



Education Newsletter

Texas Board of Nursing

February 2015

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Did You Know?

A licensed vocational nurse (LVN) enrolled in a professional nursing education program and applying for licensure as a registered nurse (RN) is exempt from the following two components of the licensing process:

1) If vocational nurse licensure occurred after September 1, 2008, the licensee would have taken and passed the Nursing Jurisprudence Examination (NJE) prior to the license being issued. Once taken, the NJE does not have to be retaken. Results from the NJE are not readily available, but licensure status, effective as of September 2008, is evidence that the NJE was successfully completed.

2) LVNs enrolled in professional nursing education programs do not have to complete the fingerprint requirement, as noted in the online and paper application forms, if completed after March 2006.

All current Texas licensees, LVNs and RNs, have completed fingerprinting and do not need to be fingerprinted again. Any action on a Texas licensed nurse's fingerprints will be reported to the Board of Nursing via the RAPBACK programs.

Associate Degree Nursing Education Programs, meeting the Texas Higher Education Coordinating Board (THECB) mandate of sixty (60) credits for an associate degree, are to submit to Board Staff a request for approval of a major curriculum change, as set forth in Rule 215.9(i)(2)(A-D). Education Guideline 3.7.1.a., *Proposals for Curriculum Changes*, outlines the information requested when seeking approval for a major curriculum change. An abbreviated proposal can be submitted for programs with full approval.

Task Force Report

The Task Force (TF) to Study Growth in Nursing Programs in Texas has produced a "must-read" report that was presented at the October 2014 Board Meeting. The report is based upon discussions among the TF members, a review of literature on clinical instruction, Nursing Education Program Information Survey (NEPIS) data related to clinical hours, and a survey of faculty, students, and clinical partners. An Executive Summary is included in the beginning of the report with a list of 10 Criteria for Optimal Clinical Instruction and recommendations based upon findings in the survey. The report is available on the Board webpage under News, Board Meetings for October 2014, Agenda Item 5.2.6. The report will be the basis for a faculty workshop to be held in Austin on March 6, 2015. Registration is available at: [https://www.bon.texas.gov/cat](https://www.bon.texas.gov/catalog/) [alog/](https://www.bon.texas.gov/catalog/) using the access code **BON-CENE-0306** (not case sensitive).

Texas Board of Nursing Jurisprudence Examination Update

All licensure by exam applicants in Texas must pass the Texas Nursing Jurisprudence Examination (NJE) prior to being issued an authorization to test for the NCLEX® Examination. Recently Board Staff has received requests for the release of raw scores to nursing students who have taken the NJE. The NJE is a 50-item pass/fail exam. When the exam is completed successfully, a certificate indicating the candidate has passed is available for printing at the end of the process. If the required passing score of 75% is not met, a failing result is posted and recorded. The requirement to pass the NJE is a one-time requirement. Candidates who do not pass may retake the exam once 24 hours have elapsed. Raw scores are not released to candidates, as the exam is a pass/fail exam intended to measure the minimum standard requirements for entry-level knowledge of nursing jurisprudence. For more information about the NJE, please visit: https://bon.texas.gov/licensure_nursing_jurisprudence.asp.

Level of approval – what does it mean?

Information on Approval can be found in Rule 214.4 and Rule 215.4

Change in approval status is based upon each program's performance and demonstrated compliance to the Board's requirements and responses to the Board's recommendations. A change from one approval status to another may be determined by NCLEX-PN® / NCLEX-RN® examination pass rates, compliance audits, survey visits, and other factors listed under subsection (b) of Rule 214.4 and Rule 215.4.

Initial Approval

After a new program proposal is approved by the Board, the program is granted Initial Approval. Initial Approval gives the program authorization to enroll students provided the program meets all

requirements and recommendations issued by the Board.

Warning

A program may be issued a Warning when the pass rate of first-time NCLEX-PN® / NCLEX-RN® candidates is less than 80% for two (2) consecutive examination years or the program has been in violation of Board requirements.

Conditional Approval

A program may be placed on Conditional Approval status when the pass rate of first-time NCLEX-PN® / NCLEX-RN® candidates is less than 80% for three (3) consecutive examination years. Conditional Approval is issued by the Board for a

specified time to provide the program an opportunity to correct deficiencies. Programs placed on Conditional Approval status may not enroll students.



We want to hear from you when there are changes to your contact information!

Please remember to notify your education consultant when there are changes to your telephone number, email address, or any other contact information. This information will then be updated on the Board's website list of approved nursing education programs in Texas. [Rule 214.6(j)/215.6(j)]

Clinical Learning Experiences

Dedicated Education Units (DEUs):

The Board has no preference for any specific educational model used in the clinical setting - EXCEPT that the model must adhere to Rule 214.10 or Rule 215.10. When programs are using the DEU model for clinical supervision, nurses on the units will be viewed as preceptors using the following criteria:

- Only licensed nurses should supervise students in the DEU model;
- Nurses working with students should be assigned based upon their knowledge, experience, and willingness to work with students;

- No more than two (2) students may be assigned to each unit nurse/preceptor;
- Unit nurses/preceptors may assist in the evaluation of the students' clinical performance;
- The supervising faculty member remains accountable for the students in the clinical area.

It is not appropriate for students to be "dropped off" on a unit to find a supervising nurse.

However, it is acceptable that all nurses on a DEU have been prepared to work with students, making it easier to find a nurse-to-student duo.

Observation Experiences:



Simulation Use in Texas Nursing Education

Advances in technology, patient safety, evolving health care environments, and shortages of clinical learning experiences and faculty have led many Texas nursing programs to consider using simulation in combination with traditional clinical learning experiences. Evidence from the NCSBN simulation study demonstrated that "Educational outcomes were equivalent when ... up to 50% of traditional clinical experiences in the undergraduate nursing program was replaced by simulation" (Hayden, Smiley, Alexander, Kardong-Edgren, & Jefferies, 2014, S. 36).

Research looking at the regulation of simulation in nursing education by nurse jurisdictions has also produced some interesting results. Hayden, Smiley, and Gross (2014) found that "14 U.S. BONs, and 22 U.S. RN BONs allow ... some level of simulation as a clinical substitute" and have authored regulations or formal guidance on the use of simulation in nursing education (p. 26).

Based on current research outcomes, the Board will revise its existing simulation guideline related to the use of simulation in pre-licensure nursing education programs. Simulation can be an effective teaching

Many clinical learning outcomes are best achieved through an observation experience. The student may follow a health care professional in a facility or unit to observe procedures, treatments, or activities that may not be readily available otherwise. Written clinical objectives should guide the student experience. The student in an observation experience does not provide hands-on nursing care. A plan should exist to evaluate the experience. The program should not rely upon an excessive number of observation experiences to meet clinical objectives.

method to prepare students for clinical practice; however, simulation cannot entirely replace traditional clinical learning experiences and should be used in combination with traditional nursing education.

Hayden, J.K., Smiley, R.A., Alexander, M., Kardong-Edgren, S., & Jefferies, P.R. (2014). NCSBN national simulation study: A longitudinal, randomized, controlled study replacing clinical hours with simulation in pre-licensure nursing education. *Journal of Nursing Regulation, 5*(2), S1-S64.

Hayden, J.K., Smiley, R.A., & Gross, L. (2014). Simulation in nursing education: Current regulations and practices. *Journal of Nursing Regulation, 5*(2), 25-30.



Texas Nursing 80/20 Progress:

Reflecting Accuracy

The percentage of U.S. RNs holding a baccalaureate or higher degree ranges from 55% to 61% (American Association of Colleges of Nursing, 2014), while the percentage of Texas RNs holding a baccalaureate, or higher degree is 52.1% (Texas Center for Nursing Workforce Studies, 2013, p.19). But do the Texas statistics accurately reflect progress in Texas?

Academic Progression in Nursing (2014), a grant initiative of the Robert Wood Johnson Foundation, has been instrumental in identifying strategies that will help Texas

schools move forward in developing academic programs to increase the number of BSNs to 80% by 2020. Identifying academic strategies is only part of the process. Accurate reporting of educational attainment is another important part of the process. Incumbent upon the individual nurse is the accurate reporting of educational attainment when reporting the highest level of education upon initial licensure and upon licensure renewal. The importance of this activity can be supported through faculty role modeling, nursing

professionals, and program deans and directors. Statistical information that accurately represents the success of Texas initiatives to increase the BSN-prepared RN workforce is paramount to future nursing education and practice initiatives, and the health of Texans. The BON is asking nursing professionals and educators to support the accurate reporting of nursing education credentials to demonstrate Texas progression towards the 2020 goal of an 80% BSN prepared nursing workforce.

Academic Progression in Nursing. (2014). *Who's involved*.

Retrieved from <http://campaignforaction.org/apin>

American Association of Colleges of Nursing. (2014). *Creating a more highly qualified nursing workforce*.

Retrieved from <http://www.aacn.nche.edu/media-relations/fact-sheets/nursing-workforce>

Texas Center for Nursing Workforce Studies. (2013). *Nursing workforce in Texas: Demographics and trends report*.

Retrieved from <http://www.dshs.state.tx.us/chs/cnws/>

THECB Innovation Grant Program Recipients

Three nursing programs have received grant awards from THECB. Findings from the studies may benefit all nursing programs in the state. The recipients are:

1. Mary E. Mancini and Daisha Cipher, University of Texas at Arlington: *Competency-Focused Approach to Clinical Experiences*. Award \$1,801,875 for a 30-month grant. The grantee institution in partnership with Tarleton State University, El Centro College, Brookhaven College, the Dallas-Fort Worth Hospital Council, and six North Texas Health Care Systems will produce a clinical instruction model that maximizes the use of simulation currently available in schools of nursing. The outcome of this study will allow schools of nursing to move to providing clinical experiences that are evidence-based and optimize the use of limited clinical facilities.
2. Tanya Sudia and Dora Bradley, Baylor University in Dallas: *Geriatric Competency Validation Toolbox for New Nurse Graduates: Utilization of DEUs and Collaborative Clinical Partnerships for Development and Validation*. Award: \$462,135 for a 30-month grant. The grantee institution in partnership with Baylor Scott & White Health North and Baylor Institute of Rehabilitation will prepare an evaluation model for the achievement of geriatric competencies by undergraduate nursing students. The final produce will be a geriatric competency tool kit available for use by other nursing schools throughout the state.
3. Crystal Wilkinson, Texas Tech University Health Sciences Center in Austin: *Bridging the Gap: Developing a Competency Assessment Tool and Curriculum to Address Key Issues in Graduate Nurse Transition to Practice*. Award: \$753,210 for a 30-month grant. The grantee institution in partnership with 23 facilities associated with Seton Healthcare Family and St. David's Healthcare, the Healthcare Workforce Alliance of Central Texas, Austin Community College, Texas State University, University of Texas at Austin and Concordia University will identify and then, reduce or eliminate practice gaps for new graduates in the areas of patient perception of customer service and the Centers for Medicare and Medicaid Services (CMS) core quality measures.

Information for New/Accepted Students

The new/accepted students frequently asked questions are now posted on the Texas Board of Nursing website, www.bon.texas.gov, under the FAQs tab.

For students: http://www.bne.state.tx.us/faq_new_and_accept_student_STUDENT2.asp

For schools: http://www.bne.state.tx.us/faq_new_and_accept_student_SCHOOL2.asp

Education Issues/Questions (512) 305-6816