



RN UPDATE

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



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Codification of Nursing Practice Act to Take Place After Session

The Nursing Practice Act (NPA) is being revised by the 76th Texas Legislature pursuant to proposed revisions authored by the Texas Legislative Council. This process, known as recodification, will not change the law. It will simply put it into another format.

The NPA presently appears in Article 4513 through Article 4528 in Vernon's Revised Civil Statutes Annotated. The NPA was first enacted in 1909 and in its current form is sandwiched between statutes creating the Health Professions Council and the Licensed Perfusionist Act.

Through the years, as the statutes affecting nursing were amended and expanded, the paragraphs and subsections were reorganized and renumbered multiple times. As a result of these numerous amendments the NPA contains many subsections with unusual and confusing numeric or alphabetic designations.

The 76th Texas Legislative Session is now addressing the complicated structure of the NPA as well as other professional licensing acts based on the Texas Legislative Council's proposed enactment of the Occupations Code. The Occupations Code will encompass a variety of professions, including nursing, law enforcement, security, sales, financial, legal, and other professions. The Nursing Practice Act in the proposed new format, will be codified in Chapter 301 of the proposed code. Peer Review will be in a separate Chapter, 303.

The Texas Legislative Council has been engaged in the process of recodifying all the Texas Statutes as mandated in Section 323.007 of the Texas Government Code. Recodification involves the systematic and continuous study of the statutes of this state by the Council. Their mandate is to reclassify and rearrange the statutes in a more logical order employing a topical code designation and a numbering system that will allow

for future expansion. There are approximately 16 Codes which have been enacted under this program.

Unlike amendments to the NPA which are intended to make substantive changes, the Occupations Code recodification is intended to implement non-substantive changes. The revisions are designed to improve draftsmanship, eliminate duplicative provisions, and make the statutes "more assessable, understandable and usable." The codification should not alter the sense, meaning, and effect of the law. The Board will closely monitor the process to assure that there are no unintended consequences.

The Occupations Code is proposed to be effective on September 1, 1999. The BNE will begin using new citations in all correspondence and other legal materials after that date. The *RN Update* will keep readers informed on these changes in future issues.

APN Site-Change Form Downloadable From BNE Web-Site

The Site-Change Form for Limited Prescriptive Authority is now available for downloading from our Web-Site. It is located under the "Files and Download Area," and it is listed as "Advanced Practice-LPA Site Change Form." The instructions, rules and Board of Medical Examiners' Table is attached to the form and will be downloaded along with the form.

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Rule 217 Changes, Legislative Update*

A Word from the Executive Director



Kathy Thomas, MN, RN

The BNE Web Site: Past, Present & Future

I realize that not everyone has access to the Internet, but as access becomes more widely available, the Web serves as an excellent communication tool for licensees and the public. Because *RN Update* is published four times a year, events which occur between publications must be "saved" for the next issue. On the Board's Web page, however, current, timely information is posted shortly after the event occurs. The Board's Web page can be found at: <http://www.bne.state.tx.us>

Over the past year, the agency has added new features to the Web page. Some of these new features are listed below.

- Under *BNE News*, proposed rules and policy changes are available.
- A link to the National Council of State Boards of Nursing has been added to *Consumer News*, providing access to information on national regulatory issues.
- In response to the increasing frequency of medication errors, a packet of information on medication errors can be found under *Practice Issues*.
- Board workshops scheduled for the current year are posted under *Board Events*.
- *The Files and Download Area* has been expanded to include *RN Update* newsletters from the past two years, various guidelines for educational programs, guidelines on the investigations and complaint processes, peer review information, information on the Safe Harbor provisions of Article 4525d, and the site change form for Advanced Practice Nurses with Limited Prescriptive Authority.

Over the next two years, the BNE's RN data will be converted from its current Unix, Menu driven format to a graphical user interface (GUI) format. This will enable us in the future to add more features to the Web site including real-time on-line verifications of RN licensure and disciplinary information.

If you have any feedback for us on the Web site, you can send your comments to webmaster@mail.bne.state.tx.us. We look forward to making the Web page even more useful to you.



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76th Texas Legislative Session Continues

The 76th Texas Legislative Session is well underway. As of the deadline for this *RN Update* article, 4,018 bills have been proposed in the House and 1,914 bills have been proposed in the Senate. The deadline for filing bills in the House was on March 12, 1999 but there is no deadline to file bills in the Senate. Board staff does review these proposed legislative changes to anticipate areas of interest and application to both BNE operations and registered nurses practicing in Texas. As in the last two sessions, Board staff will prepare an analysis of legislation affecting RN practice and Board operations after the conclusion of the current session. The information will be provided in the October 1999 edition of the *RN Update*.

Two major legislative proposals which if passed and signed into law will affect each registered nurse in Texas are the proposals addressing multi-state regulation (MSR) and the codification of the Nursing Practice Act. Representative Glen Maxey (Austin) and Senator Mike Moncrief (Fort Worth) have introduced HB 1342 and SB 981 respectively, which relate to multi-state regulation. HB 1342 was successfully voted out of committee and sent to the full House for consideration on March 3, 1999.

The codification of the Nursing Practice Act involves reclassifying and rearranging the statute in a more logical order, employing a format that will accommodate future expansion of the law, eliminating repealed, invalid, duplicative and other ineffective language making the statute more accessible, understandable, and usable, without altering the meaning or effect of the law. Please refer to the article on page one for more details.

1999 BNE BOARD MEETING SCHEDULE

April 22-23

July 22-23

October 28-29

All meetings to be held in Austin

Change In Procedures For GN Permits

Unfortunately there have been some unforeseen problems in printing the word "Permit" on the Authorization to Test Letter. Instead of the word "Permit" appearing on the Authorization to Test Letter, all eligible applicants will receive a verification letter that is sent directly from the Board's office and embossed with a Board Seal. As originally planned, the authorization to practice validity period will be the dates stated on the Authorization to Test Letter, which will be mailed directly to the applicant from the Chauncey Group International.

All applicants eligible to practice as graduate nurses must present the verification letter from the Board of Nurse Examiners as well as their Authorization to Test Letter to employers. This will be the procedure until further notice. If you have questions regarding the validity of the Authorization to Test Letter you may contact the Board's office at 512/305-6818.



Proposed and Adopted Rules

by Cheryl Rosipal

Changes to Rule 217 and New Rule 216 Published

At the January 21-22, 1999 meeting of the Board of Nurse Examiners, members voted to repeal the current version of Rule 217 and authorized staff to publish proposed Rule 217. Licensure, Peer Assistance, and Practice, and Rule 216. Continuing Education, in the *Texas Register*. The proposed rules were published in the February 19, 1999 issue of the *Texas Register* with a 30 day comment period. The new rules will be adopted in April 1999 pending no negative comments.

Proposed Rule Changes - Rule 217 and New Rule 216

At the January 1999 meeting of the Board, proposed changes to Rule 217. Licensing and Practice were approved and submitted to the *Texas Register* for comment. One major outcome of this revision was the removal of Section 217.15. Continuing Education to become the proposed new Rule 216. Continuing Education.

Proposed Rule 216 has not changed in content except to add and clarify the continuing education requirements for advanced practice nurses. It has been renumbered accordingly for easier reference. The major change in Rule 217 was to reorganize the remaining sections of the rule to reflect the chronological process of licensure and practice and to retitle it Rule 217. Licensure, Peer Assistance, and Practice. It is expected that these and other changes to this rule will help to reference the sections more easily.

In order to illustrate this reorganization, we have provided a crosswalk on page 5 which references the sections of the current rule and the proposed rule. Some of the sections were retitled to reflect the actual content; for example, new Rule 217.10. Restrictions to Use of Designations for Registered Nurse is currently Rule 217.12. Designations for Registered Nurses/Titles Deemed Misleading. Rules 217.2 and 217.4 have been retitled to reflect initial licensing requirements for nursing graduates within the national jurisdictions and those graduates outside the jurisdictions. Other changes/additions to Rule 217 include:

1. Additions, deletions, and revisions of definitions (proposed 217.1);
2. Revised new graduate requirements (proposed 217.3);
3. Reorganization and additions to the Standards of Nursing Practice and Unprofessional Conduct (proposed 217.11 and 217.12); and
4. Request for Peer Review (Safe Harbor) added (proposed 217.17[f]).

The proposed new rules were published in the February 19, 1999 issue of the *Texas Register* and can be viewed on the Texas Register Web page (www.sos.state.tx.us/texreg/index), or you may request a copy through the board's office. The comment period ended March 21, 1999. Staff was authorized to submit the rules as adopted if no negative comments were received. Should negative comments be received, staff will bring the rule and comments back to the Board at their April 22-23, 1999 meeting for consideration. Action regarding the rules will be posted on the BNE's Web site (www.bne.state.tx.us).

Laws and Regulations Advisory Committee Awards Bids

The Laws and Regulations Advisory Committee met on February 24, 1999 in Austin. The bid for a pilot testing project for a jurisprudence examination for initial licensure was awarded to a project team from the University of Texas at Arlington. The project director is Carolyn Cason, PhD, RN, and the project team manager is Rod Hicks, MSN, RN, FNP, CS. A presentation was given to the committee on the proposed timeline and processes involved in the development of the jurisprudence testing project.

Approximately 52 nursing programs will be included in the pilot project. The first phase of the test development and evaluation will take place in November 1999, and the final phase will occur in April 2000. The team will complete its report for the Board of Nurse Examiners in September 2000.

The Committee is currently considering mechanisms to assure understanding of laws and regulations for the practicing RN. One of the information sources to help in their decision-making is the report of the RN Survey published in this newsletter on page 10. The Committee is expected to complete its study and make final recommendations to the Board, who will then report back to the Texas Legislature for its session in January, 2001. The Committee next meets on May 19, 1999 in Austin.

Rule 217 - Crosswalk of Current and Proposed Sections

Current Rule		Proposed Rule	
217.1	Definitions	217.1	Definitions
217.2	Licensure by Examination for Graduates of Basic Nursing Education Programs	217.2	Licensure by Examination for Graduates of Basic Nursing Education Programs Within the United States, its Territories or Possessions
217.3	Temporary Permit	217.3	Temporary Authorization to Practice/Temporary Permit
217.4	Accustomation Course	217.4	Requirements for Initial Licensure by Examination for Nurses who Graduated from Professional Nursing Programs Outside the United States Jurisdictions
217.5	Temporary License and Endorsement	217.5	Temporary License and Endorsement
217.6	Requirements for Licensure of Nurses Not Eligible for Temporary Licensure or Endorsement under 217.5	217.6	Failure to Renew License
217.7	Failure to Renew License	217.7	Change of Name and/or Address
217.8	Inactive Status	217.8	Duplicate or Substitute Credentials
217.9	Duplicate or Substitute Credentials	217.9	Inactive Status
217.10	Change of Name and/or Address	217.10	Restrictions to Use of Designations for Registered Nurse
217.11	Standards of Professional Nursing Practice	217.11	Standards of Professional Nursing Practice
217.12	Designations for Registered Nurses/Titles Deemed Misleading	217.12	Unprofessional Conduct
217.13	Unprofessional Conduct	217.13	Peer Assistance Programs
217.14	Overpayment	217.14	Registered Nurse Performing Radiologic Procedures
217.15	Continuing Education	217.15	Copying the License/Permit/Permanent Certificate of a Registered Nurse/Graduate Nurse/Advanced Practice Nurse
217.16	Peer Assistance Programs	217.16	Minor Incidents
217.17	Registered Nurses Performing Radiologic Procedures	217.17	Minimum Procedural Standards During Peer Review
217.18	Copying the License/Permit/Permanent Certificate of a Registered Nurse/Graduate Nurse		
217.19	Minor Incidents		
217.20	Minimum Procedural Standards During Peer Review		

Mandatory Reporting Provisions Are A Critical Component Of The NPA **by Jeanne Jacobson, BSN, RN**

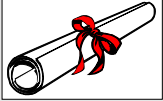
It has recently come to the attention of the enforcement staff at the Board of Nurse Examiners (BNE), that when staff nurses make practice errors, some nurse managers and/or supervisors may be reporting these errors sporadically, inconsistently, or not at all. As reported in the September, 1996 *RN Update*, Article 4525a of the Nursing Practice Act (NPA) requires Registered Nurses, professional nursing peer review committees, and employers of nurses as well as other entities, to report to the BNE any RN who has exposed or is likely to expose a patient or other person unnecessarily to a risk of harm as a result of: (1) unprofessional conduct; (2) failure to care adequately for a patient; (3) failure to conform to the minimum standards of professional nursing practice; or (4) impaired status. SB 1160, enacted during the 70th Texas Legislature, also known as the Professional Nursing Quality Assurance Act of 1987, formed the basis for current NPA Articles 4525a and 4525b. The rules enacted out of this legislation rely on the assumption that over-reporting is preferable to under-reporting, therefore mandatory reporting should be a primary consideration when nurse managers discover a practice error or questionable behavior by a staff member who is under his/her supervision.

Of course, referring an incident to the facility's Peer Review process is the appropriate first step if a facility employs 10 or more RN's. Since 1993, Peer Review Committees making a finding of reportable conduct must report that finding to the BNE together with any corrective action taken and whether the Committee recommends disciplinary action by the BNE. Peer review, however, is advisory only and does not limit actions that nurses in administrative positions may take. Therefore, a supervisor, manager, Director of Nursing, or Assistant Director of Nursing, may still report an incident in good faith to the BNE after receiving a finding of "non-reportable conduct" by a Peer Review Committee. The duty to report applies to all employers of RN's, even if the facility is not large enough to require a Peer Review Committee.

It is important to remember that while mandatory reporting has the potential for causing harm to RNs wrongly reported, the nurse will ultimately be protected if the Board determines the complaint is without merit. The complaint and all records relating to the complaint will be expunged from the nurse's file. All persons reporting complaints without malice to the BNE are protected from civil liability and retaliation for making the report.

Where does the issue of minor incidents fit into reporting requirements? The definition and use of the minor incident rule is frequently misunderstood and applied incorrectly. A minor incident is defined as an incident where (1) the potential risk of physical, emotional or financial harm to the client due to the incident is very low; (2) the incident is a one time event with no pattern of poor practice; (3) the RN exhibits a conscientious approach to and accountability for his/her practice; and (4) the RN appears to have the knowledge and skill to practice safely. **All four of these criteria must apply for the incident to be termed 'minor.'** In addition, 217.19 defines three other conditions which may be considered in determining if the incident is reportable. These include (1) the significance of the event in the practice setting, (2) the situation in which the event occurred, and (3) the mitigating circumstances. A nurse always has the right to report a minor incident if he/she wants to and an RN cannot use the minor incident rule to avoid his/her reporting obligations under the NPA. Any nurse involved in three or more minor incidents in one year must undergo Peer Review or be reported directly to the BNE.

Mandatory reporting rules are based on the belief that reporting unsafe practice is primarily the responsibility of the profession itself. Nurse managers and supervisors are in the important and vital position of making certain that these rules are applied as consistently and correctly as possible in their facilities. Failure to report may result in a violation of the NPA.



Licensing Questions and Answers

Board staff have had several questions from RNs making plans to move out of state and how to plan for it. The following questions are representative of these concerns.

Q: I would like to apply for a license in another state. Who do I contact to obtain a license in a different state?

A: You need to contact the licensing department at the nursing board of the state where you will be moving. A good reference for you to obtain phone numbers of various State Boards is on the website of the National Council of State Boards of Nursing. Their website address is (www.ncsbn.org). Another reference for you is Lippincott's Nursing Center at: (http://ajn.org/career/norg_page1.cfm).

You will need to request a licensure packet from the state to which you are applying. The licensure packet may include a verification form which you will send to our licensing department with a fee. When all the information is complete and includes the fee, the form will then be verified by our licensing department and sent back to **that particular state**. The board's process takes up to 10 working days before the verification can be made to that state.

Q: When I move to another state, do I need to discontinue my Texas license since I will not be practicing in Texas?

A: You have two choices. You may continue to renew your Texas license every 2 years by completing the renewal form, sending in the appropriate licensing fee, and obtaining 20 contact hours of continuing education credits or you may choose to place your license on the inactive status.

Whether you maintain your Texas license or choose to place it on an inactive status, you are required to notify the board in writing within 10 days of a change of address. The letter should contain your Texas license number, your old address, and your new address.

Q: What happens if I place my license on inactive status?

A: If you choose to place your license on inactive status and sometime later you wish to return to practice in Texas, you will need to request a reactivation form. If your license has been inactive for less than 4 years, you will be required to submit documentation of completion of 20 hours of continuing education credits as well as a fee.

If your license has been inactive for 4 years or more, documentation of completion of 20 hours of continuing education credits and a fee will be required. In addition, if you have not been employed as a registered nurse for 4 years or more you will be required to complete a refresher course prior to the reinstatement of your Texas license.



Practice Questions and Answers

by Kim Flores, MSN, RN



Q. I have been told that my hospital is initiating a policy to “float” RNs from one unit to another as patient census dictates. I am worried that I will be asked to float to unfamiliar areas. What are my options as they relate to these types of “floating” assignments?

A. This question was answered in depth by the BNE attorney in the September 1996 edition of the *RN Update*. The minimum standards of professional nursing practice require that RNs accept only those assignments that are commensurate with one’s own educational preparation, experience, knowledge and ability [See Rule 217.11 (17)]. While some assignments are so inherently dangerous that a nurse must refuse the assignment in the interest of patient safety and preservation of the professional license, many floats can be made safely. There should be agency policy and procedure which allows for adequate training and orientation to any new area. Appropriate support and supervision must be provided to ensure patient safety. The time to protect patient safety is BEFORE a crisis arises. The Safe Harbor provision of the Nursing Practice Act, Article 4525d (c), may also be an option for the RN to consider. Above all, the RN must be able to provide safe and competent care. To do otherwise or to accept an assignment that the RN is not competent to perform is a violation of the Nursing Practice Act.

Q. As a registered nurse, may I participate in the administration of paralytic drugs ordered by a physician?

The Board recognizes that optimal anesthesia and anesthesia related services are best provided by qualified anesthesiologists and certified registered nurse anesthetists (CRNAs). RNs, other than a CRNA, do not provide deep anesthesia. However, the Board also recognizes that there are instances in which the staff RN may be involved with the administration of these types of pharmacological agents for IV Conscious Sedation and other clinical situations, such as with ventilator dependent patients.

The Board of Nurse Examiners has issued several Position Statements which address different aspects of your inquiry: *Position Statement 15.5, Registered Nurses with Responsibility for Initiating Physician Standing Orders or Protocols*; *Position Statement 15.8, Administration of IV Conscious Sedation by the Registered Nurse*; *Position Statement 15.11, Delegated Medical Acts*; and *Position Statement 15.14, Role of the Registered Nurse in the Restructured Health Care Delivery System*. Each Statement may provide information and direction for the RN who might be requested to administer the drugs mentioned in your inquiry.

RNs in any setting are obligated by the Standards of Nursing Practice found in the Board’s Rule 217.11. In part, this rule obligates the RN to:

“(4) institute appropriate nursing interventions which might be required to stabilize a client’s condition and/or prevent complications;

(6) know the rationale for the effects of medications and treatments and shall correctly administer the same; and

(17) accept only those nursing assignments that are commensurate with one’s own educational preparation, experience, knowledge and ability.”

The RN is precluded from the administration of a medication that he or she is unfamiliar with. If there are policies and procedures established by the medical and nursing staffs in your hospital which direct the RN in

continued on next page

Practice Q & A - continued

the administration of these drugs and if the RN has received appropriate instruction in all aspects of the management of the client, then physician orders for the administration of these types of drugs may be appropriate. Use of the Decision-Making Model included in the middle of the NPA can lead you in your decisions.

Q. I am a RN employed in a non-traditional role. Does the BNE allow me to renew my RN license if I do not work in a clinical area of practice?

Licensure for the registered nurse in Texas is not predicated on clinical hours of practice. Article 4518, Section 5 of the Nursing Practice Act contains the broad definition of professional nursing and includes many non-clinical aspects of nursing. If you keep your license current and if you meet the requirements for continuing education then you will be considered a licensed RN in this state. However, the Standards of Nursing Practice do require that you are competent in any area of nursing you elect to participate in. Rule 217.11 states:

“...The RN shall:... (17) accept only those nursing assignments that are commensurate with one’s own educational preparation, experience, knowledge and ability... .”

The Board has issued a guideline entitled *“Guidelines for employment of RNs whose work assignment is changed or who have had a break in continuity of practice.”* This document gives direction to RNs who may have taken time off from clinical practice such as is described in your letter. You may access this document from the Board’s web site: <http://www.bne.state.tx.us>.



Workshop Update



There will be 3 more **“Update on Nursing Practice”** workshops this year:

April 28 - Abilene
August 10 & 11 - Houston
October 6 - Corpus Christi

The BNE has scheduled another workshop for **school nurses** on **June 24** in Dallas, as well as a workshop for **nurse administrators** in San Antonio on September 8.

You may now download the registration forms from the BNE Web site located at www.bne.state.tx.us. Links to the registration forms are located under the **BNE Events** section. Prior to opening the registration files, you will need to install Acrobat Reader on your system. The software program is free and a link is provided to the Acrobat site from the **Files and Download** section. The registration forms will be available six weeks prior to the date of the workshop.



The NCLEX® Depends on You! **NCLEX Item Writers & Item Reviewers** **Needed by National Council**

The National Council of State Boards of Nursing, Inc. seeks NCLEX® item writers & reviewers. To be considered, you must be an RN (for NCLEX®-RN) or an RN or LPN/LVN (for NCLEX®-PN); and be employed in clinical nursing practice AND work DIRECTLY with nurses who have entered practice in the past 12 months (e.g., staff nurses who work collaboratively with entry-level nurses, assistant head nurses, head nurses, clinical nurse specialists and certain staff educators). Item Writers must have a master's or higher degree.

As a panel member you receive many benefits including: continuing education units, a chance to meet and dialogue with nurses from around the country, and the opportunity to acquire new skills useful in the work setting. As participants in this process, you will have the opportunity to attend a 3-5 day workshop with all related expenses paid by the test service.

If you meet the qualifications and are interested in participating, contact the National Council. You can obtain an application by visiting National Council's WEB site at <http://www.ncsbn.org>. If you have any questions, please send an e-mail to nclexinfo@ncsbn.org or call the National Council at (312) 787-6555 ext. 496.

Results of the Laws and Regulations Survey
by Dorothy Otto, EdD, RN & Sally Glaze, EdD, RN, CNS

Introduction

In the April 1998 *RN Update*, a survey was enclosed requesting all RNs to respond to the questionnaire “Registered Nurses’ Perceptions of Regulatory Parameters of Practice.” The survey’s purpose of obtaining these responses was to provide the Laws and Regulations Advisory Committee information to help in determining what mechanisms might best be considered and employed to assure that RNs understand the laws and regulations affecting their practice. These responses will be considered by the Committee in making their recommendations to the Board of Nurse Examiners in the fall of 2000 and ultimately to the Legislature.

Description of the Study

The number of questionnaires mailed in the 1998 *RN Update* was 161, 718. Responses to the survey were 2,799 (1.73%). Time taken to enter the data before analysis could begin was sixty hours and no responses were eliminated due to missing data. The total sample analysis was descriptive. A categorical analysis by nine clinical areas which included Medical/Surgical, Home Health, OB/GYN, Geriatric, ICU/CCU, Pediatric, Psychiatric/Mental Health, OR/Recovery, and Other was done; results were non-significant as subgroups and, therefore, will not be reported separately here. Correlations were also done to identify any trends in the level of understanding between the items and employment status, primary place of employment, position in nursing practice, highest degree, age, and years in practice (See Tables 1 & 2). The following is a summary of this analysis.

Table 1.

<u>Place of Employment</u>	<u>%</u>
Inpatient Hospital Care.....	26.7
Outpatient Hospital Care.....	5.7
School of Nursing.....	1.7
Community/Public Health.....	1.2
School/College Health.....	8.2
Self-employed/Private Practice.....	0.7
Physician or Dentist/Private Practice....	7.0
Rural Health Clinic.....	0.2
Free Standing Clinic.....	3.2
Home Health Agency.....	2.2
Military Installation.....	1.0
Temporary Agency/Nursing Pool.....	0.2
Nursing Home/Extended Care Facility...	0.7
Business/Industry.....	16.5
Other.....	24.4

Table 2.

<u>Primary Position</u>	<u>%</u>
Staff Nurse.....	33.2
Administrator or Supervisor or Manager.....	26.2
Faculty/Staff Development...	6.9
School Nurse.....	5.4
CNS or NP.....	5.3
Anesthetist or Midwife or Researcher.....	2.2
Other.....	14.5

Demographic Profile of Responders

Ninety-four percent of survey participants were female and 6 percent were male. The age range of participants was 22-84 years of age with a mean of 45.5 years. The largest group, 72.5%, were in the age range of 40-65 years. Ethnic origin was Caucasian (86%); Hispanic (6%); African-American (4%); Asian or Oriental (2%); American Indian (0.3%); and Other (0.7%).

Table 3.

<u>Clinical Area</u>	<u>%</u>
Medical/Surgical/Oncology.....	11.9
Intensive Care/ER.....	10.5
Home Health.....	8.2
Neonatology/Pediatrics.....	8.2
OB/GYN.....	8.0
Community Health.....	5.9
OR or PACU.....	5.8
Geriatrics.....	5.7
Psychiatric/Mental Health.....	5.1
Other.....	10.1

Fifty-nine percent of participants had practiced sixteen or more years, and 24% had practiced 6-15 years. The group was primarily employed full-time (75%), the majority in staff positions (33%), or held administrative/supervisory positions (26%) in a hospital setting. Clinical specialties varied (See Table 3). The highest degree obtained by participants was primarily Baccalaureate (32%), followed by Associate Degree (27%), Diploma (15%), Masters (13%) and Doctorate (2.5%). Membership in a professional organization was claimed by 29% of the RNs; however, 43% of participants did not answer this question.

Results Reported Regarding the Level of Understanding of Various Laws and Regulations

A summary of the questions asked elicited the following outcomes. Whereas 90% of participants reported the

continued on next page

Survey Results - continued

ability to apply or to locate information regarding the Nursing Practice Act (NPA), only 37% of RNs reported having a current copy of the NPA. Instruction about the NPA was primarily obtained from the basic nursing program. However, 38% of the participants indicated that no instruction was obtained in a nursing education program. Because the study did not ask whether participants were graduates from Texas nursing programs or were endorsed into Texas, the results were difficult to interpret. Information obtained about the NPA was primarily obtained from three sources: the *RN Update* (32%), self/publication or continuing education (19%), and nursing education (16%). Twenty-two percent of the participants reported attending a BNE workshop within the previous five years. Participants were asked whether they had been placed in a compromised situation between an assignment and the requirements of the NPA. Sixty-two percent of participants reported this never occurred, whereas 31% reported occurrences daily, weekly, or monthly. Regarding sections of the NPA, the greatest degree of understanding reported was in the areas of license renewal, change of address/name, and mandatory continuing education (Table 4). Closely following these areas were the NPA sections of standards and unprofessional conduct, while least perceived to be understood were penalties, sanctions, and titling.

Table 4. Understanding About Maintaining Licensure (N= 2,799)

<u>Variable</u>	<u>Number</u>	<u>In-Depth/Some Understanding</u>
License Renewal	2748	98.4%
Mandatory Continuing Education	2743	98.2%
Change of Address or Name	2735	98.0%
Standards of Nursing Practice	2560	91.8%
Unprofessional Conduct	2414	86.5%
Peer Review	2178	78.3%
Definition of Direct Supervision	2170	78.1%
Delegation Rules	2109	75.7%
Professional Nurse Reporting	2044	73.3%
Disciplinary Proceedings	1971	70.6%
Penalties and Sanctions	1634	58.5%
Titles Deemed Misleading	1482	53.2%

In reporting the degree of understanding of federal and state laws impacting nursing practice, 90% or greater of the participants perceived themselves to have in-depth or some understanding of laws related to

Table 5. Understanding About State/Federal Laws Impacting Nursing Practice (N= 2,799)

<u>Variable</u>	<u>Number</u>	<u>In-Depth/Some Understanding</u>
Confidentiality	2579	98.3%
Patient Rights	2660	97.8%
Informed Consent	2646	97.3%
Good Samaritan Law	2559	94.1%
Workplace Hazards/Safety	2480	91.4%
Communicable Diseases	2444	89.4%
Client Abuse/Neglect	2370	87.2%
Advance Directives	2361	86.7%
Americans with Disabilities Act	1958	72.2%
Health Care Fraud	1829	67.4%
Faculty/Institutional Licensing and Certification Survey Requirements	1607	59.5%
Pharmacy Laws	1600	58.9%
Illegal Payment	1529	56.3%

confidentiality, patient rights, informed consent, the Good Samaritan Law, and workplace hazards and safety. Following close to the five variables above were responses expressing understanding of laws related to communicable disease, client abuse and neglect, and advanced directives (Table 5). The least understood laws or regulations were reported to be in the areas of health care fraud/illegal payments, licensing and certification of facilities, and pharmacy regulations.

Correlations were carried out to determine any significant relationships between selected variables, for example, full and part-time employment, place of employment, and primary position as compared with the degree of understanding of the NPA and federal and state laws and regulations. As expected, full-time employed RNs reported a greater understanding of regulations than those RNs employed part-time. The items which indicated the most understanding of the NPA included delegation, unprofessional conduct, professional nurse reporting, definition of direct supervision, and titles deemed misleading. The greater number of RNs employed full-time in nursing also reported higher levels of understanding about state and federal laws than part-time RNs, especially in regulations related to advanced directives, the Americans with Disability Act, and client abuse and neglect.

In regard to positions held in nursing, administrative RNs and faculty/educators reported a greater degree of

continued on next page

Survey Results - continued

understanding of the regulations listed. Nursing administrators, faculty/educators, and clinical nurse specialists reported the highest levels of understanding regarding unprofessional conduct, while those RNs in positions of staff nurse or office nurse reported the lowest levels of understanding. RNs whose primary positions were in nursing administration or as a faculty member reported they had a greater understanding about delegation rules, whereas more of those in positions of staff nurse, office nurse, supervisor or nurse manager reported a limited understanding of these rules. Understanding of advance directives was perceived to be higher by administrators or clinical nurse specialists as compared to the lowest level of understanding by school nurses and office nurses.

Regarding the employment setting, the RNs in schools of nursing, community/public health, and home health expressed the greatest degree of understanding of the unprofessional conduct rules, whereas those employed in rural health, the military, or in business/industry had the lowest degree of understanding regarding these rules. Those RNs employed in schools of nursing reported a greater understanding of the delegation rules than those RNs employed in business/industry, physicians' offices, or rural health. In regard to advance directives, a greater understanding was reported by RNs employed in home health or in a temporary agency, while those employed in community/public health reported the least degree of understanding.

Summary of Findings

The group of RNs who responded reflect to a great degree the profile of those RNs licensed in the State of Texas as reported in the Board's Annual Report of 1997. The overall trend was that the longer an RN was in practice, the greater degree of understanding was perceived by the RN regarding the regulatory parameters of practice. There was little difference reported between place of employment, primary position, or employment status and the degree of understanding of the NPA and federal and state regulations. The subgroups of clinical practice and teaching areas were analyzed separately by group; however, there was no outstanding difference for any subgroup from the total group of responses.

Acknowledgments

The survey for this study was developed by the Laws and Regulations Advisory Committee to the Board of Nurse Examiners. The data analysis was conducted by The University of Texas at Houston Health Science Center School of Nursing. Descriptive data were compiled by graduate nursing research students at the University of Phoenix at El Paso and members of the Advisory Committee.

Survey Profile Cases

The following cases have been randomly selected to illustrate the varied responses and degrees of understanding of individuals in this survey.



Nurse "A" is a diploma graduate employed full-time in a geriatric nursing home in the position of administrator or assistant administrator. This nurse also worked full-time in another field. She responded that she only had the knowledge of where to locate the NPA. Her formal instruction about the NPA occurred in her basic nursing education program, whereas her current understanding about the NPA was obtained from the *RN Update* and a copy of the 1995 NPA. She has not attended a BNE workshop about the NPA within the past five years. Within the past 12 months she had not been placed in a compromised situation between an assignment/order and NPA requirements. This nurse reported that she had an in-depth understanding or some understanding of each section of the NPA related to maintaining Texas licensure.

continued on next page

Survey Results - continued

Nurse “B” is an ADN graduate with 16+ years of nursing employment. This nurse currently works full-time as a staff nurse in an obstetrics/gynecology setting. She indicated that she was unsure where to locate the NPA and she had received no formal instruction about the NPA in her basic nursing education program. She does not have a copy of the NPA. She reported being placed daily in a compromised situation between an assignment/order and the NPA. She had in-depth understanding or some understanding of the requirements for maintaining her license except for a limited understanding about “titles deemed misleading.” She reported no professional organization membership.



Nurse “C”, a male ADN graduate, also with 16 years or more in nursing, currently works part-time in nursing in a physician’s office as a supervisor. He also works part-time in another field. He reported that he was unsure of where to locate the NPA in addition to having no knowledge/understanding about the NPA. He did not have a copy of the NPA. His in-depth understanding about the requirements for maintaining licensure included license renewal, mandatory continuing education, change of address, and the definition of direct supervision. He indicated a limited understanding of the standards of professional practice and no knowledge/understanding about delegation rules, unprofessional conduct, professional nurse reporting, and disciplinary proceedings. This nurse reported he had no knowledge/understanding of state and federal laws and rules impacting his nursing practice.



Nurse “D” is a baccalaureate nursing graduate of one year or less, employed full-time in an inpatient medical-surgical hospital setting as a staff nurse. She is currently a member of a professional organization. This nurse reported that she did not have a copy of the NPA; however, she said she had the ability to apply the NPA from the formal instruction she obtained in her basic nursing education program. She has attended no BNE workshops. Within the past 12 months she reported she had been placed weekly in a compromised situation between an assignment/order and the NPA. She indicated she had an in-depth understanding of requirements for maintaining licensure: license renewal, mandatory continuing education, and change of address or name, however, the remaining requirements elicited mostly some understanding and three sections of limited or no knowledge. Nurse “D” reported she had no knowledge/understanding of the state and federal laws impacting her nursing practice and did not know the resources where such information could be obtained about state and federal laws specific to her area of practice.



Nurse “E” is employed full-time in oncology nursing, working in an inpatient hospital setting in the position of administrator or assistant administrator. She has a Master’s degree in nursing and has been in nursing as an RN for 16 or more years. She reported having the ability to apply the NPA and obtained her current understanding about the NPA from her employer, reading *RN Update*, and through self-study/publications. She has never attended a BNE workshop nor has she been in a compromised situation between her assignments and the NPA. This nurse reported in-depth understanding to all requirements for maintaining licensure in Texas. She indicated in-depth or some understanding of the specific state and federal laws impacting her nursing practice. She has a copy of the 1997 NPA.



EDUCATION REPORT

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



January 1999 Board Action

Based on the 1998 Annual Reports and NCLEX-RN® Pass Rates, the Board continued full accreditation with commendations for the following nursing programs:

Alvin Community College, ADN
 Angelina College, Lufkin, ADN
 Austin Community College, ADN
 Baptist Memorial Hospital, Diploma, San Antonio
 Blinn College, ADN, Bryan
 Central Texas College, ADN, Killeen
 Cisco Jr. College, ADN, Abilene
 Collin County Community College, ADN,
 McKinney
 Covenant Health System (Formerly Methodist
 Hospital), Diploma, Lubbock
 East Texas Baptist University, BSN, Marshall
 El Centro College, ADN, Dallas
 Houston Baptist University, BSN
 Houston Community College, ADN
 Lamar University at Beaumont, ADN
 Laredo Community College, ADN
 Midland College, ADN
 North Central Texas College, ADN, Gainesville
 North Harris/Montgomery Community College,
 ADN, Houston
 Paris Junior College, ADN
 Prairie View A & M -University, BSN, Houston
 San Jacinto College, Central, ADN, Pasadena
 South Plains College, ADN, Levelland

Stephen F. Austin State University, BSN,
 Nacogdoches
 Tarrant County Junior College, ADN, Fort Worth
 Temple College, ADN
 Texarkana College, ADN
 Texas Christian University, BSN, Fort Worth
 Texas Woman's University, BSN, Denton
 Tyler Junior College, ADN
 University of Mary Hardin Baylor, BSN, Belton
 University of Texas at Arlington, BSN
 University of Texas at Austin, BSN
 University of Texas at Austin, MSN
 University of Texas at El Paso, BSN
 University of Texas at Pan American,
 Edinburg, ADN
 University of Texas-Pan American, BSN, Edinburg
 University of Texas at Tyler, BSN
 University of Texas Health Science Center at
 Houston, BSN
 University of TX Health Science Center at
 San Antonio, BSN
 University of Texas Medical Branch at
 Galveston, BSN
 West Texas A & M University, Canyon, BSN
 Wharton County Junior College, ADN

Based on the 1998 Annual Reports and NCLEX-RN® Pass Rates, the Board continued full accreditation with no commendations, recommendations or requirements to be met for the following nursing programs:

Baylor University, BSN, Dallas
 Del Mar College, ADN, Corpus Christi
 El Paso Community College, ADN
 Grayson County College, ADN, Denison
 Lamar University at Beaumont, BSN
 Lamar at Orange, ADN
 Midwestern State University, BSN,
 Wichita Falls

Northeast Texas Community College, ADN,
 Mt. Pleasant
 San Antonio College, ADN
 Southwestern Adventist University, ADN, Keene
 Texas Tech University Health Science Center, BSN,
 Lubbock
 Trinity Valley Community College, ADN, Kaufman
 University of the Incarnate Word, BSN, San Antonio

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Education Report

- continued

Based on the 1998 Annual Reports and NCLEX-RN® Pass Rates, the Board continued full accreditation status with commendations, recommendations or requirements to be met for the following nursing programs:

Amarillo College, ADN	Odessa College, ADN
Galveston College, ADN	San Jacinto College, South, ADN, Houston
Houston Baptist University, ADN	Tarleton State University, ADN, Stephenville
Kilgore College, ADN	Texas A&M Univ-Corpus Christi, BSN
McLennan Community College, ADN, Waco	

Based on the 1998 Annual Report and NCLEX-RN® Pass Rate, the Board changed the Accreditation Status from warning to full for:

Lee College, ADN, Baytown

Based on the 1998 Annual Reports and NCLEX-RN® Pass Rates, changed accreditation status from full to warning for the following nursing programs:

Abilene Intercollegiate, BSN	Howard College, Big Spring, ADN
Angelo State University, ADN, San Angelo	Navarro College, Corsicana, ADN
College of the Mainland, ADN, Texas City	

Based on the 1998 Annual Report, NCLEX-RN® Pass Rate and Survey Visit changed accreditation status from warning to initial accreditation with recommendations and requirements to be met for:

Lamar University at Port Arthur, ADN

Based on the 1998 Annual Reports, NCLEX-RN® Pass Rate and Survey Visits continued the initial accreditation status with commendations, recommendations and requirements to be met for:

St. Philip's College, San Antonio, ADN

Based on the 1998 Annual Reports, NCLEX-RN® Pass Rates and Survey Visits changed accreditation status from warning to full accreditation for the following nursing programs:

Panola College, Carthage, ADN, with recommendations and requirements to be met
 Tarleton State University, Stephenville, BSN, with commendations and recommendations
 Victoria College, ADN, with commendations, recommendations and requirements to be met

Program Approvals:

- Approved The University of Texas at El Paso's Proposal to develop a Poster-Masters Adult Health Nurse Practitioner Certificate Program with proposed admission date of January 2000.

Education Report

- continued

- Approved a Distance Education Initiative Program from Midwestern State University, Wichita Falls, BSN Program to be delivered in Vernon, Breckenridge and Gainesville.
- Approved the closure of Wharton County Junior College, ADN Program Distance Education Initiative at Sugarland CentraPlex.

**RECOGNITION TO NURSING EDUCATION PROGRAMS WITH
100% PASS RATE ON THE NCLEX-RN® FOR 1998**

Cisco Junior College, LVN-ADN, Abilene
South Plains College, ADN, Levelland
Tarleton State University, BSN, Stephenville
The University of Texas at Austin, Partial MSN

ADVISORY COMMITTEE ON EDUCATION COMMITTEE REPORT

On January 21, 1999, the first meeting of the year for the Advisory Committee on Education (ACE) was held in Austin. It was the first meeting for new members Dr. Linda Klotz, from the University of Texas at Tyler representing the Texas Organization of Baccalaureate and Graduate Nursing Educators (TOBGNE), and Dr. Barbara Lust from the University of Texas Health Science Center at San Antonio representing the Texas League for Nurses. The committee reviewed the charge to the committee from the board and the board's Policy on Advisory Committees and Task Forces.

In December 1998 new Rule 215 regarding Nursing Education was adopted. The new rules for nursing education will go into effect on September 1, 1999. ACE reviewed the significant changes to the rules and reviewed and made recommendations to the board's guidelines to coincide with the new rules.

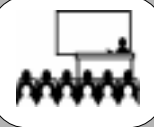
TEXAS RN PARTICIPATES ON NATIONAL COUNCIL COMMITTEE

Laura Cralle of Midland was selected by the National Council of State Boards of Nursing to serve as a member of the NCLEX-RN® examination item writing panel. Ms. Cralle attended a workshop in Princeton, New Jersey on February 17-21, 1999.



EDUCATION QUESTIONS AND ANSWERS

by Donna Carlin, MSN, RN



Q: I have an associate degree in nursing and a current Texas RN license. I am interested in the correspondence program for RN-BSN and MSN degrees that are offered through Graceland College in Lamoni, Iowa. Prior to enrolling, I need to know if their degree is accepted by the Texas Board of Nurse Examiners.

A: The Board of Nurse Examiners (BNE) does not have the authority to accredit nursing programs that are not in our jurisdiction which is the State of Texas. There are two things that I recommend you check prior to enrolling at any out-of-state nursing program: (1) call the board of nursing in the program's jurisdiction and verify if the program is accredited by the board; and (2) find out from the nursing program if they are accredited by either the National League for Nursing Accrediting Commission (NLNAC) or Commission on Collegiate Nursing Education (CCNE). This additional accreditation may be important if you decide to further your education in a master's, doctoral, or advanced practice nursing program as many graduate programs have admission requirements which specify graduation from an NLNAC or CCNE accredited baccalaureate degree nursing program.

In Texas, once you complete any basic nursing education program (diploma, associate degree, baccalaureate degree, or masters) and pass the NCLEX-RN® you meet the minimum qualifications for nursing licensure and are permitted to practice as a registered nurse. The BNE does not require additional educational credentials for licensure. Therefore, the BNE would have no reason to "accept" a degree from Graceland College. However, the additional educational credential may be important to your employer or future employers. For data collection purposes you are asked to indicate your highest degree on the BNE licensure renewal form but no further documentation is requested to confirm the additional educational preparation unless you are applying for advanced practice recognition which has a separate application process and educational requirements.

Q. I am a licensed nurse in the State of Texas. I received my education in Canada and was originally licensed there. I am planning to enroll in a distance education program to receive my BSN. I am planning to enroll at Athabasca University in Alberta, Canada. My question is, will this be considered a BSN in Texas?

A. The BNE staff does not perform credentials' evaluation for foreign-educated nurses to determine the comparability of their educational preparation. The Commission on Graduates of Foreign Nursing Schools (CGFNS) has a service called the Credentials Evaluation Service (CES). The CES report provides a standardized and objective evaluation of the education and licensure/registration credentials of all levels of nurses educated outside the United States, and reflects the general comparability of a foreign credential to a U.S. credential. The service is available for a fee through CGFNS.

Therefore, I am unable to answer your question regarding whether a BSN from Canada would be considered a BSN in Texas. As I stated in the answer above, once you are licensed in Texas, the BNE does not require additional credentials such as the BSN. This credential may be important to your employer or future employers, however. They may be able to answer the question as to whether a BSN from Canada would qualify you for a job that requires a BSN.

IMPOSTOR WARNING

If you have any knowledge or information regarding the employment practices of the following individual, please contact the Board's Investigation Department immediately, at (512) 305-6838.

MARY TOYLYNN HUCKERT

a.k.a.: Mary Ruth Rogers

a.k.a.: Mary Ruth Huckert



Mary Toylynn Huckert secured employment as a registered nurse with a hospital in the Lubbock area. Ms. Huckert worked at the hospital from January 1997 through June 1997 at which time she was terminated for practice issues. Ms. Huckert then secured employment as a registered nurse in a nursing home in Lubbock County where she worked from August 1998 through December 1998. The facility became suspicious when a family member reported that Ms. Huckert was not licensed but was using her daughter's RN license number. The facility contacted the Board and verified that the person they had employed was not licensed to practice professional nursing in Texas. The Board is pursuing legal action against Ms. Huckert with the assistance of The Slaton Police Department who has submitted the case to the Lubbock District Attorney's Office.

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>
Alcaide, Florinda L.	628599	Warning w/ Stipulations	January 21, 1999
Anderson, Deborah Ann	581306	Reprimand w/ Stipulations	February 9, 1999
Arbuckle, Winona Jan G.	234785	Warning w/ Stipulations	February 9, 1999
Archer, Benjamin	588445	Warning w/ Stipulations	March 9, 1999
Armstrong, Regenia Hafford	554564	Warning w/ Stipulations	March 9, 1999
Autrey, Janice Lynn	503203	Warning w/ Stipulations	March 9, 1999
Barclay, Lovetta Gay	553734	Reprimand w/ Stipulations	March 9, 1999
Barnes, Paul Wesley	600427	Revoked	March 9, 1999
Bass, Linda A. (McGinnis)	530463	Warning w/ Stipulations	February 9, 1999
Bean (Faith), Swanhild C.	594538	Revoked	March 9, 1999
Beaty, Bridgett B.	617256	Warning w/ Stipulations	February 9, 1999
Betts, Delphia	631304	Warning w/ Stipulations	February 9, 1999
Bolner, Mary E.	537079	Warning w/ Stipulations	February 9, 1999
Bowman, Susanne	501007	Revoked	March 9, 1999
Boyd Angton, Ruby Elaine	588558	Suspend/Probate	February 9, 1999
Bright, Donna Marie	588215	Warning w/ Stipulations	February 9, 1999
Burnett, Deborah Ann	593848	Reprimand w/ Stipulations	March 9, 1999
Burt, Patricia Derena	618743	Warning w/ Stipulations	January 21, 1999

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DISCIPLINARY ACTION

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<u>NAME</u>	<u>LICENSE #</u>	<u>DISCIPLINE</u>	<u>DATE OF ACTION</u>
Campbell, Susan Marie	242242	Revoked	March 9, 1999
Chenthitta, Sosamma Mathew	450306	Reprimand w/ Stipulations	March 9, 1999
Coffman, Leslie Kay	581899	Suspend/Probate	February 9, 1999
Copeland, Maren D.	501686	Reprimand w/ Stipulations	March 9, 1999
Creighton, Marlene Ann	629249	Warning w/ Stipulations	March 9, 1999
Daniel (Thomason), Patsy J. Maddoux	223297	Reprimand	January 21, 1999
Das, Saramma	533058	Reprimand w/ Stipulations	March 9, 1999
Davis, Charles Edwin	635093	Warning w/ Stipulations	December 8, 1998
Denke, Linda M.	245228	Warning w/ Stipulations	March 9, 1999
Dewar, Qutie C.	525175	Warning w/ Stipulations	March 9, 1999
Ellis, Suzette Renee	243423	Revoked	March 9, 1999
Evans, Laura Jean Iannucci	542753	Warning w/ Stipulations	March 9, 1999
Gilbert, Naomi Lynne (Parker)	445028	Warning w/ Stipulations	February 9, 1999
Grabber, Irene M.	616814	Reprimand w/ Stipulations	February 9, 1999
Griffin, Jimmy Anthony	623973	Warning w/ Stipulations	February 9, 1999
Halligan, Mavis E.	239794	Revoked	March 9, 1999
Ham, Julie Ann	601060	Warning w/ Stipulations	January 21, 1999
Hammock, Piper Lyn	501159	Limited License	March 9, 1999
Harrison, Deann M.	241871	Reprimand w/ Stipulations	February 9, 1999
Hebert, Krisztina	629513	Warning w/ Stipulations	March 9, 1999
Hobgood, Ilene Nelson	608673	Reprimand w/ Stipulations	February 9, 1999
Holton, Katherine Louise	616245	Warning w/ Stipulations	March 9, 1999
Horst, Melissa	618226	Warning w/ Stipulations	March 9, 1999
Hughes, Jayme Elizabeth	609771	Warning w/ Stipulations	February 9, 1999
Ibetto, Ndubuisi Sylvanus	601232	Warning w/ Stipulations	January 21, 1999
Jamalifer, Lydia M.	530089	Reprimand w/ Stipulations	March 9, 1999
Johnson, Dana Joan	583040	Reprimand w/ Stipulations	January 21, 1999
Johnson, Laura Anne	620045	Reprimand w/ Stipulations	March 9, 1999
Jones, Gloria Kay	604647	Warning w/ Stipulations	March 9, 1999
Kennedy, Ora M.	533782	Limited License w/ Stipulations	January 21, 1999
Kinser, Jimmy Noel	234539	Reprimand w/ Stipulations	March 9, 1999
Kuhn, Gloria Stella	583209	Warning w/ Stipulations	March 9, 1999
Larsen, Cheri A.	517331	Warning w/ Stipulations	February 9, 1999
Legault, Mary Ruth	583287	Reprimand w/ Stipulations	March 9, 1999
LeGrand, Leslie Susan	574949	Revoked	March 9, 1999
Loera-Lopez, Melissa A.	622802	Warning w/ Stipulations	February 9, 1999
Lopez, Ruth Y.	628007	Warning w/ Stipulations	February 9, 1999
Mackey, Cherie F.	616367	Warning w/ Stipulations	February 9, 1999
Mathew, Rachalamma	549894	Warning w/ Stipulations	January 21, 1999
McCash, Sharlie F.	505917	Reprimand w/ Stipulations	February 9, 1999
McHugh, John M.	612100	Revoked	March 9, 1999
Molnar, Betty J.	534169	Warning w/ Stipulations	February 9, 1999
Monahan, David Robert	548052	Reprimand w/ Stipulations	March 9, 1999
Moore, Margaret Anne	233567	Reprimand w/ Stipulations	March 10, 1999
Morales, Rosa Odette	454807	Warning w/ Stipulations	February 9, 1999
Moreno, Carol Lee	436513	Warning w/ Stipulations	March 9, 1999

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DISCIPLINARY ACTION

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<u>NAME</u>	<u>LICENSE #</u>	<u>DISCIPLINE</u>	<u>DATE OF ACTION</u>
Mouton, Jeannie Ann	422894	Warning w/ Stipulations	February 9, 1999
Naderi, Sahra	638714	Warning w/ Stipulations	March 9, 1999
Nix, Brenda Jeme	590719	Warning w/ Stipulations	January 21, 1999
Noel, Noneluna U. A.	433255	Warning w/ Stipulations	January 21, 1999
Oli, Doris Azuka	608498	Warning w/ Stipulations	March 9, 1999
Olumba, Gerald Madukwem	563778	Warning w/ Stipulations	March 9, 1999
Ong, Rhodora C.	597871	Warning w/ Stipulations	February 9, 1999
Patterson, Betty Lou	634334	Revoked	March 9, 1999
Patty, Debra Kay	578159	Warning w/ Stipulations	February 9, 1999
Peters, Susan Kay	559211	Revoked	March 9, 1999
Pettigrew, Jan	575828	Reprimand w/ Stipulations	February 9, 1999
Pfleeger, Nancy Jean	459085	Warning w/ Stipulations	January 21, 1999
Pruitt, Glenda Kay	596439	Reprimand w/ Stipulations	February 9, 1999
Quimpo, Edna Ruth M.	604503	Reprimand w/ Stipulations	March 9, 1999
Redman, Sheryl Denice	555483	Warning w/ Stipulations	February 9, 1999
Rhodes, Freddy M. B.	210394	Warning w/ Stipulations	February 9, 1999
Richardson, Tiffany	620592	Warning w/ Stipulations	March 9, 1999
Robinson, Jessie Lee	250521	Warning w/ Stipulations	March 9, 1999
Rog, Margaret Ann	623558	Reprimand w/ Stipulations	March 9, 1999
Saathoff, Waltraud E.	508567	Warning w/ Stipulations	February 9, 1999
Sapp, Rhonda	630956	Warning w/ Stipulations	March 9, 1999
Schleiff, Wendall Michael	608812	Warning w/ Stipulations	January 21, 1999
Scholz, Jacqueline A.	451318	Reprimand w/ Stipulations	February 9, 1999
Schweitzer, Melanie Teresa	573559	Reprimand w/ Stipulations	February 9, 1999
Scott, Patricia A.	617032	Reprimand w/ Stipulations	March 9, 1999
Sekerak, Carole J.	614927	Revoked	March 9, 1999
Seright, Edith Coleen	559356	Warning w/ Stipulations	February 9, 1999
Small, Dulcie Clifford	579627	Reprimand w/ Stipulations	March 9, 1999
Stephenson (Roelke), Diane Mary	624060	Warning w/ Stipulations	March 9, 1999
Sublett, Delores Ann	511256	Warning w/ Stipulations	February 9, 1999
Taylor, James Scott	573854	Revoked	March 9, 1999
Tufares, Donna Lee	436920	Enforced Suspension	February 9, 1999
Tullous II, Glen E.	249961	Warning w/ Stipulations	December 8, 1998
Turner, Melissa Joan	559497	Revoked	March 9, 1999
Vaughn, Sandra Jean	616106	Reprimand w/ Stipulations	February 9, 1999
Waldburger, Bonnie L.	617089	Warning w/ Stipulations	March 9, 1999
Wambold, Kelly S.	522716	Revoked	March 9, 1999
Ward, Suzanne Marie	639579	Reprimand w/ Stipulations	February 9, 1999
Ware, Everist	556860	Reprimand w/ Stipulations	March 9, 1999
Westly, Sharon Faye	536863	Reprimand w/ Stipulations	January 21, 1999
Woodard, Lisa Sue	635714	Reprimand w/ Stipulations	March 9, 1999
Woods, Jeffrey Allen	633096	Warning w/ Stipulations	February 9, 1999
Wright, Heather Jo	611976	Warning w/ Stipulations	January 21, 1999
Yang, Myrna D. Nunez	427359	Warning w/ Stipulations	February 9, 1999
Yater, Robert Shayne	585185	Reprimand w/ Stipulations	January 21, 1999

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DISCIPLINARY ACTION

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

<u>NAME</u>	<u>LICENSE #</u>	<u>DATE OF SURRENDER</u>
Anders, Harriet E.	592641	March 2, 1999
Brown, Carolyn K.	516198	March 1, 1999
Carlos, Victoria F.	599371	December 10, 1998
Cooper, Jeanne	634951	January 27, 1999
Frye, Tina Leigh	622022	February 23, 1999
Holden, Walteen P. Beyer	217521	January 27, 1999
Jones, David Randal	575086	January 4, 1999
Jordan, Julie Michelle	597882	December 30, 1998
Kershaw, Juanita Mary	601335	February 4, 1999
Konrad, Paul Orin	595503	December 11, 1998
Matthews, Sheri Nell	251549	December 21, 1998
McCormack, Crista Kiefer	252849	December 17, 1998
McFarlen, Marti Ann	583416	February 10, 1999
Morgan, Robin Michele	563647	March 3, 1999
Parker, Kerry Lane	637897	March 11, 1999
Patterson, Carla M.	518600	February 23, 1999
Schaller, Charlene S.	584397	March 1, 1999
Self, Elizabeth Ann	621840	February 2, 1999
Stephenson, Donna	584652	December 18, 1998
Stout, Judith A. Krauth	411428	March 3, 1999
Whalen, Brenda Lee	568771	February 10, 1999
White, Kimiko Ellen	590220	February 19, 1999

Insufficient Funds

As of March 18, 1999, 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 may be in violation of the Nursing Practice Act and may be subject to disciplinary action by the Board.

<u>NAME</u>	<u>LICENSE #</u>	<u>NAME</u>	<u>LICENSE #</u>
Allen, Julie Ann	623827	Falkner, Barbara Marie	587013
Asble, Alex Walter	564983	Farra, Diane Rae	560781
Bargas, Virginia	257121	Felkins, Bettye Lisa	557452
Barr, Lori Anne	537652	Filler, Marcia Ann	553220
Buol, Kolleen Kay	516233	Fryer, Renee Marie	578735
Conti, Angela Rose	552231	Glisson, James M	239549
Cotterell, Jennifer Sandra	516426	Gonzales, Cynthia E	541332
De John, Ida C Caperna	424176	Gunnels, Lorrie Ann V	623930
Dennis, Patricia Ann	503975	Guthrie, Kelly R	547982
Dever, Lorraine Marie	579468	Hatter, Deanne Marie	568968
Dillon, Patricia	560309	Hess, Cathy Christine	628267

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<u>NAME</u>	<u>LICENSE #</u>	<u>NAME</u>	<u>LICENSE #</u>
Howard, Dorothy	613705	Olivier, Marie Claudia	514361
Howell, Sharon	459387	Pangilinan, Julie	445792
James, Karen Louise	577702	Payne, Traci Lee	569734
Jenkins, Victor I	517158	Rae, Lisbeth Sue	538984
Kirk, Sandra Andrews	521416	Rosko, Lisa Marie	538707
Kishbaugh, Shari Elizabeth	575583	Sanderson, Brenda Mary	538111
Kuntz, Eileen Marie	514331	Severtson, Marianne Maples	416386
Kurylo, Kim Diane	580995	Sloane, Gail Theresa	550406
Masters, Mary Jane	550218	Vasquez, Emerald J D	207588
Milam, Vicki Jeannette	639563	Wilson, Vicki L	220897
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