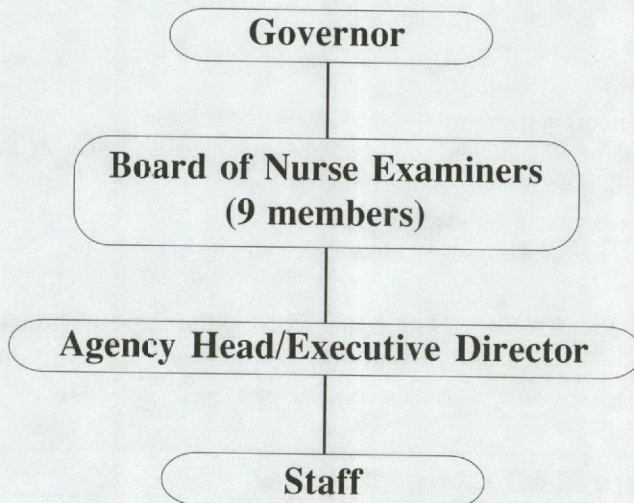
### The Difference Between Board and Agency

Frequently, constituents of the Board of Nurse Examiners (The Board) are confused about the difference between The Board and the agency. This confusion, no doubt, arises in part because of the very title of the agency -- The Board of Nurse Examiners (BNE).

The BNE is a state agency in Texas government. The members of The Board are appointed by the Governor and confirmed by the Senate. The members serve as a policy making board and adopt rules to implement the Nursing Practice Act, take disciplinary action on licensees, issue position statements, and accredit schools of professional nursing. The Board is comprised of nine members; three representing nursing education at the diploma, associate degree and baccalaureate levels, three representing nursing practice, and three consumer members. The members live in different areas of the state and commute to Austin to attend meetings and hearings.

The Board hires and evaluates the Executive Director who is responsible for the operations of the agency and reports directly to The Board. The agency carries out the policies established by The Board and performs the day to day functions of the agency. When a nurse has a licensure question, wants to make a complaint against a registered nurse, or has a regulatory question about nursing practice, the nurse should direct the call to the agency where staff are prepared to address these concerns.

The chart below illustrates the relationship between The Board and the agency.



## BOARD MEMBERS 1997 - 1998

### Officers

**Kenneth W. Lowrance, MS, RN,  
CS, FNP-C**  
*President*  
*Nursing Practice*  
Clifton

**Doris Price-Nealy, MSN, RN**  
*Vice-President*  
*ADN Programs*  
Beaumont

### Members

**Nancy Boston**  
*Consumer Member*  
Temple

**Mary Letrice Brown, RN**  
*Nursing Practice*  
Dallas

**John Fonteno**  
*Consumer Member*  
Houston

**Roselyn Holloway, MSN, RN**  
*Diploma Programs*  
Lubbock

**Marcelo Laijas, Jr.**  
*Consumer Member*  
Floresville

**Thalia Munoz, MS, RN**  
*Nursing Practice*  
Rio Grande City

**Elizabeth Poster, PhD, RN**  
*BSN Programs*  
Arlington

### Executive Director

**Kathy Thomas, MN, RN**





## Proposed and Adopted Rules

by Erlene Fisher

At their September 18-19, 1997 and November 13-14, 1997 meetings, the Board took the following action in relation to rules:

- Proposed amendments to §215.15, Students. These amendments were published in the October 17, 1997 issue of the *Texas Register*. The rule was adopted with changes on November 25, 1997 to become effective January 1, 1998. The adopted amendment was published in the December 12, 1997 issue of the *Texas Register*. The passage of SB 617 allows the Board to require schools of nursing to ensure that individuals enrolled in nursing programs in Texas are informed of eligibility criteria and potential bars to licensure.
- Proposed amendments to §§215.2-215.6, concerning Definitions, New Programs, Accreditation, Pass Rate of Graduates on the National Council Licensure Examination for Registered Nurses and Administration and Organization; the repeal of and new §215.14 and §215.20 relating to Extended Campus/Extension Site and Closing of a Nursing Program or Distance Education Initiative. These proposed amendments, repeals, and new sections were published in the December 12, 1997 issue of the *Texas Register*.
- Proposed an amendment to §217.5, concerning Temporary License and Endorsement. The proposed amendment will standardize the procedures and fees charged for eligibility determination for examination applicants, declaratory order petitioners, and endorsees by equalizing the procedures and fees applied to all persons seeking licensure, regardless of the method of entry. The proposed amendment was published in the December 12, 1997 issue of the *Texas Register*.
- Proposed amendments to §§221.1 and 221.12, Advanced Practice Nurses, concerning Definitions and Functions. These proposed amendments were published in the December 12, 1997 issue of the *Texas Register*.
- Proposed an amendment to §222.1, Advanced Practice Nurses with Limited Prescriptive Authority, concerning Definitions, which was published in the December 12, 1997 issue of the *Texas Register*.

### LEGISLATIVE UPDATE ON SB 190 DEALING WITH LONG TERM CARE

The Legislative Update information which was included in the October 1997 edition of the *RN Update* included information on the **Filed** version of SB 190 rather than the **Enrolled** version of this bill. The Enrolled version of the bill that went to the governor and was signed into law did not include a minimum ratio of one licensed nurse for each twenty residents as was proposed in the Filed version of the bill. The substitute language which is now the law states "...The institution shall maintain sufficient staff to provide nursing and related services..." This language is located in the Texas Health & Safety Code, Section 242.154, Nursing Services. To obtain information specific to the Texas Department of Human Services' interpretation of SB 190, contact Susan Syler, Policy Development, DHS, at (512) 438-3111.

### 1998 BNE BOARD MEETING SCHEDULE

**January 22-23**

**March 12-13**

**May 21-22**

**July 16-17**

**September 17-18**

**November 19-20**

**All to be held in Austin.**



## **RNs Outside U.S. No Longer to Receive *RN Update***

Registered nurses licensed in the State of Texas who reside outside of the United States will no longer receive the *RN Update* after the mailing of the January 1998 edition. RNs residing outside of the U.S. who wish to continue receiving the *RN Update* after the January edition will have to order the publication from our Publication Department and pay a nominal fee. The annual cost for receiving the *RN Update* outside of the United States is \$10.83 (\$10.00 fee, plus tax). The increased costs of postage and handling have required these changes. This cost change also applies to businesses and private individuals outside of the United States who wish to receive the *RN Update*.

## **New *Nursing Practice Act* Now Available**

The new *Nursing Practice Act* is now available through the Publications Department of the BNE. The new NPA is 69 pages in length and has been updated to reflect changes brought about by legislation passed by the 75th Legislative Session. If you wish to order a copy of the 1997 NPA, you can use the Publication Order Form located on page 18 to place your order. The cost is \$2.17 each (\$2.00, plus tax). Publication order forms are also available on our Web Site located at [www.bne.state.tx.us](http://www.bne.state.tx.us).

## **Need Nursing Regulation Information? National Council Has Resources**

Are you moving and wondering whether or not your new state's board of nursing requires continuing education units? Do you know what knowledge, skills, and abilities are common to nurse practitioners upon entry into an advanced practice role? To help you answer these and other nursing-related questions, the National Council of State Boards of Nursing, Inc., of which the Texas Board of Nursing is a member, publishes a variety of informative publications focusing on research, nursing practice and education, and the NCLEX-RN® examination.

Following is a brief sampling of the many publications available for purchase from the National Council. To order call the National Council's communications department at 312/787-6555, Ext. 163. You also may access a complete publication list and printable order form via National Council's World Wide Web site at <http://www.ncsbn.org>.

### **Job Analysis of Newly Licensed Registered Nurses**

As an update to the 1992 job analysis study, this publication provides practice patterns of newly licensed registered nurses and evaluates the validity of the NCLEX-RN® examination. This job analysis was released in 1996. (\$30)

### **Licensure & Examination Statistics**

First distributed in 1983, this annual publication provides national and state summary data of licensure activities by member boards of nursing, as well as offers data on candidate performance on the NCLEX-RN® examination and the NCLEX-PN® examination. Years available: 1983-1996. (\$10 each; any three, \$25)

## **Readers Invited to Comment on *RN Update* Through Survey**

You are invited to comment about your opinion of the *RN Update*, your interactions with the BNE, the licensure process, and issues on which the Board is working. By completing the survey form attached to the spine of this edition, you can let your opinions be known.

The information that we obtain from the survey will help the Board of Nurse Examiners to determine how we are doing in our efforts to provide services to Registered Nurses in the State of Texas. The postcard-sized survey form only takes a few minutes to complete and the information that you provide is important to the strategic planning efforts of this agency.

The results of this survey will be published in an upcoming *RN Update*. The cutoff date for returning the survey form is February 15, 1998. Survey forms can either be mailed or faxed back to the Board. The Fax number for the Board is (512) 305-7401. The survey form is also available on the BNE Web Site located at [www.bne.state.tx.us](http://www.bne.state.tx.us). If you have any questions about the survey, contact Bruce Holter at (512) 305-6842.



## Marcelo Laijas, Jr., Joins BNE as Consumer Member

Name:	Marcelo Laijas, Jr.
Current Position	Sales Manager/Broker, Land Systems Company and Martex Corporation, Floresville, Texas.
Educational Background	Bachelor of Science in Music, University of Texas at San Antonio. Teacher, Special Education, Floresville School District Coach, Special Olympics
Family	Wife, Yvonne Laijas; Son, Marcelo, III, Daughters, Xaviera and Linda.



Marcelo Laijas, Jr.

**1.) What do you see as the most important issues affecting the regulation of professional nursing?**

There have always been and will always be important issues affecting the regulation of professional nursing. The changes in technology in the past few years have created new and exciting issues for the professional nurse. The most important issue for me is two fold. As a public servant I must protect the consumer. It is my responsibility to protect the health, safety, and well-being of the public. In addition, I feel that the education and preparation of the professional nurses of the State of Texas are very important. If they receive a solid foundation in education, they will be able to grasp the changes in medicine and technology and provide quality care to the public they serve.

**2.) What goals do you have for yourself while serving as a member of the Board of Nurse Examiners?**

As a goal for myself, I would like to better understand the practice of nursing and how it affects the people of the state of Texas.

**3.) How do you see the role of professional nurses changing in the next ten years?**


Personally, I don't see it changing much. While it is true that technological changes are occurring at a rapid pace, nursing will remain a caring profession - a profession of the heart.

**4.) Is there anything specific you'd like to say to the readers of *RN Update*?**

Yes, I would like to say that it is an honor to serve the nurses of the State of Texas. You should be proud to be a nurse. Helping people in the healing process can be very rewarding. Keep up the good work and God bless!



## Governor Appoints Thalia H. Munoz, MS, RN, to Board of Nurse Examiners

Name	Thalia Munoz, M.S., R.N.	 <p style="text-align: center;">Thalia Munoz</p>
Current Position	Administrator for the Starr County Memorial Hospital located in Rio Grande City.	
Educational Background	Bachelor of Science in Nursing, Incarnate Word College, San Antonio, Texas; Masters of Science in Health Care Administration, Trinity University, San Antonio, Texas.	
Professional Affiliations	Texas Organization for Rural and Community Hospitals Texas Hospital Association, American Hospital Association Advisory Council for South Texas Community College School of Vocational Nursing.	
Family	Husband, Nance E. Munoz, Administrator, Rio Grande City School District; Daughter, Roxanne; Sons: Eliot and Nelson.	

**1.) What do you see as the most important issues affecting the regulation of professional nursing?**

In my opinion, important issues affecting the regulation of professional nursing are relevant to the advances in technology which allow the practice of nursing across state lines. Nurses are also working in a variety of settings, including managed care, which also requires them to practice across state lines. The expectation of the employer, nurse, and consumer, is the expedient authorization to allow the nurse to practice between states. A nursing license recognized nationally and enforced locally by the individual state's rules and regulations needs to be adopted. This could lead to more cost efficiency and effectiveness. This health care delivery system environment is undergoing dramatic changes and as a consequence, regulatory reform is needed to meet the demands of our profession.

**2.) What goals do you have for yourself while serving as a member of the Board of Nurse Examiners?**

The goals that I have set for myself are: To devote time and effort to the work of the Board, contribute and participate in the decision making functions of the Board, to protect and promote the welfare of the people of Texas through Board activities and directives, to provide leadership by communicating clearly the mission of the Board, and to support other Board members in their governing endeavors.

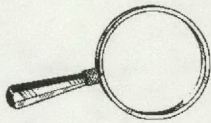
**3.) How do you see the role of professional nurses changing in the next ten years?**

Nurses will be moving more into preventive care and community services. Nurses will be required to participate in more intensive continuing education programs and to acquire certification for the different work settings. I foresee nurses practicing more autonomously, but, they will also be required to be more specialized in their particular field of work. This will require higher education levels. Overall, I foresee the nursing profession continuing to promote and provide health care to the general public, regardless of the setting, with the highest integrity and the best regard for our clients.

**4.) Is there anything specific you'd like to say to the readers of RN Update?**

We must be proud to be members of a very benevolent and wonderful profession! As a member of this profession, we must continue to improve our image by constantly learning and always practicing in compliance with the NPA, Standards of Professional Nursing Practice, and the Board's Rules and Regulations. Evolving changes in this health care arena demand that we continue to educate ourselves and to be always cognizant of any regulatory changes that govern our profession.





## Practice Questions & Answers

by Helene Harris, RN, MSN, CNS

This Board receives numerous calls and letters regarding practice issues. In this column, responses are given to some frequently asked practice questions

Q. I work on a medical unit in a hospital. Our employer said that we can delegate fingersticks for glucose checks to our unlicensed personnel. Are we able to delegate this task to unlicensed personnel?

A. The BNE's Delegation Rule 218 addresses the issue of RN delegation to unlicensed assistive personnel (UAPs). Because it is a common practice within institutions to allow properly trained UAPs to perform the tasks of glucose monitoring, it may seem that fingersticks are considered a routinely delegated task. However, the Board considers this and any other invasive procedure to be regulated by Rule 218.10, Tasks That May Not Be Routinely Delegated. Therefore, as with all delegated nursing tasks, the RN must consider (1) the condition and stability of the patient; (2) verification of competency of the UAP to do the task; (3) whether another prudent RN would delegate the same task in this situation; and (4) the RN's willingness to assume accountability for the act of delegation. The final decision to delegate fingersticks or other nursing tasks must be made by an RN on a case-by-case basis for each individual patient and cannot be mandated by institutional policy. If all of the conditions of Rule 218.10 are met, then fingersticks may be delegated to UAPs.

Q. My employer would like a copy of my nursing license. I was under the impression we cannot copy our license for any reason. Is this true?

A. Although this was true in the past, the Board at its May 1995 meeting approved Rule 217.18 which now states "a licensee or permit holder shall only allow his or her license/permit/permanent certificate to be copied for the purpose of licensure verification by employers, licensing boards, professional organizations and third party payers for credentialing and reimbursement purposes." Other persons and/or agencies may contact the board's office in writing or by phone to verify licensure. At all times, the RN's responsibility is to protect his/her license or certification from loss against potential or actual misuse.



## Workshop Update

The workshop schedule for the 1998 calendar year is finalized through October 1998. We will present our program, "Update in Nursing Practice: 1997/1998," on the following dates:

**February 11 - San Antonio**

**March 3 & 4 - Houston**

**May 26 - Odessa**

**May 28 - Alpine**

**July 22 - Amarillo**

**October 1 - Texarkana**

The 1998 calendar year will end in El Paso in November (date to be announced). In addition, we will be presenting "Nursing Practice: Licensure and Regulation for the Nurse Administrator" in Dallas on April 29th.





**Penny Puryear Burt, JD, RN, comments on the Nursing Practice Act, Board Rules and Regulations, and other legal issues relating to nursing**

### Delegated Medical Acts

The Board's Practice and Legal Departments have seen an increase in the number and variety of inquiries concerning delegated medical acts. Here is a representative sample:

- Can a nurse do psychotherapy in a physician's practice?
- Can a nurse take call for a physician?
- Can a nurse see patients for a physician who is ill, immobile, impaired, or on vacation?
- Can a nurse use a laser to treat skin lesions or remove hair?
- Can a nurse insert and manipulate an endoscope?
- Can a nurse supervise unlicensed persons who are performing medical acts delegated by a physician?
- Can a nurse diagnose and treat patients if a physician later writes orders to "cover" the nurse's actions?

The variations are endless and reflect the fluid state of health care delivery. The Board's rules and position statements cover some of the scenarios. Although these documents provide overall direction, it is impossible and impractical to address each matter with a position statement. It is, therefore, the purpose of this article to provide the practicing nurse with some basic information for use in dealing with such questions. Although what follows may be of use to advanced practice nurses, it should be understood that this article is directed to staff RNs and nurse managers. The scope of practice as well as the range and complexity of functions performed by APNs are outside the purview of this article.

The object of all health care licensing laws is the protection of the public. Both the Nursing Practice Act and the Medical Practice Act are intended to identify the components of health care that should be performed only by those individuals who meet the standards set by the Legislature and the respective Boards for education, character and experience. As the practices of nursing and medicine have evolved, some functions have overlapped and shifted between the two disciplines. Each discipline has extended itself through collaborative practice, the use of licensed personnel, and unlicensed assistive personnel. Public protection, as assured by a nurse's or a physician's license, is maintained if the practitioner does the following when delegating acts for which a license is required.

- retains the exercise of and responsibility for professional judgment;
- limits delegation only to those individuals who are qualified by education, training, experience or alternative licensure;
- retains control of the actions of any unlicensed person to whom the function is delegated; and,
- oversees or supervises the performance of the delegated acts as appropriate depending on the licensure, training, and experience of the person who carries out the task.

Nurses want to know if they will place their licenses at risk by accepting delegation of traditional medical functions. We suggest consideration of the following concepts in reaching that decision:

1. The nurse may accept only those functions the physician may lawfully delegate.
2. Physicians who delegate must comply with the Medical Practice Act and the Rules of the Board of Medical Examiners. (See Article 4495b, Texas Revised Civil Statutes, Annotated and 22 Texas Administrative Code Section 161.1 et seq.). Among the grounds for discipline specified by the Medical Practice Act are:

“ . . . failing to supervise adequately the activities of those acting under the supervision of the physician; or delegating 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 responsibility or acts.” [Article 4495b, Section 3.08 (H) and (I)].



## APN SCOPE OF PRACTICE: WHAT ARE THE BOUNDARIES?

by Kim Flores, MSN, RN

The last three editions of the *RN Update* contained articles on the scope of practice for registered nurses in this state. Comments and suggestions have been received to provide information on the enhanced scope of practice of the advanced practice nurse. The American Nurses' Association and other nursing organizations provide clinical guidelines for the advanced practice nurse (APN) and this article will not attempt to duplicate that information. Rather, we will provide guidance that addresses the *regulation* of APNs in this state as it applies to scope of practice.

It is a fact that each APN in this state has one license, that of the RN. In addition to the RN license, the APN is recognized by this Board as having acquired, through appropriate didactic and clinical experiences associated with a formal APN program, additional knowledge and skills. The BNE approves and regulates the APN and recognizes that APN scope of practice extends beyond that of the RN. Recognition in Texas of the APN is through complementary authority which is based on a collaborative model between the physician and APN.

Rule 221.13 illustrates the APN scope of practice:

*"The advanced practice nurse provides a broad range of personal health services, the scope of which shall be based upon educational preparation, continued experience and the accepted scope of professional practice of the particular specialty area."*

Because advanced practice nursing prepares the APN in a particular specialty, an individual APN with BNE recognition in one practice area may not practice in the advanced role in another practice area; e.g., an Adult Nurse Practitioner cannot provide care to a pediatric population or a Pediatric Nurse Practitioner cannot provide care to a geriatric client. APNs frequently call the Board staff to inquire about this issue. As an example, callers want to know if they take a CE type course in another area whether they can now practice in the advanced role in the additional area.

The scope of practice for the APN is limited by the educational program. The APN must be able to prove that a contemplated area of APN practice was indeed taught in their APN program. In addition, national nursing organizations have set practice parameters which nursing education programs use to prepare their graduates.

The Mission of the Board is to protect the safety and welfare of the people of Texas. The APN rules were promulgated to assure the public that APNs have the requisite education to function in the advanced nursing practice roles which, by definition, require advanced levels of knowledge in the areas of pathophysiology, pharmacotherapeutics and prescribing behavior, and medical management applicable to those conditions related to a specific population, community, or group. The Board believes that an RN needs formal advanced educational preparation in the advanced practice role. Therefore, an APN cannot assume another APN role without completing the requisite formal nursing education program in the specialty area.





## **EDUCATION REPORT**

By Donna Carlin, M.S.N., R.N.

### **September 1997 Board Actions:**

Approved an extended campus at Kerrville for an LVN-to-ADN Program with a requirement to be met:

**San Antonio College, ADN, San Antonio**

Approved an extension site at Amarillo College for the Baccalaureate Degree Nursing Program for Registered Nurses:

**West Texas A & M University, BSN, Canyon**

Approved Mr. Kyle Ditto as a waived faculty with follow-up requirement until May 31, 1998 for:

**Howard College, ADN, Big Spring**

### **November 1997 Board Actions:**

Continued full accreditation following review of annual reports:

**Angelo State University, RN-to-BSN, San Angelo**

**The University of Texas at Brownsville, RN-to-BSN, Brownsville**

**The University of Texas at Pan American, Adult Health  
CNS Program, Edinburg**

**The University of Texas Southwestern Medical Center, Women's  
Health Care NP Program, Dallas**

Continued full accreditation with recommendations and requirements to be met following review of annual report:

**Southwestern Adventist University, RN-to-BSN Program, Keene**

Granted initial accreditation:

**St. Philip's College, LVN-to-ADN Transition Program, San Antonio**

### **TEXAS RN SELECTED AS ITEM WRITER:**

Veronica F. Parker, R.N., from Baptist Medical Center was selected as an alternate Item Writer by the Examination Committee of the National Council of State Boards of Nursing, Inc. Ms. Parker's specialty is Obstetrical Nursing.



## NEAC Competencies Series - Part I

### **NEAC Competencies Now an Outcome of Texas Nursing Education Programs**

Recruiters and employers of graduate nurses soon will be hearing a new claim from Texas schools of nursing—that graduates are prepared to demonstrate the NEAC competencies. Just what is a “NEAC competency”? What does it mean to employers of new graduates to know that all graduates of the same type of nursing program are prepared to demonstrate certain competencies in knowledge, clinical behavior and judgment, and professional values? The following article is the first in a two-part series that will explain the development of the NEAC competencies. These articles can set the stage for dialogue between schools and employers within their communities-of-service about how well new graduates with these competencies serve the public. This four-page article has been placed here for easy removal and usage as a reference at a later time.

#### **Historical Development**

In 1988 the Texas legislature mandated that the Texas Higher Education Coordinating Board (THECB) convene the Nursing Study Committee. The charge was to conduct “a comprehensive study of nursing education issues and concerns related to the nursing shortage, career mobility among nursing programs, and collaboration among schools in geographic proximity” (Fleming, Hanley, & Seamans, 1993, p. 6).

In response to a recommendation from the Nursing Study Committee Report that the Board of Nurse Examiners (BNE) and Board of Vocational Nurse Examiners (BVNE) adopt essential competencies to be required of graduates from each type of entry-level nursing program, the Boards appointed the Nursing Education Advisory Committee (NEAC). The 16 member NEAC CORE group worked with subcommittees composed of stakeholders from the four types of nursing education programs in Texas, nursing education associations, representatives from THECB and other state agencies, and consumers to develop the “Essential Competencies of Texas Graduates of Education Programs in Nursing.” The NEAC competencies identify threads central to nursing that develop and become increasingly complex across Vocational, Diploma, Associate Degree, and Baccalaureate Degree nursing education. The competencies are the minimum performance expectations of graduates which may be tracked and leveled across the continuum of nursing education in Texas.

Between 1990 and 1992, nursing faculty and other stakeholders developed the essential competencies. There were three NEAC education subcommittees: VN, Diploma/ADN, and Baccalaureate. CORE members who were educators chaired the subcommittees and at least one educator from each of the four types of nursing education programs active at that point in time served on each subcommittee.

The NEAC Competencies are organized according to three major roles of the nurse: Provider of Care, Coordinator of Care, and Member of the Profession. The CORE Committee developed competencies that were client focused rather than institutionally based. The committee elected to identify the essential role responsibilities, knowledge, and clinical behaviors and judgements in broad terms to allow nursing programs to develop and create curricula appropriate for their communities, level of education, and identified program outcomes. The seven essential competencies for the Provider of Care role follow.



## Competency Statements for Graduates of Texas Nursing Programs

By the time of graduation, students who complete accredited Texas Nursing Programs will be able to demonstrate the following essential competencies when functioning in the role of **Provider of Care**.

<b>Vocational Nursing Graduates</b>	<b>Diploma/Associate Degree Nursing Graduates</b>	<b>Baccalaureate Degree Nursing Graduates</b>
Assist in determining the health status and health needs of clients based on interpretation of health-related data, in collaboration with clients, their families, and other members of the health care team.	Determine the health status and health needs of clients and families based on interpretation of health data in collaboration with clients, their families, and other health care professionals.	Determine the health status and health needs based on expanded interpretation of health-related data for individual clients and their families as a whole as well as aggregates, communities, and society (IFACS).
Assist in the formulation of goals and a plan of care for the client in collaboration with the client and other members of the health care team.	Formulate goals and plan of care for clients and their families based on nursing diagnoses in collaboration with clients, families, and other health care professionals.	Formulate goals and plan of care for IFACS based on theoretical analysis of available data in collaboration with IFACS and other health care professionals
Implement plan of care within legal and ethical parameters in collaboration with the client and members of the health care team.	Implement the plan of care within legal and ethical parameters in collaboration with clients, families, and other members of health care professions to assist clients and their families to meet health care needs.	Implement the plan of care in collaboration with other health care providers and within legal and ethical parameters to assist IFACS to meet health care needs.
Implement teaching plan for the client with common health problems and well-defined learning needs.	Develop and implement teaching plans for clients and their families concerning promotion, maintenance, and restoration of health.	Develop and implement comprehensive teaching plans to meet the learning needs of IFACS.
Assist in the evaluation of the individual client's responses to nursing interventions.	Evaluate client and family responses to therapeutic interventions.	Evaluate IFACS responses and outcomes to therapeutic interventions.



<b>Vocational Nursing Graduates</b>	<b>Diploma/Associate Degree Nursing Graduates</b>	<b>Baccalaureate Degree Nursing Graduates</b>
Provide direct basic care to assigned multiple (3-5) clients in structured settings.	Provide for the care of multiple (5-8) clients and their families in structured settings either through direct care or assignment and/or delegation of care to other members of the health care team.	Provide for the care of multiple clients and their families in structured or unstructured settings either through direct care or assignment and/or delegation of care to other members of the health care team.
Use the problem-solving approach as the basis for decision making in practice.	Use clinical data and current literature as a basis for decision making in nursing practice.	Use an analytical approach as the basis for decision making in practice.

**Vocational nursing programs** are clinically intensive one year certificate programs that offer classroom instruction and related clinical practice in the four basic areas of nursing care of adults, mothers and newborns, children, and the elderly. The primary role of the graduate is to provide nursing care for clients in structured health care settings who are experiencing common, well-defined health problems with predictable outcomes.

**Diploma nursing programs** are single purpose schools, sponsored by hospitals, that consist of two and one-half to three years of general education and nursing courses. **Associate degree nursing programs** are located in community colleges or senior colleges and consist of two academic years to two calendar years of general education and nursing courses. Graduates of these programs are prepared as beginning practitioners to provide direct care to or coordinate care for a limited number of clients in structured settings. Clients across the life span may have predictable or unpredictable health care needs.

**Baccalaureate degree nursing programs** are located in colleges and universities and consist of programs of study which include approximately 60 semester hours of a variety of liberal arts and science courses and 60-70 semester hours of nursing courses. Baccalaureate degree nursing programs must include community health nursing, research, and leadership and management content. Graduates are prepared to provide and direct care for clients who have complex and unpredictable health care needs in structured and unstructured settings. For the purposes of meeting the requirements of the BNE, generic nursing master's programs that prepare graduates for initial licensure are held accountable for the baccalaureate degree essential competencies.



## Implementation

Prior to adoption of the NEAC competencies and the plan for implementation, all nursing programs in Texas were invited to comment. Feedback and editorial comments were used to develop the final draft of the NEAC competencies. The Board approved publication of the competencies in Spring 1993. The document Nursing Education Advisory Committee (NEAC) Report Volume I - Essential Competencies of Texas Graduates of Education Programs in Nursing, which can be purchased from the BNE, contains a complete list of the essential competencies with outcomes statements that describe the knowledge and related clinical judgments and behaviors needed to achieve the competencies.

Following publication of the NEAC competencies, the Council on Education of the Texas Nurses Association (TNA) independently analyzed the competencies. The Council found them to be inclusive of knowledge and concepts essential for the safe practice of nursing. In addition, the Council agreed that the competencies progressed from the vocational through the baccalaureate level, demonstrating appropriate leveling of concepts, knowledge, and clinical decision making.

During 1994, fourteen professional nursing programs participated in a pilot study of the degree to which the NEAC competencies were represented in their existing curricula and to determine if curricula changes would be needed to implement the competencies. New nursing programs approved by the BNE were reviewed with consideration of whether their curricula prepared graduates to demonstrate the essential competencies. Programs developed diverse and creative approaches to educating future professional nurses as they incorporated the competencies.

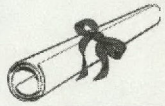
Rules for implementation of the NEAC competencies were adopted by the BNE in August 1995. The BNE requires that, at a minimum, the essential competencies to be addressed in the first nursing course of each nursing program curriculum by Fall 1997. The BNE education staff currently are evaluating the progress that schools have made in implementing the competencies.

The essential competencies support articulation from one level of nursing education to the next. Consequently, the NEAC competencies were used as the basis for the Texas Nursing Articulation Model developed by TNA. BNE education staff continue to monitor ways that nursing programs in Texas provide for educational mobility through formal and informal articulation agreements.

The next edition of the RN Update will present the essential competencies for the roles of Coordinator of Care and Member of the Profession and discuss progress made by schools in implementing the competencies. In this era of concern about how the public can be assured that they receive health care from competent providers, the Texas boards of nursing have added another mechanism for assuring competence at entry into nursing practice. The BNE education staff encourage schools of nursing and employers to initiate and continue discussions about how the NEAC competencies can be used to clarify expectations for new graduates' practice responsibilities so that the public can be assured of safe, competent nursing care.

**Resource:** Fleming, J. , Hanley, M. A. , & Seamans, J. (1993). Charting a proactive course: Acquiring information and perspectives for board decisions. 1993 Concurrent Educational Sessions (pp. 1-18). Chicago, IL: National Council of State Boards of Nursing.





## EDUCATION QUESTION AND ANSWER

By Donna Carlin, M.S.N., R.N.

**Q:** I am a registered nurse who graduated from an associate degree nursing program practicing in Texas. I recently attended a continuing education program where the speaker said that only RNs with a baccalaureate degree in nursing or higher education can care for clients with unpredictable health status. When I was in school we were never taught this and certainly in practice there are no limits to whom we care for based on the health status of the client. What is the speaker talking about?

**A:** Although I was not in attendance and do not know the context in which the statements were made, I will attempt to answer the question and clear up any misconceptions about the focus of care for new graduates of ADN, Diploma, and BSN programs. In 1993 the Board of Nurse Examiners in conjunction with the Board of Vocational Nurse Examiners published the *Essential Competencies of Texas Graduates of Education Programs in Texas* (see article in insert of this newsletter). Within that document it states that new graduates of associate degree and diploma nursing programs are prepared as beginning practitioners to provide direct care to or coordinate care for a limited number of clients in structured settings. Such clients may have **predictable or unpredictable** health care needs and are identified as individuals and members of families. New graduates of baccalaureate degree nursing programs are prepared to provide direct care and coordinate care for clients who have complex and unpredictable health care needs in structured and unstructured settings. The focus of care includes not only the individual and family as clients, but also extends to aggregates, community, and society within the context of the environment, available resources, and technology.

The Board's rules do not have any restrictions to the type of settings in which nurses may work. According to Section 217.11 Standards of Professional Nursing Practice, (17) "The RN shall accept only those nursing assignments that are commensurate with one's own educational preparation, experience, knowledge, and ability." As graduates expand their knowledge and expertise through the practice of professional nursing, they may be able to care for more complex clients in a variety of settings.

### Advisory Committee for Education Approves Recommendations of the Distance Learning Subcommittee

At the October 3, 1997 meeting the Advisory Committee for Education reviewed and voted to forward proposed rule changes and revised guidelines for development of distance education initiatives to the Board. The rule changes and guidelines were developed by the Distance Learning Subcommittee. The subcommittee developed new guidelines after deliberating about what it considered to be essential information for the Board to make a decision about a distance education initiative. A more streamlined proposal process for nursing programs with prior experience in distance education was desired.

At the November 13, 1997 meeting of the Board of Nurse Examiners, the board approved revisions to Rule 215 and new Rules 215.14 and 215.20 relating to Distance Education Initiatives and Closing a Nursing Program. These rules will be published in the Texas Register. If no negative comments are received within a 30-day comment period, the rules will be adopted. If adopted, the term "Distance Education Initiative" will replace the term "Extended Campus/Extension Site."



## Committee Actions

### **Competency Advisory Committee to Consult on Pilot Programs**

Competence has long been a concern of regulatory agencies. Historically, regulatory agencies have assured minimum, essential competence at four points in nurses' careers: entry into practice, reentry after absence from practice, renewal of licensure, and return to practice after discipline. Licensure and renewal of licensure serve as testimony to the public that RNs can demonstrate minimum, essential competence for professional nursing practice in Texas.

The public has challenged regulators to tell the public how consumers can be assured, once an individual is licensed, that the individual continues to be competent. Senate Bill 617 enables the Board of Nurse Examiners to respond to this challenge by investigating the effectiveness of models developed to assure that RNs maintain clinical competence in their areas of practice. The Bill, promoted by the Texas Nurses Association and other professional organizations, authorizes the BNE to develop or contract for the development of pilot programs.

At its September 1997 meeting, the Board of Nurse Examiners appointed a Competency Advisory Committee comprised of representatives nominated by organizations designated in SB 617. Over the next three years, these committee members will consult in the development, approval, administration, and funding of continued competency pilot programs. Their expertise will enable the BNE to ensure that pilot programs test a sufficient variety of mechanisms in settings representative of RN practice in Texas so that future policy decisions are based on valid and reliable data.

The first meeting of the Competency Advisory Committee was held on November 20, 1997 in Austin. Board President Kenneth Lowrance, RN, chaired this organizational meeting. Tasks of the committee will include developing guidelines for participation in pilot programs, reviewing program proposals, evaluating research findings, and participating in the development of annual reports and the final report.

The next meeting of the Competency Advisory Committee is scheduled for March 11, 1998 in Austin. The meetings are open to the public. For additional information about the committee meetings or if you are interested in learning more about the pilot programs, please contact Anne Garrett at the board's office, 512/305-6815.

### **Laws and Regulations Advisory Committee Begins Work**

One of two advisory committees established under Senate Bill 617, the Laws and Regulations Advisory Committee was charged by the Board of Nurse Examiners to evaluate the effectiveness of mechanisms for assuring that RNs understand the laws and regulations governing the practice of professional nursing.

There has long been concern that nurses do not seem knowledgeable about the laws which affect their practice due to many factors such as changing clinical specialties or settings, endorsing into the state from another jurisdiction, etc. Over the past year the media has responded to public concern by publishing news articles and programs about practitioners who violate their laws; the federal government has begun to require the mandatory reporting by health professional regulatory bodies of their licensees for a national data bank. Nurses across the state have acknowledged that nursing laws and regulations are an area that needs more attention. As a result of their experience during hearings, the Board of Nurse Examiners has required that RNs who are disciplined take a mandatory course in jurisprudence as part of their stipulations. This concern voiced statewide and nationally by professionals and the public has culminated into the Texas Legislature's response of mandating that a nursing jurisprudence pilot study be carried out in the next four years in addition to that for continuing competency (see article above).

(continued on next page...)



## NPAC Discusses Use of Laser Technology by RNs

During the Spring and early Summer, 1997, the BNE staff began to hear from RNs in metropolitan areas of the state, inquiring as to the appropriateness of RNs participating in hair removal using laser technology. It was determined that the majority of these practice calls were associated with a new technique for hair removal marketed by ThermoLase Corporation. The technique combines laser energy with a carbon containing lotion that seeps into the hair follicles and transmits the laser energy to the hair root thus rendering the hair root weakened or non viable.

In light of the Board's *Position Statement 15.9, Performance of Laser Therapy by RNs*, which prohibits the use of lasers by RNs in unsupervised situations, ThermoLase requested and was granted an opportunity to address the Board at its July 1997 meeting in Austin, Texas. ThermoLase representatives and their attorney addressed the Board concerning this laser application and the Board directed the Nursing Practice Advisory Committee (NPAC) to study the issue to determine if revision of Position Statement 15.9 was appropriate.

The NPAC received information from the Federal Drug Administration (FDA), the Center for Disease Control (CDC), the American National Standards Institute (ANSI), and the Texas Department of Health regarding this issue. The NPAC also had the opportunity to hear from industry spokespersons who provided information specific to the type of low energy lasers used in the hair removal process.

The recommended language reiterates that laser therapy is not considered an independent nursing function; however, as with many other highly technical procedures, RNs may elect to accept directions to carry out laser related tasks as Delegated Medical Acts. The committee agreed that, rather than simply referring the RN to *Position Statement 15.11, Delegated Medical Acts*, the RN in the clinical setting needs and would appreciate more specific direction from the Board regarding laser therapies.

In addition to language related to delegated medical acts, the NPAC added specific requirements for the RN to know and conform to laser safety standards of the American National Standards Institute and to adhere to FDA intended use labeling parameters. The NPAC voted in favor of making a recommendation to the Board to amend the position statement.

The Board, in turn, adopted the amended *Position Statement 15.9, Performance of Laser Therapy by RNs* during the November, 1997 Board meeting. The new position statement language can be found on page 14. The new language may also be downloaded from the BNE web page.

## Laws and Regulations - cont. from p. 12

The first meeting of the Laws and Regulations Advisory Committee was held on October 29, 1997. Chaired by Doris Price-Nealy, RN board member representing education, the committee began its work for examining the necessary content related to laws and regulations and how best to incorporate knowledge of these into the RN's daily practice. Members appointed to the Committee represent those organizations and groups specified in the bill: Texas Nursing Association, Texas League for Nursing, American Association of Nurse Attorneys-Texas Chapter, Texas Organization of Baccalaureate and Graduate Nursing Educators, Texas Organization of Associate Degree Nursing, Texas Organization of Nurse Executives, American Association of Retired Persons, an RN researcher, and Board appointees. Consultants may be invited to provide expertise and assistance as needed. The next meeting of the Advisory Committee is scheduled for January 14, 1998 in room 2-225, William P. Hobby Building, Austin. Meetings are open. Questions or additional information requests may be made to Sally Glaze, Licensing and Practice Department, (512) 305-6844.



Board of Nurse Examiners  
P.O Box 430  
Austin, Texas 78767-0430

## POSITION STATEMENT

### 15.9

## PERFORMANCE OF LASER THERAPY BY RNs

The Board recognizes that the use of laser therapy and the technology of lasers have changed rapidly since their introduction for medical use. The RN plays many important roles in the use of laser therapies. These roles and functions change based upon the degree of invasiveness of the procedures and the setting in which the treatment occurs.

Although it is not within the scope of nursing practice to perform the delivery of laser energy on a patient as an independent nursing function, the RN may perform laser procedures as a delegated medical act. The criteria to be followed by the RN who elects to accept delegation in the use of laser therapy includes:

1. The RN has received appropriate education and supervised practice, is competent to perform the procedure safely, and is able to respond appropriately to complications, and/or untoward effects of the procedure.

In addition to procedural and clinical aspects of laser technology and treatment, appropriate education regarding the use of laser therapies should include both didactic and clinical experience related to laser technologies for medical purposes, including laser safety standards of the American National Standards Institute and instruction to ensure adherence to FDA intended use labeling parameters;

2. The RN's education and skill assessment is documented in the RN's personnel record;
3. The nursing and medical staffs have collaborated in the development of written policies/protocols/practice guidelines for the delegated acts and these are available to nursing staff practicing in the facility;
4. The procedure has been ordered by a currently licensed physician, podiatrist, or dentist; and
5. Appropriate medical and nursing back up is available.

As in carrying out any delegated medical act, the RN is expected to comply with the Nursing Practice Act and the Board's Rules and Regulations. (Board Action Revised 11/97)



## 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, Department of Investigations, P.O. Box 430, Austin, Texas, 78767-0430.*

<u>NAME</u>	<u>LICENSE #</u>	<u>DISCIPLINE</u>	<u>DATE OF ACTION</u>
Adams, Cherie Yvette	536967	Warning with Stipulations	10/14/97
Adams, John C.	539571	Revoked	11/13/97
Austin, Deborah L.	532587	Reprimand	11/13/97
Ballesteros-Tila, Diana	523020	Warning with Stipulations	12/9/97
Barry, Cheryl Joan	235533	Suspended/Probated	12/9/97
Boadle, Mona B. Robey	630299	Warning with Stipulations	12/9/97
Carroll, Lloyd Donald	562057	Reprimand with Stipulations	11/13/97
Dehls, Lori Jean	594301	Warning with Stipulations	12/9/97
DeLarue, Darleen R.	525165	Reprimand	10/14/97
Fickey, Connie Lynn	562502	Reprimand with Stipulations	10/14/97
Franke, Stacey Miller	548027	Reprimand with Stipulations	12/9/97
Gaddy, Coulter David	600934	Revoked	11/13/97
Genett, Carmelina	508126	Warning with Stipulations	12/9/97
Graham, Regina Claire	547457	Reprimand with Stipulations	10/14/97
Grantham, Ralph Gregory	549740	Warning with Stipulations	11/13/97
Hlavaty, Danny Michael	595148	Reprimand with Stipulations	10/14/97
Hodges, Iva J.	508686	Warning with Stipulations	11/03/97
Howard, Brenda Leah	597988	Reprimand with Stipulations	10/14/97
Juarez, Joan Mary	595390	Revoked	11/13/97
Lind, Jonie Beth	642882	Warning with Stipulations	12/9/97
Lorenz, Charles Barry	577880	Suspended/Probated	12/9/97
Mayhew, Michael Lynn	563460	Suspension	12/9/97
Mitchell, Paula Christine	451301	Suspended	11/13/97
Montoya, Octolan	583678	Reprimand with Stipulations	10/14/97
Mozingo, Jamie L.	526279	Warning with Stipulations	12/9/97
Noles, Janet K.	235763	Remedial Education & Fine	11/13/97
O'Brien, Shirley J.	257667	Reprimand with Stipulations	10/14/97
Pascarella, Anthony L.	441975	Reprimand with Stipulations	11/13/97
Perez, Elizabeth M. S.	215812	Reprimand with Stipulations	10/14/97
Porras, Julie Ann	610446	Warning with Stipulations	10/14/97
Ranson, Beverly Sue	596490	Reprimand with Stipulations	10/14/97
Robertson, Sandra Charles	232886	Warning with Remedial Education	10/14/97
Rogers, Kathleen Marie	529565	Warning with Fine	11/04/97
Ruffin, Darlene Marshall	222488	Fine and Remedial Education	12/9/97
Southwell, Doris A. Mescher	404665	Warning	12/9/97
Streit, Roger Craig	237757	Revoked	11/13/97
Taylor, Ann Burland	551942	Revoked	10/14/97
Torrez, Rosemary M.	521199	Warning with Remedial Education	10/14/97
Uy, Mila C.	564571	Reprimand	12/9/97
Wallace, Sharon Sue	531985	Warning with Stipulations	10/14/97

Disciplinary- cont. on p. 16



**DISCIPLINARY ACTION**

- cont. from p. 15

<u>NAME</u>	<u>LICENSE #</u>	<u>DISCIPLINE</u>	<u>DATE OF ACTION</u>
Wampole, Mary Kathryn	512175	Revoked	11/13/97
Watson, Mary E. Wilson	211162	Warning with Stipulations	11/13/97
West, Jewel Renae	569071	Reprimand with Stipulations	10/14/97
Whitmire, Linda	632692	Warning with Stipulations	10/14/97
Williams, Joyce Angela	567081	Stipulations	12/9/97
Ziboh-Jackson, Brenda Louise	570787	Reprimand with Stipulations	11/13/97

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

<u>NAME</u>	<u>LICENSE #</u>	<u>DATE OF SURRENDER</u>
Amstutz, Maxine Ann	461339	July 14, 1997
Beaver, James Luther	588498	October 27, 1997
Burke, Carolyn Sue	252209	November 25, 1997
Compton, Patricia Dianne	616738	July 1, 1997
Cox, Susan Baum	241543	October 27, 1997
Cummins, Sharon J. B.	227484	October 10, 1997
Dobi, Kevin Joseph	551219	October 10, 1997
Doyle, Thomas Joseph	456329	July 8, 1997
Gerhard, Toni Marie	542880	November 20, 1997
Hicks, Regina Diane K.	228919	December 5, 1997
Hobbs, Nadene L. Lanzl	412076	October 14, 1997
Mandelbaum, Phyllis	591040	June 5, 1997
Nelson, Corrine Marie	520705	December 5, 1997
Owen, Carol Ann	221524	October 15, 1997
Philp Connie J.	510187	September 4, 1996
Pollock, Corrine Marcel	514667	December 4, 1997
Reynolds, Beverly Gayle	546498	May 29, 1997
Sanchez, Maria A. R.	226339	May 1, 1997
Schuster, Grace Helen	448713	July 17, 1997
Seifred, Vickie Marie	598692	November 19, 1997
Stevens, Marilyn Kay	573770	July 14, 1997
Tucker, Susan Kay	542091	November 15, 1996
Underwood, Armita H.	561257	September 12, 1997
Varney, Jerome Edward	590140	November 20, 1997
Wilson Remkes, Alicia Christene	602382	September 22, 1997
Woods, Jerry Seaburn	440239	September 30, 1997



**Insufficient Funds Items**

As of January 1, 1998, 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 #</u>	<u>PERMIT #</u>	<u>NAME</u>	<u>LICENSE #</u>	<u>PERMIT #</u>
Asble, Alex Walter	564983		Farra, Diane Rae	560781	
Bablitz, Nancy Elizabeth	553715		Felkins, Bettye Lisa	557452	
Bain, Beverly	566432		Filler, Marcia Ann	553220	
Bargas, Virginia	257121		Fryer, Renee Marie	578735	
Barr, Lori Anne	537652		Gazey, Patricia Mary		69539
Bhatia, Helen	568844		Glisson, James M.	239549	
Buol, Kolleen Kay	516233		Gunnels, Lorrie Ann V.	623930	
Butler, Norma Powell		57324 (T)	Guthrie, Kelly R.	547982	
Claridge, James Leslie	437694		Handlin, Kathy L.	512842	
Clark, Mandy	575824		Hart, Janet		70678
Clark, Victoria		50398	Hess, Cathy Christine	628267	
Conti, Angela Rose	552231		Howard, Dorothy	613705	
De John, Ida C. Caperna	424176		Howell, Sharon	459387	
Dennis, Patricia Ann	503975		James, Karen Louise	577702	
Dillon, Patricia	560309		Jenkins, Victor I.	517158	
Elias, Angela		01142	Jones, Gwendolyn		63362
Falkner, Barbara Marie	587013		Kirk, Sandra Andrews	521416	

Insufficient Funds -cont. on p. 19

**Delegated Medical Acts** - cont. from p. 8

3. Although nurses routinely implement all or part of a plan of medical care determined by a physician, they do not exercise medical judgment by proxy for a physician.
4. Nurses can accept delegated medical acts only when the physician is available for oversight and supervision. The degree of oversight and supervision depends on the facts and circumstances.
5. Non-physician employers, corporations, or facilities cannot assign physician functions to nurses or any other persons.
6. The mere presence of a physician on an organizational chart or in an institution far removed from the patient and the nurse is insufficient to serve as physician supervision of delegated medical acts.
7. The physical proximity, telephonic or other access, as well as the nature and extent of physician supervision are variables that depend on the condition and needs of the patient, the nature of the act or conduct, and the ability of the person to whom the function is delegated.
8. A nurse who has been asked to accept a delegated medical act must inform the physician of his/her level of education, ability, and experience. If the delegation is made to a licensed or unlicensed individual for whom the nurse is administratively responsible, the nurse must communicate with the physician about that person's qualifications and whether the nurse will participate in the supervision of the individual.
9. The nurse must evaluate the effect of the request on patient safety and act in the patient's best interest.
10. Nurses who accept delegated medical functions in the context of nursing practice must comply with the Board of Nurse Examiners Rules for practice (22 Texas Administrative Sections 217.11 and 217.13).
11. The exception to Board jurisdiction that permits lay personnel to perform nursing functions in a physician's office [See Article 4528 (3), Texas Revised Civil Statutes, Annotated] does not extend to licensees who may attempt to defend substandard practice on the ground that a physician directed the conduct or wrote an order to cover it after the fact.
12. The decision to accept or decline delegated medical functions belongs to the nurse alone and cannot be contracted away by an institution or employer as a condition for employment.



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- cont. from p. 17

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Lemke, Jennifer Ruth	575523		Royal, Barbara A.	534601	
Levingston, Lynnell		73626	Russell, Brenda	569701	
Masters, Mary Jane	550218		Sanderson, Brenda Mary	538111	
Mealor, Helen		50375 (T)	Severtson, Marianne Maples	416386	
Mitchell, Sandra	565160		Shelest, Martha		66974
Nims, Teresa Masadie	565233		Sloane, Gail Theresa	550406	
Ohlheiser, Donna	575718		Todorovich, Susan	580496	
Olivier, Marie Claudia	514361		Vasquez, Emerald	207588	
Olson, Leanne	565952		Weable, Tonya Ingrid		64138
Pangilinan, Julie	445792		Wilson, Kevin	536325	
Payne, Traci Lee	569734		Worley, Cynthia Anne	256472	
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RN# \_\_\_\_\_

Old Address: \_\_\_\_\_

City \_\_\_\_\_

St. \_\_\_\_\_ Zip \_\_\_\_\_

New Address: \_\_\_\_\_

City \_\_\_\_\_

St. \_\_\_\_\_ Zip \_\_\_\_\_

Date \_\_\_\_\_



## ACKNOWLEDGEMENTS



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